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

U.S. NUCLEAR REGULATORY COMMISSION

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

Preceptor Attestation (continued)

Third Section

For 35.690: (continued)

☑ I attest that Julio Diaz-Padilla has received training required in 35.690(c) for device
Name of Proposed Authorized User

operation, safety procedures, and clinical use for the type(s) of use for which authorization is sought, as checked below.

☑ Remote afterloader unit(s) ☐ Teletherapy unit(s) ☐ Gamma stereotactic radiosurgery unit(s)

AND

Fourth Section

☑ I attest that Julio Diaz-Padilla has achieved a level of competency sufficient to
Name of Proposed Authorized User

achieve a level of competency sufficient to function independently as an authorized user for:

☑ Remote afterloader unit(s) ☐ Teletherapy unit(s) ☐ Gamma stereotactic radiosurgery unit(s)

Fifth Section

Complete the following for preceptor attestation and signature:

☑ I meet the requirements in 10 CFR 35.490, 35.491, 35.690, or equivalent Agreement State requirements, as an authorized user for:

☑ 35.400 Manual brachytherapy sources ☑ 35.600 Teletherapy unit(s)

☐ 35.400 Ophthalmic use of strontium-90 ☑ 35.600 Gamma stereotactic radiosurgery unit(s)

☑ 35.600 Remote afterloader unit(s)

Name of Preceptor	Signature	Telephone Number	Date
Matthew Biagioli, MD		8137454142	7/19/13

License/Permit Number/Facility Name

FL 1739-3

H. Lee Moffitt Cancer Center & Research Institute Hospital, Inc.

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

U.S. NUCLEAR REGULATORY COMMISSION

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

Preceptor Attestation (continued)

Third Section

For 35.690: (continued)

☑ I attest that Jose Santana, M.D. has received training required in 35.690(c) for device
Name of Proposed Authorized User

operation, safety procedures, and clinical use for the type(s) of use for which authorization is sought, as checked below.

☑ Remote afterloader unit(s) ☐ Teletherapy unit(s) ☐ Gamma stereotactic radiosurgery unit(s)

AND

Fourth Section

☑ I attest that Jose Santana, MD has achieved a level of competency sufficient to
Name of Proposed Authorized User

achieve a level of competency sufficient to function independently as an authorized user for:

☑ Remote afterloader unit(s) ☐ Teletherapy unit(s) ☐ Gamma stereotactic radiosurgery unit(s)

Fifth Section

Complete the following for preceptor attestation and signature:

☑ I meet the requirements in 10 CFR 35.490, 35.491, 35.690, or equivalent Agreement State requirements, as an authorized user for:

☑ 35.400 Manual brachytherapy sources ☑ 35.600 Teletherapy unit(s)

☐ 35.400 Ophthalmic use of strontium-90 ☑ 35.600 Gamma stereotactic radiosurgery unit(s)

☑ 35.600 Remote afterloader unit(s)

Name of Preceptor	Signature	Telephone Number	Date
Matthew Biagioli, MD		8137454142	7/19/13

License/Permit Number/Facility Name

FL 1739-3

H. Lee Moffitt Cancer Center & Research Institute Hospital, Inc.