CENTERPOINT MEDICAL CENTER
Imaging Services
19600 E 39th Street, Independence, MO 64057

HCA MIDWEST HEALTH

January 24, 2017

U.S. Nuclear Regulatory Commission, Region III
Materials Licensing Branch
2443 Warrenville Road, Suite 210
Lisle, IL 60532-4352

RE: Amendment Request

LICENSEE: Centerpoint Medical Center of Independence, LLC
(d/b/a Centerpoint Medical Center)
NRC License No. 24-18655-01

To Whom It May Concern,

We wish to amend NRC License No. 24-18655-01 to add Stephen Clark, M.D. as an authorized user for 10 CFR 35.100, 35.200 and 35.300 (limited to oral administration of sodium iodide iodine-131). Dr. Clark is listed as an authorized user on NRC Radioactive Materials License Number 24-24660-01. A copy is enclosed.

We also wish to add Sri Krishna Alapati, M.D. as an authorized user for 10 CFR 35.100, 35.200 and 35.300 (limited to oral administration of sodium iodide iodine-131). A copy of Dr. Alapati's authorized user training and experience and preceptor attestation is enclosed.

We appreciate the help of the NRC in this matter.

Sincerely,

Aaron Lewis, M.D.
Radiation Safety Officer

Enclosures

RECEIVED JAN 31 2017

NRC FORM 374

U.S. NUCLEAR REGULATORY COMMISSION

Amendment No. 37

MATERIALS LICENSE

Pursuant to the Atomic Energy Act of 1954, as amended, the Energy Reorganization Act of 1974 (Public Law 93-438), and Title 10, Code of Federal Regulations, Chapter I, Parts 30, 31, 32, 33, 34, 35, 36, 37, 39, 40, 70 and 71, and in reliance on statements and representations heretofore made by the licensee, a license is hereby issued authorizing the licensee to receive, acquire, possess, and transfer byproduct, source, and special nuclear material designated below; to use such material for the purpose(s) and at the place(s) designated below; to deliver or transfer such material to persons authorized to receive it in accordance with the regulations of the applicable Part(s). This license shall be deemed to contain the conditions specified in Section 183 of the Atomic Energy Act of 1954, as amended, and is subject to all applicable rules, regulations, and orders of the Nuclear Regulatory Commission now or hereafter in effect and to any conditions specified below.

Licensee	In accordance with letter dated October 12, 2016,	4. Expiration Date: March 31, 2022
1. Midwest Division - LSH, LLC d/b/a Lee's Summit Hospital 2. 2100 S.E. Blue Parkway Lee's Summit, MO 64063	3. License number: 24-24660-01 is amended in its entirety to read as follows:	5. Docket No.: 030-29074 Reference No.:

6. Byproduct, source, and/or special nuclear material	7. Chemical and/or physical form	8. Maximum amount that licensee may possess at any one time under this license	9. Authorized use
A. Any byproduct material permitted by 10 CFR 35.100	A. Any	A. As Needed	A. For use in uptake, dilution and excretion studies permitted by 10 CFR 35.100.
B. Any byproduct material permitted by 10 CFR 35.200	B. Any	B. As Needed	B. For use in imaging and localization studies permitted by 10 CFR 35.200.
C. Any byproduct material permitted by 10 CFR 35.300	C. Any	C. 1 curie total	C. For any use permitted by 10 CFR 35.300.
D. Any byproduct material permitted by 10 CFR 31.11	D. Prepackaged Kits	D. 2 millicuries total	D. For use in in-vitro studies.

CONDITIONS

10. Licensed material may be used or stored at the licensee's facilities located at 2100 S.E. Blue Parkway, Lee's Summit, Missouri.

MATERIALS LICENSE SUPPLEMENTARY SHEET	License Number 24-24660-01	Docket or Reference Number 030-29074
	Amendment No. 37	

11. The Radiation Safety Officer (RSO) for this license is Aaron M. Lewis, M.D.

12. Licensed material shall only be used by, or under the supervision of:

A. Individuals permitted to work as authorized users in accordance with 10 CFR 35.13 and 10 CFR 35.14.

B. The following individuals are authorized users for the material and medical uses as indicated:

Authorized User(M.D.,D.O.,etc.)	Material and Use
William M. Chase, M.D.	10 CFR 35.100, 35.200, 35.300, and 31.11.
Jeffrey R. Conaway, M.D.	10 CFR 35.100, 35.200, and 35.300.
John F. Eurich, M.D.	10 CFR 35.100, 35.200, and 35.300.
Craig M. Bruner, M.D.	10 CFR 35.100, 35.200, 35.300, and 31.11.
Douglas W. Nemmers, M.D.	10 CFR 35.100, 35.200, 35.300, and 31.11.
Michael B. Parsa, M.D.	10 CFR 35.100, 35.200, 35.300, and 31.11.
Kelly Hart, M.D.	10 CFR 35.100, 35.200, 35.300, and 31.11.
Rick Moritz, M.D.	10 CFR 35.100, 35.200, 35.300, and 31.11.
Sarah L. Sherard, M.D.	10 CFR 35.100, 35.200, 35.300, and 31.11.
Donald J. Stallard, M.D.	10 CFR 35.100, 35.200, 35.300, and 31.11.
Daniel H. Dunker, M.D.	10 CFR 35.200.
Michael Brian Robertson, M.D.	10 CFR 35.100, 35.200, 35.300 (limited to oral administration of sodium iodide I-131), and 31.11.
Bradley McInay, M.D.	10 CFR 35.100, 35.200, 35.300, and 31.11.
Vandana Halder, M.D.	10 CFR 35.100, 35.200, and 35.300.
Leo J. Splitter, M.D.	10 CFR 35.100, 35.200, and 35.300.

MATERIALS LICENSE SUPPLEMENTARY SHEET	License Number 24-24660-01	Docket or Reference Number 030-29074
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Authorized User(M.D.,D.O.,etc.)	Material and Use
Jason Eric Himmel, M.D.	10 CFR 35.100, 35.200, and 35.300 (limited to oral administration of sodium iodide I-131 in quantities less than or equal to 33 millicuries).
Michael J. Brigg, M.D.	10 CFR 35.100, 35.200, and 35.300 (limited to oral administration of sodium iodide I-131).
Nathaniel R. Jewell, M.D.	10 CFR 35.100, 35.200, and 35.300 (limited to oral administration of sodium iodide I-131).
Craig B. McClure, M.D.	10 CFR 35.100 and 35.200.
Robert A. Wood Jr., M.D.	10 CFR 35.100, 35.200, and 35.300.
James E. Sear, M.D.	10 CFR 35.200.
Joseph Phillip Koury, M.D.	10 CFR 35.100 and 35.200.
Richard Cronemeyer, M.D.	10 CFR 35.100, 35.200, and 35.300 (limited to oral administration of sodium iodide I-131 in quantities less than or equal to 33 millicuries).
Christopher McKinney, M.D.	10 CFR 35.100, 35.200, and 35.300 (limited to oral administration of sodium iodide I-131 in quantities less than or equal to 33 millicuries).
Aaron M. Lewis, M.D.	10 CFR 35.100, 35.200, and 35.300.
Brian A. Fletcher, M.D.	10 CFR 35.100, 35.200, and 35.300 (limited to oral administration of sodium iodide I-131).
Nathan S. Johnson, M.D.	10 CFR 35.100, 35.200, and 35.300 (limited to oral administration of sodium iodide I-131).
Amy P. Oberhelman, M.D.	10 CFR 35.100, 35.200, and 35.300 (limited to oral administration of sodium iodide I-131).
Sujit R. Gandhari, M.D., M.P.H.	10 CFR 35.100, 35.200, and 35.300 (limited to oral administration of sodium iodide I-131).
Daniel T. Finn, M.D.	10 CFR 35.100, 35.200, and 35.300 (limited to oral administration of sodium iodide I-131).
Curtis T. Selser, M.D.	10 CFR 35.100, 35.200, and 35.300 (limited to oral administration of sodium iodide I-131).
Mary Mitchell, M.D.	10 CFR 35.100, 35.200, and 35.300 (limited to oral administration of sodium iodide I-131).
Daniel Eric Hatfield, M.D.	10 CFR 35.100, 35.200, and 35.300 (limited to oral administration of sodium iodide I-131 in quantities less than or equal to 33 millicuries).
Stephen Clark, M.D.	10 CFR 35.100, 35.200, and 35.300 (limited to oral administration of sodium iodide I-131).

MATERIALS LICENSE SUPPLEMENTARY SHEET	License Number 24-24660-01	Docket or Reference Number 030-29074
	Amendment No. 37	

13. Except as specifically provided otherwise in this license, the licensee shall conduct its program in accordance with the statements, representations, and procedures contained in the documents, including any enclosures, listed below. This license condition applies only to those procedures that are required to be submitted in accordance with the regulations. Additionally, this license condition does not limit the licensee's ability to make changes to the radiation protection program as provided for in 10 CFR 35.26. The U.S. Nuclear Regulatory Commission's regulations shall govern unless the statements, representations, and procedures in the licensee's application and correspondence are more restrictive than the regulations.
    A. Application dated September 29, 2011 (ML112730520)

FOR THE U.S. NUCLEAR REGULATORY COMMISSION

Date: December 1, 2016

By: _____
Frank P. D. Tran
Region III

NRC FORM 313A (AUD)
(08-2016)

U.S. NUCLEAR REGULATORY COMMISSION

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: 06/30/2019

Name of Proposed Authorized User	State or Territory Where Licensed
Sri Krishna Alapati, M.D.	Missouri

Requested Authorization(s) *(check all that apply)*

- [x] 35.100 Uptake, dilution, and excretion studies
- [x] 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	Beaumont Hospital, 3601 W. 13 Mile Royal Oak, MI 48073	35	7/1/2011 - 6/30/2016
Radiation protection	Beaumont Hospital, 3601 W. 13 Mile Royal Oak, MI 48073	20	7/1/2011 - 6/30/2016
Mathematics pertaining to the use and measurement of radioactivity	Beaumont Hospital, 3601 W. 13 Mile Royal Oak, MI 48073	6	7/1/2011 - 6/30/2016
Chemistry of byproduct material for medical use *(not required for 35.590)*	Beaumont Hospital, 3601 W. 13 Mile Royal Oak, MI 48073	24	7/1/2011 - 6/30/2016
Radiation biology	Beaumont Hospital, 3601 W. 13 Mile Royal Oak, MI 48073	10	7/1/2011 - 6/30/2016
Total Hours of Training: 95			

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	Beaumont Hospital, 3601 W. 13 Mile Royal Oak, MI 48073	☑ Yes ☐ No	7/1/2011 - 6/30/2016
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters	Beaumont Hospital, 3601 W. 13 Mile Royal Oak, MI 48073	☑ Yes ☐ No	7/1/2011 - 6/30/2016

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	Beaumont Hospital, 3601 W. 13 Mile Royal Oak, MI 48073	☑ Yes ☐ No	7/1/2011 - 6/30/2016
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material	Beaumont Hospital, 3601 W. 13 Mile Royal Oak, MI 48073	☑ Yes ☐ No	7/1/2011 - 6/30/2016
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures	Beaumont Hospital, 3601 W. 13 Mile Royal Oak, MI 48073	☑ Yes ☐ No	7/1/2011 - 6/30/2016
Administering dosages of radioactive drugs to patients or human research subjects	Beaumont Hospital, 3601 W. 13 Mile Royal Oak, MI 48073	☑ Yes ☐ No	7/1/2011 - 6/30/2016
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	Beaumont Hospital, 3601 W. 13 Mile Royal Oak, MI 48073	☑ Yes ☐ No	7/1/2011 - 6/30/2016

Supervising Individual	License/Permit Number listing supervising individual as an authorized user
Helena Balon, MD	21-01333-01 William Beaumont Hospital

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.

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 _____ 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 Sri Alapati Krishna, MD 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 _____ 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 Sri Krishna Alapati, MD 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	Signature	Telephone Number	Date
Helena Balon, MD		(248) 898-4126	01/10/2017

License/Permit Number/Facility Name
21-01333-01 William Beaumont Hospital

NRC FORM 313A (AUT)
(06-2016)

U.S. NUCLEAR REGULATORY COMMISSION

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: 06/30/2019

Name of Proposed Authorized User	State or Territory Where Licensed
Sri Krishna Alapati, M.D.	Missouri

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 User**

a. Classroom and Laboratory Training ☑ 35.390 ☑ 35.392 ☑ 35.394 ☐ 35.396

Description of Training	Location of Training	Clock Hours	Dates of Training*
Radiation physics and instrumentation	Beaumont Hospital, 3601 W. 13 Mile Royal Oak, MI 48073	35	7/1/2011 - 6/30/2016
Radiation protection	Beaumont Hospital, 3601 W. 13 Mile Royal Oak, MI 48073	20	7/1/2011 - 6/30/2016
Mathematics pertaining to the use and measurement of radioactivity	Beaumont Hospital, 3601 W. 13 Mile Royal Oak, MI 48073	6	7/1/2011 - 6/30/2016
Chemistry of byproduct material for medical use	Beaumont Hospital, 3601 W. 13 Mile Royal Oak, MI 48073	24	7/1/2011 - 6/30/2016
Radiation biology	Beaumont Hospital, 3601 W. 13 Mile Royal Oak, MI 48073	10	7/1/2011 - 6/30/2016
	Total Hours of Training: 95		

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	Beaumont Hospital, 3601 W. 13 Mile Royal Oak, MI 48073	☑ Yes ☐ No	7/1/2011 - 6/30/2016
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters	Beaumont Hospital, 3601 W. 13 Mile Royal Oak, MI 48073	☑ Yes ☐ No	7/1/2011 - 6/30/2016
Calculating, measuring, and safely preparing patient or human research subject dosages	Beaumont Hospital, 3601 W. 13 Mile Royal Oak, MI 48073	☑ Yes ☐ No	7/1/2011 - 6/30/2016
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material	Beaumont Hospital, 3601 W. 13 Mile Royal Oak, MI 48073	☑ Yes ☐ No	7/1/2011 - 6/30/2016
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures	Beaumont Hospital, 3601 W. 13 Mile Royal Oak, MI 48073	☑ Yes ☐ No	7/1/2011 - 6/30/2016

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Training and Experience for Proposed Authorized User (continued)

b. Supervised Work Experience (continued)

Supervising Individual	License/Permit Number listing supervising individual as an authorized user
Helena Balon, M.D.	21-01333-01 William Beaumont Hospital

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

☑ 35.390
☑ 35.392
☑ 35.394
☑ 35.396

With experience administering dosages of:

☑ 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

** 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	Beaumont Hospital, 3601 W. 13 Mile Royal Oak, MI 48073	9/20/2011 9/20/2011 9/22/2011
Oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 1.22 gigabecquerels (33 millicuries)	3	Beaumont Hospital, 3601 W. 13 Mile Royal Oak, MI 48073	9/9/2011 9/23/2013 11/15/2015
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	License/Permit Number listing supervising individual as an authorized user
Helena Balon, M.D.	21-01333-01 William Beaumont Hospital

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

☑ 35.390 ☑ 35.392 ☑ 35.394 ☑ 35.396	With experience administering dosages of: ☑ 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

** 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 _____ has satisfactorily completed the training and experience
Name of Proposed Authorized User

requirements in 35.390(a)(1).

OR

Training and Experience

☑ I attest that Sri Krishna Alapati, M.D. 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 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 Sri Krishna Alapati, M.D. 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 Sri Krishna Alapati, M.D. 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 Sri Krishna Alapati, M.D. 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 Sri Krishna Alapati, M.D. 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

NRC FORM 313A (AUT) (06-2016) U.S. NUCLEAR REGULATORY COMMISSION

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 _____ 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 _____ 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	Signature	Telephone Number	Date
Helena Balon, M.D.	Helena Balon, MD	(248) 898-4126	01-10-2017

License/Permit Number/Facility Name
21-01333-01 William Beaumont Hospital

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