NRC FORM 313A (AUS)			U.S. NUCLEAR REGULAT	ORY COMMISSION	
AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)					
Preceptor Attestation (continued)	and the contract of the property of the contract of the property of the contract of the contra				
Third Section					
For 35.690: (continued)					
I attest that Julio Di	posed Authorized User has r	eceived train	ing required in 35.690(c	c) for device	
operation, safety procedures checked below.	, and clinical use for the type	e(s) of use fo	r which authorization is	sought, as	
Remote afterloader unit(s	s) Teletherapy unit(s)	Gamma	a stereotactic radiosurge	ery unit(s)	
AND					
Fourth Section	•				
I attest that Tulio Diaz-Padilla has achieved a level of competency sufficient to					
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		****	per per lest had have been per per net het het met		
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	1 1	Telephone Number	Date	
Matthew Biogioli, MD License/Permit Number/Facility Name	Minigro	M	8137454142	7/19/13	
License/Permit Number/Facility Name			F1	1739-3	
H. Lee Moffitt Cancer Celiterakesearch Institute Hospital, True.					
				•	

NRC FORM 313A (AUS) (05-2012)	U.S. NUCLEAR REGULATORY COMMISSION  USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)				
AUTHORIZED USER TRAININ	1G AND EXPERIENCE AND PRECE	PTOR ATTESTATION (cor	itinued)		
Preceptor Attestation (continued)					
Third Section					
For 35.690: (continued)					
I attest that Jose Santana MD. has received training required in 35.690(c) for device					
operation, safety procedures checked below.	s, and clinical use for the type(s) of us	se for which authorization is	sought, as		
Remote afterloader unit(s) Teletherapy unit(s) Gamma stereotactic radiosurgery unit(s)					
AND					
Fourth Section	•				
I attest that Jose San	ntana M has achieved	d a level of competency suffi	cient to		
achieve a level of competency sufficient to function independently as an authorized user for:					
Remote afterloader unit(s	s) Teletherapy unit(s) Ga	ımma stereotactic radiosurge	ery unit(s)		
Fifth Section			***		
Complete the following for preceptor attestation and signature:					
an authorized user for:	0 CFR 35.490, 35.491, 35.690, or eq		equirements, as		
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 Matthew Biogioli, MD	Signature Muyul	Telephone Number	Date 1   19/13		
License/Permit Number/Facility Name  FL 1739-3  H. Lee Moffith Concer Center + Research Institute Hospital, Two.					