

160 Allen Street, Rutland, VT 05701 • www.rrmc.org • 802.775.7111

June 5, 2017

United States Nuclear Regulatory Commission Washington, DC 20555-0001

To Whom It May Concern:

Rutland Regional Medical Center would like to amend our NRC site authorized users, effective July 1, 2017.

Rutland Regional would like to make additions to our site authorized users by adding two new Radiologists who are credentialed by Rutland Regional Medical Center and Licensed by the State of Vermont. Please add to our site Trent Shelton, DO and Jed Hummel, MD. Please find attached the Authorized User Training and Experience and Preceptor Attestation forms for these two new Radiologists.

Additionally, we would like to remove Radiologist, Dr. James Rademacher, MD and Cardiologist, James M. Fitz, MD, effective the same date of July 1, 2017.

Thank you.

Sincerely,

Thomas W. Huebner President and CEO

TWH/jsb

**Enclosures** 

600003 NMSO/TIGNI MATERIALS-002

Br.1 44-14121-01 03007587

#### NRC FORM 313A (AUT) (05-2012)

U.S. NUCLEAR REGULATORY COMMISSION

AUTHORIZED USER TRAINING AND EXPERIENCE

APPROVED BY OMB: NO. 3150-0120

		CEPTOR ATTE: defined under ), 35.392, 35.39	r 35.300)	6]	EXPIRES: (05/31/2015)
Name of Propose	ed Authorized User		State or Territory	y Where License	ed
Jed Hummel	and the second s		77		anna an an air an
Requested Auth	norization(s) (check all tha	it apply):			
35,300	Use of unsealed byprodu	ict material for which	ch a written dired	ctive is require	ıd
OR					
	Oral administration of soci 1.22 gigabecquerels (33 i		equiring a writte	n directive in c	quantities less than or equal to
	Oral administration of soc gigabecquerels (33 million		equiring a writter	n directive in o	quantities greater than 1.22
	than 150 keV for which a	written directive is	required	•	clide with a photon energy less
35.300	Parenteral administration	of any other radior	nuclide for which	n a written dire	ictive is required
		PART I - TRAIN (Select one of th			
date of appli training and	ication or the individual mi experience was complete related to the uses checke	nust have related co ed. Provide dates,	ontinuing educat	tion and experi	
a. Provide a	copy of the board certific	ation.			
	90, provide documentation document this experience.		nical case experi	lence. The tal	ole in section 3.c. may
and supervis	6, provide documentation sed clinical case experientis his experience.				
d. Skip to an	nd complete Part II Precep	otor Attestation.			
2. Current 3	35.300, 35.400, or 35.600	Authorized User	Seeking Additi	ional Authori:	zation
a. Authorize	d User on Materials Licen	ISE		under ti	he requirements below or
equivaler	nt Agreement State require	ements (check all I	that apply):	ropes in section and show	
<b>35.39</b>	00 35.392	35:394	35.490	35.690	
required supe	authorized for a subset o ervised case experience. Also provide completed P	The table in section	on 3.c. may be us		
documentation case experie	authorized under 35.490 on on classroom and labo ince. The tables in section completed Part II Precept	oratory training, sup ns 3.a., 3.b., and 3	pervised work ex	xperience, and	supervised clinical

C FORM 313A (AUT) 012) AUTHORIZED USER TR	u.S AINING AND EXPERIENCE AND PRECEPTOR A	, NUCLEAR REGU TTESTATION (	
3. Training and Experience i	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	University of Texas Southwestern Medical Center Dallas TX	16	07/01/2012-06 30/2016
Radiation protection	University of Texas Southwestern Medical Center' Dallas TX	16	07/01/2012-06 30/2016
Mathematics pertaining to the use and measurement of adioactivity	University of Texas Southwestern Medical Center Dallas TX	16	07/01/2012-06 30/2016
Chemistry of byproduct naterial for medical use	University of Texas Southwestern Medical Center Dallas TX	16	07/01/2012-06 30/2016
Radiation biology	University of Texas Southwestern Medical Center' Dallas TX	16	07/01/2012-06 30/2016
	Total Hours of Training: 80	the formation of the second	in the state of th
of this page. Supervised W	ork Experience Total Hours of Exp	perience:	700
Description of Experience Must Include:	Location of Experience/License or Permit Number of Facility	Confirm	Dates of Experience*
ordering, receiving, and npacking radioactive materials afely and performing the elated radiation surveys	University of Texas Southwestern Medical Center' Dallas TX RAM License L00384	✓ Yes	07/01/2012-06/ 30/2016
erforming quality control rocedures on instruments sed to determine the activity f dosages and performing	University of Texas Southwestern Medical Center' Dallas TX RAM License L00384	✓ Yes	
hecks for proper operation of		No	07/01/2012-06/ 30/2016
hecks for proper operation of urvey meters alculating, measuring, and afely preparing patient or uman research subject	University of Texas Southwestern Medical Center' Dallas TX RAM License L00384	☐ No  ✓ Yes ☐ No	30/2016
checks for proper operation of survey meters Calculating, measuring, and afely preparing patient or uman research subject osages Using administrative controls to revent a medical event volving the use of unsealed pyroduct material	University of Texas Southwestern Medical Center'	✓ Yes	07/01/2012-06/

	AUTHORIZED USER TRA	AINING AND EXPER	IENCE AND PRECEPTOR ATTESTATION (	continued)			
3.	Training and Experience for	Proposed Authorize	ed User (continued)				
	b. Supervised Work Experience	ce (continued)					
	Supervising Individual	A CONTRACTOR OF THE STATE OF TH	License/Permit Number listing supervising in authorized user	ndividual as an			
	Dana Mathews, M.D., Ph.D.		Texas RAM License L00384				
:	Supervising individual meets thapply)**:	ne requirements below	w, or equivalent Agreement State requiremen	ts (check all that			
	☑ 35.390 With experience	administering dosag	jes of	erengere erengere geben bestellt er			
		l requiring a written d els (33 millicuries)	lirective in quantities less than or equal to 1.23	2			
- 1	✓ 35.394 ✓ Oral Nat-131	in quantities greater	than 1.22 gigabecquerels (33 millicuries)				
	35.396 Parenteral ac	dministration of beta-	emitter, or photon-emitting radionuclide with a ig a written directive is required	photon			
The state of the s		11	other radionuclide requiring a written directive				
des hat combines the cold begin to company on the season system and the cold	c. Supervised Clinical Case Ex If more than one supervising multiple copies of this page.		ary to document supervised work experience,	provide			
	Description of Experience	Number of Cases Involving Personal Participation	Location of Experience/License or Permit Number of Facility	Dates of Experience*			
i	Oral administration of sodium odide I-131 requiring a written directive in quantities less than or equal to 1,22 gigabacquerels (33 millicuries)	3	University of Texas Southwestern Medical Center Dallas TX RAM License L00384	07/01/2012-06/ 30/2016			
ic ti	Oral administration of sodium odide I-131 requiring a written directive in quantities greater han 1.22 gigabecquerels (33 millicuries)	3	University of Texas Southwestern Medical Center Dallas TX RAM License L00384	07/01/2012-06/ 30/2016			
a p w 1	Parenteral administration of iny beta-emitter, or hoton-emitting radionuclide with a photon energy less than 50 keV for which a written irective is required						
ot	arenteral administration of any ther radionuclide for which a ritten directive is required  (List radionuclides)						

NRC FORM 313A (AUT) 06-2012) AUTHORIZE	D USER TRAINING AN	U.S. NUCLEAR REGULATORY COMMISSION DEXPERIENCE AND PRECEPTOR ATTESTATION (continued)
3. Training and Exp	perlance for Proposed	Authorized User (continued)
c. Supervised Cli	inical Case Experience (	(continued)
Supervising Individu	ign and the control of the control o	License/Permit Number listing supervising individual as an authorized user
Dana Mathews, M.	D., Ph.D.	TXL 00384 University of Texas Southwestern Medical Center
Supervising indivi- apply)**:	dual meets the requirement	nents below, or equivalent Agreement State requirements (check all that
<b>✓</b> 35.390 Wit	th experience administeri	ing dosages of:
✓ 35.392 ✓	gigabecquerels (33 millio	
	Oral Nal-131 in quantitie	es greater than 1.22 gigabecquerels (33 millicuries)
	energy less than 150 ke	on of beta-emitter, or photon-emitting radionuclide with a photon eV requiring a written directive is required
Sample Control of the	Parenteral administration	on of any other radionuclide requiring a written directive
** Supervising Author requesting authorize		nce in administering dosages in the same dosage category or categories as the individual
d. Provide comple	eted Part II Preceptor Atte	estation.
	PARTI	II PRECEPTOR ATTESTATION
individual as lor	ng as the preceptor provi	ividual's preceptor. The preceptor does not have to be the supervising lides, directs, or verifies training and experience required. If more than it experience, obtain a separate preceptor statement from each.
		ptor is attesting that the individual has knowledge to fulfill the duties of the individual's "general clinical competency."
st Section	wing for each requeste	ed middinalantan,
BCK OHE OF THE TOTAL	Wing for each reducate	d authorization.
For 35.390:		
Board Certifica	ation	
l attest that		has satisfactorily completed the training and experience
1 Guestian	Name of Proposed Author	and the same and t
requirement	s in 35.390(a)(1).	
-47-25		OR
Training and Ex		
✓ I attest that	Jed Hummel  Name of Proposed Author	has satisfactorily completed the 700 hours of training
and experien 10 CFR 35.3	nce, including a minimum	of 200 hours of classroom and laboratory training, as required by

NRC FORM 313A (AUT) 05-2012)		U.S. NÜCLEAR REGULATORY COMMISSIO
	D USER TRAINING AND EXPERIE	NGE AND PRECEPTOR ATTESTATION (continued)
Preceptor Attestatio	<u>n</u> (continued)	
First Section (cor	ntinued)	
For 35.392 (Ident	ical Attestation Statement Regard	less of Training and Experience Pathway):
✓ I attest that	Jed Hummel Name of Proposed Authorized User	has satisfactorily completed the 80 hours of classroom
	ory training, as required by 10 CFR 3 required in 35.392(c)(2).	5.392(c)(1), and the supervised work and clinical case
For 35.394 (Identi	ical Attestation Statement Regardi	ess of Training and Experience Pathway):
✓ I attest that	Jed Hummel Name of Proposed Authorized User	has satisfactorily completed the 80 hours of classroom
	ory training, as required by 10 CFR 35 required in 35,394(c)(2).	5.394 (c)(1), and the supervised work and clinical case
Second Section		pir sa tir tip şat pirojacjacjacjacjacjacjacjacjacjacjacjacjacj
✓ I attest that	Jed Hummel Name of Proposed Authorized User	has satisfactorily completed the required clinical case
experience re	equired in 35.390(b)(1)(li)G listed bel	ow:
✓ Oral Nal- gigabecqi	131 requiring a written directive in quuerels (33 millicuries)	antities less than or equal to 1.22
✓ Oral Nal-	131 in quantities greater than 1,22 giç	gabecquerels (33 millicuries)
	al administration of beta-emitter, or ph ss than 150 keV requiring a written di	noton-emitting radionuclide with a photon irective is required
Parentera	I administration of any other radionuc	clide requiring a written directive
ai dai dan mar ann ann daisigeann daidigeann ann a	nan yang may kan dan dan dan yan man kan may kan dan dan dan dan dan dan dan dan dan d	NAMENTALIS SE
Third Section		
✓ I attest that	Jed Hummel  Name of Proposed Authorized User	has satisfactorily achieved a level of competency to
function indep	pendently as an authorized user for:	
	31 requiring a written directive in qua ierels (33 millicuries)	intitles less than or equal to 1.22
☑ Oral Nal-1	31 in quantities greater than 1.22 gig	abecquerels (33 millicuries)
	administration of beta-emitter, or pho s than 150 keV requiring a written dir	oton-emitting radionuclide with a photon ective is required
Parenteral	administration of any other radionucl	ide requiring a written directive
		,

NRC FORM 313A (AUT)				U.S. NUCLEAR REGU	LATORY COMMISSIO
(05-2012) AUTHORIZ	ED USER TRAIL	NING AND EXPE	RIENCE AND PRECEP	TOR ATTESTATION (	continued)
Fourth Section				-	
For 35.396:					
<u>Current 35.49</u>	90 or 35.690 autl	norized user:			
l attest tha		Proposed Authorized Use		user under 10 CFR 35.	490 or 35.690
laboratory experience	ent Agreement St training, as requi	rate requirements, red by 10 CFR 35 396(d)(2), and has	has satisfactorily compl .396 (d)(1), and the sup achieved a level of com	ervised work and clinic	al case
		n of any beta-emi a written directive	tter, or photon-emitting r is required	adionuclide with a phot	on energy less
Parente	eral administratio	n of any other rad	ionuclide for which a wri	tten directive is require	d
			OR		
<b>Board Certific</b>	ation:				
attest tha	t		has satisfactorily	completed the board o	ertification
<del></del>	Name of Pr	roposed Authorized User	Security - Address and St. St. Security -		
required by	/ 10 CFR 35.396 2), and has achie	(d)(1) and the sup	ompleted the 80 hours of pervised work and clinical petency sufficient to fun	il case experience requ	ired by
		n of any beta-emit written directive i	ter, or photon-emitting ra s required	idionuclide with a photo	on energy less
Parente	ral administration	of any other radi	onuclide for which a writ	ten directive is required	İ
om mija mija isi ising mjugi		وتوجو ساعوط بواكن			******
ifth Section Complete the follow	ing for precepto	r attestation and	signature:		
✓ I meet the requ	irements below,	or equivalent Agr	eement State requireme	nts, as an authorized u	ser for:
<b></b> 35.390	₹ 35.392	35,394	35.396		
I have experier requesting auti		dosages in the fo	llowing categories for w	hich the proposed Auth	norized User is
Oral Nal-13 millicuries)	1 requiring a writ	ten directive in qu	antities less than or equ	al to 1.22 gigabecquer	els (33
✓ Oral Nal-13	1 in quantities gre	eater than 1.22 gi	gabecquerels (33 millicu	ries)	
		peta-emitter, or ph irective is required	oton-emitting radionucli	de with a photon energ	y less than
Parenteral a	idministration of a	any other radionuc	lide requiring a written o	lirective	
ame of Preceptor	<del>e per la completa de la compositoria</del>	Signature	-	Telephone Number	Date
ana Mathews, M.D., Pl	h.D.	Manh	Mathenia	(214) 648-4729	03/13/2017
cense/Permit Number/f	acility Name				n de seguina de la compansión de la comp
XL 00384 University of	f Texas Southwest	ern Medical Center			

## NRC FORM 313A (AUD) (05-2012)

U.S. NUCLEAR REGULATORY COMMISSION

# AUTHORIZED USER TRAINING AND EXPERIENCE

AND PRECEP (for uses defined unde [10 CFR 35.190	r 35.100, 35.20	0, and 35.500)	APPROVED   EXPIRES: (0	BY OMB: NO. 3150-012 5/31/2015)
Name of Proposed Authorized User		State or Territory Where Licen	sed	
Jed Hummel				
Requested Authorization(s) (check all tha	t apply)			
35.100 Uptake, dilution, and excretion	studies			
√ 35.200 Imaging and localization studie	3S			
35.500 Sealed sources for diagnosis (	specify device)		iriyahan katan garakan ya	
<ul> <li>Training and Experience, including boa the date of application or the individual the required training and experience was</li> </ul>	telect one of the increase of	ed related continuing educati vide dates, duration, and de	on and experi	ence since
education and experience related to the  1. Board Certification	a uses checked ab	ove.		
<ul> <li>a. Provide a copy of the board certific</li> </ul>	ation.			
<ul> <li>b. If using only 35.500 materials, stop Preceptor Attestation.</li> </ul>	here. If using 35	100 and 35.200 materials, s	kip to and cor	nplete Part II
Current 35.390 Authorized User     Authorized user on Materials Licer		al 35.290 Authorization meeting 10 CFR 35.	390 or equiva	lent Agreement
State requirements seeking author	rization for 35.290	Milledgelrech n.v.eugnuseus		
<ul> <li>b. Supervised Work Experience.</li> <li>(If more than one supervising indivious)</li> <li>copies of this section.)</li> </ul>	ridual is necessary	to document supervised wo	rk experience	, provide multiple
Description of Experience		Experience/License or 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 o	f Experience:	in Agranda and a second	1. W. 1. Ang Abagama Ang Pandagang ay 1. Ang
Supervising Individual	n ann ann an dùthair ann an air ann an ann an air ann an an ann an air an air an air an air an air an air an a	License/Permit Number listing authorized user	supervising ind	ividual as an
Supervisor meets the requirements bel		Agreement State requiremenn 32.290(c)(1)(ii)(G)	nts (check all t	hat apply).

### ✓ 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	University of Texas Southwestern Medical Center Dallas, TX	16	07/01/2012-06/ 30/2016
Radiation protection	University of Texas Southwestern Medical Center Dallas, TX	16	07/01/2012-06/ 30/2016
Mathematics pertaining to the use and measurement of radioactivity	University of Texas Southwestern Medical Center Dallas, TX	16	07/01/2012-06/30/2016
Chemistry of byproduct material for medical use (not required for 35.590)	University of Texas Southwestern Medical Center Dallas, TX	16	07/01/2012-06/ 30/2016
Radiation biology	University of Texas Southwestern Medical Center Dallas, TX	16	07/01/2012-06/ 30/2016
neron i in energiandin control en energia en energia en	Total Hours of Training: 80	THE PROPERTY OF THE PROPERTY O	Section of the sectio

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	Yes	Total Hours of Experience:	700	
Description of Experience Must Include:		f Experience/License or Number of Facility	Confirm	Dates of Experience*
Ordering, receiving, and unpacking radioactive materials safely and performing the related radiation surveys	University of Texa Dallas, TX RAM L	s Southwestern Medical Center icense L00384	✓ Yes	07/01/2012-06/ 30/2016
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters	University of Texas Dallas, TX RAM L	Southwestern Medical Genter icense L00384	Yes No	07/01/2012-06/ 30/2016

Device	Type of Training	Location and Dates
		The state of the s
		,

d. For 35.500 uses only, stop here. For 35,100 and 35.200 uses, skip to and complete Part II Preceptor Attestation.

## 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 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** has satisfactorily completed the requirements in I 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. Training and Experience has satisfactorily completed the 60 hours of training and I attest that 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** has satisfactorily completed the requirements in I attest that 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. Training and Experience Jed Hummel has satisfactorily completed the 700 hours of training ✓ I attest that 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 ✓ 35.390 35.390 + generator experience Name of Preceptor Telephone Number Date

Dana Mathews, M.D., Ph.D.

(214) 648-4729

03/17/2017

License/Permit Number/Facility Name

TXL 00384 University of Texas Southwestern Medical Center



APPROVED BY OMB: NO. 3150-01;

EXPIRES: 06/30/2019 (for uses defined under 35.300) [10 CFR 35.390, 35.392, 35.394, and 35.396] State or Territory Where Licensed Name of Proposed Authorized User Ver mon Trent 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 glabecquerels (33 millicuries) 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 TRA			
Training and Experience f     Classroom and Laboratory T	for Proposed Authorized User Training Ø 35.390 Ø 35.392	35.394	35.396
Description of Training	Location of Training	Clock Hours	Dates of Training*
Radiation physics and instrumentation	Dartmouth Hitchcock Lebanon, NH	100	7/12 - 6/16
Radiation protection		35	
Mathematics pertaining to the use and measurement of radioactivity		20	¢.
Chemistry of byproduct material for medical use	C.	35	
Radiation biology	61	20	6
	Total Hours of Training:	210	
of this page,	g Individual is necessary to document supervised to	raining, provide n	35.396 multiple copies
If more than one supervising of this page. Supervised Wo	g Individual is necessary to document supervised to	raining, provide n	multiple copies
If more than one supervising of this page.  Supervised Wo  Description of Experience Must Include:	ork Experience  Location of Experience/License or Permit Number of Facility	raining, provide n	The second section of
If more than one supervising of this page.  Supervised Wood Description of Experience Must Include:  Ordering, receiving, and unpacking radioactive materials safely and performing the elated radiation surveys	ork Experience  Total Hours of Experience/License or Permit Number of Facility  Dartmansh Hitch cack	perlence:  Confirm	nultiple copies  Dates of
If more than one supervising of this page.  Supervised Wo	ork Experience  Location of Experience/License or Permit Number of Facility  Dartmansh Hitch cock	perlence:  Confirm  Yes	Dates of Experience*
If more than one supervising of this page.  Supervised Wood Description of Experience Must Include:  Ordering, receiving, and unpacking radioactive materials safely and performing the related radiation surveys  Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of	ork Experience  Location of Experience/License or Permit Number of Facility  Dartmenth Hitch cock  Lebanon, VH	perlence:  Confirm  Yes  No	Dates of Experience*
If more than one supervising of this page.  Supervised Wood Description of Experience Must include:  Ordering, receiving, and unpacking radioactive materials safely and performing the related radiation surveys  Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters  Calculating, measuring, and afely preparing patient or numan research subject	ork Experience  Cotal Hours of Experience/License or Permit Number of Facility  Dartmansh Hitch cock  Lebanan, VH  II	perience:  Confirm  Yes  No  Yes  No	Dates of Experience*

. Training and Experience for	Proposed Authorize	ed User (continued)	
b. Supervised Work Experience	e (continued)		
Supervising Individual		License/Permit Number listing supervising i authorized user	
Alan Siege		130-R (A	ノ+1).
apply)**:   35.390   With experience   35.392   Oral Nai-131   gigabecquere   2 oral Nai-131   Oral Nai-131	administering dosage requiring a written di els (33 millicuries) in quantities greater iministration of beta- han 150 keV requiring iministration of any o	es of: irective in quantities less than or equal to 1,2 than 1,22 gigabecquerels (33 millicuries) emitter, or photon-emitting radionuclide with a g a written directive is required ther radionuclide requiring a written directive stering dosages in the same dosage category or categor	2 a photon
c. Supervised Clinical Case Ex If more than one supervising multiple copies of this page.  Description of Experience	ndividual is necessary  Number of Cases Involving Personal Participation	Location of Experience/License or Permit Number of Facility	provide  Dates of Experience*
Oral administration of sodium odide I-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels 33 millicuries)			
Oral administration of sodium odde I-131 requiring a written irective in quantities greater nan 1,22 gigabecquerels (33 nillicuries)			
Parenteral administration of iny beta-emitter, or shoton-emitting radionuclide with a photon energy less than 50 keV for which a written irective is required			
arenteral administration of any her radionuclide for which a ritten directive is required			
(List radionuclides)  M 313A (AUT) (06-2018)		The many of the second of the	

3. Iraining	nd Experience for Proposed Authorized User (continued)
c. Superv	sed Clinical Case Experience (continued)
Supervising	ANDAMORINGE
Alar	5:29e1 130-R (NH).
Supervisin	g individual meets the requirements below, or equivalent Agreement State requirements (check all th
35,390	With experience administering dosages of:
35,392	Oral Nal-131 requiring a written directive in quantities less than or equal to 1.22
<b>35.394</b>	Oral Nal-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)
35.396	Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required
1 1	Parenteral administration of any other radionuclide requiring a written directive
** Supervisir requesting	g Authorized User must have experience in administering dosages in the same dosage category or categories as the individu authorized user status.
1	
d. Provide	completed Part II Preceptor Attestation.
e: This part	PART II – PRECEPTOR ATTESTATION  must be completed by the individual's preceptor. The preceptor does not have to be the supervising as long as the preceptor provides, directs, or verifies training and experience required. If more than
e: This part individua one prec	PART II - PRECEPTOR ATTESTATION  must be completed by the individual's preceptor. The preceptor does not have to be the supervising
e: This part individua one prec By check the position	PART II – PRECEPTOR ATTESTATION  must be completed by the individual's preceptor. The preceptor does not have to be the supervising as long as the preceptor provides, directs, or verifies training and experience required. If more that aptor is necessary to document experience, obtain a separate preceptor statement from each.  In the boxes below, the preceptor is attesting that the individual has knowledge to fulfill the duties of
e: This part individua one prec By check the position	PART II – PRECEPTOR ATTESTATION  must be completed by the individual's preceptor. The preceptor does not have to be the supervising as long as the preceptor provides, directs, or verifies training and experience required. If more that experience is necessary to document experience, obtain a separate preceptor statement from each, and the boxes below, the preceptor is attesting that the individual has knowledge to fulfill the duties on sought and not attesting to the individual's "general clinical competency."
e: This part individua one prec By check the position t Section ck one of the	PART II – PRECEPTOR ATTESTATION  must be completed by the individual's preceptor. The preceptor does not have to be the supervising as long as the preceptor provides, directs, or verifies training and experience required. If more that eptor is necessary to document experience, obtain a separate preceptor statement from each, ing the boxes below, the preceptor is attesting that the individual has knowledge to fulfill the duties on sought and not attesting to the individual's "general clinical competency."  If following for each requested authorization:
e: This part individua one prec By check the position t Section ck one of the	PART II – PRECEPTOR ATTESTATION  must be completed by the individual's preceptor. The preceptor does not have to be the supervising as long as the preceptor provides, directs, or verifies training and experience required. If more that experience is necessary to document experience, obtain a separate preceptor statement from each, and the boxes below, the preceptor is attesting that the individual has knowledge to fulfill the duties of an sought and not attesting to the individual's "general clinical competency."  In following for each requested authorization:  Intification  It that Trent Shelton has satisfactorily completed the training and experience.
e: This part individua one prec By check the position ck one of the For 35.390:	PART II – PRECEPTOR ATTESTATION  must be completed by the individual's preceptor. The preceptor does not have to be the supervising as long as the preceptor provides, directs, or verifies training and experience required. If more that experience is necessary to document experience, obtain a separate preceptor statement from each. In the preceptor is attesting that the individual has knowledge to fulfill the duties of an sought and not attesting to the individual's "general clinical competency."  In following for each requested authorization:  In that Trent Shellon has satisfactorily completed the training and experience that the training and experience has satisfactorily completed the training and experience has a satisfactorily completed the training and experi
e: This part individua one precent one precent of the position	PART II – PRECEPTOR ATTESTATION  must be completed by the individual's preceptor. The preceptor does not have to be the supervising as long as the preceptor provides, directs, or verifies training and experience required. If more that experience is necessary to document experience, obtain a separate preceptor statement from each, and the boxes below, the preceptor is attesting that the individual has knowledge to fulfill the duties of an sought and not attesting to the individual's "general clinical competency."  In following for each requested authorization:  Intification  It that Trent Shelton has satisfactorily completed the training and experience.
e: This part individua one prec By check the position ck one of the For 35.390:	PART II – PRECEPTOR ATTESTATION  must be completed by the individual's preceptor. The preceptor does not have to be the supervising as long as the preceptor provides, directs, or verifies training and experience required. If more that experience is necessary to document experience, obtain a separate preceptor statement from each. In the preceptor is attesting that the individual has knowledge to fulfill the duties of an sought and not attesting to the individual's "general clinical competency."  In following for each requested authorization:  In that Trent Shellon has satisfactorily completed the training and experience that the training and experience has satisfactorily completed the training and experience has a satisfactorily completed the training and experi
e: This part individua one precent one precent of the position	PART II – PRECEPTOR ATTESTATION  must be completed by the individual's preceptor. The preceptor does not have to be the supervising as long as the preceptor provides, directs, or verifies training and experience required. If more than a state of the preceptor provides, directs, or verifies training and experience required. If more than a state of the preceptor is necessary to document experience, obtain a separate preceptor statement from each.  In the boxes below, the preceptor is attesting that the individual has knowledge to fulfill the duties of an sought and not attesting to the individual's "general clinical competency."  In following for each requested authorization:  Trent Sheller has satisfactorily completed the training and experience of Proposed Authorized User (Proposed Autho
e: This part individua one precent one precent of the position	PART II – PRECEPTOR ATTESTATION  must be completed by the individual's preceptor. The preceptor does not have to be the supervising as long as the preceptor provides, directs, or verifies training and experience required. If more that experience is necessary to document experience, obtain a separate preceptor statement from each, ing the boxes below, the preceptor is attesting that the individual has knowledge to fulfill the duties of an sought and not attesting to the individual's "general clinical competency."  In following for each requested authorization:  In that Trent Shelton has satisfactorily completed the training and experience ments in 35.390(a)(1).  OR  Index perience

VRC FORM 313A (AUT) 08-2016). AUTHORIZE	D USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)
Preceptor Attestation	
First Section (con	<b>→</b>
For 35.392 (Identi	cal Attestation Statement Regardless of Training and Experience Pathway):
☑ I attest that	Trent Shelton has satisfactorily completed the 80 hours of classroom
and laborato experience r	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	Trent Shelton has satisfactorily completed the 80 hours of classroom
and laborator experience re	y 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	医角性 医多类性 医克克斯氏性 医克克斯氏 医克里斯氏 医克斯特氏征 医二氏氏 医克里氏氏征 医克里氏试验检尿 医二
✓ I attest that	Trent Shel Hon has satisfactorily completed the required clinical case  Name of Proposed Authorized User
experience re	quired in 35.390(b)(1)(ii)G listed below:
Oral Nal-1 gigabecqu	31 requiring a written directive in quantities less than or equal to 1.22 erels (33 millicuries)
Oral Nal-1	31 in quantities greater than 1.22 gigabecquerels (33 millicuries)
Parenteral	administration of beta-emitter, or photon-emitting radionuclide with a photon than 150 keV requiring a written directive is required
Parenteral	administration of any other radionuclide requiring a written directive
Third Section	
V I attact that	The st. Assess
[ ] ( attest tilat	Name of Proposed Authorized User has satisfactorily achieved a level of competency to
function indepe	ndently as an authorized user for:
Oral Nal-13	requiring a written directive in quantities less than or equal to 1,22
	In quantities greater than 1,22 gigabecquerels (33 millicuries)
I DIGITION A	Impostration of hala and the
real contract of	dministration of beta-emitter, or photon-emitting radionuclide with a photon han 150 keV requiring a written directive is required
☐ Parenteral ac	Iministration of any other radionuclide requiring a written directive
OM 313A (AUT) (08-2016)	

NRC FORM 313A (AUT) (06-2018) AUTHORIZED	USER TRAININ	IG AND EXPERIE	NCE AND PRECEPT	OR ATTESTATION (contin	rued)
Fourth Section					
For 35.396:	· :				
<u>Current 35.490</u>	or 35.690 author	rized user:			er ann
l attest that	er to TOTA with an	na na Sana ana ang atawa sa sa	is an authorized u	user under 10 CFR 35.490 c	or 35.690
laboratory tra experience re independenti	Agreement State alning, as required equired by 35.390 by as an authorize	d by 10 CFR 35.39 6(d)(2), and has ac ed user for:	hieved a level of com	eted the 80 hours of classro ervised work and clinical cas petency sufficient to functio	ú
than 150	keV for which a v	vritten directive is r	equirea	adionuclide with a photon er	iergy less
Parenters	al administration (	of any other radion	uclide for which a writ	ten directive is required	
		·G	OR:		
Board Certifica	tlon:			and the second s	
l attest that	All and the second	osed Authorized User	has satisfactorily	completed the board certific	ation
required by 1 35.396(d)(2), authorized us	io CFR 35.396 (d , and has achieve ser for: al administration (	<ul><li>(1) and the super ed a level of compe</li><li>of any beta-emitter</li></ul>	vised work and clinical tency sufficient to fur tency sufficient to fur , or photon-emitting re	of classroom and laboratory if case experience required action independently as an adionuclide with a photon er	Dy .
		vritten directive is r			
Parentera	al administration (	of any other radion	uclide for which a writ	ten directive is required	
Fifth Section Complete the followin	ng for preceptor	attestation and s	Ignature;	<u> </u>	
(1) meet the require	rements below, o	r equivalent Agree	ment State requireme	ents, as an authorized user t	for:
35.390	<b>35.392</b>	35,394	<b>35.396</b>	4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
I have experience requesting author		dosages in the folk	owing categories for v	which the proposed Authoriz	ed User is
Oral Nal-131 millicurles)	requiring a writte	en directive in quar	ntities less than or equ	ual to 1.22 gigabecquerels (	33
Oral Nal-131	in quantities grea	ater than 1.22 glga	becquerels (33 millic	uries)	۸.
		eta-emitter, or pho ective is required	ton-emitting radionuc	lide with a photon energy le	ss than
Parenteral ac	Iministration of ar	ny other radionucli	de requiring a written	directive	
Name of Preceptor		Signature /		Telephone Number D	ate
Alansiea	e	WHL	N/C	603-650-8041 5	3/29/17
License/Permit Number/Fa	icility Name 7 - & / K	)H).			



(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

76447					
Name of Proposed Authorized User		State or Territory Where License	d		
Trent Shelton		Vermont	The state of the s		
Requested Authorization(s) (check all that					
≾ 35.100 Uptake, dilution, and excretion   € 35.100 Uptake, dilution    € 35.100 Uptake, dilution    € 35.100 Uptake, dilution    € 35.100 Uptake, dilution    € 35.100 Uptake, dilution    € 35.100 Uptake, dilution    € 35.100 Uptake, dilution    € 35.100 Uptake, dilution    € 35.100 Uptake, dilution    € 35.100 Uptake, dilution    € 35.100 Uptake, dilution    € 35.100 Uptake, dilution    € 35.100 Uptake, dilution    € 35.100 Uptake, dilution    € 35.100 Uptake, dilution    E 35.100 Uptake, dilution    E 45.100 Uptake, dilution    E 55.100 U	studies				
35.200 Imaging and localization studies	s				
35.500 Sealed sources for diagnosis (s	specify device)				
	rd certification, more than the results of the results completed. Provide uses checked at reation.  Seeking Additionate rization for 35.296	ed related continuing education ovide dates, duration, and described.  5.100 and 35.200 materials, skinal 35.290 Authorization meeting 10 CFR 35.30.	n and experienciption of conficient	nce since tinuing  plete Part II  ent Agreement	
copies of this section.)  Description of Experience		of Experience/License or it 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 authorized user	supervising ind	lividual as an	
Supervisor meets the requirements be		nt Agreement State requirement on 32.290(c)(1)(ii)(G)	ents (check all	that apply).	

_	_								
X	′~	Training	n and	Experie	nce fo	r Propo	osed A	Authorized	User

a. Classroom and Laboratory Training.

a. Classroom and Laboratory Training  Description of Training	Location of Training	Clock Hours	Dates of Training*
Radiation physics and instrumentation	Dartmouth-Hitchcock Lebanon, NH	100	7/12-6/16
Radiation protection	· £C	3 5	ıc
Mathematics pertaining to the use and measurement of radioactivity	, 11	90	į (
Chemistry of byproduct material for medical use (not required for 35.590)	, l	3 5	1,4
Radiation biology	10	20	۱۷
	Total Hours of Training:	210	

_	
ο.	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:		
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	Dartmouth- Hitch cock Lebanon, NH	✓ Yes	7/12 -
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters	, (	Yes No	14

. Training and Experience	for Propose	d Authorized User /cor	PRECEPTOR AT		
b. Supervised Work Expe			itinu <del>ea</del> j		
Description of Exper Must Include:		Location of Experie Permit Number		Confirm	Dates of Experience
Calculating, measuring, an preparing patient or human subject dosages		ţ (		✓ Yes	ړد
Using administrative contro prevent a medical event inv use of unsealed byproduct i	olving the	ſι		✓ Yes	10
Using procedures to contain byproduct material safely an proper decontamination process.	d using cedures	( (		☑ Yes ☐ No	10
Administering dosages of rad drugs to patients or human nablects	esearch	( (		✓ Yes □ No	ſί
luting generator systems ap or the preparation of radioac rugs for imaging and localiza udies, measuring and testin uate for radionuclidic purity, ocessing the eluate with rea s to prepare labeled radioacugs	tive ation g the and	įι		☑Yes ☐ No	<b>ι</b> (
pervising Individual		and to the contract of	mit Number listing si ser	upervising individ	ual as an
pervisor meets the requirem 35.190 35.290	35.3	90 35.390 + ger	nerator experience	s (check one).	(ii)(G)
or 35.590 only, provide doc	umentation of	f training on use of the de	evice,		
Device	Device Type of Training Location and Dates				
1					

d. For 35.500 uses only, stop here. For 35.100 and 35.200 uses, skip to and complete Part II Preceptor

#### 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	C	+:6~	4:
DOGIO			ICO) I

Trent Shelton has satisfactorily completed the requirements in

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.

Tra	ining	and	Expe	<u>erie</u>	nce

| | attest that

has satisfactorily completed the 60 hours of training and

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**

X: I attest that

Trent Shelton has satisfactorily completed the requirements in

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

Trent Shelfon 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

·····································		undoi 10 01	1 35.100 and 35.200.	
Second Section Complete the following for precept		· · · · · · · · · · · · · · · · · · ·	医乳球球状 计通过分 医甲状腺素 计自由 化自体电池 医红斑斑	· 电电子电子电子电子电子电子电子电子电子电子电子电子电子电子电子电子电子电子电
I meet the requirements b	elow, or equivalent	signature: Agreement State	e requirements, as an authoriz	
35,190 🔀 35,290	35.390		generator experience	zed user for:
Name of Preceptor	Signature	and the second s	and the same property and the same of the	
Atan Siegel License/Permit Number/Facility Name	Ofr	lass	Telephone Number	Date
License/Permit Number/Facility Name			403-650-4893	3 6/1/17
130 - R	DHM	<i>C</i>		



160 Allen Street, Rutland, VT 05701 • www.rrmc.org • 802.775.7111

June 30, 2017

USNRC – Region 1 2100 Renaissance Blvd, Suite 100 King of Prussia, PA 19406-2713

Re: RRMC/Dr. Adam T. Coleman/Corrected letter address

To Whom It May Concern:

Please see attached copy of a letter sent from RRMC to US NRC dated June 23, 2017. Unfortunately, we have received word that the June 23<sup>rd</sup> letter was sent to an incorrect address. Hence, this correction.

Please let us know if questions.

Thank you.

Sincerely,

Janice S. Buxton

Executive Assistant to the CEO

jsb/Enclosure

160 Alien Street, Rutland, VT 05701 • www.rrmc.org • 802.775.7111



June 23, 2017

United States Nuclear Regulatory Commission Washington, DC 20555-0001

To Whom It May Concern:

Rutland Regional Medical Center would like to amend our NRC site authorized users, effective July 1, 2017.

Rutland Regional would like to make one addition to our site authorized users by adding one cardiologist, Adam T. Coleman, MD. Please find attached the Authorized User Training and Experience and Preceptor Attestation form, including CBNC letter dated February 2016, for Dr. Coleman.

Thank you.

Sincerely,

Thomas W. Huebner President and CEO

TWH/jsb

Cc: Shari Patch, Director Diagnostic Imaging

**Enclosures** 

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

U.S. NUCLEAR REGULATORY COMMISSION



## **AUTHORIZED USER TRAINING AND EXPERIENCE** AND PRECEPTOR ATTESTATION

APPROVED BY OMB: NO. 3150-0120

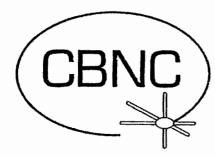
ame of Proposed Authorized User	State or Territory Where Li	censed	
and strippedda raunongod oosi			
equested Authorization(s) (check all that	apply)	**************************************	***** ****** *
35.100 Uptake, dilution, and excretion	studies		
35,200 Imaging and localization studies	s		
35.500 Sealed sources for diagnosis (s	specify device)	# 85 \$F 488 \$4	
• • •	ART I TRAINING AND EXPERIENCE elect one of the three methods below)		
the date of application or the individual r	rd certification, must have been obtained with must have obtained related continuing edutes completed. Provide dates, duration, and uses checked above.	cation and experie	ence since
a. Provide a copy of the board certification	ation.		
	here. If using 35.100 and 35.200 materia	ls, skip to and com	plete Part II
2. Current 35.390 Authorized User S	Seeking Additional 35.290 Authorization	1	
<ul> <li>a. Authorized user on Materials Licen State requirements seeking author</li> <li>b. Supervised Work Experience. (If more than one supervising indiv.)</li> </ul>		R 35.390 or equival	•
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			
testing the eluate for radionuclidic purity, and processing the eluate with reagent kits to prepare labeled	Total Hours of Experience:		
testing the eluate for radionuclidic purity, and processing the eluate with reagent kits to prepare labeled	Total Hours of Experience:  License/Permit Number II authorized user	sting supervising inc	lividual as an

AUTHORIZED USER TRAINING A	ND EXPERIENCE AND PRECEPTOR ATT	ESTATION (co	ontinued)
3. Training and Experience for Propos	sed Authorized User		
a. Classroom and Laboratory Training.			y-10
Description of Training	Location of Training	Clock Hours	Dates of Training*
Radiation physics and instrumentation			
Radiation protection			
Mathematics pertaining to the use and measurement of radioactivity			
Chemistry of byproduct material for medical use (not required for 35.590)			
Radiation biology			
	Total Hours of Training:		
	letion of this table is not required for 35.590 ual is necessary to document supervised w n.)		
Supervised Work Experience	Total Hours of Experience:		
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		Yes No	
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters		Yes No	

Training and Experience for Proposed	Authorized User (continued)		
b. Supervised Work Experience. (contin			
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		☐ Yes ☐ No	
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material		☐ Yes	_
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures		Yes	
Administering dosages of radioactive drugs to patients or human research subjects		Yes	
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		☐ Yes	
Supervising Individual	License/Permit Number Ilst authorized user	Ing supervising indi	vidual as an
Supervisor meets the requirements below 35.190 35.200 35.2	5.390 35.390 + generator expe	-	•
Device	evice Type of Training Location and Dates		tes
BOOK TO THE RESIDENCE OF THE PERSON OF THE P	***************************************	TRANSPORT OF THE PROPERTY OF T	

DR Adam Coleman

NRC FOI (00-2016)	RM 313A (AUD) AUTHOR <b>IZ</b> ED USER TRA	NING AND EXPERIEN	U.S. NUCLEAR REGULATORY COMMISSION NCE AND PRECEPTOR ATTESTATION (continued)			
PART II - PRECEPTOR ATTESTATION						
Note:	individual as long as the pre one preceptor is necessary	s part must be completed by the Individual's preceptor. The preceptor does not have to be the supervising vidual as long as the preceptor provides, directs, or verifies training and experience required. If more than preceptor is necessary to document experience, obtain a separate preceptor statement from each. (Not uired to meet training requirements in 36.590)				
	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 S Chock	ection one of the fallowing for ea	ch use requestad:	•			
For	35.190					
	Board Certification					
X	l attest that	Proposed Authorized User	has setisfactorily completed the requirements in			
		d has achieved a level	of competency sufficient to function independently as an d under 10 CFR 35.100.			
			OR			
	Training and Experience					
X	I attest that		has satisfactorily completed the 60 hours of training and			
	70.200.00000000000000000000000000000000	Proposed Authorized User				
		thieved a level of comp	classroom and laboratory training, required by 10 CFR belongy sufficient to function independently as an dunder 10 CFR 35,100.			
For	35.290					
	Board Certification					
<del>-</del> >	A attest that Admir	n Coleman Proposed Authorized Unor	has satisfactorily completed the requirements in			
	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.					
	<b></b>		OR			
	Training and Experience					
	A allest that	der etten i an im distributation o designishmen gap gebruum a , v.a	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.						
	Section	*****************	· 마니 바 바 다 다 나 나 나 나 나 나 나 나 나 나 나 나 나 나 나 나	••		
Complete the following for preceptor attestation and signature:						
meet the requirements below, or equivalent Agreement State requirements, as an authorized user for:						
	<b>③</b> 35.190 <b>②</b> 35.2		35.390 + generator experience			
lame of	Proceptor	Signature	Telephone Number Date	-		
	n Siegel	Word	egel (03-050-4893 6/2/17			
.GG115@//	Permit Number Facility Name $130 - P$		tmouth Hitchcock.			



## **Certification Board of Nuclear Cardiology**

A Division of the Council for Certification in CardioVascular Imaging

EXPERT IMAGERS • QUALITY CARE

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Adam T. Coleman, MD 247 Woddhaven Dr. Unit 6G White River Junction, VT 05001

Time Kitch Suffection, TT 05

Dear Dr. Coleman:

We are pleased to inform you that the Certification Board of Nuclear Cardiology (CBNC) has determined that your score on the certification examination of December 2015 meets the standards the Board has established for certification in nuclear cardiology. Congratulations on your achievement!

Eligibility ID: NC20270

The passing score of 104 questions correct was determined by an independent panel of peers, representing the disciplines involved in the practice of nuclear cardiology, drawn from both private practice and academia.

The number of questions you answered correctly was 126. The enclosed diagnostic report shows the number of questions for which you provided the correct response in each content area.

As of now, you have "Testamur" status with CBNC. Please be aware that this status has no real standing; however, once we receive documentation from you that you have passed your Cardiology, Nuclear Medicine or Radiology boards and evidence of a current, unrestricted medical license, we will change your status to Diplomate. To do this, you can fax a copy of your Cardiology, Nuclear Medicine or Radiology passing score letter, your certificate or a printout from the certification board website, with a copy of your current, unrestricted license to FAX 240-631-8152. We will then mail your certificate and at that time you will be listed as a Diplomate on the CBNC website. Please note that you must provide CBNC with documentation of your successful primary board certification within 6 years of passing the CBNC examination, and that your certification period will date from January 2016.

As you may recall, on your application for the exam you were asked to identify the name you wanted to appear on your certificate if you passed. Please review the name below to be certain it is correct. If you see an error, please inform us immediately.

Certificate Name: Adam Thomas Coleman, MD

It is important for future communications that you keep CBNC informed of any address and/or email changes. You can update contact information by login to your online CBNC account or by creating yourself an online CBNC account at <a href="https://www.cccvi.org/cbnc">www.cccvi.org/cbnc</a> or send a signed request by fax to 240-631-8152.

On behalf of the Certification Board of Nuclear Cardiology, I wish to thank you for your participation in the CBNC examination. Again, congratulations on your success.

Sincerely,

Thomas A. Holly, M.D.

Président Enclosure

#### **Jan Buxton**

From:

Jan Buxton

Sent:

Friday, June 30, 2017 1:10 PM

To:

Shari Patch

Subject:

RE: Lett - NRC Coleman

Yes, of course. I'll do now and save address to file. Thank you. Happy Fourth! Jan

From: Shari Patch

**Sent:** Friday, June 30, 2017 1:04 PM **To:** Jan Buxton <jbuxton@rrmc.org>

Cc: Kelly C. Shannon < kcshannon@rrmc.org>

Subject: FW: Lett - NRC Coleman

Hi Jan,

I hate to bother you once again.

Paul in Nuc Med said he had a call from the NRC from our first submission paperwork of a delay due to the address used.

They requested in the future we use this address to prevent delays.

Can I request that you send an additional copy of this paperwork to the below address as well to prevent more delay.

I apologize very much as that was the address I had.

USNRC – Region 1 2100 Renaissance Blvd, Suite 100 King of Prussia, PA 19406-2713

From: Jan Buxton

Sent: Monday, June 26, 2017 9:44 AM

To: Shari Patch

**Cc:** Leah Denton; Kelly C. Shannon **Subject:** Lett - NRC Coleman

Hi, Shari,

For your records...

TY/Jan

Janice Buxton, Executive Assistant to the President and CEO and VP Corporate Support Services Rutland Regional Medical Center 160 Allen Street, Rutland, VT 05701 P 802.747.1600 F 802.747.1620 jbuxton@rrmc.org www.rrmc.org

#### Our Vision:

To be the Best Healthcare System in New England

NRC FORM 532 (05-2016)



## ACKNOWLEDGEMENT - RECEIPT OF CORRESPONDENCE

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Name and Addres	ss of Applicant and/or Licensee	Date		
			July 5, 2017	
		License Number(s)		
Rutland Re	gional Medical Center	44	4-14121-01	
ATTN: Tho	ATTN: Thomas W. Huebner, CEO		r(s)	
160 Allen S Rutland, VT	treet 「 05701-4595		600003	
i tanana,	00701 1000	Licensing and/or Ted	chnical Reviewer or Branch	
		Medical Branch (Branch	ch 1)	
This is to acknow	ledge receipt of your: ✓ Lette	er <sup>5</sup> and/or Application	Dated: 06/05/2017 <b>⊄</b>	
The initial process	sing, which included an administr	rative review, has been perf	ormed.	
✓ Amendment	Termination	New License	Renewal	
✓ There were n	o administrative omissions ident	ified during our initial revie	w.	
above. Your	knowledge receipt of your applicate application is deemed timely filed een taken by this office.			
Your application for a new NRC license did not include your taxpayer identification number. Please complete and submit NRC Form 531, Request for Taxpayer Identification Number, located at the following link: <a href="http://www.nrc.gov/reading-rm/doc-collections/forms/nrc531.pdf">http://www.nrc.gov/reading-rm/doc-collections/forms/nrc531.pdf</a>				
Follow the in	structions on the form for submis	ssion.		
The following	g administrative omissions have b	been identified:		
action, please refer t note that the technic other requests), may	been assigned the above listed MA to this control number. Your applicate al review, which is normally complete identify additional omissions or requesting of your application, our contains.	ation has been forwarded to a ted within 180 days for a rene quire additional information. If	technical reviewer. Please ewal application (90 days for all you have any questions	
	Region I U. S. Nuclear Regulatory Comm Division of Nuclear Materials Sa 2100 Renaissance Boulevard, S King of Prussia, PA 19406-2713	afety Suite 100		

(610) 337-5260, (610) 337-5313, (610) 337-5398, or (610) 337-5239