



September 10, 2021

Division of Nuclear Materials Safety Nuclear Regulatory Commission-Region III 2443 Warrenville RD. Suite 210 Lisle, IL. 60532-4352

Dear Madam/Sir,

Please amend our Radioactive Materials License #24-25816-01 (Truman Medical Center; 2301 Holmes Street; Kansas City, MO. 64108) to include the following items;

- A. Please add Travis Brown, D.O. to our license as an Authorized User for the following authorized uses;
 - 1. 10 CFR 35.100- Use of unsealed byproduct material for uptake, dilution, and excretion studies for which a written directive is not required.
 - 2. 10 CFR 35.200-Use of unsealed byproduct material for imaging and localization studies for which a written directive is not required.
 - 3. 10 CFR 35-300-Use of unsealed byproduct material for which a written directive is required.

We have attached the following documents for your review:

- a. Dr. Brown's Form NRC Form 313A (AUD), signed by Lawrence Ricci, D.O.
- b. Dr. Brown's Form NRC Form 313A (AUT), signed by Lawrence Ricci, D.O.
- B. Please add Tisa Saha, M.D. to our license as an Authorized User for the following authorized uses;
 - 1. 10 CFR 35.200-Use of unsealed byproduct material for imaging and localization studies for which a written directive is not required.

We have attached the following documents for your review:

- a. Dr. Saha's Form NRC Form 313A (AUD), signed by Jotinder Malhotra, M.D.
- b. A copy of Dr. Saha's Health and Radiological Seminars, Inc. Certificate of Completion of Radioisotope Handlers Training Certificate conducted in accordance with NRC 10 CFR 35 Regulatory Requirements.
- C. Please add Talal Asif, M.D. to our license as an Authorized User for the following authorized uses;
 - 1. 10 CFR 35.200-Use of unsealed byproduct material for imaging and localization studies for which a written directive is not required.

We have attached the following documents for your review:

- a. Dr. Asif's Form NRC Form 313A (AUD), signed by Saurabh Malhotra, M.D.
- b. A copy of Dr. Asif's Corscan Certificate of Completion of Radioisotope Handlers Training conducted in accordance with NRC 10 CFR 35 Regulatory Requirements.
- c. A copy of the Board of Nuclear Cardiology Attestation Letter signed by Saurabh Malhotra, M.D.
- D. Please remove Bethlehem Gelaw, M.D. and Socrates Jamoulis, M.D. from our license as Authroized Users as they are no longer affiliated with our organization.

Should you have any additional questions regarding this amendment, please contact Andrea McQueen- Coordinator, Radiology Residency Program, Medical Imaging at andrea.mcqueen@tmcmed.org or (816) 404-0751.

Your attention in this matter is greatly appreciated.

Sincerely,

J. C.

RECEIVED SEP 23 2121

Lawrence Ricci, D.O. Radiation Safety Officer U. S. NUCLEAR REGULATORY COMMISSION APPROVED BY OMB: NO. 3150-0120 EXPIRES: 01/31/2023



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]

- AND C				i danisida and
me of Proposed Authorized User		State or Territory Where L	icensed	
avis Brown, D.O.		Missouri		
equested Authorization(s) (check all that ap	oply)			
35.100 Uptake, dilution, and excretion st	udies 📝 36	5.200 Imaging and localiz	ation etudies	
35.500 Sealed sources for diagnosis (spe	ecify device)			
		G AND EXPERIENCE three methods below)		
Training and Experience, including board of application or the individual must have obt and experience was completed. Provide of related to the uses checked above.	ained related c	ontinuing education and	experience since th	ne required training
1. Board Certification				
a. Provide a copy of the board certificati	on.			
 For a board certification issued on or the following: 	before Octobe	r 24, 2005 that is listed in	10 CFR 35.57(b)(2	2)(i), provide
(i) Documentation that the individu	ial performed e	each use checked above	on or before Octob	er 24, 2005.
(ii) Dates, duration, and description each use checked above.c. Stop here.	of continuing	education and experience	e within the past se	ven years for
2. Current 35.390 Authorized User Se	eking Additio	nal 35.290 Authorizatio	<u>n</u>	
a. Authorized user on Materials License	э	meeting 10 CFF	R 35.390, 10 CFR 3	35.57 for 35.300
uses, or equivalent Agreement State	requirements	seeking authorization for	35.290.	
b. Supervised Work Experience.				
(If more than one supervising individual copies of this section.)	ual is necessa	ry to document supervise	ed work 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	of Experience:	1	
Supervising Individual		License/Permit Number authorized user or authorized		
Supervisor meets the requirements belo	ow, or equivale	nt Agreement State requ	irements (check all	that apply).
35.290 35.390 + generator e	•	-		for 35.200 uses
c. If board certified, provide a copy of the			d certified, skip to a	nd complete
Part II Preceptor Attestation.				

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)

7	1 2	Tesising	and Evnerience	for Bronnend	Authorized User
14	3.	Iraining	and Expendince	tor Proposeu	Authorized Oser

a. Classroom and Laboratory Training.

Description of Training	Location of Training	Clock Hours	Dates of Training*
Radiation physics and Instrumentation	Truman Medical Center 2301 Holmes St Kansas City, MO 64108	16	7/1/2015- 6/30/2020
Radiation protection	Truman Medical Center 2301 Holmes St Kansas City, MO 64108	16	7/1/2015- 6/30/2020 7/1/2015- 6/30/2020 7/1/2015- 6/30/2020
Mathematics pertaining to the use and measurement of radioactivity	Truman Medical Center 2301 Holmes St Kansas City, MO 64108	16	
Chemistry of byproduct material for medical use (not required for 35.590)	Truman Medical Center 2301 Holmes St Kansas City, MO 64108	16	
Radiation biology	Truman Medical Center 2301 Holmes St Kansas City, MO 64108	16	7/1/2015- 6/30/2020
The second secon	Total Hours of Training: 80		

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	Total Hours of Experience:				
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	License 24-25816-01 Truman Medical Center 2301 Holmes St Kansas City, MO 64108	✓ Yes	7/1/2015- 6/30/2020		
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters	License 24-25816-01 Truman Medical Center 2301 Holmes St Kansas City, MO 64108	✓ Yes	7/1/2015- 6/30/2020		

NRC FORM 313A (AUD) (01-2020)

PAGE 3

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)

. Supervised Work Experience. (cont	inued)			
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	License 24-25816-01 Truman Medical Center 2301 Holmes St Kansas City, MO 64108		✓ Yes	7/1/2015- 6/30/2020
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material	Liceuse 24-25816 Truman Medical (2301 Holmes St 6	Center	✓ Yes	7/1/2015- 6/30/2020
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures	License 24-25816 Truman Medical (2301 Holmes St 6	Center	✓ Yes ☐ No	7/1/2015- 6/30/2020
Administering dosages of radioactive drugs to patients or human research subjects	License 24 25816 Truman Medical (2301 Holmes St 6	Center	Yes No	7/1/2015 6/30/2020
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	License 24-25816-01 Truman Medical Center 2301 Holmes St 64108		✓ Yes □ No*	7/1/2015- 6/30/2020
Supervising Individual Lawrence R. Ricci, D O.	License/Permit Number listing supervising individual as a authorized user or an authorized nuclear pharmacist for training License 24-25816-01			
Supervisor meets the requirements be 35.190 35.290 35.390 35.55 35.57 for 35.200 use Not required for 10 CFR 35.100 use.	35.390 + g	enerator experience in 35.29	, ,).
Device	Type of Train		ocation and D	ates
	Type of Hall			

NRC FORM 313A (AUD) (01-2020)

U. S. NUCLEAR REGULATORY COMMISSION

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](c	ontinued)				
PART II - PRECEPTO	R ATTESTATION					
individual as long as the preceptor provides, directs, or one preceptor is necessary to document experience, of required to meet training requirements in 35.590)	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					
By checking the boxes below, the preceptor is not attes	ting to the individual's '	general olinical co	mpetency."			
First Section						
Check one of the following for each use requested:						
For 35.190						
I attest that Name of Proposed Authorized User	factorily completed the	60 hours of training	ng and			
experience, including a minimum of 8 hours of classroom and is able to independently fulfill the radiation safety-rela authorized under 10 CFR 35.100.						
For 35,290						
The state of the s	stactorily completed the	700 hours of train	ning			
Name of Proposed Authorized User						
and experience, including a minimum of 80 hours of class 35.290(c)(1), and is able to independently fulfill the radiat medical uses under 10 CFR 35.100 and 35.200. Second Section Complete one of the following for attestation and signature	ion safety-related dutie					
	e.					
Authorized User.	Ot-to considerate an	and the second con-				
I meet the requirements below, or equivalent Agreement	State requirements, as nerator experience	_				
	uelaroi exherience	35.57 for 35.20	ULSES			
Residency Program Director:						
I affirm that the attestation represents the consensus of the faculty member is an authorized user who meets the requirements for: 35.190 35.290 35.390 35.390 35.390 + ge			t State			
l affirm that this facility member concurs with the attestatio						
I affirm that the residency training program is approved by						
		leal Education				
Residency Review Committee of the Accreditation Co.	Indi tor Graduate ivieus	cal Education				
Royal College of Physicians and Surgeons of Canada						
Council on Post-Graduate Training of the American Os	steopathic Association					
I affirm that the residency training program includes trainin	g and experience spec	ified in:				
☐ 35.190 ☐ 35.290						
Name of Facility:	License/Permit Numb					
Truman Medical Center	License 24-25816-	01				
Name of Preceptor or Residency Program Director (Typed or Printed) Lawrence R, Ricci, D.O.	Tele	sphone Number (\$16) 404-0751	Onto 09/08/2021			
Signature ()						

NRC FORM 313/(TAUC) (01-2020)

NRC FORM 313A (AUT) (01-2020)

U. S. NUCLEAR REGULATORY COMMISSION

APPROVED BY OMB: NO. 3150-0120 EXPIRES: 01/31/2023



AUTHORIZED USER TRAINING, EXPERIENCE, AND PRECEPTOR ATTESTATION

AT CHARLE	**	4)	[10	•	s defined under 5.390, 35.392, 35	•	9	
Na	ne c	f Propos	ed Authoriz	zed User		State or Territory W	here Licensed	
Tra	vis E	Brown, D	0.0.			Missouri		
Re	que	sted Au	thorization	(s) (check all the	at apply):			1
		35.300	Use of ur	nsealed byprodu	ct material for whic	h a written directiv	e is required	
	OR							
	Ī	35.300		inistration of soci becquerels (33 i		quiring a written d	irective in qu	antities less than or equal to
	✓	35.300		inistration of soc uerels (33 millico		quiring a written d	irective in qu	antities greater than 1.22
		35.300	electron e	emission, beta ra	of any radioactive adiation characteris which a written dire	tics, alpha radiatio	a radionuclid n characteris	le that is primarily used for its tics, or photon energy
						NING AND EXPER		
•	da tra	te of ap ining an	plication o	r the individual n	nust have related c ted. Provide dates	ontinuing educatio	n and experi	the 7 years preceding the ence since the required entinuing education and
	1,	Board	Certificat	ion				
	a.	Provid	е а сору с	of the board certif	fication.			
	b.			ide documentati operience.	on on supervised c	ase experience. T	he table in s	ection 3.c. may be used to
	C,	superv	ised clinic	al case experien		sections 3.a., 3.b.,		ed work experience, and be used to document this
	d.	For a t		fication issued o	n or before Octobe	r 24, 2005 that is I	isted in 10 C	FR 35.57(b)(2)(ii), provide the
		(i) D	ocumenta	tion that the indi	vidual performed e	ach use checked a	bove on or b	efore October 24, 2005.
				tion, and descrip	otion of continuing e	education and expe	erience within	n the past severi years for
	е.	Stop h	еге.					
	2.	Curren	t 35.300,	35.400, or 35.60	0 Authorized Use	r Seeking Additio	nal Authori	zation
	a	Authori	zed User	on Materials Lice	ense		under t	he requirements below or
		equiva	lent Agree	ement State requ	irements (check al	i that apply):		
		35	.390	35.392	35.394	35.490	35.690	
	b.	supervi	ised case	experience. The a copy of the ce	table in section 3.	c. may be used to	document th	ation on additional required is experience. If board provide completed Part II

c. If currently authorized under 3 classroom and laboratory trainin in sections 3.a., 3.b., and 3.c. ma Attestation.	g, supervised work experience,	and supe	ervised clinic	al case expe	rience. The tabl
3. Training and Experience for		35.392	✓ 35.	204	1 35.396
a. Classroom and Laboratory T	raining	33.392	[v] 35.		J
Description of Training	Location of Tra	aining		Clock Hours	Dates of Training*
Radiation physics and instrumentation	Truman Medical Center Kansas City, Missouri 64108			16	7/1/2015- 6/30/2020
Radiation protection	Truman Medical Center Kansas City, Missouri 64108			16	7/1/2015- 6/30/2020
Mathematics pertaining to the use and measurement of radioactivity	Truman Medical Center Kansas City, Missouri 64108			16	7/1/2015- 6/30/2020
Chemistry of byproduct material for medical use	Truman Medical Center Kansas City, Missouri 64108			16	7/1/2015- 6/30/2020
Radiation biology	Truman Medical Center Kansas City, Missouri 64108			16	7/1/2015- 6/30/2020
	Total Hours of Training:	80			
o. Supervised Work Experience		35.392 ervised tra	√ 35.3 ining, provide		35.396 s of this page.)
Supervised We	ork Experience	Total H	ours of Expe	rience:	
Description of Experience Must Include:	Location of Experience Permit Number of		or	Confirm	Dates of Experience
Ordering, receiving, and unpacking radioactive materials sefely and performing the related radiation surveys	License 24-25816-01			✓ Yes	7/1/2015- 6/30/2020
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters	License 24-25816-01 Truman Medical Center 2301 Holmes St. KC MO 64108			✓ Yes	7/1/2015- 6/30/2020
Calculating measuring and	License 24-25816-01				7/1/2015-

License 24-25816-01

License 24-25816-01

Truman Medical Center 2301 Holmes St.

Truman Medical Center

2301 Holmes St.

2301 Holmes St.

KC MO 64108

KC MO 64108

KC MO 64108

Truman Medical Center

dosages

Calculating, measuring, and

Using administrative controls to

involving the use of unsealed

Using procedures to contain

decontamination procedures

spilled byproduct material

safely and using proper

safely preparing patient or

human research subject

prevent a medical event

byproduct material

✓ Yes

☐ No

✓ Yes

☐ No

✓ Yes

No

6/30/2020

7/1/2015-

6/30/2020

7/1/2015-

6/30/2020

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)

 Training and Experience for Supervised Work Experience 		to our (continued)		
Supervising Individual		License/Permit Number listing supervising individual authorized user	ual as an	
Lawrence R. Ricci. D.O.		License 24-25186-01		
Supervising individual meets the (check all that apply)**:	e requirements below,	or equivalent Agreement State requirements	!	
√ 35.390 With experience	administering dosage	es of:		
_	rective in quantities less than or equal to 1.22			
✓ 35.394	in quantities greater	than 1.22 gigabecquerels (33 millicuries)		
used for its e	electron emission, beta	adioactive drug that contains a radionuclide the a radiation characteristics, alpha radiation cha keV, for which a written directive is required.		
** Supervising Authorized User must he individual requesting authorized user		ering dosages in the same dosage category or categories	as the	
c. Supervised Clinical Case Exp	perience			
If more than one supervising individ this page.	lual is necessary to docu	ument supervised work experience, provide multiple	e copies of	
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	License 24-25816-01 Truman Medical Center 2301 Holmes St. KC MO 64108	9/12/2016 12/1/2016 2/20/2017	
Oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 1.22 gigabecquerels (33 millicuries)	3	License 24-25816-01 'Truman Medical Center 2301 Holmes St. KC MO 64108	4/12/2016 1/19/2018 1/19/2018	
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

	Experience for Proposed Au			
. Supervised Clin	nical Case Experience (conti	nued)		
supervising Individu	al	License/Permit Number listing supervising individual as an authorized user		
awrence R. Ricci.	D.O.	License 24-25816-01		
upervising Individu	al meets the requirements below	v, or equivalent Agreement State requirements (check all that apply)**:		
☑ 35.390 With experience administering dosages of:				
₹35 302	☐ Oral Nat-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)			
√ 35.394	Oral Nal-131 in quantities gre	eater than 1.22 gigabecquerels (33 millicuries)		
☑ 35.396 ☑ □ 35.57	used for its electron emission	any radioactive drug that contains a radionuclide that is primarily n, beta radiation characteristics, or 50 keV, for which a written directive is required.		
	orized User must have experien requesting authorized user statu	ce in administering dosages in the same dosage category or categories is.		
d. Provide comple	eted Part II Preceptor Attestat	ion.		
individual as one precept	st be completed by the indivi- long as the preceptor providor is necessary to document of			
individual as one precept By checking at Section ack one of the fo	st be completed by the indivi- long as the preceptor providor is necessary to document of	dual's preceptor. The preceptor does not have to be the supervising es, directs, or verifies training and experience required. If more that experience, obtain a separate preceptor statement from each. tor is not attesting to the individual's "general clinical competency."		
individual as one precept By checking at Section ack one of the fo	st be completed by the indivi- long as the preceptor provid or is necessary to document of the boxes below, the precep- billowing for the requested a	dual's preceptor. The preceptor does not have to be the supervising es, directs, or verifies training and experience required. If more that experience, obtain a separate preceptor statement from each. tor is not attesting to the individual's "general clinical competency."		
individual as one precept By checking st Section eck one of the for 35.390:	st be completed by the indivi- long as the preceptor provid or is necessary to document of the boxes below, the precep- billowing for the requested a	dual's preceptor. The preceptor does not have to be the supervising es, directs, or verifies training and experience required. If more than experience, obtain a separate preceptor statement from each. tor is not attesting to the individual's "general clinical competency." authorization: has satisfactorily completed the 700 hours of training		
individual as one precept. By checking st Section eck one of the for 35.390:	st be completed by the indivi- long as the preceptor provider is necessary to document of the boxes below, the preceptor billowing for the requested at Travis Brown Name of Proposed Authorized Uses, including a minimum of 206	dual's preceptor. The preceptor does not have to be the supervising es, directs, or verifies training and experience required. If more than experience, obtain a separate preceptor statement from each. tor is not attesting to the individual's "general clinical competency." authorization: has satisfactorily completed the 700 hours of training		
individual as one precept. By checking st Section eck one of the for 35.390: I attest that and experience 10 CFR 35.396.	st be completed by the indivi- long as the preceptor provider is necessary to document of the boxes below, the preceptor billowing for the requested at Travis Brown Name of Proposed Authorized Uses, including a minimum of 206	dual's preceptor. The preceptor does not have to be the supervising es, directs, or verifies training and experience required. If more than experience, obtain a separate preceptor statement from each. tor is not attesting to the individual's "general clinical competency." authorization: has satisfactorily completed the 700 hours of training		
individual as one precept. By checking st Section leck one of the for 35.390:	the completed by the indivision as the preceptor provider is necessary to document of the boxes below, the preceptor belowing for the requested at the boxes below. Travis Brown Name of Proposed Authorized Units, including a minimum of 20(b)(1).	dual's preceptor. The preceptor does not have to be the supervising es, directs, or verifies training and experience required. If more than experience, obtain a separate preceptor statement from each. tor is not attesting to the individual's "general clinical competency." authorization: has satisfactorily completed the 700 hours of training		
individual as one preceptors. By checking set Section seck one of the formula of	the completed by the indivision as the preceptor provider is necessary to document of the boxes below, the preceptor belowing for the requested at the boxes below. Travis Brown Name of Proposed Authorized Units, including a minimum of 20(b)(1).	dual's preceptor. The preceptor does not have to be the supervising es, directs, or verifies training and experience required. If more than experience, obtain a separate preceptor statement from each. tor is not attesting to the individual's "general clinical competency." authorization: has satisfactorily completed the 700 hours of training the composition of classroom and laboratory training, as required by the satisfactorily completed the 80 hours of classroom.		
individual as one precept. By checking st Section eck one of the form of the	Travis Brown Name of Proposed Authorized Travis Brown Name of Proposed Authorized Name of Proposed Authorized Name of Proposed Authorized	dual's preceptor. The preceptor does not have to be the supervising es, directs, or verifies training and experience required. If more than experience, obtain a separate preceptor statement from each. tor is not attesting to the individual's "general clinical competency." authorization: has satisfactorily completed the 700 hours of training the composition of classroom and laboratory training, as required by the satisfactorily completed the 80 hours of classroom.		
individual as one precept. By checking st Section ack one of the form of the	st be completed by the indivision as the preceptor provider is necessary to document of the boxes below, the preceptor bollowing for the requested at the boxes below, the preceptor of the boxes below, the boxes below by the boxes below, the boxes below, the boxes below, the boxes below, the boxes below by the boxes below, the boxes below by the boxes below, the boxes below by the boxes b	dual's preceptor. The preceptor does not have to be the supervising es, directs, or verifies training and experience required. If more than experience, obtain a separate preceptor statement from each. tor is not attesting to the individual's "general clinical competency." The preceptor statement from each. The prec		

		U. S. NUCLEAR REGULATORY COMMISSION RAINING, EXPERIENCE, AND PRECEPTOR ATTESTATION 0) [10 CFR 35.57, 35.390, 35.392, 35.394, and 35.396] (continued)
Second Section		
✓ I attest that	Travis Brown	has satisfactorily completed the required clinical case
	Name of Proposed Aut	
experience re	equired in 35.390(b)(1)(i)G listed below:
	131 requiring a written ouerels (33 millicuries)	irective in quantities less than or equal to 1.22
✓ Oral Nal-	131 in quantities greate	than 1.22 gigabecquerels (33 millicuries)
used for it	s electron emission, be	adioactive drug that contains a radionuclide that is primarily a radiation characteristics, or by, for which a written directive is required.
Third Section		
	Travis Brown	is able to independently fulfill the radiation safety-related
✓ I attest that	Name of Proposed Aut	
duties as an		nedical uses authorized under 10 CFR 35.300 for:
	131 requiring a written ouerels (33 millicuries)	irective in quantities less than or equal to 1.22
✓ Oral Nal-	131 in quantities greate	than 1.22 gigabecquerels (33 millicuries)
used for it	s electron emission, be	adioactive drug that contains a radionuclide that is primarily a radiation characteristics, or each for which a written directive is required.
Fourth Section		
For 35.396:		
	0 or 35.690 authorize	liear.
	00 01 00.000 agti 01120	is an authorized user under 10 CFR 35.490 or 35.690
I attest that	Name of Proposed Aut	
laboratory tra experience re duties as an Parentera used for it	Agreement State requiring, as required by 10 equired by 35.396(b)(2) authorized user under all administration of any its electron emission, be	rements, has satisfactorily completed the 80 hours of classroom and 0 CFR 35.396 (b)(1), and the supervised work and clinical case and is able to independently fulfill the radiation safety-related
prioton en	leigy of less than 150 k	OR
Brand Credit	action	
Board Certifi		
I attest the		has satisfactorily completed the board certification
	Name of Proposed	
training re 35.396(b)	equired by 10 CFR 35.3	s satisfactorily completed the 80 hours of classroom and laboratory 96 (b)(1) and the supervised work and clinical case experience required by endently fulfill the radiation safety-related duties as an authorized user

NRC	FORM.313A	(A	UT

U. S. NUCLEAR REGULATORY COMMISSION

AUTHORIZED USER TRAINING, EXPERIENCE, AND PRECEPTOR ATTESTATION

th Section Implete one of the following for the attestation and signature Authorized User The meet the requirements below, or equivalent Agreement States 35.390 35.392 Thave experience administering dosages in the following cates.			
Authorized User ✓ I meet the requirements below, or equivalent Agreement Sta ✓ 35.390 ✓ 35.392 ✓ 35.394 ☐ 35.	ate requi		
☐ I meet the requirements below, or equivalent Agreement Sta ☐ 35.390 ☐ 35.392 ☐ 35.394 ☐ 35.		roments on an authorized was for	
		romants on an authoritand upon for	
	.396	rements, as an authorized user for	:
✓ I have experience administering dosages in the following cat		☐ 35.57 for 35.300 uses	
requesting authorization	tegories	for which the proposed Authorized	User Is
☑ Oral Nal-131 requiring a written directive in quantities les (33 millicuries)	ss than o	or equal to 1.22 gigabecquerels	
✓ Oral Nal-131 in quantities greater than 1.22 gigabecquer	rels: (33 i	millicurtes)	
Parenteral administration of any radioactive drug that con used for its electron emission, beta radiation characterist photon energy of less than 150 keV, for which a written of	tics, alph	a radiation characteristics, or	
OR			
Residency Program Director:			
I affirm that the attestation represents the consensus of the faculty member is an authorized user who meets the require requirements:	residen ements	cy program faculty where at least obelow or equivalent Agreement Sta	one ate
35.390 35.392 35.394 3	5.396	35.57 for 35.300 uses	
I affirm that this facility member has experience in administ categories for which the individual is requesting authorized am providing as program director.			
I affirm that the residency training program is approved by t	the:		
Residency Review Committee of the Accreditation Cou	incil for (Graduate Medical Education	
Reyal Coilege of Physicians and Surgeons of Canada			
Council on Post-Graduate Training of the American Ost	teopathi	c Association	
I affirm that the residency training program includes training	g and ex	perience specified in:	
35,390 35,392 35,394 3	5.396		
Total Inc.		177	
e of Facility:	7.0	nse/Permit Number:	
nan Medical Center	Lice	nse 64-25816-01	
ne of Preceptor or Residency Program Director (Typed or Printed) rense R. Ricci, DO		Telephone Number De 816-404-07	te 09/08/2021

NRO FORM 313/ (NUT) (01-2020)

IRC FORM 313A (AUD)	U. S. NUCLEAR REGULATORY COMMISSIO	EXPIRES: 01/	/ OMB: NO. 3150-0120 11/2023
(for us	TRAINING, EXPERIENCE AND PREC es defined under 35.100, 35.200, and 0 CFR 35.57, 35.190, 35.290, and 35.6	35.500)	ESTATION
ame of Proposed Authorized User	State or Territory Where Licens	sed	
isa Saha MD	Missouri		
Requested Authorization(s) (check all the	t apply)		
35-100 Uptake, dilution, and excretion	studies V35,200 Imaging and localization	nstudies	
35.500 Sealed sources for diagnosis			
	ART I - TRAINING AND EXPERIENCE	The state of the s	THE RESERVE
	Select one of the three methods below)		
application or the individual must have	nd certification; must have been obtained within obtained related continuing education and explained description of continuing	erience since the	e required training
1. Board Certification			
a. Provide a copy of the board certifi	cetton.		
 b. For a board certification issued on the following: 	or before October 24, 2005 that is listed in 10	CFR.35,57(b)(2)(i), provide
(i) Documentation that the indi-	vidual periormed each use checked above on	or before Octob	er 24, 2005:
(II) Dates, duration, and descrip each use checked above.	tion of continuing education and experience w	lihin the past se	iveh years for
c. Stop here.			
2. Current 35.390 Authorized User	Seeking Additional 35.290 Authorization		
a. Authorized user on Materials Lice			35.57 for 35,300
	tate requirements seeking authorization for 35.	290,	
b. Supervised Work Experience.			
(If more than one supervising inc copies of this section.)	likidual is necessary to dočument supervised v	ork experience	, provide multiple
Description of Experience	Location of Experience/License or Permit Number of Prolity	Clock Llouis	Dates of Experience*
Eluting generator systems appropriate for the preparation of radioactive drugs for imaging and localization studies, measuring and testing the cluste for radionuclidic purity, and processing the cluste with reagent kits to prepare labeled, radioactive drugs.	Lenox Hill hospital New York	4	7/09/2019
	Total Hours of Experience: 4		
Supervising Individual	License/Permit Number listi authorized user or authorize	ng supervising in	dividual as an
1	91-2926		amti
Jotinder Malhotra, MD			

'c. If beard certified, provide a copy of the certificate and stop here. If not board certified, skip to and complete Part II Preceptor Altestation.

Training and Experience for Pro Classroom and Laboratory Training			
Description of Training	Location of Training	Clock Hours	Dates of Training*
	LRS1	20	08/23/2020
iletimieuletjai instrucieuletjai			
	riksi .	20.	08/23/2020.
Radiation protection			
	HRSI	10	08/23/2020.
Mathematics pertaining to the use and measurement of radioactivity			
	HRSI	10	08/23/2020
Chemistry of byproduct material for medical use (not required for 35.599)			
	FIRSI	20	08/23/2020.
Radiation biology			
	Total Hours of Training: 80		.h
(If more than one subervising ind	mittellon of this table is not required for 35,500 lividual is necessary to document supervised w) ork expeñence	
provide multiple copies of this se Supervised Work Experience	Tolal Hours of		
Description of Experience	Experience: Location of Experience/License or		Dates.of
Must Include:	Permit Number of Facility	Confirm	Experience*
Ordering, receiving, and unpacking radioactive materials safely and performing the related radiation surveys	Lenox Hill Hospital New York	Yes No	07/2018-06/202
Performing quality control procedures on instruments used to determine the activity of dosages	Lenox Hill Hospital New York	Yes No	07/2018-06/202

<u>Training and Experience</u> b. Supervised Work Experie			lser (continued)		
Description of Experie		Location	of Experience/License	br Gonfirm	Dates of Experience*
		-Lenox-Mil-Hospi			07/2018-06/2021
Calculating, measuring, and preparing patient or human subject dosages	research	Mem Kotik		✓ Yes.	
Using administrative control prevent a medical event inv use of unsealed byproduct	olving the	Lenox Hill Hospi New York	ial	. ✓ Yes	07/2018-06/2021
Using procedures to contain byproduct material safety at proper decontamination pro	id using	Lenox Hill Hospi New York	tal	Yes.	07/2018-06/2021
Administering dosages of reduces to patients or human subjects		Lenox Hill Hospi New York	tal	V Yee ☐ No	07/2018-06/2021
Eluting generator systems a for the preparation of radioa drugs for irriaging and localistudies, measuring and test eluate for radionuclidic purit processing the eluate with nulls to prepare labeled radio drugs	clive zation ng the y, and pagent	Leriox Hill Hospi New York.	SSP .	✓ Yes	07/2018-06/202
Supervising Individual Jotinder Malhotra 7 1 1 1			License/Permit Number suthonized user or en a treining	r listing supervising ind authorized nuclear phar 126 - ()	lividual as an macist for generator
Supervisor meets the required 35.190	35.200 us	35.390+			θ).
c. For 35.590 only, provide d	ocumentat	ion of training on	use:of the device.		
Device		Type of Train	ding	Location and	Dates:

MRQ FORM 313A (AUD). (01-2020)

U. S. NUCLEAR REGULATORY COMMISSION

NRC FORM 313A (A)	(ID) HORIZED USER T	RAINING EXPERIENCE	U, S. NUCLEAR REGULAT AND PRECEPTOR ATTES	
	(for use	es defined under 35.100; 35.57, 35.190, 35.290, and	35.200, and 35.500)	
		ART II - PRECEPTOR ATTES	NAME OF TAXABLE PARTY.	
individual one prece required to	must be completed by the preceptor is necessary to do meet training requiren	he individual's preceptor. The p or provides, directs, or verifies to cument experience, obtain a se nants in 35,500)	receptor does not have to be the aining and experience required, parate preceptor statement from a individual's "general clinical con	If mote that each, (Not
First Section		A		
4	following for each tia	e tédnésteq:		
For 35.190				
i atlest that			completed the 80 hours of training	ig sad
and is able	Name of Popused Author including a minimum of to Independently fulfill the under 10 CFR 35,100.	f 8 hours of classroom and labo	ratory training, required by 10 C s as an authorized user for the n	FR:35.190(c nedical use:
For 35.290-				
[] altest that	Tisa Saha, MD	has satisfactority of	completed the 700 hours of train	يُرْدُرُ
Print to minimum in some	Name of Proposed Author			
35,290(t)(1 medical use Second Section Complete one o), and latable to independ s under 10 CFR 35:100 f the following for atte	idently fulfill the radiation safety	d laboratory training, required by r-related duffes as an authorized	
35,290(c)(1 medical use Second Section Complete one o Authorized I meet the r), and is able to independe under 10 CFR 35:100. If the following for attemption of the following following for attemption of the following follo	ndently fulfill the radiation safety 0 and 35:200. estation and signature: equivalent Agreement, State req		user for the
35,290(t)(1) medical use Second Section Complete one of Authorized I meet the r), and is able to indepense under 10 CFR 35:100. If the following for attemption of the follo	ndently fulfill the radiation safety Danid 35:200. estation and signature: equivalent Agreement State required to the same and signature.	ulrements, as an authorized use	user for the
35,290(t)(1) medical use Second Section Complete one of Authorized I meet their S5,190 Residency I affirm that faculty men requirement), and is able to independe under 10 CFR 35:100. If the following for attending for a	ridently fulfill the radiation safety 0 and 35-200. estation and signature: equivalent Agreement State requirements of OR into the consensus of the residence who meets the requirements.	related duties as an authorized use sperience 35.57 for 35.200 ncy program faculty where at least below or equivalent Agmoment	user for the
35,290(c)(1 medical use Second Section Complete one o Authorized I meet the r ass 190 Residency I affirm their faculty men requirement), and is able to independe under 10 CFR 35:100. If the following for attending for authorized under for a special section [1] 35:290 [1] \$5.3	ridently fulfill the radiation safety 0 and 35/200. estation and signature: equivalent Agreement State required or 0. OR Into the consensus of the residence who meets the requirements.	related duties as an authorized use ulrements, as an authorized use experience 35.57 for 35.200 ncy program faculty where at lead below or equivalent Agraement experience 35.57 for 36.200	r for: there stone
35,290(c)(1 medical use Second Section Complete one o Authorized I meet the r ass 190 Residency I affirm their faculty men requirement), and is able to independe under 10 CFR 35:100. If the following for attending for authorized under for a special section [1] 35:290 [1] \$5.3	ridently fulfill the radiation safety 0 and 35-200. estation and signature: equivalent Agreement State requirements of OR into the consensus of the residence who meets the requirements.	related duties as an authorized use ulrements, as an authorized use experience 35.57 for 35.200 ncy program faculty where at lead below or equivalent Agraement experience 35.57 for 36.200	r for: there stone
35,290(c)(1 medical use Second Section Complete one o Authorized I meet the r S5,190 Residency I affirm that t), and is able to independe under 10 CFR 35.100. If the following for attention for attention is an authorized using last a second in the facility member consistency in the facility in the f	ridently fulfill the radiation safety 0 and 35/200. estation and signature: equivalent Agreement State required or 0. OR Into the consensus of the residence who meets the requirements.	related duties as an authorized use ulrements, as an authorized use experience 35.57 for 35.200 ncy program faculty where at lead below or equivalent Agraement experience 35.57 for 36.200	r fort
35,290(c)(1 medical use Second Section Complete one of Authorized I meet the r S5,190 Residency I affirm that t I affirm that t), and is able to independe under 10 CFR 35:100. If the following for attending for attending for attending for attending for attending for attending program Director: the attestation represents in authorized using for a support of the formal security member conding program program is an authorized using for a support of the realdency training program program is a support of the realdency training program in the realdency training program is a support of the realdency training program in the support of the realdency training program in the support of th	ridently fulfill the radiation safety 0 and 35-200. estation and signature: equivalent Agreement State requirement of OR into the consensus of the residence who meets the requirements equivalent Agreement State requirements or 35,390 + generator excurs with the attestation; am product of the requirements curs with the attestation; am production of the requirements	related duties as an authorized use specience 35.57 for 35.200 pelow or equivalent Agraement experience 35.57 for 36.200 pointing as program director,	r for: there stone
35,290(c)(1) medical use Second Section Complete one of Authorized I meet their assistance I affirm that i I affirm that i Residence), and is able to independe under 10 CFR 35:100. If the following for attending for attending for attending for attending for attending for attending program Director: the attestation represents in authorized using for a support of the formal security member conding program program is an authorized using for a support of the realdency training program program is a support of the realdency training program in the realdency training program is a support of the realdency training program in the support of the realdency training program in the support of th	ridently fulfill the radiation safety D and 35-200. estation and signature: equivalent Agreement State requirement of OR into the consensus of the residence who mosts the requirements for Curs with the attestation; I am propogram is approved by the: fithe Accreditation Council for G	related duties as an authorized use specience 35.57 for 35.200 pelow or equivalent Agraement experience 35.57 for 36.200 pointing as program director,	r for: there stone
35,290(c)(1 medical use Second Section Complete one of Authorized I meet the r S5,190 Residency I affirm that t Residency Residency I affirm that t), and is able to independe under 10 CFR 35:100. If the following for attending program Director: I the attestation represents for authorized using for: 35:280	ridently fulfill the radiation safety D and 35-200. estation and signature: equivalent Agreement State requirement of OR into the consensus of the residence who mosts the requirements for Curs with the attestation; I am propogram is approved by the: fithe Accreditation Council for G	ulrements, as an authorized use experience 35.57 for 35.200 appropriate the program faculty where at less below or equivalent Agraement experience 35.57 for 36.200 aviding as program director, iraduate Medical Education.	r for: there stone
35,290(c)(1) medical use Second Section Complete one of Authorized I meet their S5,190 Residency I affirm that the I affirm that the Residence Reyal Council of Council of Section 1 affirm that the I affirm the I affirm that the I affirm that the I affirm the), and is able to independe under 10 CFR 35.100. If the following for attention of the following for attention of the attention represents an authorized usite for: 35.290	ridently fulfill the radiation safety D and 35/200. estation and signature: equivalent Agreement State requirements on OR Into the consensus of the residence who meets the requirements of the residence with the attestation; I am propogram is approved by the: If the Accreditation Council for G I Surgeone of Canada,	related duties as an authorized use experience 35.57 for 35.200 ney program faculty where at less below or equivalent Agroment experience 35.57 for 36.200 oviding as program director, iraduate Medical Education.	r for: there stone
35,290(c)(1) medical use Second Section Complete one of Authorized I meet their S5,190 Residency S5,190 I affirm that the Residency Reyal Complete Council of Authorized I affirm that the I affirm that I affirm th), and is able to independe under 10 CFR 35:100. If the following for attending for a	ridently fulfill the radiation safety D and 35-200. estation and signature: equivalent Agreement State requirement of OR or 35,390 + generator or one of the residence who mosts the requirements of the regiment of the requirements of the regiment of the regiment of the regiment of the Accreditation Council for G I Surgeons of Capada.	related duties as an authorized use experience 35.57 for 35.200 ney program faculty where at less below or equivalent Agroment experience 35.57 for 36.200 oviding as program director, iraduate Medical Education.	r for: there stone State
35,290(c)(1) medical use Second Section Complete one of Authorized I meet their S5,190 Residency I affirm that the Residency I affirm that I I I affirm that I I I I I I I I I I I I I I I I I I I), and is able to independe under 10 CFR 35.100 of the following for attended to the following for attended to the following for attended to the attended to the attended to the following member containing process of the residency training process of the residency training process of the following for the following for the residency training process of the following for	ridently fulfill the radiation safety Danid 35/200. estation and signature: equivalent Agreement State requirement of OR Intellife consensus of the residence who meets the requirements for or curs with the attestation; I am procure with the attestation; I am procure with the attestation; I am procure of the Accreditation Council for Go I Sturgeone of Canada. Ingriof the American Osteopathic regram includes training and expressions.	related duties as an authorized use experience 35.57 for 35.200 ney program faculty where at less below or equivalent Agroament experience 35.57 for 36.200 eviding as program director, iraduate Medical Education. Association perience specified in:	r for: there stone
35,290(c)(1) medical use Second Section Complete one of Authorized I meet their S5,190 Residency S5,190 I affirm that the Residency Reyal Complete Council of Authorized I affirm that the I affirm that I affirm th), and is able to independe under 10 CFR 35:100. If the following for attending for a	ridently fulfill the radiation safety Danid 35/200. estation and signature: equivalent Agreement State requirement of OR Intellife consensus of the residence who meets the requirements for or curs with the attestation; I am procure with the attestation; I am procure with the attestation; I am procure of the Accreditation Council for Go I Sturgeone of Canada. Ingriof the American Osteopathic regram includes training and expressions.	related duties as an authorized use experience 35.57 for 35.200 ney program faculty where at less below or equivalent Agroment experience 35.57 for 36.200 oviding as program director, iraduate Medical Education.	r fort
35,290(c)(1) medical uses Second Section Complete one of Authorized I meet the residency Residency I affirm that it Residency I affirm that it Residency I affirm that it), and is able to independe under 10 CFR 35.100. If the following for attending for attending for attending for attending for attending process of the attending process of the residency training process of Physicians and on Post-Graduate Training process of the residency training process of the residency training process of the post-Graduate Training process of the residency training process of the post-Graduate Training process of the post-Grad	ridently fulfill the radiation safety Danid 35:200. estation and signature: equivalent Agreement State requirements of OR nts the consensus of the residence who mosts the requirements of the residence with the attestation; am procurs of Canada, ing of the American Osteopathic regram includes training and experience of Canada.	ulrements, as an authorized use experience 35.57 for 35.200 ney program faculty where at less below or equivalent Agraement experience 35.57 for 36.200 oviding as program director, craduate Medical Education. Association perience specified in:	r forces
35,290(c)(1) medical uses Second Section Complete one of Authorized I meet the residency Residency I affirm that it Residency I affirm that it Residency I affirm that it), and is able to independe under 10 CFR 35.100. If the following for atterview is a subject of the attestation represents in authorized usite for: 35:290	ridently fulfill the radiation safety Danid 35:200. estation and signature: equivalent Agreement State requirements of OR nts the consensus of the residence who mosts the requirements of the residence with the attestation; am procurs of Canada, ing of the American Osteopathic regram includes training and experience of Canada.	related duties as an authorized use experience 35.57 for 35.200 ney program faculty where at less below or equivalent Agroament experience 35.57 for 36.200 eviding as program director, iraduate Medical Education. Association perience specified in:	r. for: O uses O uses O uses

Health & Radiological Seminars, Inc.

Hereby certifies that Tisa Saha, MD

has successfully completed the 80 Hour Physician Training Program in Basic Radioisotope Handling conducted in accordance with the requirements of the U.S. Nuclear Regulatory Commission (10 CFR 35).

COURSE OUTLINE

Radiation Physics and Instrumentation – 40 hours

Mathematics pertaining to the use and measurement of radioactivity - 15 hours

Radiation Protection – Radiopharmaceutical Chemistry - 15 hours

Radiation Biology – 10 hours

August 23, 2020

Lori A. Burton
Executive Director

Stephen Dyer, MHS Scientific Advisor

EXPIRES: (MM/DD/YYYY)



AUTHORIZED USER TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION (for uses defined under 35.100, 35.200, and 35.500)

me of Proposed Authorized User		State or Territory Where Licen	sed	
ALAL ASIF, MD		MISSOURI		
quested Authorization(s) (check all tha	A STANDARD TO MY SOLIN CONSTRUCTION SOLIN AND AND AND AND AND AND AND AND AND AN	manufa manufara da matura panagang atamban da radan da matura da	manyanaya manaka an maga birin ya	high and high regulations of high cold districts.
35,100 Uptake, dilution, and excretion		200 Imaging and localizatio	u sludies	110
35.500 Sealed sources for diagnosis	(specify device)	Control of the State of the Sta	manifestration of the	
		AND EXPERIENCE three methods below)	· · · · · · · · · · · · · · · · · · ·	
Training and Experience, including boa application or the individual must have and experience was completed. Provice related to the uses checked above.	obtained related co	ontinuing education and expe	erience since l	the required train
1. Board Certification				
a. Provide a copy of the board certific				
 b. For a board certification issued on the following: 	or before October	24, 2005 that is listed in 10	CFR 35.57(b)	(2)(i), provide
(i) Documentation that the indiv			-	
(ii) Dates, duration, and descrip each use checked above.	tion of continuing e	ducation and experience wit	hin the past s	even years for
c. Stop here.				
2. Current 35,390 Authorized User	Cooking Addition			
a. Authorized user on Materials Lice	ense	meeting 10 CFR 35		35.57 for 35.300
Authorized user on Materials Lice uses, or equivalent Agreement St	ense	meeting 10 CFR 35		35.57 for 35.300
a. Authorized user on Materials Lice uses, or equivalent Agreement St b. Supervised Work Experience.	ense tate requirements so	meeting 10 CFR 35 eeking authorization for 35.2	290.	
Authorized user on Materials Lice uses, or equivalent Agreement St	ense tate requirements so	meeting 10 CFR 35 eeking authorization for 35.2	290.	
 a. Authorized user on Materials Lice uses, or equivalent Agreement St b. Supervised Work Experience. (If more than one supervising indi- 	tate requirements solution in the control of the co	meeting 10 CFR 35 eeking authorization for 35.2	290.	
a. Authorized user on Materials Lice uses, or equivalent Agreement St b. Supervised Work Experience. (If more than one supervising indicopies of this section.) Lescription of Experience Eluting generator systems	tate requirements solution of Permit	meeting 10 CFR 35 eeking authorization for 35.2 / to document supervised water	290. Ork experience Clock	e, provide multip
a. Authorized user on Materials Lice uses, or equivalent Agreement St b. Supervised Work Experience. (If more than one supervising indicopies of this section.) Lescription of Experience Eluting generator systems appropriate for the preparation of	tate requirements solution of Permit	meeting 10 CFR 35 eeking authorization for 35.2 / to document supervised we Experience/License or Number of Facility	290. Ork experience Clock Hours	p, provide multip Dates of Experience
a. Authorized user on Materials Lice uses, or equivalent Agreement St b. Supervised Work Experience. (If more than one supervising indicopies of this section.) Lescription of Experience Eluting generator systems appropriate for the preparation of radioactive drugs for imaging and	tate requirements solution of Permit COOK COUNTY H	meeting 10 CFR 35 eeking authorization for 35.2 / to document supervised we Experience/License or Number of Facility	290. Ork experience Clock Hours	Dates of Experience
a. Authorized user on Materials Lice uses, or equivalent Agreement St b. Supervised Work Experience. (If more than one supervising indicopies of this section.) Lescription of Experience Eluting generator systems appropriate for the preparation of radioactive drugs for imaging and localization studies, measuring and testing the eluate for radionuclidic	tate requirements solution of Permit COOK COUNTY H	meeting 10 CFR 35 eeking authorization for 35.2 / to document supervised we Experience/License or Number of Facility	290. Ork experience Clock Hours	Dates of Experience
a. Authorized user on Materials Lice uses, or equivalent Agreement St b. Supervised Work Experience. (If more than one supervising indicopies of this section.) Lescription 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	tate requirements solution of Permit COOK COUNTY H	meeting 10 CFR 35 eeking authorization for 35.2 / to document supervised we Experience/License or Number of Facility	290. Ork experience Clock Hours	Dates of Experience
a. Authorized user on Materials Lice uses, or equivalent Agreement St b. Supervised Work Experience. (If more than one supervising indicopies of this section.) Lescription of Experience Eluting generator systems appropriate for the preparation of radioactive drugs for imaging and localization studies, measuring and testing the eluate for radionuclidic	tate requirements solution of Permit COOK COUNTY H	meeting 10 CFR 35 eeking authorization for 35.2 / to document supervised we Experience/License or Number of Facility	290. Ork experience Clock Hours	Dates of Experience
a. Authorized user on Materials Lice uses, or equivalent Agreement St b. Supervised Work Experience. (If more than one supervising indicopies of this section.) Lescription 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	tate requirements solution of Permit COOK COUNTY H	meeting 10 CFR 35 eeking authorization for 35.2 / to document supervised we Experience/License or Number of Facility	290. Ork experience Clock Hours	p, provide multip Dates of Experience
a. Authorized user on Materials Lice uses, or equivalent Agreement St b. Supervised Work Experience. (If more than one supervising indicopies of this section.) Lescription 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	tate requirements solution of Permit COOK COUNTY H	meeting 10 CFR 35 eeking authorization for 35.2 / to document supervised wo Experience/License or Number of Facility HEALTH AND HOSPITAL	Clock Hours 4	Dates of Experience'
a. Authorized user on Materials Lice uses, or equivalent Agreement St b. Supervised Work Experience. (If more than one supervising indi copies of this section.) Lescription 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	tate requirements solution of Permit COOK COUNTY H	meeting 10 CFR 35 eeking authorization for 35.2 / to document supervised we Experience/License or Number of Facility HEALTH AND HOSPITAL of Experience: 4 License/Permit Number listing	Clock Hours 4 supervising inconuclear pharma	Dates of Experience 7/15/2021
a. Authorized user on Materials Lice uses, or equivalent Agreement St b. Supervised Work Experience. (If more than one supervising indi copies of this section.) Lescription 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 Supervising Individual	tate requirements so lividual is necessary Location of Permit COOK COUNTY H SYSTEMS	meeting 10 CFR 35 eeking authorization for 35.2 / to document supervised we Experience/License or Number of Facility HEALTH AND HOSPITAL of Experience: 4 License/Permit Number listing authorized user or authorized COOK COUNTY HEALTH,	Clock Hours 4 supervising internuctear pharms RAM IL-0176	Dates of Experience' 7/15/2021 dividual as an acist

NRC FORM 313A (AUD)

U. S. NUCLEAR REGULATORY COMMISSION

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)

W 3		Training and	Experience	for	Proposed	Authorized	User
-	σ.	ijaning and	MADELLELIOE	101	, toboord	, idelitation	-

3. Training and Experience for Pro-			
Classroom and Laboratory Train Description of Training	Location of Training	Clock Hours	Dates of Training
and a second state of the second seco	CORSCAN	20	7/02/2020-
Radiation physics and instrumentation	The Control of the Co		7/20/2020
Radiation protection	CORSCAN	20	7/02/2020-7/20/2020
Mathematics pertaining to the use and measurement of radioactivity	CORSCAN	10	7/02/2020-7/20/2020
Chemistry of byproduct material for medical use (not required for 35.590)	CORSCAN	10	7/02/2020- 7/20/2020
Radiation biology	CORSCAN	20	7/02/2020- 7/20/2020
The state of the s	Total Hours of Training: \$0		
	mpletion of this table is not required for 35.590; lividual is necessary to document supervised we ction.)		
Supervised Work Experience	Total Hours of Experience:	90	- 10 The
Description of Experience Must Include:	Location of Experience/License or Permit Number of Facility	Confirm	Dates of Experience
Ordering, receiving, and unpacking adioactive materials safely and performing the related radiation surveys	COOK COUNTY HEALTH AND HOSPITAL SYSTEMS RAM IL-01768-01	✓ Yes	9/26/2018- 07/20/2020
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper apperation of survey meters	COOK COUNTY HEALTH AND HOSPITAL SYSTEMS RAM IL-01768-01	✓ Yes	9/26/2018- 07/20/2020

AUTHORIZED USER TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION (for uses defined under 35.100, 35.200, and 35.500)

o. Supervised Work Experience. (c				1	T
Description of Experience Must Include:		of Experience/ nit Number of f		Confirm	Dates of Experience
Galculating, measuring, and safely	COOK COUNT	Y HEALTH AN	ID HOSPITAL	- V Yes	9/26/2018-
preparing patient or human research subject dosages		01	Material and Administration will all materials are not below and	□ No	07/20/2020
Using administrative controls to prevent a medical event involving th use of unsealed byproduct material			d Hospital	✓ Yes	9/26/2018- 07/20/2020
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures	SYSTEMS	,	D HOSPITAL	✓ Yes	9/26/2018- 07/20/2020
Administering dosages of radioactive drugs to patients or human research subjects			D HOSPITAL	✓ Yes	9/26/2018- 07/20/2020
Eluting generator systems appropriation the preparation of radioactive drugs for imaging and localization studies, measuring and testing the eluate for radionuclidic purity, and processing the eluate with reagent cits to prepare labeled radioactive drugs	Ite COOK COUNTY SYSTEMS RAM IL-01768-0		D HOSPITAL	✓ Yes	9/26/2018- 07/20/2020
Supervising Individual		License/Permit authorized use training	t Number listing sup or or an authorized r	pervising indivinuclear pharm	dual as an acist for generate
SAURABH MAI HOTRA, MD		COOK COUN	nty Health, ra	M IL 01768 (01
Supervisor meets the requirements to 35.190 35.290 35.30 35.57 for 35.200 to 35.55 35.57 for 35.200 use For 35.590 only, provide documents	990	enerator expe	rience in 35.290(c		
Device Device	Type of Traini			ation and Da	-4
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NRC FORM 313A (AUD)

U. S. NUCLEAR REGULATORY COMMISSION

AUTHORIZED USER TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION (for uses defined under 35.100, 35.200, and 35.500)

		[10 CFR 35.5	7, 35.190, 35.290,	and 35.590)](continued)	
		PART	II - PRECEPTOR ATT	ESTATION		
Note:	e: This part must be completed by the individual's preceptor. The preceptor does not have to be the supervision individual as long as the preceptor provides, directs, or verifies training and experience required. If more the one preceptor is necessary to document experience, obtain a separate preceptor statement from each. (No required to meet training requirements in 35.590) By checking the boxes below, the preceptor is not attesting to the individual's "general clinical competency."					
10 to 1	By checkin	g the boxes below, the pred	ceptor is not attesting to	the individua	il's "general clinical cor	mpetency."
	Section	and the second street of the second s	and the state of t	discuss ton. It washings show a	representation of system work time about asteroidistical six system.	the sea about the Miller of the set of the
		following for each use rec	quested:			
For 35			has satisfactor	h. nompleted	the 60 hours of training	a and
	I attest that	Name of Proposed Authorized L	Iser		the 60 hours of training	
	and is able to	ncluding a minimum of 8 ho o independently fulfill the rad nder 10 CFR 35.100.	ours of classroom and la diation safety-related du	boratory train ties as an au	ning, required by 10 CF othorized user for the n	FR 35.190(c)(1), nedical uses
For 35	5.290					
V	l attest that	TALAL ASIF, MD	has satisfactor	ly completed	the 700 hours of traini	ng
		Name of Proposed Authorized U	Jser			
	(c)(1), and is	nce, including a minimum of able to independently fulfill 0 CFR 35.100 and 35.200.	80 hours of classroom the radiation safety-rela	and laborator ated duties as	ry training, required by s an authorized user fo	10 CFR 35,290 or the medical
Seco	nd Section					
		the following for attestati	on and signature:			
V	Authorized U					
		quirements below, or equiva	_		_	
	35.190	☑ 35.290 ☐ 35.390 OR	35.390 + generato	r experience	35.57 for 35.200	uses
	Residency P	rogram Director:				
F.		he attestation represents the per is an authorized user what s for:				
	35.190	35.290 35.390	35,390 + generato	r experience	35.57 for 35.200	uses
	affirm that thi	s facility member concurs w			program director.	
		e residency training program				
		Review Committee of the		r Graduate M	ledical Education	
-		ege of Physicians and Surg		O LOUGIO II		
	7	Post-Graduate Training of		hic Associati	on "	
	35.190	e residency training program 35,290	minicipaes raining and	expenence s	pecilled in.	
Name of				License/Permit N	umber:	
COOK	COUNTY HEA	ALTH AND HOSPITAL SYSTEM	MS	IL-01768-01		
		ency Program Director (Typed or Printe	ed)		Telephone Number	Date
SAUR	ABH MALHOT	RA, MD	100		3128643039	07/23/2021

Certificate of Completion

Classroom and Laboratory
Training Program

Talal Asif, M.D.



Corscan

Resolutions in Cardiac Imaging®

Steven W. Walter, MD Program Director General Manager and CEO www.corscamplus.com has completed 80 hours of classroom and laboratory training per NRC 35.290, 35.390, 35.392, 35.394, and 35.396 including:

Radiation physics and instrumentation;

Radiation protection;

Mathematics permining to the use and measurement of sadioactivity;

Chemistry of byproduct material for medical use;

Radiation biology

Review of regulations regarding the medical use of radioisotopes.

Also applicable for the medical use of I-131 (35.392 and 35.394)

13868

07/02/2020

07/20/2020

Certificate Number

Start Date

Completion Date

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Cook County Health and Hospitals System Program

John H. Stroger Jr. Hospital of Cook County Division of Adult Cardiology 1901 West Harrison Street Chicago IL 60612

Date: 07/20/2020

To: Certification Board of Nuclear Cardiology

Dr. Talal Asif, M.D. has completed training and/or experience that meets the requirements for Level 2 as outlined in the ACC Core Cardiovascular Training Statement (COCATS) 4 Task Force 6: Training in Nuclear Cardiology, revised 2015.

Dr. Asif completed Level 2 nuclear cardiology training between the dates of 09/26/2018 and 07/20/2020

l attest that Dr. Asif has satisfactorily completed the 700 hours of training and experience, including a minimum of 80 hours of classroom and laboratory training, required by 10 CFR 35.290 (c)(1), and is able to independently fulfill the radiation safety-related duties as an Authorized User for the medical uses under 10 CFR 35.100 and 35.200.

The above-named applicant completed a minimum of 80 hours of classroom and laboratory training that meets the NRC requirements EXTERNAL to his/her fellowship. This training was taken in a course offered by Corscan, LLC and was completed between the dates of 07/02/2020 and 07/20/2020.

I attest that the above-named applicant completed hands-on laboratory training that meets the training and experience requirements of NRC 10 CFR 35.290 or Agreement State equivalent as part of his/her nuclear cardiology training and experience.

Sincerely.

Name of Preceptor: Saurabh Malhotra, M.D.

Authorized User on RAM License: IL-01/68-01 Issuance State of RAM License: Illinois

Title/Relationship to Applicant. nuclear cardiology training director and preceptor authorized user

Institution: Cook County Health and Hospitals System Program

A statement regarding COCATS Level 2 Training in Nuclear Cardiology at our institution as well as my status as preceptor or nuclear cardiology program director is on file at the CBNC Office. The training of the above named applicant complies with all components of the statement on file.

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Validate at: https://www.corscanplus.com/verifycertificatePreceptor.html

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