NRC FORM 313A (AUT)

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

| | LIO OTTO OTTO OT | | |
|--|---|---|--|
| Name of Propose | ed Authorized User | State or Territory Where Licensed | |
| Gabriel Johnson Colorado | | | |
| , | norization(s) (check all that apply): | | |
| 35.300 | Use of unsealed byproduct material for | which a written directive is required | |
| OR | | | |
| 35.300 | 1,22 gigabecquerels (33 millicuries) | 131 requiring a written directive in quantities less than or equal to | |
| ✓ 35.300 | Oral administration of sodium iodide 1-* gigabecquerels (33 millicuries) | 131 requiring a written directive in quantities greater than 1.22 | |
| 35.300 | Parenteral administration of any beta-ethan 150 keV for which a written directi | emitter, or photon-emitting radionuclide with a photon energy less ive is required | |
| 35.300 | Parenteral administration of any other | radionuclide for which a written directive is required | |
| | PARTI 1 | TRAINING AND EXPERIENCE e of the three methods below) | |
| date of app training an experience 1. Board a. Provide b. For 35. be used to c. For 35. and super | plication or the individual must have related experience was completed. Provide of related to the uses checked above. Certification a copy of the board certification. 390, provide documentation on superviso document this experience. | tion, must have been obtained within the 7 years preceding the sted continuing education and experience since the required dates, duration, and description of continuing education and sed clinical case experience. The table in section 3.c. may om and laboratory training, supervised work experience, soles in sections 3.a., 3.b., and 3.c. may be used to | |
| | and complete Part II Preceptor Attestat | | |
| 2. Currer | nt 35.300, 35.400, or 35.600 Authorized | d User Seeking Additional Authorization | |
| a. Author | ized User on Materials License | under the requirements below or | |
| equiva | alent Agreement State requirements (che | eck all that apply): | |
| - trimons | 35.392 35.392 35.394 | · · · · · · · · · · · · · · · · · · · | |
| required s experienc | supervised case experience. The table i ce. Also provide completed Part II Prece | | |
| documen | | and requesting authorization for 35.396, provide hing, supervised work experience, and supervised clinical o., and 3.c. may be used to document this experience. | |
| Torre de la companya | NAME OF THE PARTY | PAGE 1 | |

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372893 NMSS/RGNI MATERIALS-002

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

| 3. Training and Experience for | or Proposed Authorized User | - ************************************ | |
|--|--|--|------------------------------|
| a. Classroom and Laboratory T | in the second se | 35.394 | 35.396 |
| Description of Training | Location of Training | Clock Hours | Dates of Training* |
| Radiation physics and instrumentation | Madigan Army Medical Center Tacoma, WA | 65 | August 2012 - June 2016 |
| Radiation protection | Madigan Army Medical Center | 15.5 | August 2012 - June 2016 |
| Mathematics pertaining to the use and measurement of radioactivity | Madigan Army Medical Center | 7.5 | August 2012 - June 2016 |
| Chemistry of byproduct material for medical use | Madigan Army Medical Center | 7 | August 2012 - June 2016 |
| Radiation biology | Madigan Army Medical Center | 8 | August 2012 - June 2016 |
| gegometric a managama 2017 0499 (1999) yayaya indatali reservice a managa indagayee ay armataini da a cabrumenmaanini da a | Total Hours of Training: 103 | Hallman American | |
| of this page. Supervised V | Vork Experience Total Hours o | f Experience: | 744 |
| Description of Experience Must Include: | Location of Experience/License or Permit Number of Facility | Confirm | Dates of Experience |
| Ordering, receiving, and unpacking radioactive material safely and performing the related radiation surveys | s Madigan Army Medical Center/NRC License #46-02645-03 | ✓ Yes No | 14 Jan 2013 - 14 Feb 2016 |
| Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters | Madigan Army Medical Center/NRC License #46-02645-03 | ✓ Yes No | 14 Jan 2013 - 14 Feb 2016 |
| Calculating, measuring, and safely preparing patient or human research subject dosages | Madigan Army Medical Center/NRC License #46-02645-03 | Yes No | 14 Jan 2013 - |
| Using administrative controls to prevent a medical event involving the use of unsealed byproduct material | Madigan Army Medical Center/NRC License #46-02645-03 | ✓ Yes | 14 Jan 2013 - 14 Feb 2016 |
| Using procedures to contain spilled byproduct material safely and using proper | Madigan Army Medical Center/NRC License #46-02645-03 | ✓ Yes | 14 Jan 2013 - 14 Feb 2016 |

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

| upervising In | dividual | And the second straight security and the second sec | License/Permit Number listing supervising indi authorized user | vidual as an | | |
|--|--|--|--|---------------------------------------|--|--|
| onathan M D | pavison, MD | | NRC License #46-02645-03 | | | |
| Supervising in pply)**: | individual meets the | requirements below, | or equivalent Agreement State requirements | (check all that | | |
| √ 35.390 | With experience a | dministering dosage: | s of: | | | |
| 35.392 | □Z Oral Nal-131 r | | ective in quantities less than or equal to 1.22 | | | |
| 35.394 | ✓ Oral Nal-131 i | n quantities greater t | nan 1.22 gigabecquerels (33 millicuries) | | | |
| 35.396 | Parenteral adr | ministration of beta-e an 150 keV requiring | mitter, or photon-emitting radionuclide with a a written directive is required | photon | | |
| 3 | ✓ Parenteral adr | ministration of any otl | ninistration of any other radionuclide requiring a written directive | | | |
| If more the multiple o | han one supervising copies of this page. | individual is necessa | ry to document supervised work experience, | Provide | | |
| Name to the state of the second state of the s | | Number of Cooca | | Datas of | | |
| AND CONTRACTOR CASE OF THE PROPERTY OF THE PRO | on of Experience | Number of Cases Involving Personal Participation | Location of Experience/License or Permit Number of Facility | Dates of Experience | | |
| Description Dral administration odide I-131 directive in communications | on of Experience stration of sodium requiring a written quantities less than 1.22 gigabecquerels | Involving Personal | Location of Experience/License or Permit Number of Facility Madigan Army Medical Center/NRC License #46-02645-03 | Dates of Experience | | |
| Description Oral administrative in control of the | on of Experience stration of sodium requiring a written quantities less than 1.22 gigabecquerels | Involving Personal Participation | Number of Facility Madigan Army Medical Center/NRC License | Experience | | |
| Description Dral administs odide I-131 directive in compared administs odide I-131 directive in compared administrative in compared administrative in compared and the compar | stration of sodium requiring a written quantities less than 1.22 gigabecquerels es) stration of sodium requiring a written quantities greater gabecquerels (33 administration of nitter, or thing radionuclide on energy less than which a written | Involving Personal Participation | Number of Facility Madigan Army Medical Center/NRC License #46-02645-03 Madigan Army Medical Center/NRC License | Experience 14 Jan 2013 - 14 Feb 2016 | | |

Training and Experience

l attest that 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).

OR

| NRC FORM 313A (AUT) | U.S. NUCLEAR REGULATORY COMMISSION |
|--|--|
| | USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued) |
| | College And Address and Control of the Control of t |
| Preceptor Attestation | |
| First Section (cont | |
| For 35.392 (Identic | al Attestation Statement Regardless of Training and Experience Pathway): |
| l attest that | has satisfactorily completed the 80 hours of classroom |
| and laborator experience re | 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 | the starily completed the 80 hours of classroom |
| and laborato experience r | 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 | |
| ✓ I attest that | Gabriel Johnson has satisfactorily completed the required clinical case Name of Proposed Authorized User |
| experience i | required in 35.390(b)(1)(ii)G listed below: |
| ✓ Oral Nal gigabeco | -131 requiring a written directive in quantities less than or equal to 1.22 querels (33 millicuries) |
| ✓ Oral Nal | -131 in quantities greater than 1.22 gigabecquerels (33 millicuries) |
| | ral administration of beta-emitter, or photon-emitting radionuclide with a photon ess than 150 keV requiring a written directive is required |
| Parente | ral administration of any other radionuclide requiring a written directive |
| MARKET GARE THAN CHART THAN THAN THAN THAN THAN THAN THAN TH | · 张京家 医白细胞 经股份 电电流 医白斑 医自然性 电影 医电影 医自然 医自然 医自然 医自然 医自然 医血液 化液 |
| Third Section | |
| ✓ I attest that | Gabriel Johnson has satisfactorily achieved a level of competency to |
| • | lependently as an authorized user for: |
| gigabed | I-131 requiring a written directive in quantities less than or equal to 1.22 equerels (33 millicuries) |
| ✓ Oral Na | I-131 in quantities greater than 1.22 gigabecquerels (33 millicuries) |
| Parente energy | eral administration of beta-emitter, or photon-emitting radionuclide with a photon less than 150 keV requiring a written directive is required |
| Parente | eral administration of any other radionuclide requiring a written directive |

| NRC FORM 313A (AUT) 08-2018) | VAROUENCE AND DDECEDTO | U.S. NUCLEAR REGULATO | 1 |
|--|---|---|------------------------------------|
| AUTHORIZED USER TRAINING AN | D EXPERIENCE AND PRECEPTO | RATTESTATION (COM | indea) |
| Fourth Section | | | |
| For 35.396: | | | |
| Current 35.490 or 35.690 authorized to | | | |
| I attest that | | er under 10 CFR 35.490 | or 35.690 |
| or equivalent Agreement State requivalent Agreement State required by 1 (experience required by 35.396(d)(2) (independently as an authorized use | frements, has satisfactorily complete 0 CFR 35.396 (d)(1), and the super 1, and has achieved a level of compl r for: | etency sufficient to functi | ion |
| Parenteral administration of any than 150 keV for which a written | beta-emitter, or photon-emitting rad directive is required | lionuclide with a photon | energy less |
| Parenteral administration of any | other radionuclide for which a writte | en directive is required | |
| | OR | | |
| Board Certification: | • | | |
| attest that | has satisfactorily c | ompleted the board certi | ification |
| requirements of 35.396(c), has satis required by 10 CFR 35.396 (d)(1) a 35.396(d)(2), and has achieved a le authorized user for: | nd the supervised work and clinical evel of competency sufficient to fund | tion independently as ar | 1 |
| than 150 keV for which a writter | | | 0.10.193 |
| Parenteral administration of any | other radionuclide for which a writt | en directive is required | aana soon nga céal man asan nan ka |
| Fifth Section Complete the following for preceptor attes I meet the requirements below, or equ | | nts, as an authorized use | er for: |
| ✓ I meet the requirements below, or equ | Ivaletti Agreemoni otata 1944 | , | |
| ✓ 35,390 | 35.394 35.396 | | |
| ✓ I have experience administering dosagrequesting authorization. | | | |
| millicuries) | ective in quantities less than or equ | | ls (33 |
| har | han 1.22 gigabecquerels (33 millicu | | l din ma |
| 150 keV requiring a written directive | | | / less than |
| Parenteral administration of any of | her radionuclide requiring a written | directive | |
| Name of Preceptor Sign | ature | Telephone Number | Date |
| Jonathan M Davison, MD | | (253) 968-1645 | 110/12/10 |
| License/Permit Number/Facility Name | | | |
| NRC License #46-02645-03 Madigan Army Me | dical Center | | |

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

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

| ***** In we it | Jo. 150, Joine | , απα σσισσση | | |
|--|--|--|--|---|
| Name of Proposed Authorized User | *************************************** | State or Territory Where Licens | sed | |
| Gabriel Johnson | | Colorado | | |
| Requested Authorization(s) (check all that | it apply) | Allergy processed and the second seco | w. mr.(c. 199 0) 1116 pr 100-pressure | NOTE: Tree ville P. Selektagenessen d. C. |
| ✓ 35.100 Uptake, dilution, and excretion | ı studies | | | |
| 35.200 Imaging and localization studie | ės | | | |
| 35.500 Sealed sources for diagnosis (| (specify device) | | elppodagitilitationityppo | |
| (S | Select one of the | G AND EXPERIENCE three methods below) | | |
| * Training and Experience, including boa the date of application or the individual the required training and experience was education and experience related to the | must have obtained completed. Pro | ed related continuing education ovide dates, duration, and des | on and experie | ence since |
| 1. Board Certification | | | | |
| a. Provide a copy of the board certific | cation. | | | |
| b. If using only 35.500 materials, stop Preceptor Attestation. | o here. If using 35 | 5.100 and 35.200 materials, s | kip to and com | plete Part II |
| 2. Current 35.390 Authorized User | Seeking Addition | nal 35.290 Authorization | | |
| a. Authorized user on Materials Licel State requirements seeking autho b. Supervised Work Experience. | orization for 35,290 | | · | _ |
| (If more than one supervising individual copies of this section.) | vidual is necessar | y to document supervised wo | irk experience, | provide multiple |
| Description of Experience | | f Experience/License or t 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 | - Andrewson - Conference - Andrewson - And | License/Permit Number listing authorized user | supervising indi | vidual as an |
| Supervisor meets the requirements be | | nt Agreement State requireme | ents (check all t | 'hat apply). |

| FORM 313A (AUD) BOTH AUTHORIZED USER TRAINING | G AND EXPERIENCE AND PRECEPTOR AT | NUCLEAR REGULA TESTATION (C | |
|--|--|--|---|
| 3. Training and Experience for Pro | pposed Authorized User | | |
| a. Classroom and Laboratory Train | ing. | | www.co.westigesgestad on was so nowing contributed |
| Description of Training | Location of Training | Clock Hours | Dates of Training* |
| Radiation physics and instrumentation | Madigan Army Medical Center | 65. | August 2012 June 2016 |
| Radiation protection | Madigan Army Medical Center | 15.5 | August 2012 June 2016 |
| Mathematics pertaining to the use and measurement of radioactivity | Madigan Army Medical Center | 7.5 | August 2012 June 2016 |
| Chemistry of byproduct material for medical use (not required for 35.590) | Madigan Army Medical Center | 7 | August 2012 June 2016 |
| Radiation biology | Madigan Army Medical Center | 8 | August 2012 June 2016 |
| | Total Hours of Training: 103 | Agency and the second s | had p |
| | ompletion of this table is not required for 35.590 dividual is necessary to document supervised vection.) | | |
| Supervised Work Experience | Total Hours of Experience: | 744 | Walterman high (III |
| 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 | Madigan Army Medical Center/License #46-02645-03 | ✓ Yes | 14 Jan 2013 - 14 Feb 2016 |
| Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters | Mådigan Army Medical Center/License #46-02645-03 | ✓ Yes | 14 Jan 2013 - 14 Feb 2016 |

| Training and Experience for Propos | ed Authorized User (continued) | | |
|--|--|--|--|
| b. Supervised Work Experience. (cor | ntinued) | | |
| 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 | Madigan Army Medical Center/NRC License #46-02645-03 | ✓ Yes | 14 Jan 2013 14 Feb 2016 |
| Using administrative controls to prevent a medical event involving the use of unsealed byproduct material | Madigan Army Medical Center/NRC License #46-02645-03 | ✓ Yes | 14 Jan 2013 - 14 Feb 2016 |
| Using procedures to contain spilled byproduct material safely and using proper decontamination procedures | Madigan Army Medical Center/NRC License #46-02645-03 | Yes No | 14 Jan 2013 - 14 Feb 2016 |
| Administering dosages of radioactive drugs to patients or human research subjects | Madigan Army Medical Center/NRC License #46-02645-03 | ✓ Yes No | 14 Jan 2013 - 14 Feb 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 | Madigan Army Medical Center/NRC License #46-02645-03 | ✓ Yes No | 14 Jan 2013 - 14 Feb 2016 |
| Supervising Individual | License/Permit Number listing authorized user | supervising indi | vidual as an |
| Jonathan M Davison, MD | 46-02645-03 | | |
| Supervisor meets the requirements bel 35.190 35.290 c. For 35.590 only, provide documentate | ow, or equivalent Agreement State requireme 35.390 | 7 | |
| Device | Type of Training Lo | cation and Da | tes |
| | | | |
| | Lamanda, 19 of | dannen managaria era annanna az annannan era | and the second s |

| | RM 313A (AUD) | | | U.S. NUCLEAR REGULA | * 1 |
|---------------------------------------|-------------------------------------|---|--|--|--|
| (06-2016) | AUTHORIZED ! | USER TRAINING AND EXPE | ERIENCE AND PRECEPT | FOR ATTESTATION (C | ontinued) |
| <u>pekistöllikkolongrupen</u> | | PART II – PF | RECEPTOR ATTESTATIO | NC | March 1997 (Million March 1997) All Lands and Printers an |
| Note: | individual as long one preceptor is | pe completed by the individual og as the preceptor provides, of necessary to document expe t training requirements in 35.5 | directs, or verifies training erience, obtain a separate | and experience required | d. If more than |
| | By checking the of the position so | boxes below, the preceptor is ought and not attesting to the | s attesting that the individualis "general clinic | ual has knowledge to ful cal competency." | fill the duties |
| First S Check | | wing for each use requested | d: | | |
| <u>For</u> | 35,190 | | | | |
| | Board Certification | on | | | |
| | I attest that | Name of Proposed Authorized Use | · · · · · · · · · · · · · · · · · · · | completed the requiremen | nts in |
| | | 190(a)(1) and has achieved a ser for the medical uses autho | | | dently as an |
| | | | OR | | |
| | Training and Exp | perience | | | |
| | ✓ I attest that | Gabriel Johnson | has satisfactorily o | completed the 60 hours o | of training and |
| | Summer control? | Name of Proposed Authorized Use | | | |
| | 35.190(c)(1), | including a minimum of 8 hou , and has achieved a level of ser for the medical uses autho | competency sufficient to fi | function independently a | |
| For | 35.290 | | | | |
| - | Board Certification | on | | | |
| | I attest that | | has satisfactorily co | completed the requiremen | nts in |
| | Remarked - | Name of Proposed Authorized Use | ar | - | |
| | | 290(a)(1) and has achieved a l ser for the medical uses autho | | | dently as an |
| | | * · · · · · · · · · · · · · · · · · · · | OR | | |
| | Training and Exp | | Y an emiled and a riby a | 1-4 1 the 700 hours | er a com Émplos sa |
| | ✓ I attest that | Gabriel Johnson Name of Proposed Authorized Use | | ompleted the 700 hours | of training |
| | CFR 35.290(d | name of Proposed Authorized Use nce, including a minimum of 80 (c)(1), and has achieved a lev ser for the medical uses autho | 0 hours of classroom and vel of competency sufficien | nt to function independer | |
| | d Section | Bull 100 | | THE STATE NAME AND ADOLD AND STATE NAME AND ADDRESS AN | SEE TREE SEES LEEK KEEN KEEN KEEN LANK SOOS ALSE MAN 2500 RANK 3440' SAAN 1252, 3 |
| Comple | | g for preceptor attestation a | _ | | |
| | ✓ I meet the rer | quirements below, or equivale | ent Agreement State requi | iirements, as an authoriz | ed user for: |
| · · · · · · · · · · · · · · · · · · · | ☑ 35.190 | 35.290 35.390 | 0 35.390 + gener | rator experience | Emilian Ingerior (Control of the Control of the Con |
| Name of | f Preceptor | Signature | | Telephone Number | Date |
| Jonathar | n M Davison, MD | C-/U/ | | (253) 968-1645 | 10/18/16 |
| | /Permit Number/Fac | · | Annual ASS SEASON TO THE SEASO | resolved and the second and the seco | 1 1 |
| NIR CIT | icanca #146 02645-0 | 3/Madigan Army Medical Cente | PI' | | |