DEPARTMENT OF THE ARMY
U.S. ARMY MEDICAL DEPARTMENT ACTIVITY
1650 COCHRANE CIRCLE
FORT CARSON, COLORADO 80913-4604

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MCXE-FCPH-RSO

13 September 2019

MEMORANDUM FOR U. S. Nuclear Regulatory Commission, Region IV, 1600 East Lamar BLVD, Arlington, Texas 76011-4125

SUBJECT: Amendment Request for US Nuclear Regulatory Commission (NRC) Byproduct Material License Number 05-26854-01

1. Request NRC License No. 05-26854-01 be amended with the following modifications:

Add James C. Haug, D.O., as an authorized user to prescribe, prepare and administer radiopharmaceuticals for medical diagnosis and therapy in accordance with 10 CFR 35.100, 35.200, and 35.300. The enclosure contains Dr. Haug's supporting documents for addition as an authorized user.

2. The Radiation Safety Committee reviewed and approved these actions by majority vote on 12 September 2019.

3. The point of contact for this memorandum is the undersigned at (719) 524-3020 or ashley.n.humbert2.mil@mail.mil.

HUMBERT.ASHLEY.NICOLE.1267084323 Digitally signed by HUMBERT.ASHLEY.NICOLE.1267084323 Date: 2019.09.13 10:57:22 -06'00'

Encl

ASHLEY N. HUMBERT
1LT, MS
Radiation Safety Officer

CF:
EACH Radiation Safety Committee Members
RHC-C Command Radiation Safety Officer

PUBLIC
☐ Immediate Release
☑ Normal Release

NON-PUBLIC
☐ A.3 Sensitive-Security Related
☐ A.7 Sensitive Internal
☐ Other:

616822

Reviewer: MS Date: 10/31/19

THE AMERICAN BOARD OF RADIOLOGY INCORPORATED IN THE DISTRICT OF COLUMBIA 1934

ABR | AMERICAN BOARD OF RADIOLOGY

AMERICAN BOARD OF MEDICAL SPECIALTIES

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August 17, 2017

ABR ID: 71641

James C. Haug, DO
Department of Radiology
Brooke Army Medical Center
3551 Roger Brooke Drive
Ft. Sam Houston, TX 78234

Dear Dr. Haug:

Congratulations! You passed the Diagnostic Radiology Core Examination that you took in June 2017.

You are eligible to take the Certifying Examination upon meeting the requirements, which can be found at https://www.theabr.org/diagnostic-radiology/initial-certification/certifying-exam/prerequisites-registration#prerequisites. Notification for that examination will be sent to you approximately three months prior to the exam. For upcoming exam dates, please see https://www.theabr.org/diagnostic-radiology/initial-certification/exam-dates-locations.

If you are seeking Authorized User (AU) eligibility to be conferred at the time of certification, please ensure that the appropriate forms have been submitted and that your training meets the current requirements as indicated on our website. Your performance on the NRC-related portions of the Core and Certifying examinations jointly comprise the Radioisotope Safety Exam (RISE). The results of the RISE will be determined after you successfully complete and pass the Certifying Examination.

Candidates have specific time limits for remaining eligible to be initially certified by the ABR and for maintaining their status as board eligible. After the board eligibility period ends, candidates who have not successfully completed the initial certification process will no longer be considered by the ABR as board eligible and will no longer be permitted to designate themselves as such. You can review the ABR's board eligibility policy on our website at https://www.theabr.org/wp-content/uploads/2017/05/BoardEligiblePolicy.pdf.

If you have an address change, please update your address in myABR at https://myabr.theabr.org. Name changes cannot be made in myABR as they require supporting legal documentation. Please submit name change requests, along with supporting documentation, in writing to the ABR office or by email to information@theabr.org.

Sincerely,

Valerie P. Jackson, MD
Executive Director

Valerie P. Jackson, MD, Executive Director

Associate Executive Directors

Interventional Radiology
Anne C. Roberts, MD

Medical Physics
G. Donald Frey, MD

Radiation Oncology
Paul E. Wallner, DO

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Form A

ABR | AMERICAN BOARD OF RADIOLOGY

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

James Haug — Resident Name
SAUSHEC RADIOLOGY — Program
45-04-11-2 — Program #

	YES	NO
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	☑	☐
This applicant has taken part in ≥ 3 cases of oral administration of I-131 therapy ≤ 33mCi.....	☑	☐
This applicant has taken part in ≥ 3 cases of oral administration of I-131 therapy >33 mCi.....	☑	☐
The resident's log of these therapy experiences (date, dose, and preceptor attestation) is attached.....	☑	☐
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, 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.....	☑	☐

Christian L. Carlson, M.D. — Residency Program Director (Print Name)
Program Director (Signature)
Date 3/1/18

Rev.05/2017

Form B

I-131 Therapy Experience Log

JAMES HAUG
Resident Name

SAUSHEC RADIOLOGY / 45-04-11-2
Program & Number

Date	Dose Administered	Preceptor (AU) Print & Sign Name
≤ 33 mCi		
1. 8/3/16	14.64	DR. ANDERSON Print Name Sign Name
2. 8/13/15	15.96 mCi	DR. SUNDELL Print Name Sign Name
3. 4/12/17	12.92 mCi	DR. SANTIAGO MALDANADO Print Name Sign Name

Date	Dose Administered	Preceptor (AU) Print & Sign Name
>33 mCi		
1. [redacted] 3/13/17	[redacted] mCi 147.1	DR. BANKS Print Name Sign Name
2. 1/27/15	153.1 mCi [redacted]	DR. CLEMENS HAUN Print Name Sign Name
3. 1/26/15	154.8 mCi	DR. SUNDELL Print Name Sign Name

Rev.05/2017

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NRC FORM 313A (AUD)
(06 2016)

U.S. NUCLEAR REGULATORY COMMISSION

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

APPROVED BY OMB: NO. 3150-0120
EXPIRES: 06/30/2019

Name of Proposed Authorized User

James C Haug

State or Territory Where Licensed

Colorado

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

- [x] 35.100 Uptake, dilution, and excretion studies
- [x] 35.200 Imaging and localization studies
- [ ] 35.500 Sealed sources for diagnosis (specify device)

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

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

[ ] 1. **Board Certification**

a. Provide a copy of the board certification.

b. If using only 35.500 materials, stop here. If using 35.100 and 35.200 materials, skip to and complete Part II Preceptor Attestation.

[ ] 2. **Current 35.390 Authorized User Seeking Additional 35.290 Authorization**

a. Authorized user on Materials License meeting 10 CFR 35.390 or equivalent Agreement State requirements seeking authorization for 35.290

b. Supervised Work Experience.
(If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this section.)

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

Total Hours of Experience:

Supervising Individual

License/Permit Number listing supervising individual as an authorized user

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

[ ] 35.290 [ ] 35.390 + generator experience in 32.290(c)(1)(ii)(G)

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

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

a. Classroom and Laboratory Training.

Description of Training	Location of Training	Clock Hours	Dates of Training*
Radiation physics and instrumentation	SAHSHEC Radiology Residency Brooke Army Medical Center San Antonio, TX 78234	47	Jul 2014 - Jun 2018
Radiation protection	SAHSHEC Radiology Residency Brooke Army Medical Center San Antonio, TX 78234	20	Jul 2014 - Jun 2018
Mathematics pertaining to the use and measurement of radioactivity	SAHSHEC Radiology Residency Brooke Army Medical Center San Antonio, TX 78234	26	Jul 2014 - Jun 2018
Chemistry of byproduct material for medical use *(not required for 35.590)*	SAHSHEC Radiology Residency Brooke Army Medical Center San Antonio, TX 78234	9	Jul 2014 - Jun 2018
Radiation biology	SAHSHEC Radiology Residency Brooke Army Medical Center San Antonio, TX 78234	16	Jul 2014 - Jun 2018

Total Hours of Training: 118

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 592 **Total Hours of Experience:** 710

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	Brooke Army Medical Center NRC License #42-01368-01 San Antonio, TX 78234	☑ Yes ☐ No	Jul 2010 - Jun 2014
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters	Brooke Army Medical Center NRC License #42-01368-01 San Antonio, TX 78234	☐ Yes ☐ No	Jul 2010 - Jun 2014

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	Brooke Army Medical Center NRC License #42-01368-01 San Antonio, TX 78234	☑ Yes ☐ No	Jul 2010 - Jun 2014
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material	Brooke Army Medical Center NRC License #42-01368-01	☑ Yes ☐ No	Jul 2010 - Jun 2014
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures	Brooke Army Medical Center NRC License #42-01368-01	☑ Yes ☐ No	Jul 2010 - Jun 2014
Administering dosages of radioactive drugs to patients or human research subjects	Brooke Army Medical Center NRC License #42-01368-01	☑ Yes ☐ No	Jul 2010 - Jun 2014
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	Brooke Army Medical Center NRC License #42-01368-01 San Antonio, TX 78234	☑ Yes ☐ No	Jul 2010 - Jun 2014

Supervising Individual	License/Permit Number listing supervising individual as an authorized user
Kevin P Banks, MD	NRC License #42-01368-01

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.

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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 James C. Haug 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 James C. Haug 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
Kevin P Banks, MD		(210) 916-1906	09/10/2019

License/Permit Number/Facility Name
NRC License #42-01368-01 / Brooke Army Medical Center

NRC FORM 313A (AUT)
(MM-YYYY)

U. S. NUCLEAR REGULATORY COMMISSION

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]

APPROVED BY OMB: NO. 3150-0120
EXPIRES: (MM/DD/YYYY)

Name of Proposed Authorized User: James C. Haug

State or Territory Where Licensed: Colorado

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 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.

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 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. Skip to and complete Part II Preceptor Attestation.

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.

(ii) Dates, duration, and description of continuing education and experience within the past seven years for each use checked above.

e. Stop here.

☐ 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. If board certified, provide a copy of the certificate and stop here. If not board certified then provide completed Part II Preceptor Attestation.

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] (continued)

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.

☑ 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	SAUSHEC Radiology Residency Brooke Army Medical Center 78234	47	Jul 2014 - Jun 2018
Radiation protection	SAUSHEC Radiology Residency Brooke Army Medical Center 78234	20	Jul 2014 - Jun 2018
Mathematics pertaining to the use and measurement of radioactivity	SAUSHEC Radiology Residency Brooke Army Medical Center 78234	26	Jul 2014 - Jun 2018
Chemistry of byproduct material for medical use	SAUSHEC Radiology Residency Brooke Army Medical Center 78234	9	Jul 2014 - Jun 2018
Radiation biology	SAUSHEC Radiology Residency Brooke Army Medical Center 78234	16	Jul 2014 - Jun 2018

Total Hours of Training: 118

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:** 710

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	Brooke Army Medical Center NRC License #42-01368-01	☑ Yes ☐ No	Jul 2014 - Jun 2018
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters	Brooke Army Medical Center NRC License #42-01368-01 San Antonio, TX 78234	☑ Yes ☐ No	Jul 2014 - Jun 2018
Calculating, measuring, and safely preparing patient or human research subject dosages	Brooke Army Medical Center NRC License #42-01368-01 San Antonio, TX 78234	☑ Yes ☐ No	Jul 2014 - Jun 2018
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material	Brooke Army Medical Center NRC License #42-01368-01 San Antonio, TX 78234	☑ Yes ☐ No	Jul 2014 - Jun 2018
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures	Brooke Army Medical Center NRC License #42-01368-01 San Antonio, TX 78234	☑ Yes ☐ No	Jul 2014 - Jun 2018

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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] (continued)

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

b. Supervised Work Experience (continued)

Supervising Individual	License/Permit Number listing supervising individual as an authorized user
Kevin P. Banks, MD	NRC License #42-01368-01

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

☑ 35.390 ☑ 35.392 ☑ 35.394 ☑ 35.396 ☑ 35.57	With experience administering dosages of: ☑ Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries) ☑ Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries) ☑ Parenteral administration of 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.

** 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	SAUSHEC Radiology Residency Brooke Army Medical Center NRC License #42-01368-01 San Antonio, TX 78234	Jul 2014 - Jun 2018
Oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 1.22 gigabecquerels (33 millicuries)	3	SAUSHEC Radiology Residency Brooke Army Medical Center NRC License #42-01368-01 San Antonio, TX 78234	Jul 2014 - Jun 2018
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.			

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] (continued)

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

c. Supervised Clinical Case Experience (continued)

Supervising Individual	License/Permit Number listing supervising individual as an authorized user
KEVIN P. BANKS, MD	NRC License #42-01368-01

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

☑ 35.390 ☑ 35.392 ☑ 35.394 ☑ 35.396 ☑ 35.57	With experience administering dosages of: ☑ Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries) ☑ Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries) ☑ Parenteral administration of 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.

** 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 not attesting to the individual's "general clinical competency."

First Section
Check one of the following for the requested authorization:

For 35.390:

☐ I attest that _____ has satisfactorily completed the 700 hours of training
Name of Proposed Authorized User

and experience, including a minimum of 200 hours of classroom and laboratory training, as required by 10 CFR 35.390 (b)(1).

For 35.392:

☑ I attest that James C. Haug 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:

☑ I attest that James C. Haug 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).

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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] (continued)

Second Section

☑ I attest that James C. Haug 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 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.

Third Section

☑ I attest that James C. Haug is able to independently fulfill the radiation safety-related
Name of Proposed Authorized User

duties as an authorized user for the medical uses authorized under 10 CFR 35.300 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 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.

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 (b)(1), and the supervised work and clinical case experience required by 35.396(b)(2), and is able to independently fulfill the radiation safety-related duties as an authorized user under 10 CFR 35.300 for:

☐ 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

Board Certification:

☐ I attest that has satisfactorily completed the board certification
Name of Proposed Authorized User

requirements of 35.396(a)(3), has satisfactorily completed the 80 hours of classroom and laboratory training required by 10 CFR 35.396 (b)(1) and the supervised work and clinical case experience required by 35.396(b)(2), and is able to independently fulfill the radiation safety-related duties as an authorized user under 10 CFR 35.300 for:

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] (continued)

Fifth Section

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 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 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
- ☐ 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

Name of Facility:	License/Permit Number:	
Brooke Army Medical Center	NRC License #42-01368-01	
Name of Preceptor or Residency Program Director (Typed or Printed)	Telephone Number	Date
KEVIN P. BANKS, MD	(210) 916-1906	09/10/2019
Signature		

616822

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Hill, Carol

From: Humbert, Ashley N 1LT USARMY MEDCOM EACH (USA) <ashley.n.humbert2.mil@mail.mil>
Sent: Friday, September 13, 2019 12:01 PM
To: Hill, Carol
Subject: [External_Sender] License Amendment Request 05-26854-01 Evans Army Community Hospital (UNCLASSIFIED)
Attachments: Request for License Amendment 37.pdf; Haug-ABR & NRC training and experience sheet.pdf; Haug- NRC 313a AUD.PDF

CLASSIFICATION: UNCLASSIFIED

Good morning Ms. Hill,

Please see our request to amend NRC License Number 05-26854-01, amendment 37 (I believe). Change to license i
to add new AU. Thank you.

Very Respectfully,

ASHLEY N. HUMBERT
1LT, MS | Chief, Health Physics
USAMEDDAC Ft Carson, Evans Army Community Hospital | Radiation Safety Officer| Office: (719) 524-3020 |
https://evans.amedd.army.mil/ ashley.n.humbert2.mil@mail.mil

CLASSIFICATION: UNCLASSIFIED

616822

NRC FORM 532
(05-2016)

U.S. NUCLEAR REGULATORY COMMISSION

ACKNOWLEDGEMENT - RECEIPT OF CORRESPONDENCE

Name and Address of Applicant and/or Licensee	Date
1LT Ashley Humbert Radiation Safety Officer Department of the Army Evans Army Community Hospital 1650 Cochrane Circle Fort Carson, CO 80913-4604	10/28/2019
	License Number(s) 05-26854-01
	Mail Control Number(s) 616822
	Licensing and/or Technical Reviewer or Branch E. Gilman

This is to acknowledge receipt of your: ☑ **Letter and/or** ☐ **Application** **Dated:** 09/13/2019

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 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 IV
U. S. Nuclear Regulatory Commission
DNMS/NMSB - B
1600 E. Lamar Boulevard
Arlington, TX 76011-4511
(817) 200-1103 or (817) 200-1140

616822

BETWEEN:

Accounts Receivable/Payable
and
Regional Licensing Branches

[FOR ARPB USE]
INFORMATION FROM WBL

Program Code: 02120
Status Code: Pending Amendment
Fee Category: 7C
Exp. Date: 12/31/2023
Fee Comments: ARMY 170.11(A)(5)
Decom Fin Assur Reqd: N

License Fee Worksheet - License Fee Transmittal

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee:	Department of the Army
Received Date:	10/28/2019
Docket Number:	3029534
Mail Control Number:	616822
License Number:	05-26854-01
Action Type:	Amendment

2. FEE ATTACHED

Amount: _____

Check No.: _____

3. COMMENTS

Signed: _____

Date: 10/28/2019

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 is entered / /)

1. Fee Category and Amount: _____

2. Correct Fee Paid. Application may be processed for:

Amendment: _____

Renewal: _____

License: _____

3. OTHER _____

_____

Signed: _____

Date: _____