

ROY LESTER SCHNEIDER HOSPITAL MYRAH KEATING SMITH COMMUNITY HEALTH CENTER CHARLOTTE KIMELMAN CANCER INSTITUTE

May 10, 2019

LAT US NRC, Region 1 Division of Nuclear Materials Safety 2100 Renaissance Boulevard, Suite 100 King of Prussia, PA 19406-2713

Reference: NRC License Number 55-17986-01, Addition of Authorized User

Dear Sir/Madam,

Schneider Regional Medical center is requesting the addition of **Yuri E. Peterkin, MD** to our radioactive materials license referenced above for the uses CFR 35.100, 35.200, and 35.300.

**Yuri Peterkin,MD** has been certified by the **ABR** to have completed the appropriate training for Authorized User Eligibility and passed the NRC-related portions of the Core and Certifying exams. (A copy is attached for your information)

Thank you in advance for your assistance.

Sincerely,

Bernard A. Wheatley, DBA, FACHE Chief Executive Officer

### SRMEDICALCENTER, ORG

PH: 340.776.8311 FX: 340.714.6318 | 9048 Sugar Estate, St. Thomas, USVI 00802

			EXPIRES: (MM/	(דידיוטט
	defined und	PERIENCE AND PRECE der 35.100, 35.200, and 5.190, 35.290, and 35.59	35.500)	ESTATION
ne of Proposed Authorized User		State or Territory Where License	ed '	
ri Edward Peterkin, MD DABR		St Thomas, US Virgin Islands		
quested Authorization(s) (check all that a	pply)			
35.100 Uptake, dilution, and excretion st	tudies 🖌 35	5.200 Imaging and localization	studies	
35.500 Sealed sources for diagnosis (sp	ecify device)			
		G AND EXPERIENCE three methods below)		
raining and Experience, including board application or the individual must have ob and experience was completed. Provide elated to the uses checked above.	tained related c	ontinuing education and expe	rience since th	e required training
1. Board Certification				
a. Provide a copy of the board certification		- 04, 0005 that is listed in 40.0		
<ul> <li>b. For a board certification issued on or the following:</li> </ul>	r before Octobel	r 24, 2005 that is listed in 10 C	/FR 35.57 (D)(2	2)(I), provide
<ul> <li>(i) Documentation that the individ</li> <li>(ii) Dates, duration, and description</li> <li>each use checked above.</li> <li>c. Stop here.</li> </ul>				
2. Current 35.390 Authorized User S	eeking Additio	nal 35.290 Authorization		
a. Authorized user on Materials Licens		meeting 10 CFR 35.		5.57 for 35,300
uses, or equivalent Agreement Stat	e requirements	seeking authorization for 35.2	90.	
b. Supervised Work Experience.				
(If more than one supervising indivi copies of this section.)	dual is necessa	ry to document supervised wo	rk experience,	provide multiple
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	s of Experience:		
Supervising Individual		License/Permit Number listing authorized user or authorized		

c. If board certified, provide a copy of the certificate and stop here. If not board certified, skip to and complete

Part II Preceptor Attestation.

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Yuri Edward Peterkin, MD DABR

## NRC FORM 313A (AUD) U. S. NUCLEAR REGULATORY COMMISSION (MM-YYYY) AUTHORIZED USER TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION (for uses defined under 35.100, 35.200, and 35.500) [10 CFR 35.57, 35.190, 35.290, and 35.590](continued) 3. Training and Experience for Proposed Authorized User a. Classroom and Laboratory Training. Clock Dates of Location of Training **Description of Training** Hours Trainina\* 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: 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.) **Total Hours of** Supervised Work Experience **Experience:** Description of Experience Location of Experience/License or Dates of Confirm Must Include: Permit Number of Facility Experience\* Ordering, receiving, and unpacking Yes radioactive materials safely and performing the related radiation 🗌 No surveys Performing quality control Yes procedures on instruments used to determine the activity of dosages No and performing checks for proper operation of survey meters

Yuri Edward Peterkin, MD DABR

	SER TRAININ or uses defin CFR 35.57, 3	ed und	er 35.100,	U.S.N AND PRECE 35.200, and	EPTOR ATTE 35.500)	ATORY COMMISSION
3. <u>Training and Experience for I</u> b. Supervised Work Experience		orized Us	<u>ser</u> (continue	ed)		· · · · · · · · · · · · · · · · · · ·
Description of Experience Must Include:	·····	ocation of Permit	f Experience/ Number of F	License or acility	Confirm	Dates of Experience*
Calculating, measuring, and saf preparing patient or human rese subject dosages					Yes No	
Using administrative controls to prevent a medical event involvir use of unsealed byproduct mate					Yes No	
Using procedures to contain spi byproduct material safely and us proper decontamination procedu	sing				Yes No	
	Administering dosages of radioactive drugs to patients or human research subjects				Yes No	
Eluting generator systems appro for the preparation of radioactive drugs for imaging and localization studies, measuring and testing t eluate for radionuclidic purity, ar processing the eluate with reage kits to prepare labeled radioactive drugs	e on he nd ent				☐ Yes ☐ No*	
Supervising Individual					supervising individ d nuclear pharma	dual as an Icist for generator
Supervisor meets the requirement           35.190         35.290           35.55         35.57 for 35.2           *Not required for 10 CFR 35.10	35.390 🔲 35. 200 uses		-	tate requiremen prience in 35.29	•	· · · · · · · · · · · · · · · · · · ·
c. For 35.590 only, provide docur	mentation of trair	ning on u	se of the devi	ice.		
Device	Туре с	of Traini	ng	L	ocation and Da	ites
d. For 35.500 uses only, stop h	ere. For 35.100	and 35.2	00 uses, skip	to and comple	te Part II Prece	otor Attestation.

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Yuri Edward Peterkin, MD DABR

NRC FORM 313A (AUD)	U. S. NUCLEAR REGULATORY COMMISSION					
AUTHORIZED USER TRAINING, EXPERIENCE	AUTHORIZED USER TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION					
(for uses defined under 35.100,						
[10 CFR 35.57, 35.190, 35.290, an	nd 35.590](continued)					
PART II – PRECEPTOR ATTES	STATION					
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 not attesting to the	e individual's "general clinical competency."					
First Section Check one of the following for each use requested:						
For 35.190						
I attest that Yuri Edward Peterkin, MD DABR has satisfactorily	completed the 60 hours of training and					
experience, including a minimum of 8 hours of classroom and labor and is able to independently fulfill the radiation safety-related duties authorized under 10 CFR 35.100.						
For 35.290						
I attest that Yuri Edward Peterkin, MD DABR has satisfactorily	completed the 700 hours of training					
and experience, including a minimum of 80 hours of classroom an	d laboratory training, required by 10 CER 35 290					
(c)(1), and is able to independently fulfill the radiation safety-relate uses under 10 CFR 35.100 and 35.200.						
Second Section						
Complete one of the following for attestation and signature:						
✓ <u>Authorized User:</u>						
✓       I meet the requirements below, or equivalent Agreement State requirements         ✓       35.190       ✓       35.290       ✓       35.390       ✓       35.390 + generator explanation	- · · · · · · · · · · · · · · · · · · ·					
OR Residency Program Director:						
	ancy program faculty where at least one					
I affirm that the attestation represents the consensus of the residency program faculty where at least one faculty member is an authorized user who meets the requirements below or equivalent Agreement State requirements for:						
35.190 35.290 35.390 35.390 35.390 + generator experience 35.57 for 35.200 uses						
I affirm that this facility member concurs with the attestation I am providing as program director.						
I affirm that the residency training program is approved by the:						
Residency Review Committee of the Accreditation Council for Graduate Medical Education						
Royal College of Physicians and Surgeons of Canada						
Council on Post-Graduate Training of the American Osteopathic Association						
I affirm that the residency training program includes training and experience specified in:						
35.190 35.290						
	cense/Permit Number:					
Winthrop University Hospital, Mineola New York 11501 New York State Materials License 22-2						
Name of Preceptor or Residency Program Director (Typed or Printed) Telephone Number Date						
Anca Kranz, MD DABR (516) 663-2778 May 7, 2019						
signature Theorem						

	Yuri Edward Peterkin, MD DABR				
NRC FORM 313A (AUT) (MM-YYYY)	U. S. NUCLEAR REGULATORY COMMISSION				
AUTHORIZED USER TH PRECEPTO (for uses def	AUTHORIZED USER TRAINING, EXPERIENCE, AND PRECEPTOR ATTESTATION (for uses defined under 35.300) [10 CFR 35.57, 35.390, 35.392, 35.394, and 35.396]				
Name of Proposed Authorized User State or Territory Where Licensed					
Yuri Edward Peterkin, MD DABR St Thomas, US Virgin Islands					
Requested Authorization(s) (check all that appl	(y):				
✓ 35.300 Use of unsealed byproduct mat OR	erial for which a written directive is required				
✓ 35.300 Oral administration of sodium ic 1.22 gigabecquerels (33 milliou)	odide I-131 requiring a written directive in quantities less than or equal to ries)				
✓ 35.300 Oral administration of sodium ic gigabecquerels (33 millicuries)	odide I-131 requiring a written directive in quantities greater than 1.22				
	radioactive drug that contains a radionuclide that is primarily used for ition characteristics, alpha radiation characteristics, or photon energy a written directive is required.				
PART I TRAINING AND EXPERIENCE (Select one of the three methods below)					
date of application or the individual must h	certification, must have been obtained within the 7 years preceding the ave related continuing education and experience since the required rovide dates, duration, and description of continuing education and ove.				
a. Provide a copy of the board certification	n.				
b. For 35. <b>390</b> , provide documentation on document this experience.	supervised case experience. The table in section 3.c. may be used to				
	classroom and laboratory training, supervised work experience, and he tables in sections 3.a., 3.b., and 3.c. may be used to document this II Preceptor Attestation.				
<ul> <li>d. For a board certification issued on or b following:</li> </ul>	d. For a board certification issued on or before October 24, 2005 that is listed in 10 CFR 35.57(b)(2)(ii), provide the following:				
(i) Documentation that the individual	performed each use checked above on or before October 24, 2005.				
<ul> <li>(ii) Dates, duration, and description o each use checked above.</li> </ul>	f continuing education and experience within the past seven years for				
e. Stop here.					
2. Current 35.300, 35.400, or 35.600 Aut	horized User Seeking Additional Authorization				
a. Authorized User on Materials License	under the requirements below or				
equivalent Agreement State requireme	nts (check all that apply):				
35.390 35.392	35.394 35.490 35.690				
supervised case experience. The table	inical uses under 35.300, provide documentation on additional required in section 3.c. may be used to document this experience. If board e and stop here. If not board certified then provide completed Part II				

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AUTHORIZED US (for uses defined under						
c. If currently authorized under 35 classroom and laboratory training in sections 3.a., 3.b., and 3.c. may Attestation.	, supervised wo	rk experien	ce, and su	pervised clinic	cal case exper	ience. The tat
3. <u>Training and Experience for</u> a. Classroom and Laboratory Tra		thorized Us 390 [	er 35.392	35	.394	35.396
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						
Radiation biology						
	Total Hours of	of Training:				
b. Supervised Work Experience (If more than one supervising individu	35.3 Jal is necessary t		] 35.392 supervised ti	aining, provide		35.396 s of this page.)
Supervised Wo	rk Experience		Total	Hours of Exp	erience:	· · · · · ·
Description of Experience Must Include:		on of Experie ermit Numbe			Confirm	Dates of Experience
Ordering, receiving, and unpacking radioactive materials safely and performing the related radiation surveys					Yes	
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters					Yes No	
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				nan an	Yes	

C FORM 313A (	AUT)		Yuri Edward Peter U.S. NUCLEAR REGU	
I-YYYY)			EXPERIENCE, AND PRECEPTOR ATTES	
i,			2 35.57, 35.390, 35.392, 35.394, and 35.3 	ael (continue
	Work Experience		eu oser (conunded)	
Supervising Inc	dividual		License/Permit Number listing supervising individu authorized user	ial as an
Anca Kranz, N	MD DABR		New York State Materials License 22-2	
Supervising in (check all that		requirements below,	or equivalent Agreement State requirements	
35.390	With experience	administering dosage	es of:	
35.392		requiring a written die els (33 millicuries)	rective in quantities less than or equal to 1.22	
✓ 35.394			than 1.22 gigabecquerels (33 millicuries)	
√ 35.396			adioactive drug that contains a radionuclide that	at is primarily
35.57	used for its e	lectron emission, beta	a radiation characteristics, alpha radiation cha keV, for which a written directive is required.	racteristics,
	i Authorized User must ha Juesting authorized user		ering dosages in the same dosage category or categories	as the
c. Supervise	d Clinical Case Exp	erience		
lf more than or this page.	ne supervising individ	ual is necessary to docu	ument supervised work experience, provide multiple	e copies of
Description	n of Experience	Number of Cases Involving Personal Participation	Location of Experience/License or Permit Number of Facility	Dates of Experience
iodide I-131 r directive in qu	ration of sodium equinng a written uantities less than 22 gigabecquerels s)	Three (3)	Winthrop University Hospital, Mineola, New York 11501 Materials License 22-2, Supervised by Anca Kranz, MD and Wei Wen Sung, MD. See Appendix A	November 20, 2013 through September 16, 2015
iodide I-131 r directive in qu	ration of sodium equiring a written uantities greater abecquerels (33	Three (3)	Winthrop University Hospital, Mineola, New York 11501 Materials License 22-2, Supervised by Anca Kranz, MD and Wei Wen Sung, MD. See Appendix A	November 13, 2013 through September 4, 2015
any radioactiv contains a rad primarily used emission, bet characteristic characteristic energy of less	dionuclide that is d for its electron a radiation s, alpha radiation			

	Yuri Edward Peterkin, MD DABR
NRC FORM 313A (AUT) (MM-YYYY)	U. S. NUCLEAR REGULATORY COMMISSION
AUTHORIZED USER TRAINING, EX	PERIENCE, AND PRECEPTOR ATTESTATION 5.57, 35.390, 35.392, 35.394, and 35.396] (continued)
<ol> <li>Training and Experience for Proposed Authorized</li> <li>Supervised Clinical Case Experience (continued)</li> </ol>	User (continued)
Supervising Individual	License/Permit Number listing supervising individual as an authorized user
Supervising individual meets the requirements below, or equiva	alent Agreement State requirements (check all that apply)**:
35.390       With experience administering dosages of         35.392       Oral Nal-131 requiring a written directi gigabecquerels (33 millicuries)         35.394       Oral Nal-131 in quantities greater than	ive in quantities less than or equal to 1.22
□ 35.396 □ Parenteral administration of any radioa	active drug that contains a radionuclide that is primarily diation characteristics, or
<ul> <li>** Supervising Authorized User must have experience in admi as the individual requesting authorized user status.</li> <li>d. Provide completed Part II Preceptor Attestation.</li> </ul>	inistering dosages in the same dosage category or categories
individual as long as the preceptor provides, directs one preceptor is necessary to document experience	eceptor. The preceptor does not have to be the supervising s, or verifies training and experience required. If more than ce, obtain a separate preceptor statement from each. attesting to the individual's "general clinical competency."
For 35.390:	
✓ I attest that Yuri Edward Peterkin, MD DABR	has satisfactorily completed the 700 hours of training
and experience, including a minimum of 200 hours of 10 CFR 35.390 (b)(1).	f classroom and laboratory training, as required by
For 35.392:	
✓ I attest that Yuri Edward Peterkin, MD DABR Name of Proposed Authorized User	has satisfactorily completed the 80 hours of classroom
and laboratory training, as required by 10 CFR 35 experience required in 35.392(c)(2).	.392(c)(1), and the supervised work and clinical case
For 35.394:	
✓ I attest that Yuri Edward Peterkin, MD DABR Name of Proposed Authorized User	has satisfactorily completed the 80 hours of classroom
and laboratory training, as required by 10 CFR 35 experience required in 35.394(c)(2).	5.394 (c)(1), and the supervised work and clinical case

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		Yuri Edward Peterkin, MD DABR
NRC FORM 313A (AUT)		U. S. NUCLEAR REGULATORY COMMISSION
AL AL		XPERIENCE, AND PRECEPTOR ATTESTATION 35.57, 35.390, 35.392, 35.394, and 35.396] (continued)
Second Section		
✓ I attest that	Yuri Edward Peterkin, MD DABR	has satisfactorily completed the required clinical case
	Name of Proposed Authorized User	
experience r	equired in 35.390(b)(1)(ii)G listed be	low:
	131 requiring a written directive in quuerels (33 millicuries)	uantities less than or equal to 1.22
✓ Oral Nal-	131 in quantities greater than 1.22 g	igabecquerels (33 millicuries)
used for i		rug that contains a radionuclide that is primarily characteristics, alpha radiation characteristics, or a written directive is required.
Third Section		
✓ I attest that	Yuri Edward Peterkin, MD DABR	is able to independently fulfill the radiation safety-related
duties as an	•	authorized under 10 CFR 35.300 for:
	131 requiring a written directive in quuerels (33 millicuries)	uantities less than or equal to 1.22
	131 in quantities greater than 1.22 g	igabecquerels (33 millicuries)
Parentera used for i	al administration of any radioactive dr	rug that contains a radionuclide that is primarily characteristics, alpha radiation characteristics, or
Fourth Section		
For 35.396:		
	90 or 35.690 authorized user:	
	so of 55.050 authorized user.	
I attest that	Name of Proposed Authorized User	is an authorized user under 10 CFR 35.490 or 35.690
laboratory tra experience r	aining, as required by 10 CFR 35.396	s satisfactorily completed the 80 hours of classroom and 6 (b)(1), and the supervised work and clinical case to independently fulfill the radiation safety-related 00 for:
used for i		rug that contains a radionuclide that is primarily characteristics, alpha radiation characteristics, or a written directive is required.
	OR	
Board Certif	ication:	
I attest th	Name of Proposed Authorized User	has satisfactorily completed the board certification
training re 35.396(b)	equired by 10 CFR 35.396 (b)(1) and	ly completed the 80 hours of classroom and laboratory I the supervised work and clinical case experience required by ill the radiation safety-related duties as an authorized user

(for uses defined under 35.300) [10 CFR 35.57, 35.390, 35.392, 35.394, and 35.396] (contin         Fifth Section         Complete one of the following for the attestation and signature:            Authorized User          Ineet the requirements below, or equivalent Agreement State requirements, as an authorized user for:                35.390               35.392               35.394               35.57 for 35.300 uses          I have experience administering dosages in the following categories for which the proposed Authorized User requesting authorization:              Oral Nal-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerets (33 millicuries)              Portenteral administration of any radicative drug that contains a radionuclide that is primarily used for its electron emission, beta radiation characteristics, alpha radiation characteristics, or photon energy of less than 150 keV, for which a written directive is required.          I affirm that the attestation represents the consensus of the residency program faculty where at least one faculty member is an authorized user who meets the requirements below or equivalent Agreement State requirements:          35.390              35.392               35.394               35.395               35.390               35.390               35.392               35.392               35.392               35.393               35.392					, AND PR	U. S. NUCLEAR REGULAT	ATION
Complete one of the following for the attestation and signature:       Authorized User         I meet the requirements below, or equivalent Agreement State requirements, as an authorized user for:       35.390       35.392       35.394       35.396       35.57 for 35.300 uses         I have experience administering dosages in the following categories for which the proposed Authorized User requesting authorization:       Oral Nai-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)         Oral Nai-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)       Parenteral administration of any radioactive drug that contains a radionuclide that is primarily used for its electron emission, beta radiation characteristics, elpha radiation characteristics, or photon energy of less than 150 keV, for which written directive is required.         I affirm that the attestation represents the consensus of the residency program faculty where at least one faculty member is an authorized user who meets the requirements below or equivalent Agreement State requirements:         I affirm that the attestation represents the consensus of the residency program faculty where at least one faculty member is an authorized user who meets the requirements below or equivalent Agreement State requirements and concurs with the attestation 1 am providing as program director.         I affirm that the itestation represents the consensus of the residency program faculty where at least one faculty member is an authorized user who meets the requirements below or equivalent Agreement State requirements:         I affirm that the residency training program is approve	(for uses (	defined under	35.300) [10 CF	R 35.57, 35.39	0, 35.392,	, 35.394, and 35.396	6] (continued
✓ Authorized User         ✓ I meet the requirements below, or equivalent Agreement State requirements, as an authorized user for:         ✓ 35.390       ④ 35.392       ④ 35.394       ④ 35.396       ④ 35.57 for 35.300 uses         ✓ I have experience administering dosages in the following categories for which the proposed Authorized User requesting authorization:       ④ Oral Nal-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)         ④ Oral Nal-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)       ④ Oral Nal-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)         ④ Oral Nal-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)       ④ Oral Nal-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)         ✓ Drat Nal-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)       ● Oral Nal-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)         ✓ Drat Nal-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)       ● Oral Nal-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)         ✓ Drat Nal-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)       ● Oral Nal-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)         ✓ Drat Nal-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)       ● Oral Nal-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)         ✓ Drat Nal-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)       ● Oral Nal-131 in quantities gre							
Image of Facility:       Image of Facility:         Image of Facility:       Image of Facility:         Watter of Facility:       Users of Facility:	omplete one of the	following for th	e attestation and	d signature:			
Y 35.390       Y 35.392       Y 35.394       Y 35.396       Y 35.376       Y 35.300 uses         Y I have experience administering dosages in the following categories for which the proposed Authorized User requesting authorization:       Y oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)         Y Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)       Yearenteral administration of any radioactive drug that contains a radionuclide that is primarily used for its electron emission, beta radiation characteristics, alpha radiation characteristics, or photon energy of less than 150 keV, for which a written directive is required.         OR       Residency Program Director:         I faffirm that the attestation represents the consensus of the residency program faculty where at least one faculty member is an authorized user who meets the requirements below or equivalent Agreement State requirements:         35.390       35.392       35.394       35.396       35.57 for 35.300 uses         I affirm that this facility member has experience in administering dosages in the same dosage category or categories for which the individual is requesting authorized user status and concurs with the attestation I am providing as program director.       I affirm that the residency training program is approved by the:       Residency Review Committee of the Accreditation Council for Graduate Medical Education         Royal College of Physicians and Surgeons of Canada       Council on Post-Graduate Training of the American Osteopathic Association       I affirm that the residency training prog	✓ Authorized Us	er					
I have experience administering dosages in the following categories for which the proposed Authorized User requesting authorization:         I have experience administering obsages in the following categories for which the proposed Authorized User requesting authorized in a mathematic service in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)         I oral Nal-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)         I oral Nal-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)         I Parenteral administration of any radioactive drug that contains a radionuclide that is primarily used for its electron emission, beta radiation characteristics, alpha radiation characteristics, or photon energy of less than 150 keV, for which a written directive is required.         OR         Residency Program Director:         I affirm that the attestation represents the consensus of the residency program faculty where at least one faculty member is an authorized user who meets the requirements below or equivalent Agreement State requirements:         35.390       35.392       35.394       35.396       35.57 for 35.300 uses         I affirm that this facility member has experience in administering dosages in the same dosage category or categories for which the individual is requesting authorized user status and concurs with the attestation I am providing as program director.         I affirm that the residency training program is approved by the:       Residency Review Committee of the Accreditation Council for Graduate Medical Education         Royal College of Physicians and Surgeons of Canada       Cou	✓ I meet the requi	rements below,	or equivalent Agr	eement State req	uirements	, as an authorized use	r for:
requesting authorization: <sup>o</sup> Oral Nal-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries) <sup>o</sup> Oral Nal-131 in quantities greater than 1.22 gigabecquerels (33 millicuries) <sup>o</sup> Oral Nal-131 in quantities greater than 1.22 gigabecquerels (33 millicuries) <sup>o</sup> Parenteral administration of any radioactive drug that contains a radionuclide that is primarily used for its electron emission, beta radiation characteristics, alpha radiation characteristics, or photon energy of less than 150 keV, for which a written directive is required. <b>OR I</b> affirm that the attestation represents the consensus of the residency program faculty where at least one faculty member is an authorized user who meets the requirements below or equivalent Agreement State requirements: <b>J</b> 35.390 <b>J</b> 35.391 <b>J</b> affirm that the attestation represents the consensus of the residency program faculty where at least one faculty member is an authorized user who meets the requirements below or equivalent Agreement State requirements: <b>J</b> 35.390 <b>J</b> affirm that the residency training program is approved by the: <b>I</b> affirm that the residency training program includes training and experience specified in: <b>J</b> affirm that the residency training program includes training and experience specified in: <b>J</b> 35.390 <b>J</b> 35.392 <b>J</b> 35.394	35.390	✓ 35.392	✓ 35.394	✓ 35.396	<b>√</b> 35.	57 for 35.300 uses	
(33 millicuries)                 Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)                 Parenteral administration of any radioactive drug that contains a radionuclide that is primarily used for its electron emission, beta radiation characteristics, apha radiation characteristics, apha radiation characteristics, apha radiation characteristics, or photon energy of less than 150 keV, for which a written directive is required.                 DR                 Parenteral administration of any radioactive drug that contains a radionuclide that is primarily used for its electron emission, beta radiation characteristics, apha radiation characteristics, or photon energy of less than 150 keV, for which a written directive is required.                 Data Nail-123                 I affirm that the attestation represents the consensus of the residency program faculty where at least one faculty member is an authorized user who meets the requirements below or equivalent Agreement State requirements:             I affirm that the faculty member has experience in administering dosages in the same dosage category or categories for which the individual is requesting authorized user status and concurs with the attestation I am providing as program director.                 I affirm that the residency training program is approved by the:                  Residency Review Committee of the Accreditation Council for Graduate Medical Education                  Royal College of Physicians and Surgeons of Canada                  Council on Post-Graduate Training of the American Osteopathic Association             I affirm that the residency training program includes training and experien			dosages in the fo	bllowing categorie	es for whic	h the proposed Author	ized User is
Parenteral administration of any radioactive drug that contains a radionuclide that is primarily used for its electron emission, beta radiation characteristics, alpha radiation characteristics, or photon energy of less than 150 keV, for which a written directive is required.         OR         I affirm that the attestation represents the consensus of the residency program faculty where at least one faculty member is an authorized user who meets the requirements below or equivalent Agreement State requirements:         35.390       35.392       35.394       35.396       35.57 for 35.300 uses         I affirm that this facility member has experience in administering dosages in the same dosage category or categories for which the individual is requesting authorized user status and concurs with the attestation I am providing as program director.         I affirm that the residency training program is approved by the:         Residency Review Committee of the Accreditation Council for Graduate Medical Education         Royal College of Physicians and Surgeons of Canada         Council on Post-Graduate Training of the American Osteopathic Association         I affirm that the residency training program includes training and experience specified in:         35.390       35.392       35.394         Solution Post-Graduate Training of the American Osteopathic Association         I affirm that the residency training program includes training and experience specified in:         35.390       35.392       35.394       35.396			tten directive in qu	antities less that	n or equal	to 1.22 gigabecquerels	5
used for its electron emission, beta radiation characteristics, alpha radiation characteristics, or photon energy of less than 150 keV, for which a written directive is required.         OR         I affirm that the attestation represents the consensus of the residency program faculty where at least one faculty member is an authorized user who meets the requirements below or equivalent Agreement State requirements:         35.390       35.392       35.394       35.396       35.57 for 35.300 uses         I affirm that this facility member has experience in administering dosages in the same dosage category or categories for which the individual is requesting authorized user status and concurs with the attestation I am providing as program director.         I affirm that the residency training program is approved by the:         Residency Review Committee of the Accreditation Council for Graduate Medical Education         Royal College of Physicians and Surgeons of Canada         Council on Post-Graduate Training of the American Osteopathic Association         I affirm that the residency training program includes training and experience specified in:         35.390       35.392       35.394         So and       35.395	✓ Oral Nal-13	1 in quantities gr	eater than 1.22 g	igabecquerels (3	3 millicurie	s)	
Residency Program Director:       I affirm that the attestation represents the consensus of the residency program faculty where at least one faculty member is an authorized user who meets the requirements below or equivalent Agreement State requirements:         35.390       35.392       35.394       35.396       35.57 for 35.300 uses         1 affirm that this facility member has experience in administering dosages in the same dosage category or categories for which the individual is requesting authorized user status and concurs with the attestation I am providing as program director.         I affirm that the residency training program is approved by the:         Residency Review Committee of the Accreditation Council for Graduate Medical Education         Royal College of Physicians and Surgeons of Canada         Council on Post-Graduate Training of the American Osteopathic Association         I affirm that the residency training program includes training and experience specified in:         35.390       35.392       35.394         State       35.396	used for its	electron emissio	n, beta radiation o	characteristics, al	pha radiat	ion characteristics, or	
I affirm that the attestation represents the consensus of the residency program faculty where at least one faculty member is an authorized user who meets the requirements below or equivalent Agreement State requirements:         I affirm that the attestation represents the consensus of the residency program faculty where at least one faculty member is an authorized user who meets the requirements below or equivalent Agreement State requirements:         I affirm that this facility member has experience in administering dosages in the same dosage category or categories for which the individual is requesting authorized user status and concurs with the attestation I am providing as program director.         I affirm that the residency training program is approved by the:         Residency Review Committee of the Accreditation Council for Graduate Medical Education         Council on Post-Graduate Training of the American Osteopathic Association         I affirm that the residency training program includes training and experience specified in:         35.390       35.392         35.390       35.392         35.390       35.392         35.390       35.392         35.390       35.392         State Materials License 22-2         Name of Facility:       License/Permit Number:         New York State Materials License 22-2         Name of Preceptor or Residency Program Director (Typed or Printed)       Telephone Number				OR			
faculty member is an authorized user who meets the requirements below or equivalent Agreement State requirements:         35.390       35.392       35.394       35.396       35.57 for 35.300 uses         I affirm that this facility member has experience in administering dosages in the same dosage category or categories for which the individual is requesting authorized user status and concurs with the attestation I am providing as program director.       I affirm that the residency training program is approved by the:         Residency Review Committee of the Accreditation Council for Graduate Medical Education       Royal College of Physicians and Surgeons of Canada         Council on Post-Graduate Training of the American Osteopathic Association       I affirm that the residency training program includes training and experience specified in:         35.390       35.392       35.394       35.396	Residency Pro	gram Director:	_				
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Residency Review Committee of the Accreditation Council for Graduate Medical Education         Royal College of Physicians and Surgeons of Canada         Council on Post-Graduate Training of the American Osteopathic Association         I affirm that the residency training program includes training and experience specified in:         35.390       35.392         Name of Facility:       License/Permit Number:         Winthrop University Hospital, Mineola New York 11501       New York State Materials License 22-2         Name of Preceptor or Residency Program Director (Typed or Printed)       Telephone Number	categories for	which the individ	lual is requesting				
Royal College of Physicians and Surgeons of Canada         Council on Post-Graduate Training of the American Osteopathic Association         I affirm that the residency training program includes training and experience specified in:         35.390       35.392         Name of Facility:       License/Permit Number:         Winthrop University Hospital, Mineola New York 11501       New York State Materials License 22-2         Name of Preceptor or Residency Program Director (Typed or Printed)       Telephone Number       Date	I affirm that the	e residency train	ing program is ap	proved by the:			
Council on Post-Graduate Training of the American Osteopathic Association         I affirm that the residency training program includes training and experience specified in:         35.390       35.392         35.390       35.392         Name of Facility:       License/Permit Number:         Winthrop University Hospital, Mineola New York 11501       New York State Materials License 22-2         Name of Preceptor or Residency Program Director (Typed or Printed)       Telephone Number       Date	Residency	Review Commi	ttee of the Accred	litation Council fo	or Graduate	e Medical Education	
I affirm that the residency training program includes training and experience specified in:         35.390       35.392       35.394       35.396         Name of Facility:       License/Permit Number:         Winthrop University Hospital, Mineola New York 11501       New York State Materials License 22-2         Name of Preceptor or Residency Program Director (Typed or Printed)       Telephone Number       Date	🗌 Royal Coll	ege of Physiciar	is and Surgeons of	of Canada			
35.390       35.392       35.394       35.396         Name of Facility:       License/Permit Number:         Winthrop University Hospital, Mineola New York 11501       License/Permit Number:         Name of Preceptor or Residency Program Director (Typed or Printed)       Telephone Number         Date	Council on	Post-Graduate	Training of the Ar	nerican Osteopa	thic Assoc	iation	
Name of Facility:       License/Permit Number:         Winthrop University Hospital, Mineola New York 11501       New York State Materials License 22-2         Name of Preceptor or Residency Program Director (Typed or Printed)       Telephone Number       Date	I affirm that the	e residency train	ing program inclu	des training and	experience	e specified in:	
Winthrop University Hospital, Mineola New York 11501       New York State Materials License 22-2         Name of Preceptor or Residency Program Director (Typed or Printed)       Telephone Number       Date	35.390	35.392	35.394	35.396			
Winthrop University Hospital, Mineola New York 11501       New York State Materials License 22-2         Name of Preceptor or Residency Program Director (Typed or Printed)       Telephone Number       Date							
Winthrop University Hospital, Mineola New York 11501       New York State Materials License 22-2         Name of Preceptor or Residency Program Director (Typed or Printed)       Telephone Number       Date							
Winthrop University Hospital, Mineola New York 11501       New York State Materials License 22-2         Name of Preceptor or Residency Program Director (Typed or Printed)       Telephone Number       Date	ame of Facility:			In	cense/Perm	nit Number	
Name of Preceptor or Residency Program Director (Typed or Printed) Telephone Number Date	-	ospital, Mineola N	ew York 11501				2-2
				Printed)		Telephone Number	Date
Anca Kranz, MD #ABR (516) 663-2778 05/07/2	anca Kranz, MD					(516) 663-2778	05/07/2019

APPENDIX A

Form A



### American Board of Radiology — Program Director Attestation

COMPLIANCE WITH NRC TRAINING AND EXPERIENCE REQUIREMENTS Forms A and B must be submitted after completion of your NRC training and experience. More information can be found at the following link:

http://www.nrc.gov/reading-rm/doc-collections/cfr/part035/part035-0290.html

YURI Peterkin Witthiup University 33-06-12-2 Resident Name Program Hospital Program #

By the time of the ABR certifying examination, this applicant will have successfully completed the hours of training and experience as outlined in 10 CFR 35.290, 35.392, and 35.394		YES NO
This applicant has taken part in ≥ 3 cases of oral administration of 1-131 therapy >33 mCl		
The resident's log of these therapy experiences (date, dose, and preceptor attestation) is attached       I         I attest that the work experience cited above for § 35.290 was completed under the supervision of an Authorized User (AU) who meets the requirements under relevant sections of § 35.290 or equivalent Agreement State requirements	This applicant has taken part in $\geq$ 3 cases of oral administration of I-131 therapy $\leq$ 33 mCi	70
I attest that the work experience cited above for § 35.290 was completed under the supervision of an Authorized User (AU) who meets the requirements under relevant sections of § 35.290 or equivalent Agreement State requirements.         I attest that the work experience cited above for § 35.392 was completed under the supervision of an Authorized User (AU) who meets the requirements under § 35.390 or 35.394, or equivalent Agreement State requirements.         I attest that the work experience cited above for § 35.394 was completed under the supervision of an Authorized User (AU) who meets the requirements under § 35.390 or 35.394, or equivalent Agreement State requirements under § 35.390 or 35.394, or equivalent Agreement State requirements under § 35.390 or 35.394, or equivalent Agreement State requirements under § 35.390 or 35.394, or         I attest that the work experience cited above for § 35.394 was completed under the supervision of an Authorized User (AU) who meets the requirements under § 35.390 or 35.394, or         equivalent Agreement State requirements         I attest that the work experience cited above for § 35.394 was completed under the supervision of an Authorized User (AU) who meets the requirements under § 35.390 or 35.394, or         equivalent Agreement State requirements         I attest that the work experience cited above for § 35.394 was completed under the supervision of an Authorized User (AU) who meets the requirements under § 35.390 or 35.394, or         I attest that the work experience cited above for § 35.394 was completed under the supervision of an Authorized User (AU) who meets the requirements under § 35.390 or 35.394, or         I attest that the work experience cited above for § 35.390 or 35.394 or <td>This applicant has taken part in <math>\geq</math> 3 cases of oral administration of I-131 therapy &gt;33 mCl</td> <td>30</td>	This applicant has taken part in $\geq$ 3 cases of oral administration of I-131 therapy >33 mCl	30
an Authorized User (AU) who meets the requirements under relevant sections of § 35.290 or equivalent Agreement State requirements	The resident's log of these the rapy experiences (date, dose, and preceptor attestation) is attached	
Authorized User (AU) who meets the requirements under § 35.390, 35.392 or 35.394, or         equivalent Agreement State requirements         I attest that the work experience cited above for § 35.394 was completed under the supervision of an         Authorized User (AU) who meets the requirements under § 35.390 or 35.394, or         equivalent Agreement State requirements         equivalent Agreement State requirements	an Authorized User (AU) who meets the requirements under relevant sections of § 35.290 or	20
Authorized User (AU) who meets the requirements under § 35.390 or 35.394, or equivalent Agreement State requirements	Authorized User (AU) who meets the requirements under § 35.390, 35.392 or 35.394, or	20
	Authorized User (AU) who meets the requirements under § 35.390 or 35.394, or	
		6/1/12 Date

Rev.09/2013

Form B

Date

2.9/16/15

3.12/6/13

≤ 33mCi 1. 11/20/13

### I-131 Therapy Experience Log

Yuri le **Resident Name** 

**Dose Administered** 

8.95 m Li

4.37 m (i

13.1 m (i

33-06-12-2 Program & Number

### Preceptor (AU) Print & Sign Name

WEI WEN SUNG, MD NUCLEAR MEDICINE Print Fina 778

Sign Name

WEI WEN SUNG, MD NUCLEAR MEDICINE Print Native 277

Sign Name WEI WEN SUNG, MD NUCLEAR MEDICINE EX: 277B

**Print Name** 

Sign Name

### Preceptor (AU) Print & Sign Name

WEI WEN SUNG, MD NUCLEAR MEDICINE Print Non2278

Sign Name

WEI WEN SUNG, MD NUCLEAR MEDICINB

Print Name Sign Name

WEI WEN SUNG, MD NUCLEAR MEDICINE

Print Na Sign Name

Rev.09/2013

Date >33 mCi 1. 11/13/13

153 m(i

**Dose Administered** 

27/2/4

3. 9/4/15

133.9 mli

76.8 mCi

# The American Bicard of Radiology

# Yuri Edward Peterkin, MD

has pursued an accepted course of graduate study and clinical work; has met certain standa-ds and qualifications, including passing the examinations conducted under the authority of The American Board of Radiology, demonstrating to the satisfaction of the Board qualification to practice; and is therefore awarded the Board's certification in

# **Diagnostic Radiology**

AU Eligible

Ongoing validity of this credificate is contingent upon meeting the requirements of Continuous Centification



Calmin By Jusmingo



meeting the Buby President

Certificate No. 70538

Effective: October 23, 2018

NRC FORM 532 (05-2016)	U.S. NUCLEAR REGULATORY COMMISSION				
ACKNOWLEDGEMENT - RECEIP	T OF CORRESPONDENCE				
<sup>2</sup> γ <sub>4</sub> <sup>−</sup> 1 <b>4 2 6 6 1 1 1 1 1 1 1 1 1 1</b>					
	·				
Name and Address of Applicant and/or Licensee	Date				
	June 4, 2019				
	License Number(s)				
Schneider Regional Medical Center ATTN: Bernard A. Wheatley, DBA, FACHE,	55-17986-01				
Chief Executive Officer	Mail Control Number(s)				
9048 Sugar Estate	612365				
St. Thomas, VI 00802	Licensing and/or Technical Reviewer or Branch				
	Medical Branch				
This is to acknowledge receipt of your: 🖌 Letter and	d/or Application Dated: 05/10/2019				
The initial processing, which included an administrative	review, has been performed.				
Amendment Termination	New License Renewal				
✓ There were no administrative omissions identified	during our initial review.				
This is to acknowledge receipt of your application above. Your application is deemed timely filed, and action has been taken by this office.					
Your application for a new NRC license did not incl complete and submit NRC Form 531, Request for T following link: <u>http://www.nrc.gov/reading-rm/do</u>	axpayer Identification Number, located at the				
Follow the instructions on the form for submission	Follow the instructions on the form for submission.				
The following administrative omissions have been	identified:				
Your application has been assigned the above listed MAIL Co action, please refer to this control number. Your application h note that the technical review, which is normally completed w other requests), may identify additional omissions or require a concerning the processing of your application, our contact info	has been forwarded to a technical reviewer. Please ithin 180 days for a renewal application (90 days for all additional information. If you have any questions				
Region I U. S. Nuclear Regulatory Commission Division of Nuclear Materials Safety 2100 Renaissance Boulevard, Suite King of Prussia, PA 19406-2713 (610) 337-5260, (610) 337-5313, (610) 337-5398, or (610) 337-5239					