

## Radiopharmacy, Inc.

Pharmaceuticals, Supplies and Equipment for Nuclear Medicine

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Tuesday, May 05, 2015

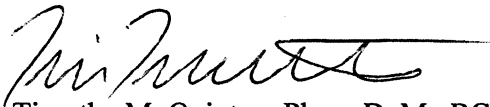
Toye Simmons  
U. S. Nuclear Regulatory Commission  
Region III  
Materials Licensing Section  
801 Warrenville Road  
Lisle, IL 60532

Re: Amendment request to license number 13-26246-01MD

Ms. Simmons:

As requested, I am sending with this cover letter a completed NRC Form 313A (ANP) for experience in nuclear pharmacy for Kyle Kuczmanski. Please let me know if there is anything else needed to complete the amendment request adding him to our license.

Sincerely,



Timothy M. Quinton, PharmD, M., BCNP  
President  
RSO

**AUTHORIZED NUCLEAR PHARMACIST 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.

**First Section**

Check one of the following:

**Board Certification**

I attest that \_\_\_\_\_ has satisfactorily completed the requirements in  
Name of Proposed Authorized Nuclear Pharmacist

10 CFR 35.55(a)(1), (a)(2), and (a)(3) and has achieved a level of competency sufficient to function independently as an authorized nuclear pharmacist.

OR

**Structured Educational Program**

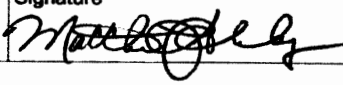
I attest that Kyle Kuczumanski has satisfactorily completed a 700-hour structured  
Name of Proposed Authorized Nuclear Pharmacist

educational program consisting of both 200 hours of classroom and laboratory training, and practical experience in nuclear pharmacy, as required by 10 CFR 35.55(b)(1) and has achieved a level of competency sufficient to function independently as an authorized nuclear pharmacist.

**Second Section**

Complete the following for preceptor attestation and signature:

I am an Authorized Nuclear Pharmacist for Cardinal Health N.P.S.  
Nuclear Pharmacy or Medical Facility  
26021719A  
License/Permit Number

Name of Preceptor	Signature	Telephone Number	Date
Matthew F. Shambry		(574) 233-5970	05/05/2015

## Simmons, Toye

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**From:** Tim Quinton <quinton@radiopharmacy.com>  
**Sent:** Tuesday, May 05, 2015 2:28 PM  
**To:** Simmons, Toye  
**Subject:** Radiopharmacy Inc License Amendment  
**Attachments:** Form 313A for KK.pdf; Cover Letter.pdf

Ms. Simmons,

Attached is the signed preceptor attestation for Kyle Kuczanski and a cover letter with my signature.  
Thanks very much for your help.

**Tim Quinton, PharmD, MS, BCNP, FAPhA**  
President/Owner  
812.421.1002

