NRC FORM 313A (RSO) (07-2015)	U.S. NUCLEAR REGULATORY COMMI	SSION		
RADIATION SAFETY OFF AND PRECE	ICER TRAINING AND EXPERIENCEPTOR ATTESTATION OCFR 35.50]	CE	APPROVED B' EXPIRES: (08)	Y OMB: NO. 3150-0120 (31/2015)
Name of Proposed Radiation Safety Officer				
Alon Ronen, MD				
Requested Authorization(s) The license	authorizes the following medical uses (che	eck all t	hat apply):	
	.300 🔲 35.400 🔲 35.500	<u> </u>	.600 (remote	afterloader)
35.600 (teletherapy) 35	.600 (gamma stereotactic radiosurgery)	<u> </u>	.1000 ()
	PART I TRAINING AND EXPERIENCE (Select one of the four methods below)			
application or the individual must have o	rd certification, must have been obtained vobtained related continuing education and edates, duration, and description of continuing	experie	ence since th	e required training
1. Board Certification				
a. Provide a copy of the board certi	fication.			
 b. Use Table 3.c. to describe training all types of medical use on the licer 	ig in radiation safety, regulatory issues, an ise.	ıd emei	gency proce	dures for
c. Skip to and complete Part II Pred	eptor Attestation.			
	OR			
2. Current Radiation Safety Officer Officer for the Additional Medical	Seeking Authorization to Be Recognized Uses Checked Above	ed as a	Radiation S	Safety
	escribe training in radiation safety, regulato of medical use for which recognition as RS			rgency
b. Skip to and complete Part II Pred	eptor Attestation.			
	OR			
	n for Proposed Radiation Safety Officer	ŗ		
a. Classroom and Laboratory Trai	ning ———————————————————————————————————		Oll-	Doton of
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				
Radiation biology				
Radiation dosimetry				
	Total Hours of Training:]		<u> </u>

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		
Using and performing checks for proper operation of instruments used to determine the activity of dosages, survey meters, and instruments used to measure radionuclides		
Securing and controlling byproduct material		
Using administrative controls to avoid mistakes in administration of byproduct material	•	
Using procedures to prevent or minimize radioactive contamination and using proper decontamination procedures		
Using emergency procedures to control byproduct material		
Disposing of byproduct material	· ·	
Licensed Material Used (e.g., 35.100, 35.200, etc.)+	•	

NRC FORM 313A (RSO) (07-2015) PAGE 2

⁺ 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).

use(s):

teletherapy uses

afterloader uses

Radiation safety, regulatory issues, and emergency procedures for 35.600 -

Radiation safety, regulatory issues, and emergency procedures for 35.600 - remote

Radiation safety, regulatory issues, and emergency procedures for 35.600 - gamma

Radiation safety, regulatory issues, and emergency procedures for 35.1000, specify

stereotactic radiosurgery uses

NRC 07-20	FORM 313A (RSO) U.S. NUCLEAR REGULATORY COMMISSION 15)
F	RADIATION SAFETY OFFICER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)
3.	Structured Educational Program for Proposed Radiation Safety Officer (continued)
	 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.)
	Robert D. Sackstein, MD NRC Lic No. 06-30657-01
	License/Permit lists supervising individual as:
	✓ Radiation Safety Officer
	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	
	et Section eck one of the following:
	1. Board Certification
	I attest that Name of Proposed Radiation Safety Officer has satisfactorily completed the requirements in
	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
1	I attest that 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 I

NRC FORM 313A (RSO) (07-2015) PAGE 4

NRC FORM 313A (RSO (07-2015) RADIATION SA		U.S. NUCLEAR REGULATORY COMMISSION (PERIENCE AND PRECEPTOR ATTESTATION (continued)
Preceptor Attestat	tion (continued)	
First Section (con Check one of the		
✓ 3. Additiona	l Authorization as Radiation Safet	y Officer
✓ I attest that	Alon Ronen, MD Name of Proposed Radiation Safety Office	is an
✓ Aut	norized User	Authorized Nuclear Pharmacist
☐ Aut	norized Medical Physicist	
aspects	ed on the Licensees license and has s of similar type of use of byproduct r on Safety Officer responsibilities	
	•	AND
Second Section Complete for all (c	heck all that apply):	
✓ I attest that	Alon Ronen, MD	has training in the radiation safety, regulatory issues, and
emergency pro	Name of Proposed Radiation Safety Officer ocedures for the following types of us	ee:
35.100	social of the following types of as	
<u> </u>		
☐ 35.300	oral administration of less than or e	equal to 33 millicuries of sodium iodide I-131, for
☐ 35.300	oral administration of greater than	33 millicuries of sodium iodide I-131
☐ 35.300		eta-emitter, or a photon-emitting radionuclide with for which a written directive is required
☐ 35.300	parenteral administration of any ot required	her radionuclide for which a written directive is
35.400	,	
35.500		
35.600	remote afterloader units	a_{i+1}
35.600	teletherapy units	
35.600	gamma stereotactic radiosurgery u	ınits
35.1000	emerging technologies, including:	

NRC FORM 313A (RSO) (07-2015) PAGE 5

NRC FORM 313A (RSO) (07-2015)	U.S. NUCLEAR REGULATORY COM
RADIATION SAFETY OFFICER TRAINING AN	ND EXPERIENCE AND PRECEPTOR ATTESTATION (contin
	AND
Third Section Complete for ALL	
l attest that Alon Ronen, MD	
Name of Proposed Radiation Safety Office	has achieved a level of radiation safety knowledge
sufficient to function independently as a Radia	ation Safety Officer for a medical use licensee.
1	
Fourth Section	
Fourth Section Complete the following for Preceptor Attestation	n and signature
Complete the following for Preceptor Attestation	Medical Group, Inc
in the state of th	
Complete the following for Preceptor Attestation	Medical Group, Inc
Complete the following for Preceptor Attestation I am the Radiation Safety Officer forNorthcast N	Medical Group, Inc
Complete the following for Preceptor Attestation I am the Radiation Safety Officer forNorthcast N	Medical Group, Inc
Complete the following for Preceptor Attestation I am the Radiation Safety Officer for	Medical Group, Inc
Complete the following for Preceptor Attestation I am the Radiation Safety Officer for	Medical Group, Inc
Complete the following for Preceptor Attestation I am the Radiation Safety Officer for	Medical Group, Inc
Complete the following for Preceptor Attestation I am the Radiation Safety Officer forNorthcast N	Medical Group, Inc
Complete the following for Preceptor Attestation I am the Radiation Safety Officer forNorthcast N	Medical Group, Inc

Name of Preceptor

Robert D. Sackstein, MD & RSO

Signature

Telephone Number Date 203-3338 Sto 1//30