Lee's Summit MEDICAL CENTER
HCA Midwest HEALTH SYSTEM®

U.S. Nuclear Regulatory
Material Licensing Branch
2443 Warrenville Road
Suite 210
Lisle, IL 60532-4652

RE:
Amendment Request
License # 24-24660-01

Dear Sir or Madam:

We wish to add the following physician to our license; Maryanne Tran M.D. Enclosed is her American Board of Radiology, NRC form 313A (AUD), 313 A (AUT).

We also would like to remove the following physicians from our license;

Dr. Robert Schwegler
Dr. Wendall Doronio
Dr. Robert Thompson
Dr. Veeral Bhoot

If you have any questions, please contact the Nuclear Medicine department, at 816-282-5624.

Sincerely,

Tracy Thellman

Tracy Thellman RT(R)
Director of Imaging Services
Lee's Summit Medical Center

RECEIVED FEB 1 1 2013

The American Board of Radiology

Organized through the corporation of the
American College of Radiology, the American Roentgen Ray Society,
the American Radium Society, the Radiological Society of North America,
the Section on Radiology of the American Medical Association,
the American Society for Radiation Oncology, the Association of
University Radiologists, and the American Association of Physicists in Medicine
Hereby certifies that

Maryanne Thu Tran, MD

Has pursued an accepted course of graduate study and clinical work; has met certain standards
and qualifications, including passing the examinations conducted under the authority of
The American Board of Radiology, demonstrating to the satisfaction of the Board qualification
to practice; and is therefore awarded the Board's certification in the specialty of

Diagnostic Radiology

July 01, 2011

DABR

THE AMERICAN BOARD OF RADIOLOGY
INCORPORATED
IN THE
DISTRICT
OF
COLUMBIA
1934

AMERICAN BOARD
1933
OF
MEDICAL SPECIALTIES

This diplomate of the American Board of Radiology
is now permitted to use the DABR *mark to signify this certification.*

President

Secretary-Treasurer

Executive Director

Certificate No. 60166

Valid through 2021

NRC FORM 313A (AUD)
(05-2012)

U.S. NUCLEAR REGULATORY COMMISSION

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION
(for uses defined under 35.100, 35.200, and 35.500) [10 CFR 35.190, 35.290, and 35.590]

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

Name of Proposed Authorized User	State or Territory Where Licensed
Maryanne Tran, M.D.	Missouri

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

- [x] 35.100 Uptake, dilution, and excretion studies
- [x] 35.200 Imaging and localization studies
- [ ] 35.500 Sealed sources for diagnosis (specify device) _____

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 obtained 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.

- [x] **1. Board Certification**

  a. Provide a copy of the board certification.

  b. If using only 35.500 materials, stop here. If using 35.100 and 35.200 materials, skip to and complete Part II Preceptor Attestation.

- [ ] **2. Current 35.390 Authorized User Seeking Additional 35.290 Authorization**

  a. Authorized user on Materials License _____ meeting 10 CFR 35.390 or equivalent Agreement State requirements seeking authorization for 35.290.

  b. Supervised Work Experience.
  (If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this section.)

Description of Experience	Location of Experience/License or Permit Number of Facility	Clock Hours	Dates of Experience*
Eluting generator systems appropriate for the preparation of radioactive drugs for imaging and localization studies, measuring and testing the eluate for radionuclidic purity, and processing the eluate with reagent kits to prepare labeled radioactive drugs			
Total Hours of Experience:			

Supervising Individual	License/Permit Number listing supervising individual as an authorized user

Supervisor meets the requirements below, or equivalent Agreement State requirements *(check all that apply)*.

- [ ] 35.290
- [ ] 35.390 + generator experience in 32.290(c)(1)(ii)(G)

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

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

a. Classroom and Laboratory Training.

Description of Training	Location of Training	Clock Hours	Dates of Training*
Radiation physics and instrumentation	Parkland Hospital, Nuclear Medicine, Dallas, Texas, TX RAM L00384	98	7/1/2007 - 6/30/2011
Radiation protection	Parkland Hospital, Nuclear Medicine, Dallas, Texas, TX RAM L00384	30	7/1/2007 - 6/30/2011
Mathematics pertaining to the use and measurement of radioactivity	Parkland Hospital, Nuclear Medicine, Dallas, Texas, TX RAM L00384	18	7/1/2007 - 6/30/2011
Chemistry of byproduct material for medical use *(not required for 35.590)*	Parkland Hospital, Nuclear Medicine, Dallas, Texas, TX RAM L00384	29	7/1/2007 - 6/30/2011
Radiation biology	Parkland Hospital, Nuclear Medicine, Dallas, Texas, TX RAM L00384	25	7/1/2007 - 6/30/2011
Total Hours of Training: 200			

b. Supervised Work Experience (completion of this table is not required for 35.590).
(If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this section.)

Supervised Work Experience — **Total Hours of Experience:**

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		☐ Yes ☐ No	
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters		☐ Yes ☐ No	

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

b. Supervised Work Experience. (continued)

Description of Experience Must Include:	Location of Experience/License or Permit Number of Facility	Confirm	Dates of Experience*
Calculating, measuring, and safely preparing patient or human research subject dosages		☐ Yes ☐ No	
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material		☐ Yes ☐ No	
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures		☐ Yes ☐ No	
Administering dosages of radioactive drugs to patients or human research subjects		☐ Yes ☐ No	
Eluting generator systems appropriate for the preparation of radioactive drugs for imaging and localization studies, measuring and testing the eluate for radionuclidic purity, and processing the eluate with reagent kits to prepare labeled radioactive drugs		☐ Yes ☐ No	

Supervising Individual	License/Permit Number listing supervising individual as an authorized user

Supervisor meets the requirements below, or equivalent Agreement State requirements *(check one)*.

☐ 35.190 ☐ 35.290 ☐ 35.390 ☐ 35.390 + generator experience in 35.290(c)(1)(ii)(G)

c. For 35.590 only, provide documentation of training on use of the device.

Device	Type of Training	Location and Dates

d. For 35.500 uses only, stop here. For 35.100 and 35.200 uses, skip to and complete Part II Preceptor Attestation.

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

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. (Not required to meet training requirements in 35.590)

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 use requested:

For 35.190

Board Certification

☑ I attest that Maryanne Tran, M.D. has satisfactorily completed the requirements in
Name of Proposed Authorized User

10 CFR 35.190(a)(1) and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100.

OR

Training and Experience

☐ I attest that _____ has satisfactorily completed the 60 hours of training and
Name of Proposed Authorized User

experience, including a minimum of 8 hours of classroom and laboratory training, required by 10 CFR 35.190(c)(1), and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100.

For 35.290

Board Certification

☑ I attest that Maryanne Tran, M.D. has satisfactorily completed the requirements in
Name of Proposed Authorized User

10 CFR 35.290(a)(1) and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100 and 35.200.

OR

Training and Experience

☐ I attest that _____ has satisfactorily completed the 700 hours of training
Name of Proposed Authorized User

and experience, including a minimum of 80 hours of classroom and laboratory training, required by 10 CFR 35.290(c)(1), and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100 and 35.200.

Second Section
Complete the following for preceptor attestation and signature:

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

☑ 35.190 ☑ 35.290 ☑ 35.390 ☐ 35.390 + generator experience

Name of Preceptor	Signature	Telephone Number	Date
William A. Erdman, M.D.	William Erdman	(214) 590-5120	08/28/2012

License/Permit Number/Facility Name

L00384(TX), UT Southwestern / Parkland Hospital, Dallas, Texas

NRC FORM 313A (AUT) (05-2012) | U.S. NUCLEAR REGULATORY COMMISSION

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	State or Territory Where Licensed
Maryanne Tran, M.D.	Missouri

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	Parkland Memorial Hospital, Dallas, TX	98	7/1/2007 - 6/30/2011
Radiation protection	Parkland Memorial Hospital, Dallas, TX	30	7/1/2007 - 6/30/2011
Mathematics pertaining to the use and measurement of radioactivity	Parkland Memorial Hospital, Dallas, TX	18	7/1/2007 - 6/30/2011
Chemistry of byproduct material for medical use	Parkland Memorial Hospital, Dallas, TX	29	7/1/2007 - 6/30/2011
Radiation biology	Parkland Memorial Hospital, Dallas, TX	25	7/1/2007 - 6/30/2011
	Total Hours of Training: 200		

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:**	
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		☐ Yes ☐ No	
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters		☐ Yes ☐ No	
Calculating, measuring, and safely preparing patient or human research subject dosages		☐ Yes ☐ No	
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material		☐ Yes ☐ No	
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures		☐ Yes ☐ No	

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	License/Permit Number listing supervising individual as an authorized user
William A. Erdman, M.D.	L00384 (TX)

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

- ☑ 35.390
- ☑ 35.392
- ☑ 35.394
- ☐ 35.396

With experience administering dosages of:

- ☑ 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

** 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)	23	Parkland Hospital, Nuclear Medicine, Dallas, Texas, TX RAM L00384	1/18-2/14/10, 8/29-9/25/10, 6/5-30/11
Oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 1.22 gigabecquerels (33 millicuries)	3	Parkland Hospital, Nuclear Medicine, Dallas, Texas, TX RAM L00384	1/18-2/14/10, 8/29-9/25/10, 6/5-30/11
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 (List radionuclides)			

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
William A. Erdman, M.D.	L00384 (TX)

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

- ☑ 35.390
- ☑ 35.392
- ☑ 35.394
- ☐ 35.396

With experience administering dosages of:

- ☑ 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

** 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 Maryanne Tran, M.D. (Name of Proposed Authorized User) has satisfactorily completed the training and experience requirements in 35.390(a)(1).

OR

Training and Experience

☐ I attest that _____ (Name of Proposed Authorized User) 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).

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 Maryanne Tran, M.D. 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 Maryanne Tran, M.D. 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 Maryanne Tran, M.D. 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 Maryanne Tran, M.D. 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	Signature	Telephone Number	Date
William A. Erdman, M.D.	William Erdman	(214) 590-5120	08/28/2012

License/Permit Number/Facility Name
L00384 UT Southwestern Medical Center, Dallas, Texas

TEXAS DEPARTMENT OF STATE HEALTH SERVICES
PRECEPTOR STATEMENT FOR LICENSE APPLICATION

PREPARED FOR CONSIDERATION TO RAM LICENSE NUMBER: _____

Statement must be completed and signed by the physician's preceptor. If more than one preceptor is necessary to document experience, obtain a separate statement from each. Equivalent forms, including those from other Regulatory Agencies, will be accepted. Print or type.

1. Applicant's full name and address.	Dates of training 1/18-2/14/10; 8/29-9/25/10; 6/5-30/11
Maryanne Tran, MD	PET 2/15-3/14/10
724 North Montgall Avenue	
Kansas City, MO 64120	

CLINICAL TRAINING AND EXPERIENCE OF THE PROPOSED PHYSICIAN USER

	Column A Radionuclide	Column B Conditions Diagnosed or Evaluated	Column C Number of Cases Involving Personal Participation*	Column D Comments
§	I-125	Diagnosis of Thyroid Function	-	
2	or	Blood Volume or Blood Plasma Volume	-	
8	I-131	Liver Function	-	
9	or	Kidney Function Studies	-	
.	Co-57	*In vitro* Studies	-	
2	or	Schilling Test	-	
5	Co-58	*(other)*	-	
6	I-125	Detection of Thrombus	-	
(ff)		Labelled WBC for Infection Imaging	28	
A	In-111	Cisternogram/Shunt Patency Imaging	-	
N	Ga-67	Abscess or Tumor Imaging	12	
D	Xe-133	Pulmonary Ventilation/Blood Flood Imaging	70	
(hh)	I-123	Thyroid Im aging/Uptake	92	
	Tl-201	Cardiac Perfusion Imaging	735	
		Cardiac Perfusion, E.F., Gated Wall Motion	735	
		Blood Pool Imaging	85	
		Bone Imaging	218	
		Sentinel Node Imaging	29	
		Breast (Mammoscintography) Imaging	-	
		Cystography/Ureteral Reflux Imaging	-	
		Diverticulum Imaging	-	
	Tc-99m	Gastric Emptying and Reflux Imaging	24	
		GI Bleed Imaging	3	
		Hepatobiliary Imaging	25	
		Liver/Spleen and Bone Marrow Imaging	16	
		Lung Perfusion Imaging	-	
		Myocardial Infarction Imaging	-	
		Renal Perfusion/GFR Imaging	68	
		Thyroid and Salivary Imaging	-	
		Venography/Thrombus Imaging	-	
		Tc-WBC	63	
	F-18(etc.)	P.E.T. Imaging		
		RADIOPHARMACEUTICAL PREPARATION		
2	Mo/Tc	Generator Elution and Testing	-	
5	Tc-99m	Reagent Kit Preparation and Testing	-	
6		*(other)*	-	
(hh)			-	

Proposed Physician User: Maryanne Tran, M.D.

Column A Radionuclide	Column B Condition Treated	Column C Number of Cases Involving Personal	Column D Comments
I-131 (NaI)	Hyperthyroidism/Graves/Multinodular Goiters	23	
	Thyroid Cancer/Metastasis	3	
I-131 (MoAb)	Non-Hodgkin's Lymphoma	-	
Y-90 (MoAb)	Non-Hodgkin's Lymphoma	-	
P-32(soluble)	Polycythemia etc.	-	
P-32(colloidal)	Intracavitary malignant effusions etc.	-	
Sr-89	Palliative Bone Pain from Bone Metastasis	-	
Sm-153	Palliative Bone Pain from Bone Metastasis	-	
	(other e.g., Investigational Drugs)	-	
Sr-90	Superficial eye conditions	-	
I-125	Eye plaques	-	
I-125	Interstitial Cancer	-	
Pd-103	Interstitial Cancer	-	
Au-198	Interstitial Cancer	-	
Cs-137	Intercavitary Cancer	-	
Ir-192	Interstitial Cancer	-	
Co-60	External Beam Therapy	-	
Ir-192	High Dose Rate After-loader Therapy	-	System
Sr-90, P-32, Ir-192	Intravascular Brachytherapy	-	System
	(other)	-	

*KEY TO COLUMN "C"

1 Supervise examination of patients to determine the suitability for radionuclide diagnosis and/or treatment and recommendation for prescribed dosage.
2 Collaboration in dose calibration and actual administration of dose to the patient including calculation of the radiation dose, related measurements and plotting of data.
3 Adequate period of training to enable physician to manage radioactive patients and follow patients through diagnosis and/or course of treatment

SEE 25 TAC §289.256

A. TOTAL HOURS OF TRAINING COMBINED CLINICAL AND WORK EXPERIENCE: _____ HOURS WHERE OBTAINED _____

(DIAGNOSTIC PHYSICIAN USER TRAINING MUST HAVE INCLUDED THE FOLLOWING)

- ORDERING, RECEIVING, UNPACKAGING, SURVEYING
- CALIBRATING DOSE CALIBRATORS AND DIAGNOSTIC INSTRUMENTS
- CALIBRATING AND PREPARING PATIENT DOSES
- USING ADMINISTRATIVE CONTROLS TO PREVENT MISADMINISTRATIONS
- CONTAIN SPILLS AND PERFORM DECONTAMINATION
- ELUTE Mo/Tc GENERATORS, TEST ELUATE AND PREPARE KITS
- REVIEW PATIENT HISTORY; SELECT MEASURE AND ADMINISTER DOSAGES; COLLABORATIVE REPORTING; FOLLOW-UP
- PHYSICS AND INSTRUMENTATION; PROTECTION; MATHEMATICS; PHARMACEUTICAL CHEMISTRY; RADIATION BIOLOGY

TOTAL HOURS OF DIDACTIC (CLASSROOM AND LABORATORY) TRAINING: _____ HOURS WHERE ATTENDED _____

[OR]

B. ACCEPTED BOARD SPECIALTY: American Board of Radiology DATE ISSUED June 2011

I CERTIFY THAT THE ABOVE NAMED PHYSICIAN SUCCESSFULLY COMPLETED THE SPECIFIED TRAINING AS PRESCRIBED IN TITLE 25 TEXAS ADMINISTRATIVE CODE and HAS ACHIEVED A LEVEL OF COMPETENCE TO FUNCTION INDEPENDENTLY AS AN AUTHORIZED USER.

William A. Erdman, M.D., at	UT Southwestern Medical Center	William Erdman
NAME OF PHYSICIAN (PRECEPTOR)	INSTITUTION	SIGNATURE
L00384	5323 Harry Hines Boulevard	214-590-5120
INSTITUTIONAL RAM LICENSE No.	ADDRESS	TELEPHONE No.
NRC State ☐ Agreement State ☐ Expiration Date _____	Dallas, TX 75390-9178	8/28/2012
	CITY/STATE/ZIP	DATE

Lees Summit Medical Center
2100 S.E. Blue Parkway
Lee Summit MO 64063
(Nuclear Medicine Dept)

RETURN SERVICE REQUESTED

PRESORTED FIRST CLASS

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