


**The Hospital
of Central Connecticut**
A Hartford HealthCare Partner

September 9, 2014

USNRC Region I
2100 Renaissance Boulevard
King of Prussia, PA 19406-2713

030-01250

Greetings:

Please amend our byproduct materials license number 06-02388-01 as follows:

We wish to add Jason D. Mayo, M.D. to our license. Attached are NRC Form 313A (AUD) and NRC Form 313A (AUT). We are requesting Dr. Mayo be authorized for materials listed in Parts 35.100, 35.200, and 35.300.

Dr. Mayo is a board certified radiologist with the American Board of Radiology and is AU eligible.

Sincerely yours,

Maryanne Volkringer
Vice President Business Development

NMSS/RGN1 MATERIALS-002

REC'D IN LAT 12-23-14

585159

<p>NRC FORM 310A (AUT) (05-2012)</p>	<p>U.S. NUCLEAR REGULATORY COMMISSION</p> <p>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]</p>	<p>APPROVED BY OMB: NO. 3160-0120 EXPIRES: (05/31/2015)</p>
<p>Name of Proposed Authorized User Jason Maye</p>		<p>State or Territory Where Licensed Connecticut</p>
<p>Requested Authorization(s) (check all that apply):</p> <p><input type="checkbox"/> 35.300 Use of unsealed byproduct material for which a written directive is required</p> <p>OR</p> <p><input checked="" type="checkbox"/> 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)</p> <p><input checked="" type="checkbox"/> 35.300 Oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 1.22 gigabecquerels (33 millicuries)</p> <p><input type="checkbox"/> 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</p> <p><input type="checkbox"/> 35.300 Parenteral administration of any other radionuclide for which a written directive is required</p>		
<p>PART I -- TRAINING AND EXPERIENCE (Select one of the three methods below)</p>		
<p>• 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.</p> <p><input checked="" type="checkbox"/> 1. Board Certification</p> <p>a. Provide a copy of the board certification.</p> <p>b. For 35.390, provide documentation on supervised clinical case experience. The table in section 3.c. may be used to document this experience.</p> <p>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.</p> <p>d. Skip to and complete Part II Preceptor Attestation.</p> <p><input type="checkbox"/> 2. Current 35.300, 35.400, or 35.600 Authorized User Seeking Additional Authorization</p> <p>a. Authorized User on Materials License _____ under the requirements below or equivalent Agreement State requirements (check all that apply):</p> <p style="margin-left: 40px;"> <input type="checkbox"/> 35.300 <input type="checkbox"/> 35.392 <input type="checkbox"/> 35.394 <input type="checkbox"/> 35.400 <input type="checkbox"/> 35.600 </p> <p>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.</p> <p>c. If currently authorized under 35.400 or 35.600 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.</p>		

NRC FORM 313A (AUT) 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:		<input type="text"/>	

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		<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	
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	

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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)

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 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

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)			
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 radionuclide(s)

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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

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)
 - 35.398 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 Jason Mayo has satisfactorily completed the training and experience requirements in 35.390(a)(1).
Name of Proposed Authorized User

OR

Training and Experience

I attest that _____ has satisfactorily completed the 700 hours of training and experience, including a minimum of 200 hours of classroom and laboratory training, as required by 10 CFR 35.390 (b)(1).
Name of Proposed Authorized User

NRC FORM 313A (AUT) (1-1-2012)	U.S. NUCLEAR REGULATORY COMMISSION
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):	
<input type="checkbox"/> I attest that _____ has satisfactorily completed the 80 hours of classroom <small style="margin-left: 100px;">Name of Proposed Authorized User</small>	
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):	
<input type="checkbox"/> I attest that _____ has satisfactorily completed the 80 hours of classroom <small style="margin-left: 100px;">Name of Proposed Authorized User</small>	
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	
<input checked="" type="checkbox"/> I attest that Jason Mayo _____ has satisfactorily completed the required clinical case <small style="margin-left: 100px;">Name of Proposed Authorized User</small>	
experience required in 35.390(b)(1)(ii)G listed below:	
<input checked="" type="checkbox"/> Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)	
<input checked="" type="checkbox"/> Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)	
<input type="checkbox"/> Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required	
<input type="checkbox"/> Parenteral administration of any other radionuclide requiring a written directive	

Third Section	
<input checked="" type="checkbox"/> I attest that Jason Mayo _____ has satisfactorily achieved a level of competency to <small style="margin-left: 100px;">Name of Proposed Authorized User</small>	
function independently as an authorized user for:	
<input checked="" type="checkbox"/> Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)	
<input checked="" type="checkbox"/> Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)	
<input type="checkbox"/> Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required	
<input type="checkbox"/> Parenteral administration of any other radionuclide requiring a written directive	

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 For Review
 Please Comment
 Please Reply
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