

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

April 18, 2016

Br.I 030/333/

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 lodide 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,

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Jeffrey M. Fried, FACHE President

590848 NMSS/RGN1 MATERIALS-002

REC RG 1 05 03 16 RM07:18

(05-2012)	U.S. NUCLE	AR REGULATORY COMMISSION		
AUTHORIZED USER TI AND PRECEP (for uses defined unde [10 CFR 35.190	TOR ATTESTA r 35.100, 35.20	TION 0, and 35.500)	APPROVED BY EXPIRES: (05/3	
Name of Proposed Authorized User		State or Territory Where License		
Ja. Kimberry 61	ARDNER	DELAWA	RE CL	-01112
Requested Authorization(s) (check all that				00110
35.100 Uptake, dilution, and excretion	n studies			
35.200 Imaging and localization studi	es			
35.500 Sealed sources for diagnosis	(specify device)	· · · · · · · · · · · · · · · · · · ·		
-		G AND EXPERIENCE three methods below)		
the date of application or the individual the required training and experience w education and experience related to th <b>1.</b> <u>Board Certification</u>	as completed. Provide uses checked al	ovide dates, duration, and des		
a. Provide a copy of the board certifi	ication.			
<ul> <li>b. If using only 35.500 materials, sto Preceptor Attestation.</li> </ul>	p here. If using 3	5.100 and 35.200 materials, sl	kip to and com	plete Part II
2. Current 35.390 Authorized User	r Seeking Additio	and DE 000 A with a street as		
		nal 35.290 Authorization		ant Agroomo
a. Authorized user on Materials Lice State requirements seeking author	ense	meeting 10 CFR 35.	390 or equival	ent Agreeme
<ul> <li>a. Authorized user on Materials Lice State requirements seeking authority</li> <li>b. Supervised Work Experience. (If more than one supervising ind copies of this section.)</li> </ul>	ense orization for 35.29	meeting 10 CFR 35. 0.		-
State requirements seeking authors b. Supervised Work Experience. (If more than one supervising ind	ense orization for 35.29 <i>lividual is necessa</i> Location o	meeting 10 CFR 35. 0.		-
State requirements seeking authors b. Supervised Work Experience. (If more than one supervising ind copies of this section.)	ense orization for 35.29 <i>lividual is necessa</i> Location o	meeting 10 CFR 35. 0. <i>ry to document supervised wo</i> of Experience/License or	rk experience, Clock	provide mult
State requirements seeking authors b. Supervised Work Experience. (If more than one supervising ind copies of this section.) Description 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	ense orization for 35.29 <i>lividual is necessa</i> Location o Perm	meeting 10 CFR 35. 0. <i>ry to document supervised wo</i> of Experience/License or	rk experience, Clock	provide mult
State requirements seeking authors b. Supervised Work Experience. (If more than one supervising ind copies of this section.) Description 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	ense orization for 35.29 <i>lividual is necessa</i> Location o Perm	meeting 10 CFR 35. 0. <i>ry to document supervised wo</i> of Experience/License or it Number of Facility	rk experience, Clock Hours	provide mult Dates of Experienc
State requirements seeking authors b. Supervised Work Experience. (If more than one supervising ind copies of this section.) Description of Experience Eluting generator systems appropriate for the preparation of radioactive drugs for imaging and localization studies, measuring and localization studies, measuring and testing the eluate for radionuclidic purity, and processing the eluate with reagent kits to prepare labeled radioactive drugs	ense orization for 35.29 <i>lividual is necessa</i> Location o Perm	meeting 10 CFR 35. 0. <i>ry to document supervised wo</i> of Experience/License or it Number of Facility <b>s of Experience:</b> License/Permit Number listing authorized user	rk experience, Clock Hours	provide mult Dates of Experienc

U.S. NUCLEAR REGULATORY COMMISSION AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

### V 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	MORRISIOWN MEDICAL CENTR	2 50 (FIPT)	July 2010 June 2014
Radiation protection	MOLAISTOWN MEDICA (ENTER 100 MADISON AUGNUE BOX31 NORRISTOWN NJ 07960	2 50 (FIPTS)	July 2010 June 2019
Mathematics pertaining to the use and measurement of radioactivity	MONNISTOWN MEDICAL CENTER	250 (FIRT)	July 200 Jun 2014
Chemistry of byproduct material for medical use ( <i>not required for</i> 35.590)	MORALSTOWN MEDICA CENTRA	2 50 (FIFT)	June 2014
Radiation biology	MORAL STOWN MEDICAL CENTER	2 50 (FIF78)	June 2010
	Total Hours of Training: 250		
<ul> <li>Supervised Work Experience (constraints) (If more than one supervising in provide multiple copies of this set)</li> </ul>	ompletion of this table is not required for 35.590). dividual is necessary to document supervised work action.)	k experience,	
Supervised Work Experience	Total Hours of Experience:	00	
Description of Experience Must Include:	Location of Experience/License or Permit Number of Facility	Confirm	Dates of Experience*
	Manaist and Andrew Carlier	1	1 1 -

Ordering, receiving, and unpacking radioactive materials safely and performing the related radiation surveys	Morristown Medical (enter	Yes	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	v Yes □ No	July 2010- June Zoid	

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Training and Experience for Propose	ed Authorized Us	ser (continued)		
b. Supervised Work Experience. (con	tinued)			
Description of Experience Must Include:		Experience/License or Number of Facility	Confirm	Dates of Experience
Calculating, measuring, and safely preparing patient or human research subject dosages	Morristow	n Medical Center	Ves	July 2010 June Zo
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material	Morristou	on Medical Center	⊡¥es □ No	July 2010 June 20
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures	Morristou	un Medical Center	Ves	July 2011 June 20
Administering dosages of radioactive drugs to patients or human research subjects	Morristo	wn Medical Center	Ves	July 2010 June 20
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	NA		U Yes	
Supervising Individual Lawrence Swayne, mb	4	License/Permit Number listing s authorized user Lic No - 455 )I 5- R		
Supervisor meets the requirements be	1	Agreement State requiremen 35.390 + generator experienc		

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.

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NRC FORM 313A (AUD) U.S. NUCLEAR REGULATORY COMMISSION (05-2012) AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued) **PART II - PRECEPTOR ATTESTATION** This part must be completed by the individual's preceptor. The preceptor does not have to be the supervising Note: 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 KUBERLY GARDNER has satisfactorily completed the requirements in attest that 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  $\mathcal{L}_{\mathcal{M}} \mathcal{B}_{\mathcal{R}} \mathcal{L}_{\mathcal{T}} \mathcal{B}_{\mathcal{R}} \mathcal{D}_{\mathcal{T}} \mathcal{B}_{\mathcal{T}}$  has satisfactorily completed the 60 hours of training and I attest that 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 KIMBARLY GARANTE has satisfactorily completed the requirements in attest that 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 KIMBERLY GARONER has satisfactorily completed the 700 hours of training I attest that 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: 735.190 735.290 35.390 35.390 + generator experience Signature Name of Preceptor Telephone Number Date Lawrence Swayne, mb (973)971-5372 3/18/16 License/Permit Number/Facility Name Lic. No. 455115-RAD150001/ Morristown Medical Center NRC FORM 313A (AUD) (05-2012) PAGE 4

	EAR REGULATORY COMMISSION	
(05-2012) AUTHORIZED USER TRAINING A AND PRECEPTOR ATTE (for uses defined under [10 CFR 35.390, 35.392, 35.39	STATION r 35.300)	APPROVED BY OMB: NO. 3150-0120 EXPIRES: (05/31/2015)
Name of Proposed Authorized User	State or Territory Where Licens	ed
DA. KIMBERLY GARONER	DELAWA	2E C1-0011246
Requested Authorization(s) (check all that apply):		
35.300 Use of unsealed byproduct material for wh	ich a written directive is requir	ed
OR		
35.300 Oral administration of sodium iodide I-131 1.22 gigabecquerels (33 millicuries)	requiring a written directive in	quantities less than or equal to
35.300 Oral administration of sodium iodide I-131 gigabecquerels (33 millicuries)	requiring a written directive in	quantities greater than 1.22
35.300 Parenteral administration of any beta-emit than 150 keV for which a written directive	•	clide with a photon energy less
35.300 Parenteral administration of any other radi	onuclide for which a written di	rective is required
	INING AND EXPERIENCE the three methods below)	
<ul> <li>Training and Experience, including board certification, date of application or the individual must have related training and experience was completed. Provide dates experience related to the uses checked above.</li> </ul>	continuing education and expe	erience since the required
1. Board Certification		
a. Provide a copy of the board certification.		
b. For 35.390, provide documentation on supervised of be used to document this experience.	clinical case experience. The	table in section 3.c. may
c. For 35.396, provide documentation on classroom a and supervised clinical case experience. The tables i document this experience.		
d. Skip to and complete Part II Preceptor Attestation.		
2. <u>Current 35.300, 35.400, or 35.600 Authorized Us</u>	er Seeking Additional Autho	vrization
a. Authorized User on Materials License	unde	r the requirements below or
equivalent Agreement State requirements (check a	all that apply):	
35.390 35.392 35.394	35.490 35.6	90
b. If currently authorized for a subset of clinical uses u required supervised case experience. The table in se experience. Also provide completed Part II Preceptor	ction 3.c. may be used to docu	
c. If currently authorized under 35.490 or 35.690 and documentation on classroom and laboratory training, case experience. The tables in sections 3.a., 3.b., an Also provide completed Part II Preceptor Attestation.	supervised work experience, a	and supervised clinical

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# NRC FORM 313A (AUT)

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### U.S. NUCLEAR REGULATORY COMMISSION

3. <u>Training and Experience fo</u> a. Classroom and Laboratory Tr		5.394	35.396
Description of Training	Location of Training	Clock Hours	Dates of Training*
Radiation physics and instrumentation	MOGRISTOWN MEDICAL CENter	2.50 (FIPTY)	July 2010 - June 20
Radiation protection	MORRISTOWN MEDICAL CENter	250 (PIRTY)	
Mathematics pertaining to the use and measurement of radioactivity	MORMSTOWN MEDiche Center	2 <b>3</b> 0 (FIFT)	July 200
Chemistry of byproduct material for medical use	Montristance Medich Centra	- 50 (FIFTY)	July Cold - June 20
Radiation biology	MORALSTOWN MEDICAL Centor	2.30 (FIFTI)	July 201 - June 2
	Total Hours of Training: 7,150		

If more than one supervising individual is necessary to document supervised training, provide multiple copies of this page.

Supervised Work Experience		Total Hours of Ex	Total Hours of Experience: 700		
Description of Experience Must Include:	Location of Experience/License or Permit Number of Facility Morristown Medical Center		Confirm	Dates of Experience*	
Ordering, receiving, and unpacking radioactive materials safely and performing the related radiation surveys			Yes	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 Medica 100 MADISON AVEN MORRISTOWN NJ	12 80431	Ves No	July 2010 - June 2014	
Calculating, measuring, and safely preparing patient or human research subject dosages	Morristown Medica	l Center	Yes	July 2010- June 2014	
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material	Morristown Medica	.l Center	[∠] Yes []] No	July 2010 - June 2014	
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures	Morristown Medic	al Center	Ves	July 2010- June 2014	

FORM 313A (AUT)		U.S. NUCLEAR REGULA	TORY COMMISSI
	AINING AND EXPERIE	NCE AND PRECEPTOR ATTESTATION (co	ntinued)
Training and Experience for	Proposed Authorized	User (continued)	
b. Supervised Work Experien	ce (continued)		
Supervising Individual Lawrence Sway		License/Permit Number listing supervising indiauthorized user Lic. No. 455115-RAD 150	
Lawrence Oway	ne, M.D.	LIC. NO. 435113- NAU 130	
Supervising individual meets t apply)**:	he requirements below,	, or equivalent Agreement State requirements	(check all that
35.390 With experienc	e administering dosage	s of:	
35.392 🗸 Oral Nal-13	1 requiring a written dir	ective in quantities less than or equal to 1.22	
	rels (33 millicuries)		
✓ Oral Nal-13		han 1.22 gigabecquerels (33 millicuries)	• •
		mitter, or photon-emitting radionuclide with a a written directive is required	photon
		her radionuclide requiring a written directive	
requesting authorized user status c. Supervised Clinical Case E	xperience ng individual is necessa	tering dosages in the same dosage category or categories of the same dosage category of the same dos	
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 writter directive in quantities less that or equal to 1.22 gigabecquere	n J	Morristown Medical Center	11/22/201

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 2 201 1 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 11/13/2013 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			
(List radionuclides)			

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       Lonse/Permit Number listing supervising individual as an authorized user         Lawrence Swayne, M.D.       Lic.No         1000000000000000000000000000000000000	IRC	FORM 313A (AU 2)	T)	U.S. NUCLEAR REGULATORY COMMISSION
c. Supervised Clinical Case Experience (continued)         Supervising Individual       License/Permit Number listing supervising individual as an authorized user         Lawrence       Swayne, M.D.       Lic. No4551/6 - RAD150col         Supervising individual meets the requirements below, or equivalent Agreement State requirements (check all that apply)**.       Dis. No4551/6 - RAD150col         Supervising individual meets the requirements below, or equivalent Agreement State requirements (check all that apply)**.       Dis. No4551/6 - RAD150col         Supervising individual meets the requirements below, or equivalent Agreement State requirements (check all that apply)**.       Dis. No4551/6 - RAD150col         Supervising individual meets the requirements below, or equivalent Agreement State requirements (check all that apply)**.       Dis. No4551/6 - RAD150col         Supervising individual meets the requirements below, or equivalent Agreement State requirements (check all that apply)**.       Dis. No4551/6 - RAD150col         Supervising individual meets the requirements below, or equivalent Agreement State requirements (check all that apply)**.       Dis. No4551/6 - RAD150col         Siges 2007 of Na1-N31 requiring a written directive in quantities less than or equal to 1.22       gigabecquerels (33 millicuries)         Siges 2007 of Na1-N31 requirement statement from equirements into devertinal administering on devertinal on one preceptor administerial of not statestion       Deverting a millicuries)         Upervising Authorized user status.       Develop the pro		,	RIZED USER TRAINING AND EX	PERIENCE AND PRECEPTOR ATTESTATION (continued)
Supervising Individual       License/Permit Number listing supervising individual as an authorized user         Lawrence Swayne, M.D.       Lic, No. 455115 - RAD156co1         Supervising individual meets the requirements below, or equivalent Agreement State requirements ( <i>check all that apply</i> )".         35.390       With experience administering dosages of:         35.391       Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)         35.392       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 gengray less than 150 keV requiring a written directive is required         ** Supervising Authorized User must have experience in administering dosages in the same dosage category or categories as the individual requesting authorized User must have experience on other radionuclide requiring a written directive         ** Supervising fullowided 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       Cate Catification       Image of Proposed Authorized User         In	3.			
authorized user <i>Lic, No.</i> 465115 - RAD150c01          Supervising individual meets the requirements below, or equivalent Agreement State requirements ( <i>check all that apply</i> )***          35,390       With experience administering dosages of:          35,390       Oral Nal-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)          35,391       Oral Nal-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)          35,392       Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon gregy less than 150 keV requiring a written directive is required          93,534       Oral Nal-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)          93,639       Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon gregy less than 150 keV requiring a written directive is required          93,639       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. The p		c. Supervise	d Clinical Case Experience (conti	nued)
Supervising individual meets the requirements below, or equivalent Agreement State requirements (check all that apply)*:        35.300       With experience administering dosages of:        35.301				authorized user
apply!**         \$\frac{1}{35.390}\$         With experience administering dosages of:         \$\frac{1}{35.392}\$         \$\frac{1}{35.392}\$         \$\frac{1}{35.394}\$         \$\frac{1}{35.484}\$         \$\frac{1}{35.394}\$         \$\frac{1}{35.484}\$         \$\frac{1}{35.484}\$         \$\frac{1}{35.394}\$         \$\frac{1}{35.484}\$         \$\frac{1}{35.484}\$         \$\frac{1}{35.484}\$         \$\frac{1}{35.484}\$         \$\frac{1}{35.484}\$         \$\frac{1}{35.484}\$         \$\frac{1}{35.484}\$         \$\frac{1}{35.484}\$         \$\frac{1}{35.395}\$         \$\frac{1}{35.390}\$         \$\frac{1}{35.390}\$         \$\frac{1}{35.390}\$         \$\frac{1}{35.390(a)(1)}\$         \$\frac{1}{1}\$         \$\frac{1}{1}\$         \$\frac{1}{1}\$         <		Lawre	ince Swayne, M.D.	Lic. No. 455115 -RAD150001
Image: State of the following for each requested authorization:         For State that         Image: State that			ndividual meets the requirements	below, or equivalent Agreement State requirements (check all that
gigabecquerels (33 millicuries)         gigabecquerels (33 millicuries) <th></th> <td>35.390</td> <td>With experience administering d</td> <td>osages of:</td>		35.390	With experience administering d	osages of:
<sup>1</sup> 35.396 <sup>1</sup> Gran Ran-101 in quantities greater than 1.22 gradbeckueres (cs) miniculars) <sup>1</sup> 35.396 <sup>1</sup> Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon genergy less than 150 keV requiring a written directive is required <sup>1</sup> Supervising Authorized User must have experience in administering dosages in the same dosage category or categories as the individual requesting 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."             For 35.390:             Board Certification             Man of Proposed Authorized User             requirements in 35.390(a)(1).             OR             Training and Experience <tr< td=""><th></th><td>·</td><td></td><td></td></tr<>		·		
Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon     Provide status that 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 must have experience in administering dosages in the same dosage category or categories as the individual     requesting authorized User must have experience in administering dosages in the same dosage category or categories as the individual     requesting authorized User must have experience in administering dosages in the same dosage category or categories as the individual     requesting authorized User must have experience in administering dosages in the same dosage category or categories as the individual     requesting authorized User must have experience in administering dosages in the same dosage category or categories as the individual     requesting authorized User must have experience in administering dosages in the same dosage category or categories as the individual     requesting authorized User     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 completency."     For 35.390:     Board Certification     Matter that     Marked Proposed Authorized User     requirements in 35.390(a)(1).     INR     In attest that     Marked Proposed Authorized User     and experience, including a minimum of 200 hours of classroo			Oral Nal-131 in quantities gr	eater than 1.22 gigabecquerels (33 millicuries)
<ul> <li>Supervising Authorized User must have experience in administering dosages in the same dosage category or categories as the individual requesting authorized user status.</li> <li>d. Provide completed Part II Preceptor Attestation.</li> </ul> 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 Exect on the following for each requested authorization: For 35.390: Board Certification Mart of Proposed Authorized User requirements in 35.390(a)(1). OR Training and Experience Mart of Proposed Authorized User has satisfactorily completed the 700 hours of training and experience dution are proposed Authorized User requirements in 35.390(a)(1). OR Training and Experience Mare of Proposed Authorized User and experience, including a minimum of 200 hours of classroom and laboratory training, as required by		35.396		
requesting authorized user status.         d. Provide completed Part II Preceptor Attestation.         PART II – PRECEPTOR ATTESTATION         Interpret of 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."         tirst Section         Check one of the following for each requested authorization:         For 35.390:         Board Certification         Image: the origoned authorized User         requirements in 35.390(a)(1).         OR         Training and Experience         Image: the origoned authorized User         Name of Proposed Authorized User         requirements in 35.390(a)(1).         OR         Training and Experience         Image: the origoned Authorized User       has satisfactorily completed the 700 hours of training Name of Proposed Authorized User         and experience, including a minimum of 200 hours of classroom and laboratory training, as required by			Parenteral administration of	any other radionuclide requiring a written directive
PART II – PRECEPTOR ATTESTATION         Interview of 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         Board Certification         Image: An end Proposed Authorized User         Requirements in 35.390(a)(1).         OR         Training and Experience         Image: Authorized User         Name of Proposed Authorized User         Name of Proposed Authorized User         Name of Proposed Authorized User         Image: Authorized User         OR         Training and Experience         Image: Authorized User       has satisfactorily completed the 700 hours of training Name of Proposed Authorized User				administering dosages in the same dosage category or categories as the individual
Interest of the following for each requested authorization:         For 35.390:         Board Certification         Image: Anterst that         Image: Anterst that         Name of Proposed Authorized User         requirements in 35.390(a)(1).    OR              Training and Experience		d. Provide c	ompleted Part II Preceptor Attesta	tion.
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         Image: and experience         Image: and experience, including a minimum of 200 hours of classroom and laboratory training, as required by				
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 In attest that Image (Image Authorized User requirements in 35.390(a)(1). OR Training and Experience Image of Proposed Authorized User name of Proposed Authorized User and experience, including a minimum of 200 hours of classroom and laboratory training, as required by	lat.	This part		
the position sought and not attesting to the individual's "general clinical competency."	1016	individual	as long as the preceptor provides	, directs, or verifies training and experience required. If more than
Expect one of the following for each requested authorization:         For 35.390:         Board Certification         I attest that       Image: Content of C				
For 35.390:         Board Certification         I attest that       Image of Proposed Authorized User         Name of Proposed Authorized User         requirements in 35.390(a)(1).         OR         Training and Experience         I attest that       Image of Proposed Authorized User         Name of Proposed Authorized User         OR         Training and Experience         I attest that       Image of Proposed Authorized User         Name of Proposed Authorized User       has satisfactorily completed the 700 hours of training         Name of Proposed Authorized User       and experience, including a minimum of 200 hours of classroom and laboratory training, as required by			e following for each requested a	uthorization:
$\begin{tabular}{ c c c c c c c c c c c c c c c c c c c$			, ione	
requirements in 35.390(a)(1). <b>OR</b> <u>Training and Experience</u> I attest that $\int_{VABE(VM)} \int_{VAD} \int_{VAD} has satisfactorily completed the 700 hours of training Name of Proposed Authorized User and experience, including a minimum of 200 hours of classroom and laboratory training, as required by$		Board Co		
OR $   \underline{Training and Experience}   \boxed{I} \text{ I attest that } \underbrace{\bigcup_{N \in \{i, j'\}} (AibN \in AibN)}_{Name of Proposed Authorized User}   \text{ and experience, including a minimum of 200 hours of classroom and laboratory training, as required by} $		I attes	st that UMBERLY G	$AON(\Lambda)$ has satisfactorily completed the training and experience $\frac{1}{2}$
Training and Experience         I attest that $\bigcup \mathcal{A} \in \mathcal{N} \in \mathcal{A}$ has satisfactorily completed the 700 hours of training         Name of Proposed Authorized User         and experience, including a minimum of 200 hours of classroom and laboratory training, as required by		requir	ements in 35.390(a)(1).	
I attest that Name of Proposed Authorized User and experience, including a minimum of 200 hours of classroom and laboratory training, as required by				OR
Name of Proposed Authorized User and experience, including a minimum of 200 hours of classroom and laboratory training, as required by		Training	and Experience	
		I attes		
				f 200 hours of classroom and laboratory training, as required by

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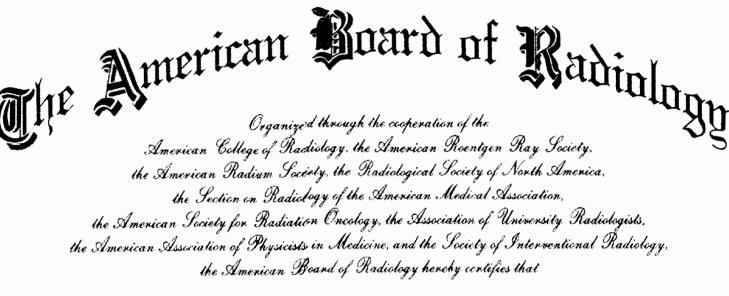
NRC FORM 313A (AUT) 05-2012)	U.S. NUCLEAR REGULATORY COMMISSI
	D USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)
Preceptor Attestation	(continued)
First Section (cont	tinued)
For 35.392 (Idention	cal Attestation Statement Regardless of Training and Experience Pathway):
V I attest that	MBENCY         GARDNER         has satisfactorily completed the 80 hours of classroom           Name of Proposed Authorized User         has satisfactorily completed the 80 hours of classroom
	ry training, as required by 10 CFR 35.392(c)(1), and the supervised work and clinical case equired in 35.392(c)(2).
For 35.394 (Identi	cal Attestation Statement Regardless of Training and Experience Pathway):
I attest that	Name of Proposed Authorized User has satisfactorily completed the 80 hours of classroom
	ry training, as required by 10 CFR 35.394 (c)(1), and the supervised work and clinical case equired in 35.394(c)(2).
Second Section	Name of Proposed Authorized User
experience r	equired in 35.390(b)(1)(ii)G listed below:
	131 requiring a written directive in quantities less than or equal to 1.22 juerels (33 millicuries)
🛛 Oral Nal-	131 in quantities greater than 1.22 gigabecquerels (33 millicuries)
	al administration of beta-emitter, or photon-emitting radionuclide with a photon ess than 150 keV requiring a written directive is required
Parenter	al administration of any other radionuclide requiring a written directive
Third Section	
☐ vattest that	Name of Proposed Authorized User
function inde	ependently as an authorized user for:
	-131 requiring a written directive in quantities less than or equal to 1.22 querels (33 millicuries)
	-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)
	al administration of beta-emitter, or photon-emitting radionuclide with a photon ess than 150 keV requiring a written directive is required

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05-2012)				U.S. NUCLEAR REGULAT	ORY COMMISSIO
	USER TRAINING	G AND EXPERIEN	CE AND PRECEP	PTOR ATTESTATION (con	ntinued)
Fourth Section					
For 35.396:					
Current 35.490	or 35.690 authoriz	zed user:			
I attest that		GARDN FR	is an authorized	l user under 10 CFR 35.49	90 or 35.690
laboratory tra experience re	ining, as required	by 10 CFR 35.396 d)(2), and has ach	(d)(1), and the su	pleted the 80 hours of class pervised work and clinical mpetency sufficient to fund	case
		any beta-emitter, itten directive is re		radionuclide with a photor	n energy less
Parentera	I administration of	any other radionu	clide for which a w	ritten directive is required	
		O	R		
Board Certificat					
I attest that	KIMBERLY	GARONER	has satisfactori	ly completed the board cer	rtification
		sed Authorized User		s of classroom and laborate	
	and has achieved			cal case experience requir unction independently as a	
	ser for:				
Parentera	al administration of	f any beta-emitter, ritten directive is re		radionuclide with a photor	n energy less
Parentera than 150	al administration of keV for which a wi	ritten directive is re	equired	radionuclide with a photor	n energy less
Parentera than 150	al administration of keV for which a wi	ritten directive is re	equired		n energy less
Parentera than 150 Parentera Fifth Section	al administration of keV for which a wi al administration of	ritten directive is re any other radionu	equired Iclide for which a w		n energy less
Parentera than 150 Parentera Fifth Section	al administration of keV for which a wi al administration of	ritten directive is re any other radionu	equired Iclide for which a w		n energy less
Parentera than 150 Parentera Fifth Section Complete the followin	al administration of keV for which a wi al administration of <b>a dministration</b> of <b>a for preceptor</b> a	ritten directive is re any other radionu ttestation and sig	equired Iclide for which a w gnature:		
Parentera than 150 Parentera Fifth Section Complete the followin	al administration of keV for which a wi al administration of <b>ng for preceptor</b> a rements below, or	ritten directive is re any other radionu ttestation and sig	equired Iclide for which a w gnature: nent State requirer	vritten directive is required	
Parentera than 150 Parentera Fifth Section Complete the followin I meet the requir 35.390	al administration of keV for which a wi al administration of <b>ng for preceptor</b> a rements below, or <b>1</b> 35.392 ce administering d	ritten directive is re any other radionu attestation and sig equivalent Agreen	equired Inclide for which a w gnature: Inent State requirer	vritten directive is required	ser for:
Parentera than 150 Parentera Fifth Section Complete the followin I meet the requir 35.390	al administration of keV for which a wi al administration of <b>ng for preceptor</b> a rements below, or U 35.392 ce administering d prization.	ritten directive is re any other radionu attestation and sig equivalent Agreen 35.394 osages in the follo	equired Inclide for which a w gnature: Inent State requirer 35.396 wing categories fo	vritten directive is required	ser for: orized User is
Parentera than 150 Parentera Fifth Section Complete the followin 1 meet the requir 35.390 1 have experience requesting author Oral Nal-131 millicuries)	al administration of keV for which a wi al administration of <b>ng for preceptor</b> a rements below, or U 35.392 ce administering d orization. requiring a written	ritten directive is re any other radionu <b>attestation and sig</b> equivalent Agreen <b>35.394</b> osages in the follo n directive in quant	equired Inclide for which a w gnature: Inent State requirer 35.396 wing categories fo	rritten directive is required ments, as an authorized us r which the proposed Auth equal to 1.22 gigabecquere	ser for: orized User is
Parentera than 150 Parentera Fifth Section Complete the followin I meet the requir 35.390 I have experience requesting author Oral Nal-131 millicuries) Oral Nal-131	al administration of keV for which a wi al administration of <b>ng for preceptor</b> a rements below, or U 35.392 ce administering d orization. requiring a written in quantities grea	ritten directive is re any other radionu <b>attestation and sig</b> equivalent Agreen <u>35.394</u> osages in the follo n directive in quant ater than 1.22 gigal	equired Iclide for which a w gnature: ment State requirer 35.396 wing categories fo tities less than or e becquerels (33 mil	rritten directive is required ments, as an authorized us r which the proposed Auth equal to 1.22 gigabecquere	ser for: orized User is
Parentera than 150 Parentera Fifth Section Complete the followin I meet the requir 35.390 I have experience requesting author Oral Nal-131 millicuries) Oral Nal-131 Merenteral ac 150 keV requ	al administration of keV for which a will al administration of <b>ng for preceptor</b> a rements below, or <b>1</b> 35.392 ce administering d orization. requiring a written in quantities great dministration of be uiring a written dire	ritten directive is re any other radionu <b>attestation and sig</b> equivalent Agreen <u>35.394</u> osages in the follo n directive in quant ater than 1.22 gigal sta-emitter, or photo ective is required	equired Iclide for which a w gnature: ment State requirer 35.396 wing categories fo tities less than or e becquerels (33 mil	rritten directive is required ments, as an authorized us r which the proposed Auth equal to 1.22 gigabecquere licuries) uclide with a photon energy	ser for: orized User is
Parentera than 150 Parentera Fifth Section Complete the followin I meet the requir 35.390 I have experience requesting author Oral Nal-131 millicuries) Oral Nal-131 Merenteral ac 150 keV requ	al administration of keV for which a will al administration of <b>ag for preceptor</b> a rements below, or <b>1</b> 35.392 ce administering d orization. requiring a written in quantities great dministration of be uiring a written direct	ritten directive is re any other radionu <b>attestation and sig</b> equivalent Agreen <u>35.394</u> osages in the follo n directive in quant ater than 1.22 gigal sta-emitter, or photo ective is required	equired Inclide for which a w gnature: Inent State requirer 35.396 wing categories fo tities less than or e becquerels (33 mill on-emitting radione	rritten directive is required ments, as an authorized us r which the proposed Auth equal to 1.22 gigabecquere licuries) uclide with a photon energy	ser for: orized User is

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## 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 Rudiology is permitted to use the **BABB** mark to signify this certification.

Milton J. LiberTeau 2.

Valenie P. Julioning

DABB



Certificate No. 65722

Secretary-Treasurer

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 MIRITOWN 470331116 Resident Name Program CENTIN 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		
This applicant has taken part in $\geq$ 3 cases of oral administration of 1-131 therapy $\leq$ 33mCi	Y	
This applicant has taken part in $\geq$ 3 cases of oral administration of I-131 therapy >33 mCi	L	
The resident's log of these therapy experiences (date, dose, and preceptor attestation) is attached	$\square$	
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	$\square$	
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	2	
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	R	ί []]

SEAN CALHWRING Residency Program Director

(Print Name)

2/19/14

Program Director (Signature)

Form B

I-131 Therapy Experience Log

KINBERLY GARDNER Resident Name

ATLANTIC HEalth MOROUSTOWNICAL #4203311116 ogram & Number

**Dose Administered** 

≤33mCi 1. 11/22/13

Date

18 mCi

(2 mCi 2. 11/2/11

DR. LAWRENCE SWAYNE

Preceptor (AU) Print & Sign Name

Print Name Sign Name

Print Name, 1

DA. MICHAEL KOZA(ZEK (ME) Print Name , / / Sign Name

Date >33 mCi

3. 10/24/11

**Dose Administered** 

10 m Ci

DR. LAWRENCE SWAYNE Print Name

Preceptor (AU) Print & Sign Name

Sign Name

DR. MICHAEL KOZUCZEK(MK) Print Name Sign Name

Dr. MICHAEL KOZACZEK (ME) Print Nathe Sign Name

1. 11/21/13

2. 11/13/13

3. 9/3/13

153 m Ci

105 m Ci

207mCi







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

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adiation Oncology aled M. Alektiar, MD New York, New York

tephen M. Hahn, MD Houston, Texas annis C. Shrieve, MD, PhD Salt Lake City, Utah ran D. Wilson, MD, MPH New Haven, Connecticut thony L. Zietman, MD Soston, Massachusetts

terventional Radiology

anne M. LaBerge, MD San Francisco, California nn A. Kaufman, MD Portland, Oregon mes B. Spies, MD, MPH Potomac, Maryland

dical Physics ry D. Allison, PhD ugusta, Georgia hael G. Herman, PhD ochester, Minnesota anthony Seibert, PhD

acramento, California

### PERSONAL INFORMATION WAS REMOVED BY NRC. NO COPY OF THIS INFORMATION WAS RETAINED BY THE NRC.

Dear Dr. Gardner:

ABR ID: 65722

Kimberly R Gardner, MD

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 NRCrelated 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 Kay H. Vydareny, MD Interventional Radiology Anne C. Roberts, MD Radiation Oncology Paul E. Wallner, DO Medical Physics G. Donald Frey, PhD

NRC FORM 532	U.S. NUCLEAR REGULATORY COMMISSION					
ACKNOWLEDGEMENT - RECEIPT OF CORRESPONDENCE						
Name and Address of Applicant and/or Licensee	License Number(s)					
Beebe Medical Center	07-17792-01					
c/o Radiology Dept. 424 Savannah Road	Mail Control Number(s)					
Lewes, DE 19958	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:						
	loc-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:						
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 Commissio Division of Nuclear Materials Safety 2100 Renaissance Boulevard, Suite King of Prussia, PA 19406-2713 (610) 337-5260, (610) 337-5313, (610) 337-5398, (610) 337-5513 or (61	100					