



424 Savannah Road, Lewes DE, 19958
beebehealthcare.org (302) 645-3300

April 18, 2016

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

**License No. 07-17792-01
Amendment Request Pursuant to 35.13
Addition of Authorized User**

Dear Sir or Madam:

Beebe Medical Center would like to amend the above referenced license to add Dr. Kimberly Gardner, as an Authorized User for any byproduct material listed under 10 CFR 35.100, 35.200, and 35.300 for oral administration of Sodium Iodide I-131. Dr. Gardner is certified by the American Board of Radiology in Diagnostic Radiology. Her preceptor statements on NRC forms 313A (AUT), 313A(AUD) and board certificate are enclosed.

If additional information or there are any questions regarding our request, please contact, our Radiation Safety Officer, Mr. Malek Daneshvarnezhad at 410-692-9806 or our Director of Diagnostic Imaging, Mr. Dan Mapes at 302-645-3709.

Sincerely,

Jeffrey M. Fried, FACHE
President

Br. 1
030/3331

REC RG 1 05 03 16 PM 07 18

590848

NMSS/RGN1 MATERIALS-002

**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: (05/31/2015)

Name of Proposed Authorized User

DR. KIMBERLY GARNER

State or Territory Where Licensed

DELAWARE CI-0011246

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 | MORRISTOWN MEDICAL CENTER | 250 (FIFTY) | July 2010 - June 2014 |
| Radiation protection | MORRISTOWN MEDICAL CENTER 100 MADISON AVENUE BOX 31 MORRISTOWN NJ 07960 | 250 (FIFTY) | July 2010 - June 2014 |
| Mathematics pertaining to the use and measurement of radioactivity | MORRISTOWN MEDICAL CENTER | 250 (FIFTY) | July 2010 - June 2014 |
| Chemistry of byproduct material for medical use (not required for 35.590) | MORRISTOWN MEDICAL CENTER | 250 (FIFTY) | July 2010 - June 2014 |
| Radiation biology | MORRISTOWN MEDICAL CENTER | 250 (FIFTY) | July 2010 - June 2014 |
| Total Hours of Training: 250 | | | |

- 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:

700

| 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 | Morristown Medical Center | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | July 2010 - June 2014 |
| Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters | Morristown Medical Center | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | July 2010 - June 2014 |

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 | Morristown Medical Center | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | July 2010 - June 2014 |
| Using administrative controls to prevent a medical event involving the use of unsealed byproduct material | Morristown Medical Center | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | July 2010 - June 2014 |
| Using procedures to contain spilled byproduct material safely and using proper decontamination procedures | Morristown Medical Center | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | July 2010 - June 2014 |
| Administering dosages of radioactive drugs to patients or human research subjects | Morristown Medical Center | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | July 2010 - June 2014 |
| 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 | N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Supervising Individual

Lawrence Swayne, ms

License/Permit Number listing supervising individual as an authorized user

Lic No. 455115-RAD150001

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.

N/A

| 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 Kimberly Gardner 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 Kimberly Gardner 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 Kimberly Gardner 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 Kimberly Gardner 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>Lawrence Swayne, MD</u> | Signature <u>[Signature]</u> | Telephone Number <u>(973) 971-5372</u> | Date <u>3/18/16</u> |
| License/Permit Number/Facility Name <u>Lic. No. 455115-RAD150001 / Morristown Medical Center</u> | | | |

**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

DR. KIMBERLY GARNER

State or Territory Where Licensed

DELAWARE CI-0011246

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.

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

☒ 3. Training and Experience for Proposed Authorized Usera. 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 | MORRISTOWN Medical Center | ≥ 50 (FIFTY) | July 2010 - June 2014 |
| Radiation protection | MORRISTOWN Medical Center | ≥ 50 (FIFTY) | July 2010 - June 2014 |
| Mathematics pertaining to the use and measurement of radioactivity | MORRISTOWN Medical Center | ≥ 50 (FIFTY) | July 2010 - June 2014 |
| Chemistry of byproduct material for medical use | MORRISTOWN Medical Center | ≥ 50 (FIFTY) | July 2010 - June 2014 |
| Radiation biology | MORRISTOWN Medical Center | ≥ 50 (FIFTY) | July 2010 - June 2014 |
| Total Hours of Training: 250 | | | |

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: 700 | |
|--|---|--|-----------------------|
| 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 | MORRISTOWN Medical Center | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | July 2010 - June 2014 |
| Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters | MORRISTOWN Medical Center 100 MADISON AVENUE Box 31 MORRISTOWN NJ 07960 | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | July 2010 - June 2014 |
| Calculating, measuring, and safely preparing patient or human research subject dosages | MORRISTOWN Medical Center | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | July 2010 - June 2014 |
| Using administrative controls to prevent a medical event involving the use of unsealed byproduct material | MORRISTOWN Medical Center | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | July 2010 - June 2014 |
| Using procedures to contain spilled byproduct material safely and using proper decontamination procedures | MORRISTOWN Medical Center | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | July 2010 - June 2014 |

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 <div style="font-size: 1.2em; margin-top: 10px;">Lawrence Swayne, M.D.</div> | License/Permit Number listing supervising individual as an authorized user <div style="font-size: 1.2em; margin-top: 10px;">Lic. No. 455115-RAD150001</div> |
|--|--|

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

- | | |
|--|---|
| <input checked="" type="checkbox"/> 35.390 <input checked="" type="checkbox"/> 35.392 <input checked="" type="checkbox"/> 35.394 <input checked="" type="checkbox"/> 35.396 | With experience administering dosages of: <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 checked="" 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 |
|--|---|

** 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) | 3 | Morristown Medical Center | 11/22/2013 11/2/2011 10/24/2011 |
| Oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 1.22 gigabecquerels (33 millicuries) | 3 | Morristown medical Center | 11/21/2013 11/3/2013 9/3/2013 |
| 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 <div style="border: 1px solid black; height: 30px; width: 100%; margin-top: 5px;"></div> <div style="font-size: 0.8em; margin-top: 5px;">(List radionuclides)</div> | | | |

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

Lawrence Swayne, M.D.

License/Permit Number listing supervising individual as an authorized user

Lic. No. 455115 -RAD150001

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

Kimberly Gardner
Name of Proposed Authorized User

has satisfactorily completed the training and experience

requirements in 35.390(a)(1).

OR

Training and Experience

☒ I attest that

Kimberly Gardner
Name of Proposed Authorized User

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).

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 KIMBERLY GARDNER 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 KIMBERLY GARDNER 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 KIMBERLY GARDNER 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 KIMBERLY GARDNER 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

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 KIMBERLY GARDNER 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 KIMBERLY GARDNER 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 <u>Lawrence Swayne, MD</u> | Signature <u>[Signature]</u> | Telephone Number <u>(973) 971-5372</u> | Date <u>3/18/16</u> |
| License/Permit Number/Facility Name <u>Lic.No. 455115 - RAD150001 / Morristown Medical Center</u> | | | |

The American Board of Radiology

*Organized through the cooperation of the
American College of Radiology, the American Roentgen Ray Society,
the American Radium Society, the Radiological Society of North America,
the Section on Radiology of the American Medical Association,
the American Society for Radiation Oncology, the Association of University Radiologists,
the American Association of Physicists in Medicine, and the Society of Interventional Radiology,
the American Board of Radiology hereby certifies that*

Kimberly R. Gardner, MD

*Has pursued an accepted course of graduate study and clinical work; has met certain standards
and qualifications, including passing the examinations conducted under the authority of
the American Board of Radiology, demonstrating to the satisfaction of the Board qualification
to practice; and is therefore awarded the Board's certification in*

Diagnostic Radiology

All Eligible

*Ongoing validity of this certificate is contingent upon
meeting the requirements of Maintenance of Certification.*

*This diplomate of the American Board of Radiology
is permitted to use the **ABR** mark to signify this certification.*

ABR



Milton J. Liebertson, MD
President

[Signature]
Secretary-Treasurer

Valerie J. Johnson
Executive Director

Certificate No. 65722

Effective: October 02, 2015

Form A



American Board of Radiology — Program Director Attestation

COMPLIANCE WITH NRC TRAINING AND EXPERIENCE REQUIREMENTS

More information can be found at the following link:

<http://www.nrc.gov/reading-rm/doc-collections/cfr/part035/part035-0290.html>

Kimberly Garoner Atlantic Health 420331116
Resident Name Program Middletown Medical Center Program #

| | YES | NO |
|---|-------------------------------------|--------------------------|
| By the time of the ABR oral examination, this applicant will have successfully completed the hours of training and experience as outlined in 10 CFR 35.290, 35.392, and 35.394..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| This applicant has taken part in ≥ 3 cases of oral administration of I-131 therapy ≤ 33 mCi..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| This applicant has taken part in ≥ 3 cases of oral administration of I-131 therapy >33 mCi..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| The resident's log of these therapy experiences (date, dose, and preceptor attestation) is attached..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| The work experience cited above for § 35.290 was obtained under the supervision of an Authorized User (AU) who meets the requirements under relevant sections of § 35.290 or equivalent Agreement State requirements..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| The work experience cited above for § 35.392 was obtained under the supervision of an Authorized User (AU) who meets the requirements under § 35.390, 35.392 or 35.394 or equivalent Agreement State requirements..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| The work experience cited above for § 35.394 was obtained under the supervision of an Authorized User (AU) who meets the requirements under § 35.390 or 35.394 or equivalent Agreement State requirements..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

SEAN CALHOUN
Residency Program Director
(Print Name)

[Signature]
Program Director
(Signature)

2/19/14
Date

Form B

I-131 Therapy Experience Log

KIMBERLY GARDNER
Resident Name

ATLANTIC Health
MORRISTOWN
MEDICAL
center #4203311116
Program & Number

| <u>Date</u> | <u>Dose Administered</u> | <u>Preceptor (AU) Print & Sign Name</u> |
|--------------------|--------------------------|---|
| <u>≤ 33mCi</u> | | |
| 1. <u>11/22/13</u> | <u>18 mCi</u> | <u>DR. LAWRENCE SWAYNE</u> Print Name <u>[Signature]</u> Sign Name |
| 2. <u>11/2/11</u> | <u>12 mCi</u> | <u>DR. MICHAEL KOZACZEK (MF)</u> Print Name <u>[Signature]</u> Sign Name |
| 3. <u>10/24/11</u> | <u>10 mCi</u> | <u>DR. MICHAEL KOZACZEK (MF)</u> Print Name <u>[Signature]</u> Sign Name |
| <u>> 33 mCi</u> | | |
| 1. <u>11/21/13</u> | <u>153 mCi</u> | <u>DR. LAWRENCE SWAYNE</u> Print Name <u>[Signature]</u> Sign Name |
| 2. <u>11/13/13</u> | <u>105 mCi</u> | <u>DR. MICHAEL KOZACZEK (MF)</u> Print Name <u>[Signature]</u> Sign Name |
| 3. <u>9/3/13</u> | <u>207 mCi</u> | <u>DR. MICHAEL KOZACZEK (MF)</u> Print Name <u>[Signature]</u> Sign Name |



5441 E. Williams Circle • Tucson, Arizona 85711-7412
Phone (520) 790-2900 • Fax (520) 790-3200 • www.theabr.org

BOARD OF GOVERNORS

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ABR ID: 65722

Kimberly R Gardner, MD



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Dear Dr. Gardner:

I am pleased to inform you that you passed the Certifying Examination held on October 1-2, 2015. The American Board of Radiology hereby grants you a Certificate in Diagnostic Radiology.

In addition, because you completed the appropriate training for Authorized User (AU) eligibility and passed the NRC-related portions of the Core and Certifying examinations, you will receive the AU-eligible designation on your certificate.

All new diplomates are enrolled in Continuous Certification, a process that links the ongoing validity of certificates to meeting the requirements of Maintenance of Certification (MOC). Certificates no longer have "valid-through" dates but instead have the date of initial certification accompanied by the statement that "ongoing validity of this certificate is contingent upon meeting the requirements of Maintenance of Certification." Further information regarding the MOC process will be provided to you in a separate communication.

You may now use the ABR's registered certification mark, DABR (Diplomate, American Board of Radiology), following your name and degree. More information can be found on the policies page of the ABR website, <http://www.theabr.org/all-policies>.

Our printer will send your certificate to the above address in approximately four months. If you have an address change, you must update your address using the myABR portal by December 1, 2015. Your name will appear on the certificate as it is shown above. If you wish to have your name displayed differently on your certificate, please email information@theabr.org with your requested change by December 1, 2015. Please be sure to title the email "Certificate Name Change." Legal name changes cannot be made via the myABR portal as they require supporting documentation, which can be emailed to information@theabr.org.

Your name and demographic information will also be included in a directory published by the American Board of Medical Specialties. It is your responsibility to notify other local, state, or national organizations of your certification.

Personally, and on behalf of the Board of Trustees of the American Board of Radiology, I wish to congratulate you for this distinguished achievement.

Best regards,

Valerie P. Jackson, MD
Executive Director

Valerie P. Jackson, MD, Executive Director

Associate Executive Directors

Diagnostic Radiology & Subspecialties
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Anne C. Roberts, MD

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Paul E. Waltner, DO

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ACKNOWLEDGEMENT - RECEIPT OF CORRESPONDENCE

Name and Address of Applicant and/or Licensee

Beebe Medical Center
c/o Radiology Dept.
424 Savannah Road
Lewes, DE 19958

License Number(s)

07-17792-01

Mail Control Number(s)

590848

Licensing and/or Technical Reviewer or Branch

Medical Branch

This is to acknowledge receipt of your: ☒ Letter and/or ☐ Application Dated: 04/18/2016

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, Request for Taxpayer Identification Number, 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

☐ The following administrative omissions have been identified:

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A copy of your action has been e-mailed 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 I
U. S. Nuclear Regulatory Commission
Division of Nuclear Materials Safety
2100 Renaissance Boulevard, Suite 100
King of Prussia, PA 19406-2713
(610) 337-5260, (610) 337-5313,
(610) 337-5398, (610) 337-5513 or (610) 337-5239