



REPLY TO  
ATTENTION OF

**DEPARTMENT OF THE ARMY**  
UNITED STATES ARMY MEDICAL DEPARTMENT ACTIVITY  
7950 MARTIN LOOP  
FORT BENNING GEORGIA 31905-5637

*Br. 1*

MCXB-PMH

30 November 2012

MEMORANDUM FOR Nuclear Regulatory Commission (NRC), ATTN: Penny Lanzisera,  
Medical Branch, Division of Nuclear Materials Safety, Region I, King of Prussia, PA, 19406-  
1415

*03001351*

SUBJECT: Amendment to NRC License #10-06493-02, Addition of Authorized Users

1. Please amend license number #10-06493-02 to make the following changes:

a. Add Regino P. Cube, MD as an Authorized User. The Martin Army Community Hospital's Radiation Safety Committee approved Dr. Cube as an authorized user on 01 November 2012. Dr. Cube was approved for material and use IAW with paragraph 9. Authorized use; 35.100, 35.200, any sodium iodine-131 imaging and localization study permitted by 10 CFR 35.300; In Vitro studies.

2. NRC Forms 313A(AUT), and Licensure documents for Dr. Cube are enclosed as documentation.

3. The point of contact for this memorandum is CPT Steven S. Cho, Chief, Health Physics, at 706-544-2458.

TIMOTHY E. LAMB  
COL, MS  
Commanding

Encls  
as

REC'D IN LAT 12/7/12

*579588*  
NMSS/RGN1 MATERIALS-002

MARTIN ARMY COMMUNITY HOSPITAL  
 RADIATION SAFETY COMMITTEE  
 01 November 2012  
 Voting Roster

Add of Authorized Users  
 For CPT Cube, Regino P.

	Signature	Approved	Disapproved
COL Glushko, Gail M. Chairperson, Deputy Commander for Clinical Services (DCCS)		<u>X</u>	_____
LTC Cardona, Lillian Chief, Dept. of Nursing or representative		<u>X</u>	_____
LTC Calhoun-Jamison, Stephanie DENTAC RSO	_____	_____	_____
LTC Johnson, Karin A. Chief, Dept. of Surgery or representative		<u>X</u>	_____
MAJ Taylor, Leland D. Chief, Dept. of Radiology or representative	FOR 	<u>X</u>	_____
MAJ Lewis, William T. Chief, Nuclear Medicine, or representative		<u>X</u>	_____
CPT Steven S. Cho Recorder, MACH RSO		<u>sc</u>	_____
<del>JAMES F. Sorellano, CSP</del> CPT Warren, LaDonna Y. MEDDAC Safety Officer MANAGER		<u>X</u>	_____
CW2 Burrus, Reginald J. Chief, Medical Maintenance, or representative		<u>rr</u>	_____

**AUTHORIZED USER TRAINING AND EXPERIENCE  
AND PRECEPTOR ATTESTATION**  
(for uses defined under 35.300)  
[10 CFR 35.390, 35.392, 35.394, and 35.396]

APPROVED BY OMB: NO. 3150-0120  
EXPIRES: (05/31/2015)

Name of Proposed Authorized User: Regino P. Cube  
State or Territory Where Licensed: Nebraska

Requested Authorization(s) (check all that apply):

35.300 Use of unsealed byproduct material for which a written directive is required

OR

35.300 Oral administration of sodium iodide I-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)

35.300 Oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 1.22 gigabecquerels (33 millicuries)

35.300 Parenteral administration of any beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV for which a written directive is required

35.300 Parenteral administration of any other radionuclide for which a written directive is required

**PART I -- TRAINING AND EXPERIENCE**  
(Select one of the three methods below)

\* Training and Experience, including board certification, must have been obtained within the 7 years preceding the date of application or the individual must have related continuing education and experience since the required training and experience was completed. Provide dates, duration, and description of continuing education and experience related to the uses checked above.

**1. Board Certification**

a. Provide a copy of the board certification.

b. For 35.390, provide documentation on supervised clinical case experience. The table in section 3.c. may be used to document this experience.

c. For 35.396, provide documentation on classroom and laboratory training, supervised work experience, and supervised clinical case experience. The tables in sections 3.a., 3.b., and 3.c. may be used to document this experience.

d. Skip to and complete Part II Preceptor Attestation.

**2. Current 35.300, 35.400, or 35.600 Authorized User Seeking Additional Authorization**

a. Authorized User on Materials License \_\_\_\_\_ under the requirements below or equivalent Agreement State requirements (check all that apply):

35.390     35.392     35.394     35.490     35.690

b. If currently authorized for a subset of clinical uses under 35.300, provide documentation on additional required supervised case experience. The table in section 3.c. may be used to document this experience. Also provide completed Part II Preceptor Attestation.

c. If currently authorized under 35.490 or 35.690 and requesting authorization for 35.396, provide documentation on classroom and laboratory training, supervised work experience, and supervised clinical case experience. The tables in sections 3.a., 3.b., and 3.c. may be used to document this experience. Also provide completed Part II Preceptor Attestation.

**AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)**

**3. Training and Experience for Proposed Authorized User**

a. Classroom and Laboratory Training  35.390  35.392  35.394  35.396

Description of Training	Location of Training	Clock Hours	Dates of Training*
Radiation physics and instrumentation	Madigan Army Medical Center Tacoma, WA 98431	60	July 2008 - June 2012
Radiation protection	Madigan Army Medical Center Tacoma, WA 98431	5	July 2008 - June 2012
Mathematics pertaining to the use and measurement of radioactivity	Madigan Army Medical Center Tacoma, WA 98431	5	July 2008 - June 2012
Chemistry of byproduct material for medical use	Madigan Army Medical Center Tacoma, WA 98431	5	July 2008 - June 2012
Radiation biology	Madigan Army Medical Center Tacoma, WA 98431	5	July 2008 - June 2012
<b>Total Hours of Training:</b>		80	

b. Supervised Work Experience  35.390  35.392  35.394  35.396

*If more than one supervising individual is necessary to document supervised training, provide multiple copies of this page.*

Supervised Work Experience		Total Hours of Experience: 960	
Description of Experience Must Include:	Location of Experience/License or Permit Number of Facility	Confirm	Dates of Experience*
Ordering, receiving, and unpacking radioactive materials safely and performing the related radiation surveys	Madigan Army Medical Center Tacoma, WA 98431/NRC License 46-02645-03	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	July 2008 - June 2012
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters	Madigan Army Medical Center Tacoma, WA 98431/NRC License 46-02645-03	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	July 2008 - June 2012
Calculating, measuring, and safely preparing patient or human research subject dosages	Madigan Army Medical Center Tacoma, WA 98431/NRC License 46-02645-03	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	July 2008 - June 2012
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material	Madigan Army Medical Center Tacoma, WA 98431/NRC License 46-02645-03	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	July 2008 - June 2012
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures	Madigan Army Medical Center Tacoma, WA 98431/NRC License 46-02645-03	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	July 2008 - June 2012

**AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)**

**3. Training and Experience for Proposed Authorized User (continued)**

**b. Supervised Work Experience (continued)**

Supervising Individual: Jess Graham  
License/Permit Number listing supervising individual as an authorized user: 46-02645-03

Supervising individual meets the requirements below, or equivalent Agreement State requirements (*check all that apply*)\*\*:

- 35.390 With experience administering dosages of:
- 35.392  Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)
- 35.394  Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)
- 35.396  Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required
- Parenteral administration of any other radionuclide requiring a written directive

\*\* Supervising Authorized User must have experience in administering dosages in the same dosage category or categories as the individual requesting authorized user status.

**c. Supervised Clinical Case Experience**

*If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this page.*

Description of Experience	Number of Cases Involving Personal Participation	Location of Experience/License or Permit Number of Facility	Dates of Experience*
Oral administration of sodium iodide I-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)	3	Madigan Army Medical Center Tacoma, WA 98431/NRC License 46-02645-03	July 2008 - June 2012
Oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 1.22 gigabecquerels (33 millicuries)	3	Madigan Army Medical Center Tacoma, WA 98431/NRC License 46-02645-03	July 2008 - June 2012
Parenteral administration of any beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV for which a written directive is required			
Parenteral administration of any other radionuclide for which a written directive is required			
<div style="border: 1px solid black; width: 200px; height: 30px; margin: 0 auto;"></div> <p>(List radionuclides)</p>			

**AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)**

**3. Training and Experience for Proposed Authorized User (continued)**

**c. Supervised Clinical Case Experience (continued)**

Supervising Individual	License/Permit Number listing supervising individual as an authorized user
Jess Graham	42-02645-03

Supervising individual meets the requirements below, or equivalent Agreement State requirements (*check all that apply*)\*\*:

- 35.390 With experience administering dosages of:
  - 35.392  Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)
  - 35.394  Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)
  - 35.396  Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required
  - Parenteral administration of any other radionuclide requiring a written directive

\*\* Supervising Authorized User must have experience in administering dosages in the same dosage category or categories as the individual requesting authorized user status.

**d. Provide completed Part II Preceptor Attestation.**

**PART II – PRECEPTOR ATTESTATION**

Note: This part must be completed by the individual's preceptor. The preceptor does not have to be the supervising individual as long as the preceptor provides, directs, or verifies training and experience required. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each.

By checking the boxes below, the preceptor is attesting that the individual has knowledge to fulfill the duties of the position sought and not attesting to the individual's "general clinical competency."

**First Section**

Check one of the following for each requested authorization:

**For 35.390:**

**Board Certification**

I attest that Regino Cube has satisfactorily completed the training and experience requirements in 35.390(a)(1).

Name of Proposed Authorized User

**OR**

**Training and Experience**

I attest that \_\_\_\_\_ has satisfactorily completed the 700 hours of training and experience, including a minimum of 200 hours of classroom and laboratory training, as required by 10 CFR 35.390 (b)(1).

Name of Proposed Authorized User

**AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)**

**Preceptor Attestation (continued)**

**First Section (continued)**

**For 35.392 (Identical Attestation Statement Regardless of Training and Experience Pathway):**

I attest that Regino Cube has satisfactorily completed the 80 hours of classroom  
Name of Proposed Authorized User  
and laboratory training, as required by 10 CFR 35.392(c)(1), and the supervised work and clinical case  
experience required in 35.392(c)(2).

**For 35.394 (Identical Attestation Statement Regardless of Training and Experience Pathway):**

I attest that Regino Cube has satisfactorily completed the 80 hours of classroom  
Name of Proposed Authorized User  
and laboratory training, as required by 10 CFR 35.394 (c)(1), and the supervised work and clinical case  
experience required in 35.394(c)(2).

**Second Section**

I attest that Regino Cube has satisfactorily completed the required clinical case  
Name of Proposed Authorized User  
experience required in 35.390(b)(1)(ii)G listed below:

- Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)
- Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)
- Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required
- Parenteral administration of any other radionuclide requiring a written directive

**Third Section**

I attest that Regino Cube has satisfactorily achieved a level of competency to  
Name of Proposed Authorized User  
function independently as an authorized user for:

- Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)
- Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)
- Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required
- Parenteral administration of any other radionuclide requiring a written directive

**AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)**

**Fourth Section**

**For 35.396:**

**Current 35.490 or 35.690 authorized user:**

I attest that \_\_\_\_\_ is an authorized user under 10 CFR 35.490 or 35.690  
Name of Proposed Authorized User

or equivalent Agreement State requirements, has satisfactorily completed the 80 hours of classroom and laboratory training, as required by 10 CFR 35.396 (d)(1), and the supervised work and clinical case experience required by 35.396(d)(2), and has achieved a level of competency sufficient to function independently as an authorized user for:

- Parenteral administration of any beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV for which a written directive is required
- Parenteral administration of any other radionuclide for which a written directive is required

**OR**

**Board Certification:**

I attest that \_\_\_\_\_ has satisfactorily completed the board certification  
Name of Proposed Authorized User

requirements of 35.396(c), has satisfactorily completed the 80 hours of classroom and laboratory training required by 10 CFR 35.396 (d)(1) and the supervised work and clinical case experience required by 35.396(d)(2), and has achieved a level of competency sufficient to function independently as an authorized user for:

- Parenteral administration of any beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV for which a written directive is required
- Parenteral administration of any other radionuclide for which a written directive is required

**Fifth Section**

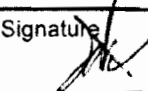
**Complete the following for preceptor attestation and signature:**

I meet the requirements below, or equivalent Agreement State requirements, as an authorized user for:

- 35.390       35.392       35.394       35.396

I have experience administering dosages in the following categories for which the proposed Authorized User is requesting authorization.

- Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)
- Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)
- Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required
- Parenteral administration of any other radionuclide requiring a written directive

Name of Preceptor Jess Graham	Signature 	Telephone Number (253) 968-1650	Date 14 Sep 2012
License/Permit Number/Facility Name 46-02645-03 Madigan Army Medical Center			





July 09, 2012

Regino P Cube, MD

Diagnostic Radiology  
ABR ID: 62400

Dear Dr. Cube,

I am pleased to inform you that you passed the oral examination held from May 20 - 23, 2012 in Louisville, Kentucky. The American Board of Radiology hereby grants you a Certificate in Diagnostic Radiology.

In addition, because you completed the appropriate training for Authorized User (AU) Eligibility and passed the NRC-related portions of the nuclear radiology section, you will receive the AU-Eligible designation on your certificate.

Beginning this year, all new diplomates will be enrolled in "continuous certification," a process that links the ongoing validity of certificates to meeting the requirements of Maintenance of Certification (MOC). Certificates will no longer have "valid-through" dates but instead will have the date of initial certification accompanied by the statement that "ongoing certification is contingent upon meeting the requirements of Maintenance of Certification." Further information regarding the MOC process will be provided to you in a separate letter.

Our printer will send your certificate to the above address in approximately four months. If you have an address change, you must update your address in your ABR personal database (PDB) by August 8, 2012. Your name will appear on the certificate as it is shown above. If you wish to have your name displayed differently on your certificate, please e-mail Sherri Tradup at [stradup@theabr.org](mailto:stradup@theabr.org) with your requested change by August 8, 2012. Please be sure to title the e-mail "Certificate Name Change." Legal name changes cannot be made on the PDB, as they require supporting documentation, which can be emailed to [info@theabr.org](mailto:info@theabr.org). Your name and demographic information also will be included in a directory published by the American Board of Medical Specialties. It is your responsibility to notify other local, state, or national organizations of your certification.

Personally, and on behalf of the Board of Trustees of the American Board of Radiology, I wish to congratulate you for this distinguished achievement.

Sincerely,

Gary J. Becker, MD  
Executive Director

**PERSONAL INFORMATION WAS REMOVED  
BY NRC. NO COPY OF THIS INFORMATION  
WAS RETAINED BY THE NRC.**

# State of Nebraska

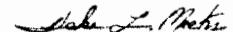
Department of Health and Human Services  
Division of Public Health

## License Type: Physician

License No. 25063      Status: Active

Regino Padua Cube, MD  
7950 Martin Loop  
Department of Radiology  
Fort Benning GA 31905

Expires: 10/01/2014

  
Administrator, Licensure Unit

Signature

- Please find enclosed your small-sized licensure/certification/registration card, which shows the expiration date. You will be sent written notification of the need to renew your license/certificate/registration at least 30 days in advance of the expiration date.
- Please submit to the Licensure Unit any change of address so that information may promptly reach you.
- You may update your address at [http://dhhs.ne.gov/publichealth/pages/crl\\_crlindex.aspx](http://dhhs.ne.gov/publichealth/pages/crl_crlindex.aspx)
- If you have a name change or lose your card, please contact the Licensure Unit at 402-471-2115.

This is to acknowledge the receipt of your letter application dated

11/30/12, and to inform you that the initial processing which includes an administrative review has been performed.

Amendment (10-06493-02) There were no administrative omissions. Your application was assigned to a technical reviewer. Please note that the technical review may identify additional omissions or require additional information.

Please provide to this office within 30 days of your receipt of this card

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A copy of your action has been forwarded to our License Fee & Accounts Receivable Branch, who will contact you separately if there is a fee issue involved.

Your action has been assigned **Mail Control Number** 579588.  
When calling to inquire about this action, please refer to this control number.  
You may call us on (610) 337-5398, or 337-5260.