



# Rutland Regional Medical Center

*An Affiliate of Rutland Regional Health Services*

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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

Br.1  
44-14121-01  
03007587

REC'D 10623 17M106

600003  
NMSC/RGNI MATERIALS-002

**AUTHORIZED USER TRAINING AND EXPERIENCE  
AND PRECEPTOR ATTESTATION**  
(for uses defined under 35.300)  
[10 CFR 35.390, 35.392, 35.394, and 35.396]

APPROVED BY OMB: NO. 3150-0120  
EXPIRES: (05/31/2015)

Name of Proposed Authorized User

Jed Hummel

State or Territory Where Licensed

VT

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

☐ 35.300 Use of unsealed byproduct material for which a written directive is required

OR

☒ 35.300 Oral administration of sodium iodide I-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)

☒ 35.300 Oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 1.22 gigabecquerels (33 millicuries)

☐ 35.300 Parenteral administration of any beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV for which a written directive is required

☐ 35.300 Parenteral administration of any other radionuclide for which a written directive is required

**PART I -- TRAINING AND EXPERIENCE**  
(Select one of the three methods below)

\* Training and Experience, including board certification, must have been obtained within the 7 years preceding the date of application or the individual must have related continuing education and experience since the required training and experience was completed. Provide dates, duration, and description of continuing education and experience related to the uses checked above.

☐ **1. Board Certification**

a. Provide a copy of the board certification.

b. For 35.390, provide documentation on supervised clinical case experience. The table in section 3.c. may be used to document this experience.

c. For 35.396, provide documentation on classroom and laboratory training, supervised work experience, and supervised clinical case experience. The tables in sections 3.a., 3.b., and 3.c. may be used to document this experience.

d. Skip to and complete Part II Preceptor Attestation.

☐ **2. Current 35.300, 35.400, or 35.600 Authorized User Seeking Additional Authorization**

a. Authorized User on Materials License \_\_\_\_\_ under the requirements below or equivalent Agreement State requirements (check all that apply):

☐ 35.390

☐ 35.392

☐ 35.394

☐ 35.490

☐ 35.690

b. If currently authorized for a subset of clinical uses under 35.300, provide documentation on additional required supervised case experience. The table in section 3.c. may be used to document this experience. Also provide completed Part II Preceptor Attestation.

c. If currently authorized under 35.490 or 35.690 and requesting authorization for 35.396, provide documentation on classroom and laboratory training, supervised work experience, and supervised clinical case experience. The tables in sections 3.a., 3.b., and 3.c. may be used to document this experience. Also provide completed Part II Preceptor Attestation.

## AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

☒ 3. Training and Experience for Proposed Authorized Usera. Classroom and Laboratory Training ☒ 35.390 ☐ 35.392 ☐ 35.394 ☐ 35.396

Description of Training	Location of Training	Clock Hours	Dates of Training*
Radiation physics and instrumentation	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	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	

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	University of Texas Southwestern Medical Center' Dallas TX RAM License L00384	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	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 Southwestern Medical Center' Dallas TX RAM License L00384	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	07/01/2012-06/30/2016
Calculating, measuring, and safely preparing patient or human research subject dosages	University of Texas Southwestern Medical Center' Dallas TX RAM License L00384	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	07/01/2012-06/30/2016
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material	University of Texas Southwestern Medical Center' Dallas TX RAM License L00384	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	07/01/2012-06/30/2016
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures	University of Texas Southwestern Medical Center' Dallas TX RAM License L00384	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	07/01/2012-06/30/2016

**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

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

License/Permit Number listing supervising individual as an authorized user

Texas RAM License L00384

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

- ☒ 35.390 With experience administering dosages of:
- ☒ 35.392 ☒ Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)
- ☒ 35.394 ☒ Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)
- ☐ 35.396 ☐ Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required
- ☐ Parenteral administration of any other radionuclide requiring a written directive

\*\* Supervising Authorized User must have experience in administering dosages in the same dosage category or categories as the individual requesting authorized user status.

**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	University of Texas Southwestern Medical Center Dallas TX RAM License L00384	07/01/2012-06/30/2016
Oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 1.22 gigabecquerels (33 millicuries)	3	University of Texas Southwestern Medical Center Dallas TX RAM License L00384	07/01/2012-06/30/2016
Parenteral administration of any beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV for which a written directive is required			
Parenteral administration of any other radionuclide for which a written directive is required			
<div style="border: 1px solid black; height: 40px; width: 100%;"></div> <p>(List radionuclides)</p>			

**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

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

License/Permit Number listing supervising individual as an authorized user

TXL 00384 University of Texas Southwestern Medical Center

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

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> 35.390 | With experience administering dosages of:  |
| <input checked="" type="checkbox"/> 35.392 | <input checked="" type="checkbox"/> Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)                              |
| <input checked="" type="checkbox"/> 35.394 | <input checked="" type="checkbox"/> Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)   |
| <input type="checkbox"/> 35.396            | <input type="checkbox"/> Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required |
|  | <input type="checkbox"/> Parenteral administration of any other radionuclide requiring a written directive   |

\*\* Supervising Authorized User must have experience in administering dosages in the same dosage category or categories as the individual requesting authorized user status.

**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 requirements in 35.390(a)(1).  
Name of Proposed Authorized User

**OR**

**Training and Experience**

☒ I attest that Jed Hummel has satisfactorily completed the 700 hours of training and experience, including a minimum of 200 hours of classroom and laboratory training, as required by 10 CFR 35.390 (b)(1).  
Name of Proposed Authorized User

**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 Jed Hummel 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 Jed Hummel 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 Jed Hummel 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 Jed Hummel has satisfactorily achieved a level of competency to  
Name of Proposed Authorized User

function independently as an authorized user for:

- ☒ Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)
- ☒ Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)
- ☐ Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required
- ☐ Parenteral administration of any other radionuclide requiring a written directive

**AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)**

**Fourth Section**

**For 35.396:**

**Current 35.490 or 35.690 authorized user:**

☐ I attest that \_\_\_\_\_ 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 Dana Mathews, M.D., Ph.D.	Signature 	Telephone Number (214) 648-4729	Date 03/13/2017
License/Permit Number/Facility Name TXL 00384 University of Texas Southwestern Medical Center			

**AUTHORIZED USER TRAINING AND EXPERIENCE  
AND PRECEPTOR ATTESTATION**  
(for uses defined under 35.100, 35.200, and 35.500)  
[10 CFR 35.190, 35.290, and 35.590]

APPROVED BY OMB: NO. 3150-0120  
EXPIRES: (05/31/2015)

Name of Proposed Authorized User

Jed Hummel

State or Territory Where Licensed

Requested Authorization(s) (check all that apply)

- ☒ 35.100 Uptake, dilution, and excretion studies  
☒ 35.200 Imaging and localization studies  
☐ 35.500 Sealed sources for diagnosis (specify device) \_\_\_\_\_

**PART I -- TRAINING AND EXPERIENCE**  
(Select one of the three methods below)

\* Training and Experience, including board certification, must have been obtained within the 7 years preceding the date of application or the individual must have obtained related continuing education and experience since the required training and experience was completed. Provide dates, duration, and description of continuing education and experience related to the uses checked above.

☐ **1. Board Certification**

- a. Provide a copy of the board certification.  
b. If using only 35.500 materials, stop here. If using 35.100 and 35.200 materials, skip to and complete Part II Preceptor Attestation.

☐ **2. Current 35.390 Authorized User Seeking Additional 35.290 Authorization**

- a. Authorized user on Materials License \_\_\_\_\_ meeting 10 CFR 35.390 or equivalent Agreement State requirements seeking authorization for 35.290.  
b. Supervised Work Experience.  
*(If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this section.)*

Description of Experience	Location of Experience/License or Permit Number of Facility	Clock Hours	Dates of Experience*
Eluting generator systems appropriate for the preparation of radioactive drugs for imaging and localization studies, measuring and testing the eluate for radionuclidic purity, and processing the eluate with reagent kits to prepare labeled radioactive drugs			

**Total Hours of Experience:**

Supervising Individual

License/Permit Number listing supervising individual as an authorized user

Supervisor meets the requirements below, or equivalent Agreement State requirements (check all that apply).

- ☐ 35.290      ☐ 35.390 + generator experience in 32.290(c)(1)(ii)(G)



## AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

☒ 3. Training and Experience for Proposed Authorized User

## a. Classroom and Laboratory Training.

Description of Training	Location of Training	Clock Hours	Dates of Training*
Radiation physics and instrumentation	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 ( <i>not required for 35.590</i> )	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
<b>Total Hours of Training: 80</b>			

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:	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	University of Texas Southwestern Medical Center Dallas, TX RAM License L00384	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	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 Southwestern Medical Center Dallas, TX RAM License L00384	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	07/01/2012-06/30/2016	

## 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	University of Texas Southwestern Medical Center Dallas, TX RAM License L00384	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	07/01/2012-06/ 30/2016
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material	University of Texas Southwestern Medical Center Dallas, TX RAM License L00384	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	07/01/2012-06/ 30/2016
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures	University of Texas Southwestern Medical Center Dallas, TX RAM License L00384	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	07/01/2012-06/ 30/2016
Administering dosages of radioactive drugs to patients or human research subjects	University of Texas Southwestern Medical Center Dallas, TX RAM License L00384	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	07/01/2012-06/ 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	University of Texas Southwestern Medical Center Dallas, TX RAM License L00384	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	07/01/2012-06/ 30/2016
Supervising Individual:  Dana Mathews		License/Permit Number listing supervising individual as an authorized user  TXL 00384 University of Texas Southwestern Medical Center	
Supervisor meets the requirements below, or equivalent Agreement State requirements (check one). <input type="checkbox"/> 35.190 <input checked="" type="checkbox"/> 35.290 <input type="checkbox"/> 35.390 <input type="checkbox"/> 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 Jed Hummel 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 Jed Hummel 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
Dana Mathews, M.D., Ph.D.	<i>Dana Mathews</i>	(214) 648-4729	03/17/2017
License/Permit Number/Facility Name			
TXL 00384 University of Texas Southwestern Medical Center			



**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. 3150-01;  
EXPIRES: 06/30/2019

Name of Proposed Authorized User

Trent Shelton

State or Territory Where Licensed

Vermont

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	Dartmouth Hitchcock Lebanon, NH	100	7/12 - 6/14
Radiation protection	"	35	"
Mathematics pertaining to the use and measurement of radioactivity	"	20	"
Chemistry of byproduct material for medical use	"	35	"
Radiation biology	"	20	"
Total Hours of Training:		210	

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:	
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 Hitchcock Lebanon, NH	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/12 - 6/14
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters	"	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Calculating, measuring, and safely preparing patient or human research subject dosages	"	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material	"	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures	"	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	



**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

*Alan Siegel*

License/Permit Number listing supervising individual as an authorized user

*130-R (NH)*

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

- ☒ 35.390 With experience administering dosages of:
- ☒ 35.392 ☒ Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)
- ☒ 35.394 ☒ Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)
- ☒ 35.396 ☒ Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required
- ☐ Parenteral administration of any other radionuclide requiring a written directive

\*\* Supervising Authorized User must have experience in administering dosages in the same dosage category or categories as the individual requesting authorized user status.

**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)			
Oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 1.22 gigabecquerels (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			
Parenteral administration of any other radionuclide for which a written directive is required			
<div style="border: 1px solid black; height: 40px; width: 150px;"></div> (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

Alan Siegel

License/Permit Number listing supervising individual as an authorized user

130-R (NH).

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

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> 35.390 | With experience administering dosages of:   |
| <input checked="" type="checkbox"/> 35.392 | <input checked="" type="checkbox"/> Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)   |
| <input checked="" type="checkbox"/> 35.394 | <input type="checkbox"/> Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)   |
| <input checked="" type="checkbox"/> 35.396 | <input checked="" type="checkbox"/> Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required |
|  | <input type="checkbox"/> Parenteral administration of any other radionuclide requiring a written directive  |

\*\* Supervising Authorized User must have experience in administering dosages in the same dosage category or categories as the individual requesting authorized user status.

**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 Trent Shelton has satisfactorily completed the training and experience requirements in 35.390(a)(1).  
Name of Proposed Authorized User

**OR**

Training and Experience

☐ I attest that \_\_\_\_\_ has satisfactorily completed the 700 hours of training and experience, including a minimum of 200 hours of classroom and laboratory training, as required by 10 CFR 35.390 (b)(1).  
Name of Proposed Authorized User

**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 Trent Shelton 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 Trent Shelton 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 Trent Shelton 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 Trent Shelton has satisfactorily achieved a level of competency to  
Name of Proposed Authorized User  
function independently as an authorized user for:

- ☒ Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)
- ☒ Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)
- ☐ Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required
- ☐ Parenteral administration of any other radionuclide requiring a written directive



# AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

## Fourth Section

For 35.396:

Current 35.490 or 35.690 authorized user:

☐ I attest that

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

Alan Siegel

Signature

*Alan Siegel*

Telephone Number

603-650-8041

Date

3/22/17

License/Permit Number/Facility Name

130-R (NH).



**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

Trent Shelton

State or Territory Where Licensed

Vermont

Requested Authorization(s) (check all that apply)

- ☒ 35.100 Uptake, dilution, and excretion studies
- ☒ 35.200 Imaging and localization studies
- ☐ 35.500 Sealed sources for diagnosis (specify device) \_\_\_\_\_

**PART I – TRAINING AND EXPERIENCE**

(Select one of the three methods below)

\* Training and Experience, including board certification, must have been obtained within the 7 years preceding the date of application or the individual must have obtained related continuing education and experience since the required training and experience was completed. Provide dates, duration, and description of continuing education and experience related to the uses checked above.

☒ **1. Board Certification**

- a. Provide a copy of the board certification.
- b. If using only 35.500 materials, stop here. If using 35.100 and 35.200 materials, skip to and complete Part II Preceptor Attestation.

☐ **2. Current 35.390 Authorized User Seeking Additional 35.290 Authorization**

- a. Authorized user on Materials License \_\_\_\_\_ meeting 10 CFR 35.390 or equivalent Agreement State requirements seeking authorization for 35.290.
- b. Supervised Work Experience.  
(If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this section.)

Description of Experience	Location of Experience/License or Permit Number of Facility	Clock Hours	Dates of Experience*
Eluting generator systems appropriate for the preparation of radioactive drugs for imaging and localization studies, measuring and testing the eluate for radionuclidic purity, and processing the eluate with reagent kits to prepare labeled radioactive drugs			

**Total Hours of Experience:**

Supervising Individual

License/Permit Number listing supervising individual as an authorized user

Supervisor meets the requirements below, or equivalent Agreement State requirements (check all that apply).

- ☐ 35.290      ☐ 35.390 + generator experience in 32.290(c)(1)(ii)(G)

## AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

☒ 3. Training and Experience for Proposed Authorized User

## a. Classroom and Laboratory Training.

Description of Training	Location of Training	Clock Hours	Dates of Training*
Radiation physics and instrumentation	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 (not required for 35.590)	"	35	"
Radiation biology	"	20	"
Total Hours of Training:		210	

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:	
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-Hitchcock Lebanon, NH	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/12 - 6/16
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters	"	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	"

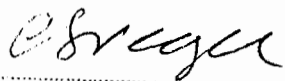
## AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

## 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	11	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	11
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material	11	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	11
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures	11	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	11
Administering dosages of radioactive drugs to patients or human research subjects	11	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	11
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	11	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	11

Supervising Individual

License/Permit Number listing supervising individual as an  
authorized user

130-R

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 Trent Shelton 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 Trent Shelton 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 Trent Shelton 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 Trent Shelton 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

Alan Siegel

Signature

[Signature]

Telephone Number

603-650-4893

Date

6/1/17

License/Permit Number/Facility Name

130-R

DHMC



# Rutland Regional Medical Center

*An Affiliate of Rutland Regional Health Services*

160 Allen Street, Rutland, VT 05701 • [www.rrmc.org](http://www.rrmc.org) • 802.775.7111

June 30, 2017

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

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

To Whom It May Concern:

Please see attached copy of a letter sent from RRM 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

REC-107 06:17 AM 06/27



# Rutland Regional Medical Center

*An Affiliate of Rutland Regional Health Services*

160 Allen Street, Rutland, VT 05701 • [www.rrmc.org](http://www.rrmc.org) • 802.775.7111

COPY

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

**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

Requested Authorization(s) (check all that apply)

- ☒ 35.100 Uptake, dilution, and excretion studies
- ☒ 35.200 Imaging and localization studies
- ☐ 35.500 Sealed sources for diagnosis (specify device) \_\_\_\_\_

**PART I -- TRAINING AND EXPERIENCE**  
(Select one of the three methods below)

\* Training and Experience, including board certification, must have been obtained within the 7 years preceding the date of application or the individual must have obtained related continuing education and experience since the required training and experience was completed. Provide dates, duration, and description of continuing education and experience related to the uses checked above.

☒ **1. Board Certification**

- a. Provide a copy of the board certification.
- b. If using only 35.500 materials, stop here. If using 35.100 and 35.200 materials, skip to and complete Part II Preceptor Attestation.

☐ **2. Current 35.390 Authorized User Seeking Additional 35.290 Authorization**

- a. Authorized user on Materials License \_\_\_\_\_ meeting 10 CFR 35.390 or equivalent Agreement State requirements seeking authorization for 35.290.
- b. Supervised Work Experience.  
(If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this section.)

Description of Experience	Location of Experience/License or Permit Number of Facility	Clock Hours	Dates of Experience*
Eluting generator systems appropriate for the preparation of radioactive drugs for imaging and localization studies, measuring and testing the eluate for radionuclidic purity, and processing the eluate with reagent kits to prepare labeled radioactive drugs			

**Total Hours of Experience:**

Supervising Individual

License/Permit Number listing supervising individual as an authorized user

Supervisor meets the requirements below, or equivalent Agreement State requirements (check all that apply).

- ☐ 35.290      ☐ 35.390 + generator experience in 32.290(c)(1)(ii)(G)



**AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)**

☐ **3. Training and Experience for Proposed Authorized User**

a. Classroom and Laboratory Training.

Description of Training	Location of Training	Clock Hours	Dates of Training*
Radiation physics and instrumentation			
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			
<b>Total Hours of Training:</b>			

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:	
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		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters		<input type="checkbox"/> Yes <input type="checkbox"/> No	

**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		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Administering dosages of radioactive drugs to patients or human research subjects		<input type="checkbox"/> Yes <input type="checkbox"/> No	
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		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Supervising Individual

License/Permit Number listing supervising individual as an  
authorized user

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.**

Dr Adam Coleman

NRC FORM 313A (AUG)  
(08-2010)

U.S. NUCLEAR REGULATORY COMMISSION

**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

X ☒ 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

X ☒ I attest that \_\_\_\_\_ 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(n)(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 Adam Coleman 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 \_\_\_\_\_ 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.

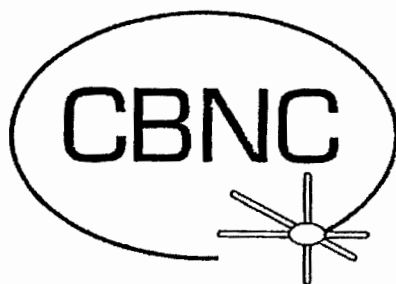
**Second Section**

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
Alan Siegel	[Signature]	603-650-4893	6/2/17
License/Permit Number	Facility Name		
130 - R	Dartmouth Hitchcock		



# Certification Board of Nuclear Cardiology

A Division of the Council for Certification in CardioVascular Imaging

EXPERT IMAGERS • QUALITY CARE

February 2016

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Adam T. Coleman, MD

247 Woddhaven Dr.

Unit 6G

White River Junction, VT 05001

Eligibility ID: NC20270

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!

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 [www.cccvi.org/cbnc](http://www.cccvi.org/cbnc) 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.

President

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](mailto:jbuxton@rrmc.org)>  
**Cc:** Kelly C. Shannon <[kcshannon@rrmc.org](mailto: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  
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**Our Vision:**  
*To be the Best Healthcare System in New England*



## ACKNOWLEDGEMENT - RECEIPT OF CORRESPONDENCE

## Name and Address of Applicant and/or Licensee

Rutland Regional Medical Center  
ATTN: Thomas W. Huebner, CEO  
160 Allen Street  
Rutland, VT 05701-4595

## Date

July 5, 2017

## License Number(s)

44-14121-01

## Mail Control Number(s)

600003

## Licensing and/or Technical Reviewer or Branch

Medical Branch (Branch 1)

This is to acknowledge receipt of your: ☒ Letter<sup>s</sup> and/or ☐ Application Dated: 06/05/2017 ~~4~~

The initial processing, which included an administrative review, has been performed. 06/23/2017

☒ Amendment ☐ Termination ☐ New License ☐ Renewal

☒ There were no administrative omissions identified during our initial review.

☐ This is to acknowledge receipt of your application for renewal of the material(s) license identified above. Your application is deemed timely filed, and accordingly, the license will not expire until final action has been taken by this office.

☐ Your application for a new NRC license did not include your taxpayer identification number. Please complete and submit NRC Form 531, Request for Taxpayer Identification Number, located at the following link: <http://www.nrc.gov/reading-rm/doc-collections/forms/nrc531.pdf>  
Follow the instructions on the form for submission.

☐ The following administrative omissions have been identified:

Your application has been assigned the above listed MAIL CONTROL NUMBER. When calling to inquire about this action, please refer to this control number. Your application has been forwarded to a technical reviewer. Please note that the technical review, which is normally completed within 180 days for a renewal application (90 days for all other requests), may identify additional omissions or require additional information. If you have any questions concerning the processing of your application, our contact information is listed below:

Region I  
U. S. Nuclear Regulatory Commission  
Division of Nuclear Materials Safety  
2100 Renaissance Boulevard, Suite 100  
King of Prussia, PA 19406-2713  
(610) 337-5260, (610) 337-5313,  
(610) 337-5398, or (610) 337-5239