18-16294-01

SEPTEMBER 9, 1986

U.S. NUCLEAR REGULATORY COMMISSION
341 PARK AVENUE
KING OF PRUSSIA, PA.

RE: AUTHORIZED USER APPLICATION

Dear Sirs,

Enclosed is an amendment to add John Zibreg, M.D., to our materials license. We request he be added for groups I, II,and III. In addition we request he be listed as the Radiation Safety Officer instead of Monique Aniel, M.D.

Enclosed is a check for $120.00 to cover the fee as outlined in 10CFR170.

If you need more information, please contact Dr. Zibreg at (207) 364-4581.

Sincerely,

Monique Aniel M/D
MONIQUE ANIEL, M.D.
RADIATION SAFETY OFFICER

ASHLEY OBRIEN
ADMINISTRATOR

enc.
CB/djv

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	2. STATE OR TERRITORY IN WHICH LICENSED TO PRACTICE MEDICINE
JOHN ZIBLEG	MAINE

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	SINAI HOSPITAL BALT. MD 21215 6-81 TO 6-84	100	OJT 3 MONTHS
b. RADIATION PROTECTION		30	OJT 3 MONTHS
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY		20	OJT 3 MONTHS
d. RADIATION BIOLOGY		20	OJT 3 MONTHS
e. RADIOPHARMACEUTICAL CHEMISTRY		30	OJT 3 MONTHS

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

ISOTOPE	MAXIMUM AMOUNT	WHERE EXPERIENCE WAS GAINED	DURATION OF EXPERIENCE	TYPE OF USE
Tc 99m	2 Ci	Sinai Hosp.	3 months	Kit
I 131	100 mCi	" "	" "	Thyroid uptake + scan
In 111	3 mCi	" "	" "	cisternography
Xe 133	10 mCi	" "	" "	Ventilation studies

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

U. S. NUCLEAR REGULATORY COMMISSION

PRECEPTOR STATEMENT

Supplement B must be completed by the applicant physician's preceptor. If more than one preceptor is necessary to document experience, obtain a separate statement from each.

1. APPLICANT PHYSICIAN'S NAME AND ADDRESS

FULL NAME
JOHN W. ZIBREG

STREET ADDRESS
430 FRANKLIN ST.
RUMFORD COMMUNITY HOSPITAL

CITY | STATE | ZIP CODE
RUMFORD | ME | 04276

KEY TO COLUMN C

PERSONAL PARTICIPATION SHOULD CONSIST OF:

1-Supervised examination of patients to determine the suitability for radioisotope diagnosis and/or treatment and recommendation for prescribed dosage.

2-Collaboration in dose calibration and actual administration of dose to the patient including calculation of the radiation dose, related measurements and plotting of data.

3-Adequate period of training to enable physician to manage radioactive patients and follow patients through diagnosis and/or course of treatment.

2. CLINICAL TRAINING AND EXPERIENCE OF ABOVE NAMED PHYSICIAN

ISOTOPE A	CONDITIONS DIAGNOSED OR TREATED B	NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION C	COMMENTS *(Additional information or comments may be submitted in duplicate on separate sheets.)* D
I-131 or I-125	DIAGNOSIS OF THYROID FUNCTION	25	
	DETERMINATION OF BLOOD AND BLOOD PLASMA VOLUME	10	
	LIVER FUNCTION STUDIES		
	FAT ABSORPTION STUDIES		
	KIDNEY FUNCTION STUDIES	10	
	IN VITRO STUDIES	10	
OTHER			
I-125	DETECTION OF THROMBOSIS		
I-131	THYROID IMAGING	12	
P-32	EYE TUMOR LOCALIZATION		
Se-75	PANCREAS IMAGING	10	
Yb-169	CISTERNOGRAPHY		
Xe-133	BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES	10	
OTHER			
Tc-99m	BRAIN IMAGING	70	
	CARDIAC IMAGING		
	THYROID IMAGING	30	
	SALIVARY GLAND IMAGING	5	
	BLOOD POOL IMAGING	10	
	PLACENTA LOCALIZATION		
	LIVER AND SPLEEN IMAGING	50	
	LUNG IMAGING	25	
	BONE IMAGING	45	
OTHER			

PRECEPTOR STATEMENT *(Continued)*

2. CLINICAL TRAINING AND EXPERIENCE OF ABOVE NAMED PHYSICIAN *(Continued)*

ISOTOPE A	CONDITIONS DIAGNOSED OR TREATED B	NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION C	COMMENTS *(Additional information or comments may be submitted in duplicate on separate sheets.)* D
P-32 *(Soluble)*	TREATMENT OF POLYCYTHEMIA VERA, LEUKEMIA, AND BONE METASTASES		
P-32 *(Colloidal)*	INTRACAVITARY TREATMENT		
I-131	TREATMENT OF THYROID CARCINOMA		
	TREATMENT OF HYPERTHYROIDISM		
Au-198	INTRACAVITARY TREATMENT		
Co-60 or Cs-137	INTERSTITIAL TREATMENT		
	INTRACAVITARY TREATMENT		
I-125 or Ir-192	INTERSTITIAL TREATMENT		
Co-60 or Cs-137	TELETHERAPY TREATMENT		
Sr-90	TREATMENT OF EYE DISEASE		
	RADIOPHARMACEUTICAL PREPARATION		
Mo-99/ Tc-99m	GENERATOR	N/A	→ ALL REAGENTS WERE PREPARED AT A PHARMACEUTICAL CO. PRIOR TO SHIPPING TO OUR DEPARTMENT
Sn-113/ In-113m	GENERATOR		
Tc-99m	REAGENT KITS	N/A	
Other ^{111}In	Cisternography	2	

3. DATES AND TOTAL NUMBER OF HOURS RECEIVED IN CLINICAL RADIOISOTOPE TRAINING

March 1982
March - April 1984 480 Hours Total

4. THE TRAINING AND EXPERIENCE INDICATED ABOVE WAS OBTAINED UNDER THE SUPERVISION OF:

a. NAME OF SUPERVISOR
David C. Moses, M.D.

b. NAME OF INSTITUTION
Sinai Hospital of Baltimore

c. MAILING ADDRESS
2401 W. Belvedere Avenue

d. CITY
Baltimore, MD 21215

5. MATERIALS LICENSE NUMBER(S)
MD 07-011-01

6. PRECEPTOR'S SIGNATURE

7. PRECEPTOR'S NAME *(Please type or print)*
David C. Moses, M.D.

8. DATE
8/19/86

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

030-10946
02120
6/91.

BETWEEN: William O. Miller, Chief
License Fee Management Branch
Office of Administration

John E. Glenn, Chief
Nuclear Materials Section B
Division of Engineering and
Technical Programs

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED

Applicant/Licensee: Rumford Community Hosp.

Application Dated: 9-9-86

Control No.: 106336

License No.: 18-16294-01

2. FEE ATTACHED

Amount: $120

Check No.: 964

3. COMMENTS

Signed SLJ

Date 10-29-86

B. LICENSE FEE MANAGEMENT BRANCH

1. Fee Category and Amount: 7C (120)

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

Amendment ✓

Renewal _____

License _____

Signed M. Messina

Date 11/4/86

REGION I FORM 213
(MARCH 1983)