October 7, 2013

To: Dennis Odowd

Thanks again for all your help. Here are the additional documents we discussed.

1. For request #1 regarding Cardiovascular Associates you needed form 314
2. For request #2 regarding Dr. Eickler you needed dates on the form 313a
3. For request #3 regarding Dr. Jose you needed the University of Louisville License
4. For request #4 regarding Scott Adams taking over as RSO you needed dates on 313a and additional proof of continuing education (see below)
   ****NOTES****
   a. Scott Adams is head of the radiation safety committee holding all quarterly meetings.
   b. Copy of letter when Scott Adams was elected the T&R official in 2008
   c. Copy of bachelor degree of Health Science in Nuclear Medicine
   d. Copy of certificate for program of Radiation Safety and Management seminar
   e. You should have the most recent hours showing continuing education of radiation safety
   f. As discussed before I have been working under direct supervision of the current ROS, William Fortner, M.D. and Authorized Medical Physicist, Patrick J Byrne, DABR, CHP, SABSNM which can be reached at 877-317-5811. Patrick can verify continuing education and training since 2001.
   g. Copy of letter of delegation has also been provided.

Scott Adams, CNMT

NRC FORM 314 (05-2012)
10 CFR 30.36(j)(1); 40.42(j)(1); 70.38(j)(1); and 72.54(k)(5)(i)(1)

U.S. NUCLEAR REGULATORY COMMISSION

APPROVED BY OMB: NO. 3150-0028 EXPIRES: 10/31/2013

Estimated burden per response to comply with this mandatory collection request: 30 minutes. This submittal is used by NRC as part of the basis for its determination that the facility is released for unrestricted use. Send comments regarding burden estimate to the Information Services Branch (T-5 F53), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to Infocollects.Resource@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0028), Office of Management and Budget, Washington, DC 20503. If a means used to impose an information collection does not display a currently valid OMB control number, the NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.

CERTIFICATE OF DISPOSITION OF MATERIALS

LICENSEE NAME AND ADDRESS	LICENSE NUMBER	DOCKET NUMBER
Cardiovascular Associates of Southern Indiana, PSC	13-32350-01	030-358-43
	LICENSE EXPIRATION DATE: March 31, 2022	

A. LICENSE STATUS (Check the appropriate box)

☐ This license has expired. ☑ This license has not yet expired; please terminate it.

B. DISPOSAL OF RADIOACTIVE MATERIAL

(Check the appropriate boxes and complete as necessary. If additional space is needed, provide attachments)

The licensee, or any individual executing this certificate on behalf of the licensee, certifies that:

☐ 1. No radioactive materials have ever been procured or possessed by the licensee under this license.

☑ 2. All activities authorized by this license have ceased, and all radioactive materials procured and/or possessed by the licensee under this license number cited above have been disposed of in the following manner.

☑ a. Transfer of radioactive materials to the licensee listed below:
Floyd Memorial Hospital, 13-13371-01

☐ b. Disposal of radioactive materials:

☐ 1. Directly by the licensee:

☐ 2. By licensed disposal site:

☐ 3. By waste contractor:

☐ c. All radioactive materials have been removed such that any remaining residual radioactivity is within the limits of 10 CFR Part 20, Subpart E, and is ALARA.

C. SURVEYS PERFORMED AND REPORTED

☐ 1. A radiation survey was conducted by the licensee. The survey confirms:

☐ a. the absence of licensed radioactive materials

☐ b. that any remaining residual radioactivity is within the limits of 10 CFR 20, Subpart E, and is ALARA.

☐ 2. A copy of the radiation survey results:

☐ a. is attached; or ☐ b. is not attached (Provide explanation); or ☐ c. was forwarded to NRC on: _____ (Date)

☐ 3. A radiation survey is not required as only sealed sources were ever possessed under this license, and

☐ a. The results of the latest leak test are attached; and/or ☐ b. No leaking sources have ever been identified.

The person to be contacted regarding the information provided on this form:

NAME	TITLE	TELEPHONE (Include Area Code)	E-MAIL ADDRESS
Scott Adams, CNMT	Nuclear Medicine Supervisor	812-949-5516	sadams@fmhhs.com

Mail all future correspondence regarding this license to:
1850 State Street, New Albany, IN, 47122

C. CERTIFYING OFFICIAL

KEVIN Hollis M.D

I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT

PRINTED NAME AND TITLE	SIGNATURE	DATE
CARDIOVASCULAR PRESIDENT OF Assoc. of So. IN	Kevin Hollis MD	9/27/13

WARNING: FALSE STATEMENTS IN THIS CERTIFICATE MAY BE SUBJECT TO CIVIL AND/OR CRIMINAL PENALTIES. NRC REGULATIONS REQUIRE THAT SUBMISSIONS TO THE NRC BE COMPLETE AND ACCURATE IN ALL MATERIAL RESPECT. 18 U.S.C. SECTION 1001 MAKES IT A CRIMINAL OFFENSE TO MAKE A WILLFULLY FALSE STATEMENT OR REPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION.

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
Richard Eickler, M.D.	Indiana

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.

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

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			
Radiation protection			
Mathematics pertaining to the use and measurement of radioactivity			
Chemistry of byproduct material for medical use			
Radiation biology			
	Total Hours of Training: ☐		

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	

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

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	License/Permit Number listing supervising individual as an authorized user

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)			
Oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 1.22 gigabecquerels (33 millicuries)	1	Floyd Memorial Hospital/13-1237-01	04/12/2013
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)			

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

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
Kevin P. Serey, M.D.	Floyd Memorial Hospital/13-12371-01

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

	With experience administering dosages of:
☑ 35.390	☑ Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)
☐ 35.392	☑ Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)
☐ 35.394	☐ Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required
☐ 35.396	☐ 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 _____ has satisfactorily completed the training and experience
Name of Proposed Authorized User

requirements in 35.390(a)(1).

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 200 hours of classroom and laboratory training, as required by 10 CFR 35.390 (b)(1).

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

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 _____ 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 Richard Eickler, 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 Richard Eickler, 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 Richard Eickler, 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

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

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 Fortner, M.D.	[signature]	812 949 5904	9/27/13

License/Permit Number/Facility Name
Floyd Memorial Hospital/13-12371-01

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
Richard Eickler, M.D.	Indiana

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.

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

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			
Radiation protection			
Mathematics pertaining to the use and measurement of radioactivity			
Chemistry of byproduct material for medical use			
Radiation biology			
	Total Hours of Training:		

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	

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

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	License/Permit Number listing supervising individual as an authorized user

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)			
Oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 1.22 gigabecquerels (33 millicuries)	I	Floyd Memorial Hospital/13-1237-01	05/16/2013
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)			

NRC FORM 313A (AUT) U.S. NUCLEAR REGULATORY COMMISSION
(06-2012)

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
Brian Worm, M.D.	Floyd Memorial Hospital/13-12371-01

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

	With experience administering dosages of:
☑ 35.390	☑ Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)
☐ 35.392	☑ Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)
☐ 35.394	☑ Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required
☐ 35.396	☐ 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 _____ has satisfactorily completed the training and experience
Name of Proposed Authorized User

requirements in 35.390(a)(1).

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 200 hours of classroom and laboratory training, as required by 10 CFR 35.390 (b)(1).

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

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 _____ 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 Richard Eickler, 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 Richard Eickler, 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 Richard Eickler, 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

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

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 Fortner, M.D.	Will R Fortner	812 949 5904	9/27/13

License/Permit Number/Facility Name
Floyd Memorial Hospital/13-12371-01

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
Richard Eickler, M.D.	Indiana

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.

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(05-2012)

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			
Radiation protection			
Mathematics pertaining to the use and measurement of radioactivity			
Chemistry of byproduct material for medical use			
Radiation biology			
	Total Hours of Training: ☐		

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	

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(05-2012)

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	License/Permit Number listing supervising individual as an authorized user

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)			
Oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 1.22 gigabecquerels (33 millicuries)	1	Floyd Memorial Hospital/13-1237-01	04/18/2013
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)			

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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
Kelly J. Colomb, M.D.	Floyd Memorial Hospital/13-12371-01

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 _____ has satisfactorily completed the training and experience
Name of Proposed Authorized User

requirements in 35.390(a)(1).

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 200 hours of classroom and laboratory training, as required by 10 CFR 35.390 (b)(1).

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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 _____ 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 Richard Eickler, 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 Richard Eickler, 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 Richard Eickler, 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

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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 Fortner, M.D.	William R Fortner	812 949 5904	9/27/13

License/Permit Number/Facility Name
Floyd Memorial Hospital/13-12371-01

CABINET FOR HEALTH SERVICES
COMMONWEALTH OF KENTUCKY
RADIOACTIVE MATERIAL LICENSE

PAGE 1

1. LICENSEE AND 2. ADDRESS

UNIVERSITY OF LOUISVILLE
HEALTH SCIENCES CENTER
102 COMMONS BLDG.
LOUISVILLE, KY 40202

ATTENTION: SARAH HUGHES
TELEPHONE: 502-852-5231

PURSUANT TO KRS 211.842 ET SEQ., THE KENTUCKY CABINET FOR HUMAN RESOURCES REGULATIONS, 902 KAR 100, AND IN RELIANCE ON STATEMENTS AND REPRESENTATIONS HERETOFORE MADE BY THE LICENSEE, A LICENSE IS HEREBY ISSUED TO RECEIVE, ACQUIRE, OWN, POSSESS AND TRANSFER RADIOACTIVE MATERIAL LISTED BELOW; AND TO USE SUCH RADIOACTIVE MATERIAL FOR THE PURPOSE(S) AND AT THE PLACE(S) DESIGNATED BELOW. THIS LICENSE IS SUBJECT TO ALL APPLICABLE RULES, REGULATIONS, AND ORDERS OF THE CABINET FOR HEALTH SERVICES, NOW OR HEREINAFTER IN EFFECT AND TO ANY CONDITIONS SPECIFIED BELOW.

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3. LICENSE NUMBER: 202-029-22
AMENDMENT NO. 92

4. EXPIRATION DATE: APRIL 30, 2014

5. REVIEWER: 44

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6. LICENSED MATERIAL	7. FORM	8. POSSESSION LIMIT
A. ANY RADIOACTIVE MATERIAL WITH ATOMIC NUMBERS 1-83, INCLUSIVE, EXCEPT AS SPECIFIED BELOW	A. ANY, OTHER THAN SEALED SOURCES	A. 500 MILLICURIES OF EACH RADIONUCLIDE WITH A TOTAL POSSESSION LIMIT OF 5 CURIES
B. HYDROGEN 3	B. ANY	B. 1 CURIE

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C. MOLYBDENUM 99	C. ANY	C. 5 CURIES
D. TECHNETUIM 99M	D. ANY	D. 5 CURIES
E. ANY RADIOACTIVE MATERIAL WITH ATOMIC NUMBERS 1-83, INCLUSIVE, EXCEPT AS SPECIFIED BELOW	E. SEALED SOURCES	E. NO SINGLE SOURCE TO EXCEED 1.5 CURIES. TOTAL POSSESSION LIMIT NOT TO EXCEED 10 CURIES
F. IRIDIUM 192	F. SEALED SOURCES	F. 500 MILLICURIES
G. CESIUM 137	G. SEALED SOURCES	G. 2 CURIES

This section redacted for security reasons.

I. DEPLETED URANIUM	I. SPECIAL FORM	I. 600 POUNDS
J. STRONTIUM 90	J. SEALED SOURCE	J. 100 MILLICURIES (STORAGE ONLY)

This section redacted for security reasons.

M. YTTRIUM 90	M. LIQUID (IBRITUMOMAB TIUXETAN)	M. 200 MILLICURIES
N. YTTRIUM 90	N. LIQUID (CHLORIDE)	N. 150 MILLICURIES

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O. FLUORINE 18	O. LIQUID (FDG)	O. 3 CURIES
P. IRIDIUM 192	P. SEALED SOURCE (VARIAN MODEL VS2000)	P. 21 CURIES. NO SINGLE SOURCE TO EXCEED 18 CURIES

This section redacted for security reasons.

R. IODINE 125	R. LIQUID	R. NO SINGLE SOURCE TO EXCEED 1.2 CURIES. POSSESSION LIMIT 5 CURIES
S. YTTRIUM 90	S. SEALED SOURCE (THERASPHERES)	S. 1.25 CURIES
T. YTTRIUM 90	T. SEALED SOURCE (SIR-SPHERES)	T. 250 MILLICURIES
U. CESIUM 131	U. SEALED SOURCE (ISORAY MODEL CS-1)	U. 5 CURIES TOTAL POSSESSION, NO SINGLE SEED TO EXCEED 65 MILLI-CURIES

9. AUTHORIZED USE

A. THROUGH D. MEDICAL DIAGNOSIS, THERAPY AND RESEARCH IN HUMANS. RESEARCH AND DEVELOPMENT AS DEFINED IN 902 KAR 100:010, SECTION 1, INCLUDING ANIMAL STUDIES, AND STUDENT INSTRUCTION. INSTRUMENT CALIBRATION.

E. THROUGH G. MEDICAL THERAPY AND RESEARCH IN HUMANS AND ANIMAL STUDIES.

This section redacted for security reasons.

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I. SHIELDING MATERIAL INCORPORATED IN AN AECL THERAC 6 LINEAR ACCELERATOR.

J. FOR NEN MODEL NB-1 TO BE HELD FOR STORAGE ONLY.

This section redacted for security reasons.

M. TREATMENT OF NON-HODGKINS LYMPHOMA.

N. FOR CALIBRATION.

O. FOR USE IN POSITRON EMISSION TOMOGRAPHY SCANNING PROCEDURES.

P. TO BE USED IN VARIAN VARISOURCE HDR REMOTE AFTERLOADER FOR INTRALUMINAL, INTERSTITIAL, INTERCAVITARY AND SUPERFICIAL TREATMENT OF CANCER. ONE (1) SOURCE IN STORAGE FOR INSTALLATION, ONE (1) SOURCE IN THE UNIT. MAXIMUM LOADED ACTIVITY 11 CURIES +/- 5%.

This section redacted for security reasons.

R. FOR USE IN INTRACAVITARY BRACHYTHERAPY PROCEDURES FOLLOWING INTRACRANIAL TUMOR RESECTION.

S. TREATMENT OF HEPATIC TUMORS WITH MDS NORDIAN THERASPHERE GLASS MICROSPHERES.

T. TREATMENT OF MALIGNANT HEPATIC TUMORS WITH SIRTEX MEDICAL SIR-SPHERES RESIN MICROSPHERES.

U. FOR USE IN BRACHYTHERAPY PROCEDURES.

CONDITIONS:

10. THE LICENSEE SHALL COMPLY WITH THE PROVISIONS OF THE KENTUCKY CABINET FOR HEALTH SERVICES ADMINISTRATIVE RADIATION REGULATIONS, 902 KAR 100.

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11. RADIOACTIVE MATERIAL SHALL BE USED AT:

A. UNIVERSITY PROPERTY SPECIFICALLY AUTHORIZED BY THE UNIVERSITY RADIATION SAFETY COMMITTEE.

B. JEWISH HOSPITAL/UL CARDIOVASCULAR RESEARCH BLDG.
500 SOUTH FLOYD STREET
LOUISVILLE, KENTUCKY

12. RADIOACTIVE MATERIAL LISTED IN ITEM 6.H. SHALL BE USED AT:

KENTUCKY LION'S EYE RESEARCH INSTITUTE
301 E. MOHAMMED ALI BLVD.
LOUISVILLE, KENTUCKY

13. RADIOACTIVE MATERIAL LISTED IN ITEMS 6.K., 6.L. AND 6.Q. SHALL BE USED AT:

A. THE BAXTER BUILDING, HEALTH SCIENCES CAMPUS, UNIVERSITY OF LOUISVILLE, LOUISVILLE, KENTUCKY.

B. BASEMENT OF THE RESEARCH TOWER, HEALTH SCIENCES CAMPUS, UNIVERSITY OF LOUISVILLE, LOUISVILLE, KENTUCKY.

C. UNIVERITY OF LOUISVILLE HOSPITAL, 530 S. JACKSON STREET, LOUISVILLE, KENTUCKY.

14. THE RADIATION SAFETY OFFICER FOR THE ACTIVITIES AUTHORIZED BY THIS LICENSE IS SARAH HUGHES .

15. SEALED SOURCES OR DETECTOR CELLS NEED NOT BE LEAK TESTED IF THEY ARE IN STORAGE AND NOT BEING USED. PRIOR TO REMOVAL FROM STORAGE FOR USE OR TRANSFER TO ANOTHER PERSON, THE SEALED SOURCE OR DETECTOR CELL SHALL BE TESTED BEFORE USE OR TRANSFER IF IT HAS NOT BEEN TESTED WITHIN THE REQUIRED LEAK TEST INTERVAL. NO SEALED SOURCE OR DETECTOR CELL SHALL BE STORED FOR A PERIOD OF MORE THAN TEN (10) YEARS WITHOUT BEING TESTED FOR LEAKAGE AND/OR CONTAMINATION.

16. FOR RADIOPHARMACEUTICALS WHERE THE BETA EMISSION IS OF PRIMARY INTEREST, LOCALLY PREPARED OR SUBDIVISION DOSES SHALL BE ASSAYED IN A PROPERLY CALIBRATED DOSE CALIBRATOR AFTER PREPARATION AND BEFORE DISPENSING OR USE. PROPER CALIBRATION OF AN IONIZATION-TYPE DOSE CALIBRATOR SHALL INCLUDE PARTICIPATION IN A STANDARDIZATION PROTOCOL WITH THE NATIONAL INSTITUTE FOR STANDARDS AND TECHNOLOGY (NIST), OR THE PHARMACEUTICAL MANUFACTURER, THAT INCLUDES USE OF NIST STANDARD SOLUTIONS AND CONTAINERS FOR THE RADIOPHARMACEUTICAL OF INTEREST. THE LICENSEE SHALL RETAIN DOCUMENTATION OF

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PARTICIPATION, INCLUDING THE NIST CALIBRATION CERTIFICATE OR MATERIAL DATA SHEET FOR THE CALIBRATION SOURCE, FOR THE DURATION OF THE LICENSE.

THE DOSE CALIBRATOR SHALL BE RE-CALIBRATED ANNUALLY USING Y-90 NIST STANDARD SOLUTIONS AND CONTAINERS FOR THE RADIOPHARMACEUTICAL OF INTEREST.

17. A. THE USE OF LICENSED MATERIAL IN OR ON HUMANS SHALL BE BY A PHYSICIAN, DENTIST OR PODIATRIST.

B. PHYSICIANS, DENTISTS OR PODIATRISTS DESIGNATED TO USE LICENSED MATERIAL IN OR ON HUMANS SHALL MEET THE TRAINING CRITERIA ESTABLISHED IN 902 KAR 100:073, AND SHALL BE DESIGNATED BY THE LICENSEE'S RADIATION SAFETY COMMITTEE.

C. LICENSED MATERIAL FOR OTHER THAN HUMAN USE SHALL BE USED BY, OR UNDER THE SUPERVISION OF, INDIVIDUALS DESIGNATED BY THE RADIATION SAFETY COMMITTEE.

D. THE LICENSEE SHALL MAINTAIN RECORDS OF INDIVIDUALS DESIGNATED AS USERS FOR THREE YEARS AFTER THE INDIVIDUAL'S LAST USE OF LICENSED MATERIAL.

18. THIS LICENSE AND THE RIGHT TO POSSESS OR UTILIZE RADIOACTIVE MATERIAL GRANTED BY THIS LICENSE ISSUED UNDER 902 KAR CHAPTER 100 SHALL NOT BE TRANSFERRED, ASSIGNED, OR OTHERWISE DISPOSED OF, THROUGH TRANSFER OF CONTROL OF A LICENSE TO A PERSON UNLESS THE CABINET, AFTER SECURING FULL INFORMATION, FINDS THAT THE TRANSFER IS IN ACCORDANCE WITH THE REQUIREMENTS OF 902 KAR CHAPTER 100 AND GIVES ITS CONSENT IN WRITING IN ACCORDANCE WITH 902 KAR 100:040, SECTION 11.

19. COPIES OF RECORDS REQUIRED PURSUANT TO 902 KAR 100 OR CONDITIONS OF THE LICENSE SHALL BE MAINTAINED FOR INSPECTION BY THE CABINET AT 102 COMMONS BUILDING, LOUISVILLE, KY 40292

20. TESTS FOR LEAKAGE AND/OR CONTAMINATION SHALL NOT EXCEED INTERVALS OF THREE (3) YEARS FOR:

3M 6500 SERIES (FORMERLY 6D6C) CESIUM 137 SEALED SOURCES

21. THE LICENSEE SHALL CONDUCT A PHYSICAL INVENTORY EVERY THREE MONTHS TO ACCOUNT FOR ALL SOURCES AND/OR DEVICES RECEIVED AND POSSESSED PURSUANT TO 902 KAR 100:073, SECTIONS 18, 39 AND 41 AND EVERY SIX MONTHS FOR ALL OTHER SOURCES AND/OR DEVICES. RECORDS OF INVENTORIES SHALL BE MAINTAINED FOR FIVE YEARS, FROM THE DATE OF EACH INVENTORY AND SHALL INCLUDE THE INFORMATION REQURIED IN 902 KAR 100:075, SECTION 19(7).

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22. NOTWITHSTANDING THE REQUIREMENTS OF 902 KAR 100:073, SECTIONS 13, 29, 31, 35, 39 AND 41, THE LICENSEE MAY USE FOR ANY MEDICAL USE ANY RADIOACTIVE MATERIAL OR REAGENT KIT. THE LICENSEE SHALL POSSESS AND USE RADIOACTIVE MATERIAL FOR MEDICAL USE IN ACCORDANCE WITH THE REQUIREMENTS IN OTHER SECTIONS OF 902 KAR 100:073. THIS DOES NOT RELIEVE THE LICENSEE FROM COMPLYING WITH APPLICABLE FOOD AND DRUG ADMINISTRATION (FDA) AND OTHER FEDERAL AND STATE REQUIREMENTS.

23. THE LICENSEE SHALL POSSESS AND USE RADIOACTIVE MATERIAL FOR HUMAN RESEARCH USE IN ACCORDANCE WITH THE REQUIREMENTS IN ALL SECTIONS OF 902 KAR 100:073 EXCEPT FOR SECTIONS 13, 29, 31 AND 35.

24. SEALED SOURCES CONTAINING RADIOACTIVE MATERIAL SHALL NOT BE OPENED OR REMOVED FROM THEIR RESPECTIVE SOURCE HOLDERS BY THE LICENSEE.

25. THE LICENSEE SHALL NOT REPAIR, REMOVE, REPLACE, OR ALTER ANY OF THE FOLLOWING COMPONENTS OF THE IRRADIATORS: ELECTRICAL AND MECHANICAL SYSTEMS THAT CONTROL SOURCE OR SHIELDING MOVEMENT, THE IRRADIATOR'S SHIELDING OR SEALED SOURCE, SAFETY INTERLOCKS, OR ANY OTHER COMPONENT THAT MAY AFFECT SAFE OPERATION OF THE IRRADIATOR. THESE ACTIVITIES SHALL BE PERFORMED BY A PERSON SPECIFICALLY LICENSED BY THE CABINET, THE U.S. NUCLEAR REGULATORY COMMISSION OR AN AGREEMENT STATE.

26. EXPERIMENTAL ANIMALS ADMINISTERED RADIOACTIVE MATERIALS, OR THEIR PRODUCTS, SHALL NOT BE USED FOR HUMAN CONSUMPTION.

27. COPIES OF THE LICENSEE'S "HUMAN USE RADIATION SAFETY MANUAL", DATED FEBRUARY 2, 1999 (REVISED OCTOBER 12, 2000), AND/OR "RADIOACTIVE MATERIAL USERS GUIDE" DATED FEBRUARY 3, 1999, SHALL BE SUPPLIED TO EACH INDIVIDUAL MATERIAL. ANY CHANGE IN THE MANUAL OR GUIDE SHALL HAVE PRIOR APPROVAL OF THE RADIATION CONTROL BRANCH, 275 EAST MAIN STREET, FRANKFORT, KY 40621.

28. THE LICENSEE MAY TRANSPORT RADIOACTIVE MATERIAL, OR DELIVER RADIOACTIVE MATERIAL TO A CARRIER FOR TRANSPORT, IN ACCORDANCE WITH THE PROVISIONS OF 902 KAR 100:070, AND OTHER DEPARTMENTS OF THE COMMONWEALTH OF KENTUCKY HAVING JURISDICTION.

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29. ACCESS TO THE ROOMS HOUSING EACH HIGH DOSE RATE AFTERLOADING BRACHYTHERAPY UNIT SHALL BE CONTROLLED BY A DOOR AT EACH ENTRANCE.

30. THE ENTRANCE TO THE TREATMENT ROOM SHALL BE EQUIPPED WITH AN ELECTRICAL INTERLOCK SYSTEM THAT WILL CAUSE THE SOURCE TO RETURN TO THE SHIELDED POSITION IMMEDIATELY UPON OPENING OF THE ENTRANCE DOOR. THE INTERLOCK SYSTEM SHALL BE CONNECTED IN SUCH A MANNER THAT THE SOURCE CANNOT BE PLACED IN THE IRRADIATION POSITION UNTIL THE ENTRANCE DOOR IS CLOSED AND THE SOURCE "ON-OFF" CONTROL IS RESET AT THE CONTROL PANEL.

31. ELECTRICAL INTERLOCKS ON THE ENTRANCE DOOR TO THE TREATMENT ROOM SHALL BE TESTED FOR PROPER OPERATION AT LEAST ONCE EACH DAY OF USE. RECORDS OF TEST RESULTS SHALL BE MAINTAINED FOR INSPECTION BY THE CABINET FOR A PERIOD OF THREE (3) YEARS.

32. IN THE EVENT OF A MALFUNCTION OF THE HIGH DOSE RATE REMOTE AFTERLOADER DOOR INTERLOCK, THE UNIT SHALL BE LOCKED IN THE "OFF" POSITION AND NOT USED, EXCEPT AS MAY BE NECESSARY FOR REPAIR OR REPLACEMENT OF THE INTERLOCK SYSTEM, UNTIL THE INTERLOCK SYSTEM IS SHOWN TO BE FUNCTIONING PROPERLY.

33. PRIOR TO INITIATION OF A TREATMENT PROGRAM, AND SUBSEQUENT TO EACH SOURCE EXCHANGE FOR THE HIGH DOSE RATE AFTERLOADING BRACHYTHERAPY UNIT(S), RADIATION SURVEYS AND TESTS SHALL BE PERFORMED IN ACCORDANCE WITH THE FOLLOWING:

A. A RADIATION SURVEY SHALL BE MADE OF:

1. THE IRRADIATOR SOURCE HOUSING, WITH THE SOURCE IN THE SHIELDED POSITION. THE MAXIMUM RADIATION LEVELS AT 10 CENTIMETERS FROM THE SURFACE OF THE MAIN SOURCE SAFE SHALL NOT EXCEED 1 MILLIROENTGEN PER HOUR.

2. ALL AREAS ADJACENT TO THE TREATMENT ROOM WITH THE SOURCE IN THE "EXPOSED" POSITION. THE SURVEY SHALL CLEARLY ESTABLISH:

(A) THAT RADIATION LEVELS IN RESTRICTED AREAS ARE NOT LIKELY TO CAUSE PERSONNEL EXPOSURE IN EXCESS OF THE LIMITS SPECIFIED IN 902 KAR 100:019, SECTION 3(1), 8 AND 9.

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(B) THAT RADIATION LEVELS IN UNRESTRICTED AREAS DO NOT EXCEED THE LIMITS SPECIFIED IN 902 KAR 100:019, SECTION 11.

B. RECORDS OF THE SURVEY RESULTS SHALL BE MAINTAINED FOR INSPECTION BY THE CABINET FOR THREE (3) YEARS.

34. THE FOLLOWING SHALL BE PERFORMED ONLY BY PERSONS SPECIFICALLY AUTHORIZED BY THE CABINET, THE U.S. NUCLEAR REGULATORY COMMISSION, OR AN AGREEMENT STATE TO PERFORM SUCH SERVICES:

A. INSTALLATION AND REPLACEMENT OF THE SEALED SOURCES CONTAINED IN EACH HIGH DOSE RATE AFTERLOADING BRACHYTHERAPY UNIT(S).

B. ANY MAINTENANCE OR REPAIR OPERATIONS ON THE HIGH DOSE AFTERLOADING BRACHYTHERAPY UNIT(S) AND ASSOCIATED EQUIPMENT LISTED IN SUBITEM(S) OF ITEM 9, INVOLVING WORK ON THE SOURCE SAFE, THE SOURCE DRIVING UNIT, OR OTHER MECHANISM THAT COULD EXPOSE THE SOURCE, REDUCE THE SHIELDING AROUND THE SOURCE, OR COMPROMISE THE SAFETY OF THE UNIT AND RESULT IN INCREASED RADIATION LEVELS.

35. IN LIEU OF THE SOURCE INVENTORY REQUIRED IN 902 KAR 100:072, SECTION 39, THE LICENSEE SHALL:

A. PROMPTLY DETERMINE THAT ALL SOURCES HAVE RETURNED TO THE SAFE, SHIELDED POSITION AT THE CONCLUSION OF EACH REMOTE AFTERLOADING BRACHYTHERAPY PROCEDURE.

B. PROMPTLY MAKE A SURVEY OF THE AREA OF USE TO CONFIRM THAT NO SOURCES HAVE BEEN MISPLACED.

C. MAKE A RECORD OF THE SURVEY INCLUDING THE SURVEY INSTRUMENT USED, DOSE RATE EXPRESSED IN MILLIREM/HOUR, TIME, DATE, AND NAME OF INDIVIDUAL MAKING THE SURVEY.

D. RETAIN THE RECORD OF THE SURVEY IN LIEU OF THE RECORD REQUIRED IN 902 KAR 100:072, SECTION 39(3).

36. THE LICENSEE SHALL COMPLY WITH THE REQUIREMENTS DESCRIBED IN THE RADIATION HEALTH BRANCH LETTER DATED DECEMBER 2, 2005, AND ATTACHED DOCUMENT ENTITLED "INCREASED CONTROLS FOR LICENSEES THAT POSSESS SOURCES CONTAINING RADIOACTIVE MATERIAL QUANTITIES OF CONCERN." THE LICENSEE SHALL COMPLETE IMPLEMENTATION OF SAID REQUIREMENTS WITHIN SIX (6) MONTHS FROM THE ISSUANCE OF THE LICENSE AMENDMENT OR THE FIRST DAY THAT RADIONUCLIDES IN QUANTITIES OF CONCERN ARE POSSESSED AT OR ABOVE THE LIMITS SPECIFIED IN TABLE 1 OF THE ATTACHMENT, WHICHEVER IS LATER.

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WITHIN 25 DAYS AFTER THE IMPLEMENTATION OF THE REQUIREMENTS OF THIS CONDITION, THE LICENSEE SHALL NOTIFY THE RADIATION HEALTH BRANCH IN WRITING THAT IT HAS COMPLETED THE REQUIREMENTS OF THIS CONDITION.

37. THE LICENSEE SHALL COMPLY WITH THE REQUIREMENTS DESCRIBED IN ORDER EA-07-305 (THE ORDER). THE LICENSEE SHALL COMPLETE IMPLEMENTATION OF SAID REQUIREMENTS BY DECEMBER 2, 2008. THE LICENSEE SHALL NOTIFY THE RADIATION HEALTH BRANCH WHEN THEY HAVE ACHEIVED FULL COMPLIANCE WITH THE REQUIREMENTS DESCRIBED IN THE ORDER. THE NOTIFICATION SHALL BE MADE WITHIN TWENTY-FIVE (25) DAYS AFTER FULLY COMPLIANCE HAS BEEN ACHIEVED. THIS NOTIFICATION SHALL INCLUDE A CERTIFICATION THAT THE TRUSTWORTHINESS AND RELIABILITY (T&R) OFFICIAL (AND ANY SUBSEQUENT T&R OFFICIAL) IS THEMSELVES DEEMED TRUSTWORTHY AND RELIABLE BY THE LICENSEE AS REQUIRED IN PARAGRAPH B.2. OF THE ORDER. THE LICENSEE SHALL NOTIFY THE RADIATION HEALTH BRANCH WITHIN 24 HOURS IF THE RESULTS FROM A CRIMINAL HISTORY RECORDS CHECK INDICATE THAT AN INDIVIDUAL IS IDENTIFIED ON THE FBI'S TERRORIST SCREENING DATA BASE.

38. THE LICENSEE MUST COMPLY WITH THE INITIAL INVENTORY REPORTING REQUIREMENT IN 10 CFR 20.2207(H) FOR NATIONALLY TRACKED SOURCES. THE LICENSEE MUST ALSO COMPLY WITH THE REPORTING REQUIREMENTS FOR TRANSACTIONS INVOLVING NATIONALLY TRACKED SOURCES IN 10 CFR 20.2207. THIS SECTION INCLUDES THE REQUIREMENT TO REPORT ANY MANUFACTURE, TRANSFER, RECEIPT, DISASSEMBLY, OR DISPOSAL OF A NATIONALLY TRACKED SOURCES, OTHERWISE ALLOWED BY THIS LICENSE, BY THE CLOSE OF THE NEXT BUSINESS DAY AFTER THE TRANSACTION. A NATIONALLY TRACKED SOURCE, AS DEFINED IN 10 CFR 20.1003, REFERS TO A SEALED SOURCE CONTAINING A QUANTITY EQUAL TO OR GREATER THAN CATEGORY 1 OR CATEGORY 2 LEVELS OF RADIOACTIVE MATERIAL LISTED IN APPENDIX E TO 10 CFR PART 20 - "NATIONALLY TRACKED SOURCE THRESHOLDS".

39. THE LICENSEE MUST COMPLY WITH THE EXEMPTION REQUIREMENTS DESCRIBED IN THE RADIATION HEALTH BRANCH LETTER DATED JULY 31, 2010 ENTITLED "UNIQUE NEEDS OF SEIZURE DISORDER PATIENTS REQUIRING MEDICAL UNIT MONITORING FOR RADIOPHARMACEUTICAL INJECTION PRIOR TO TOMOGRAPHIC (SPECT) ICTAL BRAIN IMAGING (IBI)". REGARDLESS OF THE INITIAL GRANTING DATE OF THE EXEMPTION, THE LICENSEE MUST SUBMIT AN AMENDMENT REQUEST TO EITHER EXTEND THE EXEMPTION FOR ANOTHER YEAR OR A REQUEST TO RESCIND THE EXEMPTION ALONG WITH THE FOLLOWING INFORMATION BY JANUARY 15TH:

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A. THE NUMBER OF SPECT IBI PROCEDURES ORDERED IN THE PREVIOUS CALENDAR YEAR.

B. THE NUMBER OF SPECT IBI PROCEDURES WHERE THE PATIENT RECEIVED THE RADIOPHARMACEUTICAL INJECTION.

C. THE NUMBER OF SPECT IBI PROCEDURES WHERE THE RADIOPHARMACEUTICAL WAS TAKEN TO THE MEDICAL UNIT AND NOT USED.

40. EXCEPT AS SPECIFICALLY PROVIDED OTHERWISE IN THIS LICENSE, THE LICENSEE SHALL CONDUCT ITS PROGRAM IN ACCORDANCE WITH THE STATEMENTS, REPRESENTATIONS, AND PROCEDURES CONTAINED IN THE DOCUMENTS, INCLUDING ANY ENCLOSURES, LISTED BELOW. THE CABINET FOR HEALTH SERVICES REGULATIONS, 902 KAR 100, SHALL GOVERN UNLESS STATEMENTS, REPRESENTATIONS, AND PROCEDURES IN THE LICENSEE'S APPLICATION AND CORRESPONDENCE ARE MORE RESTRICTIVE THAN THE REGULATION.

A. APPLICATIONS DATED:

1. SEPTEMBER 14, 1998, SIGNED BY MICHAEL S. KELLY, RSO.
2. MAY 12, 1999, SIGNED BY MICHAEL S. KELLY, RSO.

B. 1. UNIVERSITY OF LOUISVILLE HUMAN USE RADIATION SAFETY MANUAL DATED FEBRUARY 2, 1999 (REVISED FEBRUARY 27, 2001).
2. UNIVERSITY OF LOUISVILLE RADIOACTIVE MATERIAL USERS GUIDE DATED FEBRUARY 3, 1999.

C. LETTERS DATED:

1. OCTOBER 23, 1998, SIGNED BY LARRY L. OWSLEY, V.P. FOR FINANCE AND ADMINISTRATION.
2. DECEMBER 22, 1998, SIGNED BY MICHAEL S. KELLY, RSO.
3. MAY 12, 1999, SIGNED BY MICHAEL S. KELLY, RSO.
4. JUNE 25, 1999, SIGNED BY MICHAEL S. KELLY, RSO.
5. JULY 3, 1999, SIGNED BY MICHAEL S. KELLY, RSO.
6. MAY 12, 2000, SIGNED BY LARRY L. OWSLEY, VICE-PRESIDENT FOR FINANCE AND ADMINISTRATION.
7. MAY 15, 2000, SIGNED BY MICHAEL S. KELLY, RSO.
8. JULY 11, 2000, SIGNED BY MICHAEL S. KELLY, RSO.
9. OCTOBER 12, 2000, SIGNED BY MICHAEL S. KELLY, RSO, MANAGER, RADIATION SAFETY.
10. OCTOBER 23, 2000, SIGNED BY MICHAEL S. KELLY, RSO, MANAGER, RADIATION SAFETY.
11. JUNE 5, 2001, SIGNED BY MICHAEL S. KELLY, RSO, MANAGER, RADIATION SAFETY.
12. MAY 22, 2002, SIGNED BY CHERI HILDRETH WATTS, DIRECTOR, DEPARTMENT OF ENVIRONMENTAL HEALTH AND SAFETY.

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13. MAY 24, 2002, SIGNED BY CHERYL L. HILDRETH, DIRECTOR, ENVIRONMENTAL HEALTH & SAFETY.
14. DECEMBER 9, 2002, SIGNED BY CHERI HILDRETH WATTS, DIRECTOR.
15. JANUARY 8, 2003, SIGNED BY KENNETH HELM, RSO.
16. APRIL 18, 2003, SIGNED BY KENNETH HELM, RSO.
17. JUNE 19, 2003, SIGNED BY KENNETH HELM, RSO.
18. SEPTEMBER 19, 2003, SIGNED BY KENNETH HELM, RADIATION SAFETY OFFICER.
19. APRIL 5, 2004, SIGNED BY KENNETH HELM, RSO.
20. APRIL 14, 2004, SIGNED BY MICHAEL MILLS, PH.D., MSPH, CHAIRMAN, RADIATION SAFETY COMMITTEE.
21. JUNE 19, 2006, SIGNED BY KENNETH HELM, RSO.
22. JULY 12, 2006, SIGNED BY KENNETH HELM, RSO.
23. NOVEMBER 20, 2006, SIGNED BY KENNETH HELM, RSO.
24. DECEMBER 4, 2007, SIGNED BY KEN HELM, RSO.
25. AUGUST 4, 2009, SIGNED BY KENNETH HELM, RSO.
26. FEBRUARY 2, 2010, SIGNED BY KENNETH HELM, RSO.
27. MARCH 1, 2010, SIGNED BY KENNETH HELM, RSO.
28. MARCH 3, 2010, SIGNED BY DEWEY CRAWFORD, KY RCPD.
29. JUNE 10, 2010, SIGNED BY KENNETH HELM, RSO.
30. NOVEMBER 1, 2010, SIGNED BY KENNETH HELM, RSO.
31. JANUARY 10, 2011, SIGNED BY SARAH HUGHES, INTERIM RADIATION SAFETY OFFICER.
32. FEBRUARY 18, 2011, SIGNED BY CHERI HILDRETH, DIRECTOR, ENVIRONMENTAL HEALTH AND SAFETY.
33. FEBRUARY 18, 2011, SIGNED BY CHERI HILDRETH, DIRECTOR, ENVIRONMENTAL HEALTH AND SAFETY AND MICHAEL D. MILLS, PH.D., CHIEF MEDICAL PHYSICIST, RSO.
34. MAY 3, 2011, SIGNED BY CHERI HILDRETH, DIRECTOR ENVIRONMENTAL HEALTH & SAFETY.
35. JULY 29, 2011, SIGNED BY CHERI HILDRETH, DIRECTOR ENVIRONMENTAL HEALTH & SAFETY.
36. FEBRUARY 27, 2011 RECEIVED MARCH 8, 2012, SIGNED BY SARAH HUGHES, RSO (PLACING ITEM IN STORAGE, REMOVING ITEMS, CORRECTING USE AREA).
37. NOVEMBER 30, 2012, SIGNED BY SARAH HUGHES, RSO (CORRECTIONS TO ADDRESS).

Mark McKee
MANAGER
RADIATION HEALTH BRANCH

AUDREY TAYSE HAYNES
SECRETARY
CABINET FOR HEALTH AND FAMILY SERVICES

DATE ISSUED APRIL 25, 2013

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

RADIATION SAFETY OFFICER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION [10 CFR 35.50]

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

Name of Proposed Radiation Safety Officer

Scott M. Adams, BHS, CNMT, A+, Net+

Requested Authorization(s) *The license authorizes the following medical uses (check all that apply):*

☑ 35.100 ☑ 35.200 ☑ 35.300 ☑ 35.400 ☐ 35.500 ☐ 35.600 (remote afterloader)

☐ 35.600 (teletherapy) ☐ 35.600 (gamma stereotactic radiosurgery) ☐ 35.1000 (_____)

PART I -- TRAINING AND EXPERIENCE
(Select one of the four 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.

☐ 1. **Board Certification**

a. Provide a copy of the board certification.

b. Use Table 3.c. to describe training in radiation safety, regulatory issues, and emergency procedures for all types of medical use on the license.

c. Skip to and complete Part II Preceptor Attestation.

OR

☐ 2. **Current Radiation Safety Officer Seeking Authorization to Be Recognized as a Radiation Safety Officer for the Additional Medical Uses Checked Above**

a. Use the table in section 3.c. to describe training in radiation safety, regulatory issues, and emergency procedures for the additional types of medical use for which recognition as RSO is sought.

b. Skip to and complete Part II Preceptor Attestation.

OR

☑ 3. **Structured Educational Program for Proposed Radiation Safety Officer**

a. Classroom and Laboratory Training

Description of Training	Location of Training	Clock Hours	Dates of Training*
Radiation physics and instrumentation	University of Louisville Stan Huber Associates	36 8	5/1994-5/1996 6/2001
Radiation protection	University of Louisville Stan Huber Associates	36 8	5/1994-5/1996 6/2001
Mathematics pertaining to the use and measurement of radioactivity	University of Louisville Stan Huber Associates	36 8	5/1994-5/1996 6/2001
Radiation biology	University of Louisville Stan Huber Associates	36 8	5/1994-5/1996 6/2001
Radiation dosimetry	University of Louisville Stan Huber Associates	36 8	5/1994-5/1996 6/2001
	Total Hours of Training:	220	

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RADIATION SAFETY OFFICER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Structured Educational Program for Proposed Radiation Safety Officer (continued)

b. Supervised Radiation Safety 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 Training/ License or Permit Number of Facility	Dates of Training*
Shipping, receiving, and performing related radiation surveys	Floyd Memorial Hospital 13-12371-01	4/2001-current
Using and performing checks for proper operation of instruments used to determine the activity of dosages, survey meters, and instruments used to measure radionuclides	Floyd Memorial Hospital 13-12371-01	4/2001-current
Securing and controlling byproduct material	Floyd Memorial Hospital 13-12371-01	4/2001-current
Using administrative controls to avoid mistakes in administration of byproduct material	Floyd Memorial Hospital 13-12371-01	4/2001-current
Using procedures to prevent or minimize radioactive contamination and using proper decontamination procedures	Floyd Memorial Hospital 13-12371-01	4/2001-current
Using emergency procedures to control byproduct material	Floyd Memorial Hospital 13-12371-01	4/2001-current
Disposing of byproduct material	Floyd Memorial Hospital 13-12371-01	4/2001-current
Licensed Material Used (e.g., 35.100, 35.200, etc.)+		

\+ Choose all applicable sections of 10 CFR Part 35 to describe radioisotopes and quantities used: 35.100, 35.200, 35.300, 35.400, 35.500, 35.600 remote afterloader units, 35.600 teletherapy units, 35.600 gamma stereotactic radiosurgery units, emerging technologies (provide list of devices).

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RADIATION SAFETY OFFICER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Structured Educational Program for Proposed Radiation Safety Officer (continued)

b. Supervised Radiation Safety Experience (continued)

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

Supervising Individual	License/Permit Number listing supervising individual as a Radiation Safety Officer
William Fortner, M.D.	Floyd Memorial Hospital/13-12371-01

This license authorizes the following medical uses:

☑ 35.100 ☑ 35.200 ☑ 35.300 ☑ 35.400
☐ 35.500 ☐ 35.600 (remote afterloader) ☐ 35.600 (teletherapy)
☐ 35.600 (gamma stereotactic radiosurgery) ☐ 35.1000 (_____)

c. Describe training in radiation safety, regulatory issues, and emergency procedures for all types of medical use on the license.

Description of Training	Training Provided By	Dates of Training*
Radiation safety, regulatory issues, and emergency procedures for 35.100, 35.200, and 35.500 uses	Floyd Memorial Hospital 13-12371-01	4/2001-current
Radiation safety, regulatory issues, and emergency procedures for 35.300 uses	Floyd Memorial Hospital 13-12371-01	4/2001-current
Radiation safety, regulatory issues, and emergency procedures for 35.400 uses	Floyd Memorial Hospital 13-12371-01	4/2001-current
Radiation safety, regulatory issues, and emergency procedures for 35.600 - teletherapy uses		
Radiation safety, regulatory issues, and emergency procedures for 35.600 - remote afterloader uses		
Radiation safety, regulatory issues, and emergency procedures for 35.600 - gamma stereotactic radiosurgery uses		
Radiation safety, regulatory issues, and emergency procedures for 35.1000, specify use(s):		

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RADIATION SAFETY OFFICER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Structured Educational Program for Proposed Radiation Safety Officer (continued)

c. Training in radiation safety, regulatory issues, and emergency procedures for all types of medical use on the license (continued)

Supervising Individual *If training was provided by supervising RSO, AU, AMP, or ANP. (If more than one supervising individual is necessary to document supervised training, provide multiple copies of this page.)*	License/Permit Number listing supervising individual
William Fortner, M.D	Floyd Memorial Hospital/13-12371-01

License/Permit lists supervising individual as:

☐ Radiation Safety Officer ☑ Authorized User ☐ Authorized Nuclear Pharmacist
☐ Authorized Medical Physicist

Authorized as RSO, AU, ANP, or AMP for the following medical uses:

☑ 35.100 ☑ 35.200 ☑ 35.300 ☑ 35.400
☐ 35.500 ☐ 35.600 (remote afterloader) ☐ 35.600 (teletherapy)
☐ 35.600 (gamma stereotactic radiosurgery) ☐ 35.1000 (_____)

d. Skip to and complete Part II Preceptor Attestation.

OR

☐ **4. Authorized User, Authorized Medical Physicist, or Authorized Nuclear Pharmacist identified on the licensee's license**

a. Provide license number.

b. Use the table in section 3.c. to describe training in radiation safety, regulatory issues, and emergency procedures for all types of medical use on the license.

c. Skip to and complete 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.

First Section
Check one of the following:

☐ **1. Board Certification**

☐ I attest that _____ has satisfactorily completed the requirements in
Name of Proposed Radiation Safety Officer

10 CFR 35.50(a)(1)(i) and (a)(1)(ii); or 35.50 (a)(2)(i) and (a)(2)(ii); or 35.50(c)(1).

OR

☑ **2. Structured Educational Program for Proposed Radiation Safety Officers**

☑ I attest that Scott Adams, BHS, CNMT, A+, Net+ has satisfactorily completed a structural educational
Name of Proposed Radiation Safety Officer

program consisting of both 200 hours of classroom and laboratory training and one year of full-time radiation safety experience as required by 10 CFR 35.50(b)(1).

OR

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RADIATION SAFETY OFFICER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Structured Educational Program for Proposed Radiation Safety Officer (continued)

c. Training in radiation safety, regulatory issues, and emergency procedures for all types of medical use on the license (continued)

Supervising Individual *If training was provided by supervising RSO, AU, AMP, or ANP. (If more than one supervising individual is necessary to document supervised training, provide multiple copies of this page.)*	License/Permit Number listing supervising individual
Patrick J. Byrne, DABR, CHP, DABSNM	Indiana University Health Bloomington Hospital 13-10408-02

License/Permit lists supervising individual as:

☐ Radiation Safety Officer ☐ Authorized User ☐ Authorized Nuclear Pharmacist
☑ Authorized Medical Physicist

Authorized as RSO, AU, ANP, or AMP for the following medical uses:

☐ 35.100 ☐ 35.200 ☐ 35.300 ☐ 35.400
☐ 35.500 ☐ 35.600 (remote afterloader) ☐ 35.600 (teletherapy)
☐ 35.600 (gamma stereotactic radiosurgery) ☐ 35.1000 (_____)

d. Skip to and complete Part II Preceptor Attestation.

OR

☐ **4. Authorized User, Authorized Medical Physicist, or Authorized Nuclear Pharmacist identified on the licensee's license**

a. Provide license number.

b. Use the table in section 3.c. to describe training in radiation safety, regulatory issues, and emergency procedures for all types of medical use on the license.

c. Skip to and complete 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.

First Section
Check one of the following:

☐ **1. Board Certification**

☐ I attest that _____ has satisfactorily completed the requirements in
Name of Proposed Radiation Safety Officer

10 CFR 35.50(a)(1)(i) and (a)(1)(ii); or 35.50 (a)(2)(i) and (a)(2)(ii); or 35.50(c)(1).

OR

☑ **2. Structured Educational Program for Proposed Radiation Safety Officers**

☑ I attest that Scott Adams, BHS, CNMT, A+, Net+ has satisfactorily completed a structural educational
Name of Proposed Radiation Safety Officer

program consisting of both 200 hours of classroom and laboratory training and one year of full-time radiation safety experience as required by 10 CFR 35.50(b)(1).

OR

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RADIATION SAFETY OFFICER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

Preceptor Attestation (continued)

First Section (continued)
Check one of the following:

☐ 3. **Additional Authorization as Radiation Safety Officer**

☐ I attest that _____ is an
Name of Proposed Radiation Safety Officer

☐ Authorized User ☐ Authorized Nuclear Pharmacist

☐ Authorized Medical Physicist

identified on the Licensees license and has experience with the radiation safety aspects of similar type of use of byproduct material for which the individual has Radiation Safety Officer responsibilities

AND

Second Section
Complete for all *(check all that apply)*:

☑ I attest that Scott Adams, BHS, CNMT, A+, Net+ has training in the radiation safety, regulatory issues, and
Name of Proposed Radiation Safety Officer
emergency procedures for the following types of use:

- ☑ 35.100
- ☑ 35.200
- ☑ 35.300 oral administration of less than or equal to 33 millicuries of sodium iodide I-131, for which a written directive is required
- ☑ 35.300 oral administration of greater than 33 millicuries of sodium iodide I-131
- ☑ 35.300 parenteral administration of any beta-emitter, or a 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
- ☑ 35.400
- ☐ 35.500
- ☐ 35.600 remote afterloader units
- ☐ 35.600 teletherapy units
- ☐ 35.600 gamma stereotactic radiosurgery units
- ☐ 35.1000 emerging technologies, including:

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RADIATION SAFETY OFFICER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

AND

Third Section
Complete for ALL

☑ I attest that Scott Adams, BHS, CNMT, A+, Net+ has achieved a level of radiation safety knowledge
Name of Proposed Radiation Safety Officer

sufficient to function independently as a Radiation Safety Officer for a medical use licensee.

Fourth Section
Complete the following for Preceptor Attestation and signature

I am the Radiation Safety Officer for Floyd Memorial Hospital
Name of Facility

License/Permit Number: 13-12371-01

Name of Preceptor	Signature	Telephone Number	Date
WILLIAM FORTNER, M.D.	Will Fort	8129493904	9/27/13

RSO / EXECUTIVE MANAGEMENT
LETTER OF UNDERSTANDING

Date
10/3/13

Radiation Safety Officer: WILLIAM FORTNER, M.D.
Our Facility
Our Facility Address FLOYD MEMORIAL HOSPITAL
1850 STATE STREET
NEW ALBANY, IN, 47150

Re: Radiation Safety Officer / Executive Management
Letter of Understanding

Dear SCOTT ADAMS:

You have been appointed the Radiation Safety Officer (RSO) of this facility for our United States Nuclear Regulatory Commission Materials License. This "Letter of Understanding" is prepared to comply with Title 10 Code of Federal Regulations (CFR) Part 35.24(b). This section of the regulations requires that you agree in writing to the following:

- Assume responsibility for implementing the Radiation Protection Program
- Ensure that radiation safety activities are being performed in accordance with our own approved procedures and all regulatory requirements.

Furthermore, in compliance with 10 CFR 35.24(e),(g), the executive management of this facility agrees to provide you as RSO:

- Specific written notation of your authority, duties and responsibilities, see attached.
- Sufficient authority, organizational freedom, time, resources and management prerogative to:

1. Identify radiation safety problems;
2. Initiate, recommend, or provide corrective actions;
3. Stop unsafe operations; and,
4. Verify implementation of corrective actions.

Our signatures noted below will attest to the issues noted above. Please make a copy of this document for your files and return the original to my attention.

Sincerely,

Executive Management

Radiation Safety Officer

SECURITY-RELATED INFORMATION – Withhold under 10 CFR 2.390
Re: Order EA-07-305
Docket #030-01659
License #: 13-12371-01 (Floyd Memorial Hospital)

To Christian Feinberg:

Our radiation safety committee has made the decision that Scott Adams; CMNT has been nominated to be the T&R Official for Floyd Memorial Hospital regarding possession of radioactive materials of concern. This T&R Official will be responsible for determining trustworthy and reliability of another individual requiring unescorted access to radioactive materials of concern (Cs-137 source in the Blood irradiator). Mr. Adams has been deemed trustworthy and reliable by means of employment history and a clean result of the criminal history check from the fingerprint card procedure.

I declare [or certify, verify, state] under penalty of perjury that the foregoing is true and correct.

Executed on March 4, 2008

William R. Fortner, M.D.
Radiation Safety Officer

CERTIFICATE OF ACHIEVEMENT

This is to certify that

Scott Adams

has participated in and successfully completed the

STAN A. HUBER CONSULTANTS, INC.
RADIATION SAFETY AND MANAGEMENT SEMINAR

June 14, 2001

Stan A. Huber

Stan A. Huber, Chairman

The University of Louisville

To all to whom these Letters shall come, Greeting:

The trustees of the University on the recommendation of the University faculty and by virtue of the authority vested in them have conferred on

Scott Michael Adams

who has satisfactorily pursued the studies and passed the examinations required therefor the degree of

Bachelor of Health Science in Nuclear Medicine Technology

with all the rights, privileges and honors pertaining thereto.

Given at the University of Louisville in the Commonwealth of Kentucky on the Twelfth day of May in the year of our Lord the One Thousand Nine Hundred Ninety-sixth, of the City of Louisville the Two Hundred Eighteenth, of the Commonwealth of Kentucky the Two Hundred Fourth, and of the University of Louisville the One Hundred Ninety-eighth.

UNIVERSITY OF LOUISVILLE · 1798 ·

Mary M. Aumbach
Chairperson of the Board of Trustees

James Ramsey
President of the University

Kathleen L. Otto
Registrar of the University

Alfred L. Thompson
Acting Dean of the College of Health and Social Services

Facsimile Cover Letter

Floyd Memorial Hospital and Health Services
1850 State Street
New Albany, Indiana 47150

DATE: 10/7/13 TIME: _____ NO. OF PAGES: 44

TO: DENNIS ODOWD
(name of authorized receiver)

NRC LICENSE DEPARTMENT
(name of authorized receiver's facility)

TELEPHONE: _____ (of receiver) FAX: (630) 515-1078 (of receiver)

FROM: SCOTT ADAMS / NUCLEAR MEDICINE
(name of sender and department)

TELEPHONE: 812 949 5516 (of sender) FAX: (812) 948-7668 (of sender)

COMMENTS: RE: CONTROL # 518500 AND # 518501
ADDITIONAL INFORMATION AS DISCUSSED.
QUESTIONS: 812 949 5516

SCOTT ADAMS

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