



**Veterans
Administration**

January 8, 1988

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In Reply Refer To: 649/115

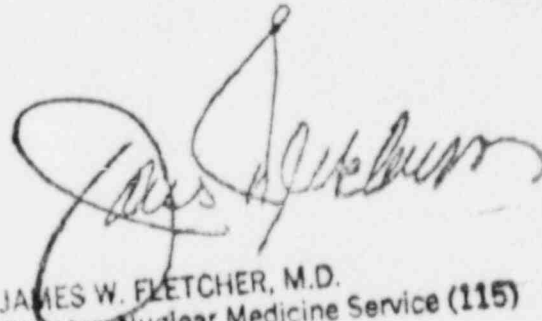
James W. Fletcher, M.D.
Director, Nuclear Medicine
810 Vermont Avenue, NW
Washington, D.C. 20420

SUBJ: Amendment to NRC License #02-12726-01 (New user
Galen J. Schmit, M.D.)

Please add the following name to license #02-12726-01:
Galen J. Schmit, M.D.

For and in
the name of

V. I. McINTYRE
Medical Center Director


JAMES W. FLETCHER, M.D.
Director, Nuclear Medicine Service (115)
Veterans Administration
Washington, DC 20420

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REG5 LIC30
02-12726-01 PDR

FEE EXEMPT

70707

ARIZONA RADIATION REGULATORY AGENCY

SUPPLEMENT A

 TRAINING AND EXPERIENCE
 AUTHORIZED USER OR RADIATION PROTECTION OFFICER

1. NAME OF AUTHORIZED USER OR RADIATION PROTECTION OFFICER Allen J. Schmit, M.D.		2. STATE OR TERRITORY LICENSED TO PRACTICE Arizona	
3. CERTIFICATION			
SPECIALTY BOARD A	CATEGORY B	MONTH AND YEAR CERTIFIED C	
High Board Biology		December, 1974	
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 Utah 1971-73	80 hours	
b. RADIATION PROTECTION	University of Utah 1971-73 ASU - August 1983	20 hours 8 hours	
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY	University of Utah 1971-73	40 hours	
d. RADIATION BIOLOGY	University of Utah 1971-73	40 hours	
e. RADIOPHARMACEUTICAL CHEMISTRY	University of Utah 1971-73	20 hours	

	* TYPE	SUPPLIER	EXCHANGE FREQUENCY
1. WHOLE BODY	<input type="checkbox"/> FILM		
	<input type="checkbox"/> TLD		
	<input type="checkbox"/> OTHER (Specify)		
2. FINGER	<input type="checkbox"/> FILM		
	<input type="checkbox"/> TLD		
	<input type="checkbox"/> OTHER (Specify)		

(Specify)

25. FOR PRIVATE PRACTICE APPLICANTS ONLY

HOSPITAL AGREEING TO ACCEPT PATIENTS CONTAINING RADIOACTIVE MATERIAL			b. ATTACH A COPY OF THE AGREEMENT LETTER SIGNED BY THE HOSPITAL ADMINISTRATOR.
NAME OF HOSPITAL			
MAILING ADDRESS			
CITY	STATE	ZIP CODE	c. WHEN REQUESTING THERAPY PROCEDURES, ATTACH A COPY OF RADIATION SAFETY PRECAUTIONS TO BE TAKEN AND LIST AVAILABLE RADIATION DETECTION INSTRUMENTS.

26. CERTIFICATE (This item must be completed by applicant)

CERTIFICATE

THE APPLICANT, AND ANY OFFICIAL EXECUTING THIS CERTIFICATE ON BEHALF OF THE APPLICANT NAMED IN ITEM 1, CERTIFY THAT THIS APPLICATION IS PREPARED IN CONFORMITY WITH THE ARIZONA RADIATION REGULATORY AGENCY REGULATIONS FOR THE CONTROL OF IONIZING RADIATION, AND THAT ALL INFORMATION CONTAINED HEREIN, INCLUDING ANY SUPPLEMENTS ATTACHED HERETO, IS TRUE AND CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF.

Date _____

By:

James P. Walker
Applicant named in Item 1

Assistant Administrator for Technical S.
Title of certifying official authorized to act on behalf of the Applicant