

34-24310-01
D30-18464

FORM NRC-313M (B-78) 10 CFR 35	U.S. NUCLEAR REGULATORY COMMISSION APPLICATION FOR MATERIALS LICENSE – MEDICAL	Approved GAO R0557
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INSTRUCTIONS - Complete Items 1 through 26 if this is an initial application or an application for renewal of a license. Use supplemental sheets where necessary. Item 26 must be completed on all applications and signed. Retain one copy. Submit original and one copy of entire application to: Director, Office of Nuclear Materials Safety and Safeguards, U.S. Nuclear Regulatory Commission, Washington, D.C. 20555. Upon approval of this application, the applicant will receive a Materials License. An NRC Materials License is issued in accordance with the general requirements contained in Title 10, Code of Federal Regulations, Part 30, and the licensee is subject to Title 10, Code of Federal Regulations, Parts 19, 20 and 35 and the license fee provision of Title 10, Code of Federal Regulations, Part 170. The license fee category should be stated in Item 26 and the appropriate fee enclosed.

1.a. NAME AND MAILING ADDRESS OF APPLICANT (institution, firm, clinic, physician, etc.) INCLUDE ZIP CODE * Family Foot Care 16611 Chagrin Blvd Shaker Heights Ohio 44120 TELEPHONE NO. AREA CODE (216) 921 5500	1.b. STREET ADDRESS(ES) AT WHICH RADIOACTIVE MATERIAL WILL BE USED (If different from 1.a.) INCLUDE ZIP CODE as specified in 1a and temporary locations within the State (see attached for addresses)
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2. PERSON TO CONTACT REGARDING THIS APPLICATION * Gary Ascher TELEPHONE NO. AREA CODE (216) 921 5500	3. THIS IS AN APPLICATION FOR: (Check appropriate item) a. <input checked="" type="checkbox"/> NEW LICENSE b. <input type="checkbox"/> AMENDMENT TO LICENSE NO. _____ c. <input type="checkbox"/> RENEWAL OF LICENSE NO. _____
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4. INDIVIDUAL USERS (Name individuals who will use or directly supervise use of radioactive material. Complete Supplements A and B for each individual.) SEE ATTACHED TRAINING CERTIFICATES FOR INDIVIDUALS NAMES	5. RADIATION SAFETY OFFICER (RSO) (Name of person designated as radiation safety officer. If other than individual user, complete resume of training and experience as in Supplement A.) * Rustum R. Khouri DPM MD
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6.a. RADIOACTIVE MATERIAL FOR MEDICAL USE					
RADIOACTIVE MATERIAL LISTED IN:	ITEMS DESIRED "X"	MAXIMUM POSSESSION LIMITS (In millicuries)	ADDITIONAL ITEMS:	MARK ITEMS DESIRED "X"	MAXIMUM POSSESSION LIMITS (In millicuries)
10 CFR 31.11 FOR IN VITRO STUDIES			IODINE-131 AS IODIDE FOR TREATMENT OF HYPERTHYROIDISM		
10 CFR 35.100, SCHEDULE A, GROUP I		AS NEEDED	PHOSPHORUS-32 AS SOLUBLE PHOSPHATE FOR TREATMENT OF POLYCYTHEMIA VERA, LEUKEMIA AND BONE METASTASES		
10 CFR 35.100, SCHEDULE A, GROUP II		AS NEEDED	PHOSPHORUS-32 AS COLLOIDAL CHROMIC PHOSPHATE FOR INTRACAVITARY TREATMENT OF MALIGNANT EFFUSIONS.		
10 CFR 35.100, SCHEDULE A, GROUP III			GOLD-198 AS COLLOID FOR INTRACAVITARY TREATMENT OF MALIGNANT EFFUSIONS.		
10 CFR 35.100, SCHEDULE A, GROUP IV		AS NEEDED	IODINE-131 AS IODIDE FOR TREATMENT OF THYROID CARCINOMA		
10 CFR 35.100, SCHEDULE A, GROUP V		AS NEEDED	XENON-133 AS GAS OR GAS IN SALINE FOR BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES		
10 CFR 35.100, SCHEDULE A, GROUP VI					

6.b. RADIOACTIVE MATERIAL FOR USES NOT LISTED IN ITEM 6.a. (Sealed sources up to 3 mCi used for calibration and reference standards are authorized under Section 35.14(d), 10 CFR Part 35, and NEED NOT BE LISTED.)

ELEMENT AND MASS NUMBER	CHEMICAL AND/OR PHYSICAL FORM	MAXIMUM NUMBER OF MILLICURIES OF EACH FORM	DESCRIBE PURPOSE OF USE
Iodine 125 <div style="text-align: center;"> RECEIVED MAR 27 1984 </div>	absorbed on solid sealed source AECL-C-324 or Amersham IMC P2 Lixiscope Mod LSM82-209	500mCi per source	As a source of ionizing radiation for the purpose of diagnostic x-ray of extremities of sick or injured patients. <div style="text-align: right;"> License Fee Information on Next Page </div>

FORM NRC-313M
(B-78) REGION III

Control No. 76535

8408210608 840716
 NMS LIC30
 34-24310-01 PDR

INFORMATION REQUIRED FOR ITEMS 7 THROUGH 23

For Items 7 through 23, check the appropriate box(es) and submit a detailed description of all the requested information. Begin each item on a separate sheet. Identify the item number and the date of the application in the lower right corner of each page. If you indicate that an appendix to the medical licensing guide will be followed, do not submit the pages, but specify the revision number and date of the referenced guide: Regulatory Guide 10.8, Rev. _____ Date: _____

7. MEDICAL ISOTOPES COMMITTEE		15. GENERAL RULES FOR THE SAFE USE OF RADIOACTIVE MATERIAL (Check One)	
<input type="checkbox"/>	Names and Specialties Attached; and	<input type="checkbox"/>	Appendix G Rules Followed; or
<input type="checkbox"/>	Duties as in Appendix B; or _____ (Check One)	<input checked="" type="checkbox"/>	Equivalent Rules Attached
<input type="checkbox"/>	Equivalent Duties Attached	16. EMERGENCY PROCEDURES (Check One)	
8. TRAINING AND EXPERIENCE		<input type="checkbox"/>	Appendix H Procedures Followed; or
<input type="checkbox"/>	Supplements A & B Attached for Each Individual User; and	<input checked="" type="checkbox"/>	Equivalent Procedures Attached
<input checked="" type="checkbox"/>	Supplement A Attached for RSO.	17. AREA SURVEY PROCEDURES (Check One)	
9. INSTRUMENTATION (Check One)		<input type="checkbox"/>	Appendix I Procedures Followed; or
<input type="checkbox"/>	Appendix C Form Attached; or	<input type="checkbox"/>	Equivalent Procedures Attached
<input type="checkbox"/>	List by Name and Model Number	18. WASTE DISPOSAL (Check One)	
10. CALIBRATION OF INSTRUMENTS		<input type="checkbox"/>	Appendix J Form Attached; or
<input type="checkbox"/>	Appendix D Procedures Followed for Survey Instruments; or _____ (Check One)	<input checked="" type="checkbox"/>	Equivalent Information Attached
<input type="checkbox"/>	Equivalent Procedures Attached; and	19. THERAPEUTIC USE OF RADIOPHARMACEUTICALS (Check One)	
<input type="checkbox"/>	Appendix D Procedures Followed for Dose Calibrator; or _____ (Check One)	<input type="checkbox"/>	Appendix K Procedures Followed; or
<input type="checkbox"/>	Equivalent Procedures Attached	<input type="checkbox"/>	Equivalent Procedures Attached
11. FACILITIES AND EQUIPMENT		20. THERAPEUTIC USE OF SEALED SOURCES	
<input checked="" type="checkbox"/>	Description and Diagram Attached	<input type="checkbox"/>	Detailed Information Attached; and
12. PERSONNEL TRAINING PROGRAM		<input type="checkbox"/>	Appendix L Procedures Followed; or _____ (Check One)
<input checked="" type="checkbox"/>	Description of Training Attached	<input type="checkbox"/>	Equivalent Procedures Attached
13. PROCEDURES FOR ORDERING AND RECEIVING RADIOACTIVE MATERIAL		21. PROCEDURES AND PRECAUTIONS FOR USE OF RADIOACTIVE GASES (e.g., Xenon - 133)	
<input checked="" type="checkbox"/>	Detailed Information Attached	<input type="checkbox"/>	Detailed Information Attached
14. PROCEDURES FOR SAFELY OPENING PACKAGES CONTAINING RADIOACTIVE MATERIALS (Check One)		22. PROCEDURES AND PRECAUTIONS FOR USE OF RADIOACTIVE MATERIAL IN ANIMALS	
<input type="checkbox"/>	Appendix F Procedures Followed; or	<input type="checkbox"/>	Detailed Information Attached
<input checked="" type="checkbox"/>	Equivalent Procedures Attached	23. PROCEDURES AND PRECAUTIONS FOR USE OF RADIOACTIVE MATERIAL SPECIFIED IN ITEM 6.b	
<input checked="" type="checkbox"/>	Equivalent Procedures Attached	<input checked="" type="checkbox"/>	Detailed Information Attached

24. PERSONNEL MONITORING DEVICES

TYPE <small>(Check appropriate box)</small>		SUPPLIER	EXCHANGE FREQUENCY
a. WHOLE BODY	FILM		
	TLD		
	OTHER (Specify)		
b. FINGER	FILM		
	TLD		
	OTHER (Specify)		
c. WRIST	FILM		
	TLD		
	OTHER (Specify)		

d. OTHER (Specify)

RECEIVED BY LFMB

Date 4/1/84

Log apv

By [Signature]

Orig. To R. [Signature]

Action Compl. ap

Applicant affiliated foot care center One

Check No. 271

Amount Fee Category \$190.23

Type of Fee apv

Date Check Rec'd 4/1/84

Received By [Signature]

25. FOR PRIVATE PRACTICE APPLICANTS ONLY

a. HOSPITAL AGREEING TO ACCEPT PATIENTS CONTAINING RADIOACTIVE MATERIAL

NAME OF HOSPITAL		<p>b. ATTACH A COPY OF THE AGREEMENT LETTER SIGNED BY THE HOSPITAL ADMINISTRATOR.</p> <p>c. WHEN REQUESTING THERAPY PROCEDURES, ATTACH A COPY OF RADIATION SAFETY PRECAUTIONS TO BE TAKEN AND LIST AVAILABLE RADIATION DETECTION INSTRUMENTS.</p>
MAILING ADDRESS		
CITY	STATE	

26. CERTIFICATE

(This item must be completed by applicant)

The applicant and any official executing this certificate on behalf of the applicant named in Item 1a certify that this application is prepared in conformity with Title 10, Code of Federal Regulations, Parts 30 and 35, and that all information contained herein, including any supplements attached hereto, is true and correct to the best of our knowledge and belief.

<p>* LICENSE FEE REQUIRED <small>(See Section 170.31, 10 CFR 170)</small></p>	<p>b. APPLICANT OR CERTIFYING OFFICIAL (Signature)</p> <p style="font-size: 1.2em;">* <u>[Signature]</u></p>
<p>(1) LICENSE FEE CATEGORY</p>	<p>(1) NAME (Type of Print)</p> <p style="font-size: 1.2em;"><u>GARY ASCHER</u></p>
<p>(2) LICENSE FEE ENCLOSED \$ <u>190.00</u></p>	<p>(2) TITLE</p> <p style="font-size: 1.2em;"><u>Administrator</u></p>
<p>c. DATE</p> <p style="font-size: 1.2em;"><u>March 5, 1984</u></p>	

SUPPLEMENTAL INFORMATION

- * 11. Sketch of facility attached. (Describe facility below)
12. Qualified personnel will be trained by licensee using the S.A. Huber training course and Lixiscope instruction manual. Outline of course attached (Supplement A, 4b). Such persons may only use the device under the direct supervision and presence of licensee.
13. Orders for material will be placed using Lixi, Inc., catalog
14. numbers and specifications. When received, packages will be inspected for damage. Contents will be inspected and operational checks performed. Receiving records will be maintained and material will be logged into accountability system. Device will be placed in secured storage until utilized.
15. Licensee will observe the following general rules:
 1. Device will be kept in secure storage when not in use. Locks will be kept in place.
 2. Licensee will not permit anyone to place fingers, hands or feet into beam to test device for operation.
 3. The device will not be used to experiment on patients. Use will be limited to diagnostic examination of patients with specific applicable medical problems.
 4. Source holder will be left attached to device except for leak testing and source exchange.
 5. Device will be returned to secure storage after use.
16. Lost or stolen material will be reported immediately to the NRC.
18. Disposal of material will be by return of source holders to Lixi, Inc.
23. All precautions and procedures as described in item 15 plus the following:
 1. Licensee will not remove the sealed source from the source holder.
 2. Leak test will be performed at six month intervals.
 3. Transport of materials will be in accordance with D.O.T. regulations.
 4. Source exchange will be through the manufacturer.
 5. All procedures covered by the Lixiscope instruction manual will be followed.
 6. During transport and at temporary job sites, the licensee will insure that the device is attended and secured at all times by the licensee, or locked in secure storage.
 7. In the event of an accident where damage to the Lixiscope occurs, NRC will be notified immediately.

Lixiscope - Training Course Outline

(Registration of Attendees and Introduction to Course)

1. Overview of federal NRC and Agreement State Regulations for Radiation Protection. (Special emphasis on 10CFR Parts 19 & 20)
2. General Radiation Safety Instructions to Workers.
NRC Regulation Guide
NRC Prenatal Exposure Instructions for any female worker
3. Need for Specific Radiation Safety Program for each Lixiscope Licensee (Regulations and License conditions)

(Question - Answer Session and Break)

4. Elements of an Effective Radiation Management Program
 - a) Restricted Users (only trained personnel can use Lixiscope).
 - b) Security against theft or loss of radioactive material (includes receiving procedures, key controls and return or disposal procedures).
 - c) Thorough familiarity of licensed users with individual facility application to NRC for licensure, as well as the license itself.
 - d) Accountability and specific secure storage area for the Lixiscope(s).
 - e) Quarterly inventory and source exchange or transfer or disposal records.
 - f) Semi-annual leak test records and how to use leak test kits.
 - g) Discussion of radiation surveys - if required by NRC.
 - h) Personnel exposure monitoring systems - film and TLD badges.
 - i) Maximum permissible doses (MPD) and how to read film badge reports.
 - j) "ALARA" philosophy - to keep radiation exposures as low as reasonably achievable.
 - k) NRC posting and labeling requirements and DOT requirements in any transportation.
 - l) Reason for R.S.O. and duties of this individual.
 - m) Advantages of centralized record system (recommended type).
 - n) Review of required reports and sample forms and "year at a glance" management chart.
 - o) Audits, annual safety reviews and preparation for inspections.
 - p) New users personnel orientation and license amendments.

(Question - Answer Session and Break)

5. Elements of an NRC license application.
 - a) Discuss licensing checklist resumes and individual or special needs.
 - b) Review licensing services or consultation available.

6. Review of the Lixiscope Instruction Manual and specific safety instructions.

- a) Characteristics of I-125 source and discussion of half-life.
- b) Inverse square law and basic radiation safety principles of time, distance and shielding.
- d) Demonstrate Lixiscope operation.
- e) Final Question and Answer Session.
- f) Test.
- g) Certification of Attendance or Completion.

Total Course Time = Approximately $4\frac{1}{2}$ to $5\frac{1}{2}$ hours with 3 ten minute breaks = 5 to 6 hours total time (not counting 15 minute test).

NOTE: These are very rough time estimates. With smaller classes it may be possible to complete the course in 2 or 3 hours total time.

TRAINING CERTIFICATE

RADIATION SAFETY AND EXPERIENCE

Ref: NRC 3131 - Items 16 & 17

Item 16-Training

This certifies that the following individual(s) have taken the Lixi, Inc., Radiation Safety Course on file with the Nuclear Regulatory Commission:

Names (Type or Print)	Signature(s)
Franklin H. Kodish	Franklin H. Kodish, J.P.M.
Frank Gall	Frank Gall
Howard Aronoff	Howard Aronoff
Darall Moore	Darall Moore
GARY ASCHER	J. Gary Ascher

Item 17 - Experience

The applicant(s) and the instructor signing this certificate hereby attest that this document is executed in conformance to Title 10, Code of Federal Regulations and to the best of our belief, is true and correct. The applicant(s) has/have received instruction in the operation of the Lixiscope, and has operated a working model under the supervision of the instructor.

WARNING: 18 U.S.C., Section 1001; Act of June 25, 1948; 62 Stat. 749; makes it a criminal offense to make a willfully false statement or representation to any department or agency of the United States as to any matter within its jurisdiction.

Training completed: 1-30-84
date

Certified by: JAMES A. B. MARTIN
Instructor

Signed: [Signature]
Instructor

Date: 2-19-84

Under license #: 12-18215-01

TRAINING CERTIFICATE

RADIATION SAFETY AND EXPERIENCE

Ref: NRC 3131 - Items 16 & 17

Item 16-Training

This certifies that the following individual(s) have taken the Lixi, Inc., Radiation Safety Course on file with the Nuclear Regulatory Commission:

Names (Type or Print)

Signature(s)

Craig L. Cohen ✓
MICHAEL G. WARSHAW ✓
SAMUEL R. GOSS ✓
RUSTOM R. KHOURI ✓

Craig L. Cohen
Michael G. Warshaw
Samuel R. Goss
Rustom R. Khouri

Item 17 - Experience

The applicant(s) and the instructor signing this certificate hereby attest that this document is executed in conformance to Title 10, Code of Federal Regulations and to the best of our belief, is true and correct. The applicant(s) has/have received instruction in the operation of the Lixiscope, and has operated a working model under the supervision of the instructor.

WARNING: 18 U.S.C., Section 1001; Act of June 25, 1948; 62 Stat. 749; makes it a criminal offense to make a willfully false statement or representation to any department or agency of the United States as to any matter within its jurisdiction.

Training completed: 1-30-84
date

Certified by:

JAMES H. MARTIN
Instructor

Signed:

Gail A. Martin
Instructor

Date:

2-19-84

Under license #:

12-18215-01

Howard B. Aronoff *
DPM

FORM NRC-313M-SUPPLEMENT A
(8-78)

U.S. NUCLEAR REGULATORY COMMISSION

TRAINING AND EXPERIENCE
AUTHORIZED USER OR RADIATION SAFETY OFFICER

1. NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER

Howard B. Aronoff, DPM

2. STATE OR TERRITORY IN
WHICH LICENSED TO
PRACTICE MEDICINE
Ohio

3. CERTIFICATION

SPECIALTY BOARD
A

CATEGORY
B

MONTH AND YEAR CERTIFIED
C

4. TRAINING RECEIVED IN BASIC RADIOISOTOPE HANDLING TECHNIQUES

FIELD OF TRAINING
A

LOCATION AND DATE(S) OF TRAINING
B

TYPE AND LENGTH OF TRAINING

LECTURE/
LABORATORY
COURSES
(Hours)
C

SUPERVISED
LABORATORY
EXPERIENCE
(Hours)
D

a. RADIATION PHYSICS AND
INSTRUMENTATION

Fairleigh Dickinson Univ
Ohio College of Podiatric
Medicine '82

'77

3hrs

b. RADIATION PROTECTION

Lixi Training Course
Course outline attached

2hrs

c. MATHEMATICS PERTAINING TO
THE USE AND MEASUREMENT
OF RADIOACTIVITY

d. RADIATION BIOLOGY

Fairleigh Dickinson Univ
Ohio College of Podiatric
Medicine '82

'77

3hrs

e. RADIOPHARMACEUTICAL
CHEMISTRY

5. EXPERIENCE WITH RADIATION. (Actual use of Radioisotopes or Equivalent Experience)

ISOTOPE

MAXIMUM AMOUNT

WHERE EXPERIENCE WAS GAINED

DURATION OF EXPERIENCE

TYPE OF USE

Craig L. Cohen DPM *

FORM NRC-313M-SUPPLEMENT A (8-78)		U.S. NUCLEAR REGULATORY COMMISSION		
TRAINING AND EXPERIENCE AUTHORIZED USER OR RADIATION SAFETY OFFICER				
1. NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER Craig L. Cohen, DPM		2. STATE OR TERRITORY IN WHICH LICENSED TO PRACTICE MEDICINE Ohio, Virginia		
3. CERTIFICATION				
SPECIALTY BOARD A	CATEGORY B	MONTH AND YEAR CERTIFIED C		
The Academy of Ambulatory Foot Surgery Ohio Podiatry Association				
4. TRAINING RECEIVED IN BASIC RADIOISOTOPE HANDLING TECHNIQUES				
FIELD OF TRAINING A	LOCATION AND DATE(S) OF TRAINING B	TYPE AND LENGTH OF TRAINING		
		LECTURE/ LABORATORY COURSES (Hours) C	SUPERVISED LABORATORY EXPERIENCE (Hours) D	
a. RADIATION PHYSICS AND INSTRUMENTATION	Miami University '76 Illinois College of Podiatric Medicine '80	3hrs		
b. RADIATION PROTECTION	Lixi Training Course Course outline attached	2hrs		
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY				
d. RADIATION BIOLOGY	Miami University '76 Illinois College of Podiatric Medicine '80	3hrs		
e. RADIOPHARMACEUTICAL CHEMISTRY				
5. EXPERIENCE WITH RADIATION. (Actual use of Radioisotopes or Equivalent Experience)				
ISOTOPE	MAXIMUM AMOUNT	WHERE EXPERIENCE WAS GAINED	DURATION OF EXPERIENCE	TYPE OF USE

*

Samuel R. Goss DPM
U.S. NUCLEAR REGULATORY COMMISSION

FORM NRC-313M-SUPPLEMENT A
(8-78)

TRAINING AND EXPERIENCE
AUTHORIZED USER OR RADIATION SAFETY OFFICER

1. NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER Samuel R. Goss, DPM		2. STATE OR TERRITORY IN WHICH LICENSED TO PRACTICE MEDICINE Ohio		
3. CERTIFICATION				
SPECIALTY BOARD A	CATEGORY B	MONTH AND YEAR CERTIFIED C		
4. TRAINING RECEIVED IN BASIC RADIOISOTOPE HANDLING TECHNIQUES				
FIELD OF TRAINING A	LOCATION AND DATE(S) OF TRAINING B	TYPE AND LENGTH OF TRAINING		
		LECTURE/ LABORATORY COURSES (Hours) C	SUPERVISED LABORATORY EXPERIENCE (Hours) D	
a. RADIATION PHYSICS AND INSTRUMENTATION	University of Akron '75 Ohio College of Podiatric Medicine '80	3hrs		
b. RADIATION PROTECTION	Lixi Training Course Course outline attached	2hrs		
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY				
d. RADIATION BIOLOGY	University of Akron '75 Ohio College of Podiatric Medicine '80	3hrs		
e. RADIOPHARMACEUTICAL CHEMISTRY				
5. EXPERIENCE WITH RADIATION. (Actual use of Radioisotopes or Equivalent Experience)				
ISOTOPE	MAXIMUM AMOUNT	WHERE EXPERIENCE WAS GAINED	DURATION OF EXPERIENCE	TYPE OF USE

Rustom R Khouri DPM MD

FORM NRC-313M-SUPPLEMENT A
(8-78)

U.S. NUCLEAR REGULATORY COMMISSION

TRAINING AND EXPERIENCE AUTHORIZED USER OR RADIATION SAFETY OFFICER

1. NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER Rustom R. Khouri, DPM, MD	2. STATE OR TERRITORY IN WHICH LICENSED TO PRACTICE MEDICINE Ohio, Vermont, Virginia
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3. CERTIFICATION

SPECIALTY BOARD A	CATEGORY B	MONTH AND YEAR CERTIFIED C

4. TRAINING RECEIVED IN BASIC RADIOISOTOPE HANDLING TECHNIQUES

FIELD OF TRAINING A	LOCATION AND DATE(S) OF TRAINING B	TYPE AND LENGTH OF TRAINING	
		LECTURE/ LABORATORY COURSES (Hours) C	SUPERVISED LABORATORY EXPERIENCE (Hours) D
a. RADIATION PHYSICS AND INSTRUMENTATION	Ohio College of Podiatric Medicine '79 University of Dominica '80 Oakland University '80	3hrs	
b. RADIATION PROTECTION	Lixi Training Course course outline attached	2hrs	
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY			
d. RADIATION BIOLOGY	Ohio College of Podiatric Medicine '79 University of Dominica '80 Oakland University '80	3hrs	
e. RADIOPHARMACEUTICAL CHEMISTRY			

5. EXPERIENCE WITH RADIATION. (Actual use of Radioisotopes or Equivalent Experience)

ISOTOPE	MAXIMUM AMOUNT	WHERE EXPERIENCE WAS GAINED	DURATION OF EXPERIENCE	TYPE OF USE

FORM NRC-313M-SUPPLEMENT A
(8-78)

U.S. NUCLEAR REGULATORY COMMISSION

TRAINING AND EXPERIENCE
AUTHORIZED USER OR RADIATION SAFETY OFFICER

1. NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER

Michael G. Warshaw, DPM

2. STATE OR TERRITORY IN
WHICH LICENSED TO
PRACTICE MEDICINE
Ohio

3. CERTIFICATION

SPECIALTY BOARD A	CATEGORY B	MONTH AND YEAR CERTIFIED C
Academy of Ambulatory Foot Surgery	Fellow	January, 1983

4. TRAINING RECEIVED IN BASIC RADIOISOTOPE HANDLING TECHNIQUES

FIELD OF TRAINING A	LOCATION AND DATE(S) OF TRAINING B	TYPE AND LENGTH OF TRAINING	
		LECTURE/ LABORATORY COURSES (Hours) C	SUPERVISED LABORATORY EXPERIENCE (Hours) D
a. RADIATION PHYSICS AND INSTRUMENTATION	Herbert H. Lehman College Ohio College of Podiatric Medicine '77	'73 3hrs	
b. RADIATION PROTECTION	Lixi Training Course Course outline attached	2hrs	
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY			
d. RADIATION BIOLOGY	Herbert H. Lehman College Ohio College of Podiatric Medicine '77	'73 3hrs	
e. RADIOPHARMACEUTICAL CHEMISTRY			

5. EXPERIENCE WITH RADIATION. (Actual use of Radioisotopes or Equivalent Experience)

ISOTOPE	MAXIMUM AMOUNT	WHERE EXPERIENCE WAS GAINED	DURATION OF EXPERIENCE	TYPE OF USE

Franklin H Kodish DPM*

FORM NRC-313M-SUPPLEMENT A
(8-78)

U.S. NUCLEAR REGULATORY COMMISSION

TRAINING AND EXPERIENCE
AUTHORIZED USER OR RADIATION SAFETY OFFICER

1. NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER

Franklin H. Kodish, DPM

2. STATE OR TERRITORY IN
WHICH LICENSED TO
PRACTICE MEDICINE
Ohio

3. CERTIFICATION

SPECIALTY BOARD
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CATEGORY
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FIELD OF TRAINING
A

LOCATION AND DATE(S) OF TRAINING
B

TYPE AND LENGTH OF TRAINING

LECTURE/
LABORATORY
COURSES
(Hours)
C

SUPERVISED
LABORATORY
EXPERIENCE
(Hours)
D

a. RADIATION PHYSICS AND
INSTRUMENTATION

Miami University '77
Ohio College of Podiatric
Medicine '80

3hrs

b. RADIATION PROTECTION

Lixi Training Course
Course outline attached

2hrs

c. MATHEMATICS PERTAINING TO
THE USE AND MEASUREMENT
OF RADIOACTIVITY

d. RADIATION BIOLOGY

Miami University '77
Ohio College of Podiatric
Medicine '80

3hrs

e. RADIOPHARMACEUTICAL
CHEMISTRY

5. EXPERIENCE WITH RADIATION. (Actual use of Radioisotopes or Equivalent Experience)

ISOTOPE

MAXIMUM AMOUNT

WHERE EXPERIENCE WAS GAINED

DURATION OF EXPERIENCE

TYPE OF USE

*
Darrall Moore DPM

FORM NRC-313M-SUPPLEMENT A

U.S. NUCLEAR REGULATORY COMMISSION

(8-78)

TRAINING AND EXPERIENCE AUTHORIZED USER OR RADIATION SAFETY OFFICER

1. NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER

Darrall Moore, DPM

2. STATE OR TERRITORY IN
WHICH LICENSED TO
PRACTICE MEDICINE
Ohio

3. CERTIFICATION

SPECIALTY BOARD
A

CATEGORY
B

MONTH AND YEAR CERTIFIED
C

4. TRAINING RECEIVED IN BASIC RADIOISOTOPE HANDLING TECHNIQUES

FIELD OF TRAINING A	LOCATION AND DATE(S) OF TRAINING B	TYPE AND LENGTH OF TRAINING	
		LECTURE/ LABORATORY COURSES (Hours) C	SUPERVISED LABORATORY EXPERIENCE (Hours) D
a. RADIATION PHYSICS AND INSTRUMENTATION	University of Nevada '78 Ohio College of Podiatric Medicine '83	3hrs	
b. RADIATION PROTECTION	Lixi Training Course Course outline attached	2hrs	
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY			
d. RADIATION BIOLOGY	University of Nevada '78 Ohio College of Podiatric Medicine '83	3hrs	
e. RADIOPHARMACEUTICAL CHEMISTRY			

5. EXPERIENCE WITH RADIATION. (Actual use of Radioisotopes or Equivalent Experience)

ISOTOPE	MAXIMUM AMOUNT	WHERE EXPERIENCE WAS GAINED	DURATION OF EXPERIENCE	TYPE OF USE

*

Frank Gall DPM

FORM NRC-313M-SUPPLEMENT A
(8-78)

U.S. NUCLEAR REGULATORY COMMISSION

TRAINING AND EXPERIENCE
AUTHORIZED USER OR RADIATION SAFETY OFFICER

1. NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER Frank Gall, DPM	2. STATE OR TERRITORY IN WHICH LICENSED TO PRACTICE MEDICINE Ohio, California
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3. CERTIFICATION

SPECIALTY BOARD A	CATEGORY B	MONTH AND YEAR CERTIFIED C
National Board of Podiatric Examiners	Diplomate	1980

4. TRAINING RECEIVED IN BASIC RADIOISOTOPE HANDLING TECHNIQUES

FIELD OF TRAINING A	LOCATION AND DATE(S) OF TRAINING B	TYPE AND LENGTH OF TRAINING	
		LECTURE/ LABORATORY COURSES (Hours) C	SUPERVISED LABORATORY EXPERIENCE (Hours) D
a. RADIATION PHYSICS AND INSTRUMENTATION			
b. RADIATION PROTECTION	Lixi Training Course Course outline attached		
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY			
d. RADIATION BIOLOGY			
e. RADIOPHARMACEUTICAL CHEMISTRY			

5. EXPERIENCE WITH RADIATION. (Actual use of Radioisotopes or Equivalent Experience)

ISOTOPE	MAXIMUM AMOUNT	WHERE EXPERIENCE WAS GAINED	DURATION OF EXPERIENCE	TYPE OF USE

FRANK R. GALL, D.P.M.

CURRICULUM VITAE

Jun 1982 - Jul 1983 - Milton Community Hospital - Resident

Dr. Gall was a Surgical Resident in the APA approved Podiatric Surgical Residency. He was trained and subsequently became responsible for all in- and out-patient care. He assisted in and performed all office and hospital Podiatric surgery, wrote up Operating Room reports, discharge summaries, and was responsible for all office charting and billing. Dr. Gall also attended seminars in internal medicine, radiology, anesthesiology and pharmacology. He was required to observe and assist in emergency and acute care cases at the Emergency Room of Heritage Hospital. He was instructed and became proficient in the use of laser surgery for soft tissue deformities of the foot. Dr. Gall, on occasion, also assisted in peripheralvascular surgery. A paper on Iatrogenic Hallux Varus was also presented during his residency.

Aug 1980 - Jun 1982

Dr. Gall observed and assisted in the offices of Drs. Scott Becker, Stuart Tattar, J. Douglas Butler and John Stroh (Washington, DC metropolitan area). During this time he became totally and thoroughly familiar with each Doctor's office procedures and patient care, medical administration and surgical techniques.

Aug 1979 - Aug 1980

Sabbatical in preparation for the Podiatry National Board Exams

Mar 1975 - Aug 1979 - Washington Temple - Medical and Safety Specialist

Dr. Gall was responsible for maintaining medical and safety security and emergency care of employees and patrons.

Sep 1974 - Mar 1975 - The Catholic University of America

Student in Pathogenic Bacteriology

Mar 1972 - Aug 1974 - Hoffman La-Roche - Marketing and Sales Territory Manager

Dr. Gall was responsible for the marketing and sales of antibacterial products in Montgomery County which required a complete familiarity and knowledge of the Company's products, their pharmacological composition, medical advisability, adverse effects, counter-indications and precautions. Dr. Gall was instrumental in the promotion and marketing of new anti-infectants to physicians and hospitals. He also became acquainted with the clinical applications

for psychotherapeutic agents including all major and minor tranquilizers, phenothiazines, and numerous hypnotics. He attended numerous seminars in Amoxicillin, Bactrim, and anti-infectants.

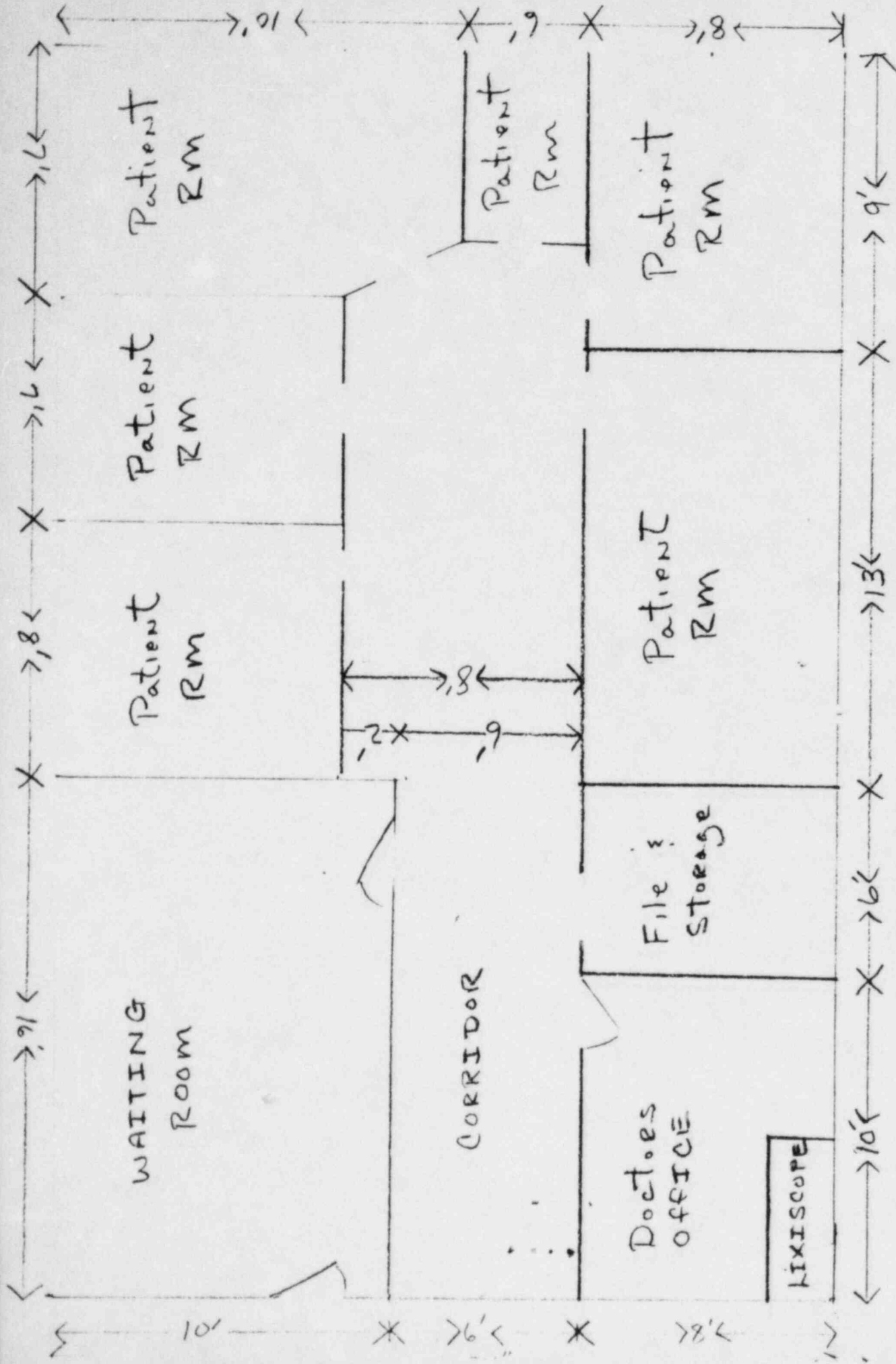
Jun 1968 - Dec 1971 - U. S. Army

Dr. Gall was inducted into the U.S. Army as a German Linguist in the Army Security Agency of Military Intelligence. He subsequently, in his final 2 years of service, served as a Podiatry and Orthopedic Assistant at Kimbrough Army Hospital and became familiar with and performed all associated duty requirements.

CURRENT LICENSES:

California
Ohio

Dr. Gall is a Diplomate of the National Board of Podiatry Examiners, 1980.



PERMANENT LOCATION - FAMILY FOOT CARE CENTER -
16611 CHAGRIN BLVD
SHAKER HTS. OHIO 44120