

49-01380-01



Cheyenne Regional Medical Center

214 EAST 23RD STREET
CHEYENNE, WY 82001
307-634-2273
WWW.CRMWCWY.ORG

RECEIVED

JUN 20 2014

DNMS

16 June 2014

Roberto J. Torres, Senior Health Physicist
Nuclear Regulatory Commission, Region IV
1600 East Lamar Boulevard
Arlington, Texas 76011-4511

Subj: **10 CFR 35.14 Notification**

Dear Mr. Torres;

I am writing this letter to notify the U.S. Nuclear Regulatory Commission (USNRC) Ahmad Alqaqa'a, MD is being added as an Authorized User (AU) at this facility. As proof of his qualifications I have included his board certification and a NRC Form 313A.

If you have any questions I can be reached at 307.633.7838. Or you can e-mail me at todd.christensen@crmcwy.org
Thank you.

Sincerely,

Todd A. Christensen MS DABR
Radiation Safety Officer
Cheyenne Regional Medical Center
214 East 23rd Street
Cheyenne WY 82001

PUBLIC

- Immediate Release
- Normal Release

NON-PUBLIC

- A.3 Sensitive-Security Related
- A.7 Sensitive Internal
- Other: _____

Reviewer: Date: 6/20/14

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JUN 20 2014

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Certification Board of Nuclear Cardiology

Incorporated 1996

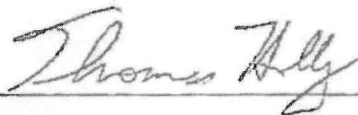
A Division of the Council for Certification in Cardiovascular Imaging

Certifies That

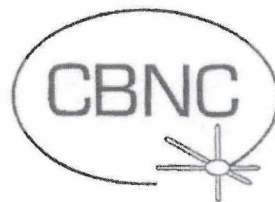
Ahmad Alqaqa'a, MD

HAVING MET THE REQUIREMENTS PRESCRIBED BY THIS BOARD FOR PHYSICIANS
TRAINED IN THE UNITED STATES AND HAVING SATISFACTORILY PASSED
THE REQUIRED EXAMINATION, IS HEREBY DESIGNATED
A DIPLOMATE CERTIFIED IN THE SUBSPECIALTY OF
NUCLEAR CARDIOLOGY

VALID: JANUARY 1, 2013 – MARCH 1, 2023



President



Secretary



CERTIFICATE NUMBER: 8653

1584147

**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: (05/31/2016)

Name of Proposed Authorized User

State or Territory Where Licensed

AHMAD M.B.A. ALQAGA'A

Requested Authorization(s) (check all that apply)

- 35.100 Uptake, dilution, and excretion studies
 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.

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			
Radiation protection			
Mathematics pertaining to the use and measurement of radioactivity			
Chemistry of byproduct material for medical use <i>(not required for 35.590)</i>			
Radiation biology			
Total Hours of Training:			

**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		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters		<input type="checkbox"/> Yes <input type="checkbox"/> No	

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AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

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		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Administering dosages of radioactive drugs to patients or human research subjects		<input type="checkbox"/> Yes <input type="checkbox"/> 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		<input type="checkbox"/> Yes <input type="checkbox"/> 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 _____ 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 Ahmad Alqayda 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

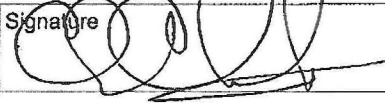
and experience, including a minimum of 80 hours of classroom and laboratory training, required by 10 CFR 35.290(c)(1), and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100 and 35.200.

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 <u>Charles E. Chambers</u>	Signature 	Telephone Number <u>717-531-8407</u>	Date <u>June 2, 2014</u>
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License/Permit Number/Facility Name
PA-0127 Penn State MS. Hershey Med Ctr.



Cheyenne Regional
Medical Center
214 East 23rd Street
Cheyenne, WY 82001

Roberto J. Torres
Senior Health Physicist
U.S. Nuclear Regulatory Commission, Region IV
1600 East Lamar Boulevard
Arlington, TX 76011-4511



14 5 8 4 1 4 7



DATE
06/25/2014

NAME AND ADDRESS OF APPLICANT AND/OR LICENSEE

Memorial Hospital of Laramie County
dba Cheyenne Regional Medical Center
Department of Radiology
ATTN: Todd A. Christensen, M.S., DABR, RSO
214 East 23rd Street
Cheyenne, Wyoming 82001

LICENSE NUMBER

49-01380-01

MAIL CONTROL NUMBER

584147

LICENSING AND/OR TECHNICAL REVIEWER

CLH

This is to acknowledge the receipt of your:

LETTER and/or APPLICATION DATED: 06/16/2014

The initial processing, which included an administrative review, has been performed.

AMENDMENT TERMINATION NEW LICENSE RENEWAL

- There were no administrative omissions identified during our initial review.
- This is to acknowledge receipt of your application for renewal of the material(s) license identified above. Your application is deemed timely filed, and accordingly, the license will not expire until final action has been taken by this office.
- Your application for a new NRC license did not include your taxpayer identification number. Please fill out NRC Form 531, located at the following link:

<http://www.nrc.gov/reading-rm/doc-collections/forms/nrc531.pdf>

Send the completed NRC Form 531, by facsimile, to the following number: (301) 415-5387

A copy of your action has been emailed to our License Fee and Accounts Receivable Branch, in our Headquarters office in Rockville, MD. You will be contacted separately if there is a fee issue involved.

Your application has been assigned the above listed **MAIL CONTROL NUMBER**. When calling to inquire about this action, please refer to this control number. Your application has been forwarded to a technical reviewer. Please note that the technical review, which is normally completed within 180 days for a renewal application (90 days for all other requests), may identify additional omissions or require additional information. If you have any questions concerning the processing of your application, our contact information is listed below:

Region IV
U. S. Nuclear Regulatory Commission
DNMS/NMSB - B
1600 E. Lamar Boulevard
Arlington, TX 76011-4511
(817) 200-1103 or (817) 200-1140

✓ 6/25

BETWEEN:

Accounts Receivable/Payable
and
Regional Licensing Branches

[FOR ARPB USE]
INFORMATION FROM WBL

Program Code: 02230
Status Code: Pending Amendment
Fee Category: 7C
Exp. Date:
Fee Comments: CODE 13
Decom Fin Assur Req: N

License Fee Worksheet - License Fee Transmittal

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: MEMORIAL HOSPITAL OF LARAMIE CTY.
Received Date: 06/20/2014
Docket Number: 3003496
Mail Control Number: 584147
License Number: 49-01380-01
Action Type: Amendment

2. FEE ATTACHED

Amount: _____

Check No.: _____

3. COMMENTS

Signed: _____

Carol L. Heise

Date: _____

6/25/14

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 is entered / /)

1. Fee Category and Amount: _____

2. Correct Fee Paid. Application may be processed for:

Amendment: _____

Renewal: _____

License: _____

3. OTHER _____

Signed: _____

Date: _____