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

Name of Proposed Authorized User	State or Territory Where Licensed
Abdelhadi Rifai	Wyoming

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

☑ 35.100 Uptake, dilution, and excretion studies ☑ 35.200 Imaging and localization studies

☐ 35.500 Sealed sources for diagnosis (specify device) _____

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

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

☐ **1. Board Certification**

a. Provide a copy of the board certification.

b. For a board certification issued on or before October 24, 2005 that is listed in 10 CFR 35.57(b)(2)(i), provide the following:

(i) Documentation that the individual performed each use checked above on or before October 24, 2005.

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

c. Stop here.

☐ **2. Current 35.390 Authorized User Seeking Additional 35.290 Authorization**

a. Authorized user on Materials License _____ meeting 10 CFR 35.390, 10 CFR 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 is necessary to document supervised work experience, provide multiple copies of this section.)

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

Supervising Individual	License/Permit Number listing supervising individual as an authorized user or authorized nuclear pharmacist

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

☐ 35.290 ☐ 35.390 + generator experience in 32.290(c)(1)(ii)(G) ☐ 35.55 ☐ 35.57 for 35.200 uses

c. If board certified, provide a copy of the certificate and stop here. If not board certified, skip to and 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)

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

a. Classroom and Laboratory Training.

Description of Training	Location of Training	Clock Hours	Dates of Training*
Radiation physics and instrumentation	Corscan, supporting document attached	20	9/4/2020
Radiation protection	Corscan	20	9/4/2020
Mathematics pertaining to the use and measurement of radioactivity	Corscan	20	9/4/2020
Chemistry of byproduct material for medical use *(not required for 35.590)*	Corscan	10	9/4/2020
Radiation biology	Corscan	10	9/4/2020
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:** 100

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	Advocate Lutheran General Hospital	☑ Yes ☐ No	July 2018 - July 2021
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters	Advocate Lutheran General Hospital	☑ Yes ☐ No	July 2018 - July 2021

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)

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

b. Supervised Work Experience. (continued)

Description of Experience Must Include:	Location of Experience/License or Permit Number of Facility	Confirm	Dates of Experience*
Calculating, measuring, and safely preparing patient or human research subject dosages	Advocate Lutheran General Hospital	☑ Yes ☐ No	July 2018 - July 2021
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material	Advocate Lutheran General Hospital	☑ Yes ☐ No	July 2018 - July 2021
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures	Advocate Lutheran General Hospital	☑ Yes ☐ No	July 2018 - July 2021
Administering dosages of radioactive drugs to patients or human research subjects	Advocate Lutheran General Hospital	☑ Yes ☐ No	July 2018 - July 2021
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	Advocate Lutheran General Hospital	☑ Yes ☐ No*	July 2018 - July 2021

Supervising Individual	License/Permit Number listing supervising individual as an authorized user or an authorized nuclear pharmacist for generator training
Dr. Rajaram Poludaso	IL-01152-01

Supervisor meets the requirements below, or equivalent Agreement State requirements *(check one)*.

☑ 35.190 ☑ 35.290 ☐ 35.390 ☐ 35.390 + generator experience in 35.290(c)(1)(ii)(G)

☐ 35.55 ☐ 35.57 for 35.200 uses

*Not required for 10 CFR 35.100 use.

c. For 35.590 only, provide documentation of training on use of the device.

Device	Type of Training	Location and Dates

d. For 35.500 uses only, stop here. For 35.100 and 35.200 uses, skip to and complete Part II Preceptor Attestation.

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PART II – PRECEPTOR ATTESTATION

Note: This part must be completed by the individual's preceptor. The preceptor does not have to be the supervising individual as long as the preceptor provides, directs, or verifies training and experience required. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each. (Not required to meet training requirements in 35.590)

By checking the boxes below, the preceptor is not attesting to the individual's "general clinical competency."

First Section

Check one of the following for each use requested:

For 35.190

☑ I attest that Abdelhadi Rifai (Name of Proposed Authorized User) has satisfactorily completed the 60 hours of training and experience, including a minimum of 8 hours of classroom and laboratory training, required by 10 CFR 35.190(c)(1), and is able to independently fulfill the radiation safety-related duties as an authorized user for the medical uses authorized under 10 CFR 35.100.

For 35.290

☑ I attest that Abdelhadi Rifai (Name of Proposed Authorized User) 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.

Second Section

Complete one of the following for attestation and signature:

☐ Authorized User:

☐ I meet the requirements below, or equivalent Agreement State requirements, as an authorized user for:

☐ 35.190 ☐ 35.290 ☐ 35.390 ☐ 35.390 + generator experience ☐ 35.57 for 35.200 uses

OR

☑ Residency Program Director:

☑ I affirm that the attestation represents the consensus of the residency program faculty where at least one faculty member is an authorized user who meets the requirements below or equivalent Agreement State requirements for:

☑ 35.190 ☑ 35.290 ☐ 35.390 ☐ 35.390 + generator experience ☐ 35.57 for 35.200 uses

☑ I affirm that this facility member concurs with the attestation I am providing as program director.

☐ I affirm that the residency training program is approved by the:

☑ Residency Review Committee of the Accreditation Council for Graduate Medical Education

☐ Royal College of Physicians and Surgeons of Canada

☐ Council on Post-Graduate Training of the American Osteopathic Association

☑ I affirm that the residency training program includes training and experience specified in:

☑ 35.190 ☑ 35.290

Name of Facility:	License/Permit Number:	
Advocate Lutheran General Hospital	IL-01152-01	
Name of Preceptor or Residency Program Director (Typed or Printed)	**Telephone Number**	**Date**
Dr. Rajaram Poludaso	(614) 787-1415	08/26/2021
Signature		

From:	Joseph Seamon
To:	Torres, Roberto
Cc:	"Amber Scott"
Subject:	[External_Sender] RE: FW: NRC License 49-01380-01, mail control number 629104
Date:	Thursday, November 11, 2021 2:54:25 PM
Attachments:	313(AUD) final copy 11-11-2021.pdf

Mr. Torres,

Please find attached a completed copy of the 313AUD for Dr. Rifai. Thank you for the help with this.

J. Michael Seamon, M.S., DABR
Cheyenne Regional Medical Center R.S.O.

From: Torres, Roberto <RobertoJ.Torres@nrc.gov>
Sent: Wednesday, November 10, 2021 2:20 PM
To: Joseph Seamon <jmseamon1@mindspring.com>
Cc: 'Amber Scott' <amber.scott@crmcwy.org>
Subject: RE: FW: NRC License 49-01380-01

Mr. Seamon:

The Corscan preceptor form has information that fits in NRC Form 313A but it does not have other information that is needed. Please complete the attached Form 313A(AUD).

Alternative to Form 313A:
If Dr. Rifai is listed as a 35.100 and 35.200 authorized user in an Agreement State license then please send copy of such license and this will simplify the approval process.

From: Joseph Seamon <jmseamon1@mindspring.com>
Sent: Wednesday, November 10, 2021 3:15 PM
To: Torres, Roberto <RobertoJ.Torres@nrc.gov>
Cc: 'Amber Scott' <amber.scott@crmcwy.org>
Subject: [External_Sender] FW: NRC License 49-01380-01

Mr. Torres,

Here is a copy of the initial request regarding Dr. Rifai. If it turns out that the 'Corscan-preceptorForm' is not an acceptable substitute for a 313(AUD) would you please let me know right away.

Respectfully,

J. Michael Seamon, M.S., DABR
Cheyenne Regional Medical Center R.S.O.

From: Joseph Seamon <jmseamon1@mindspring.com>

Sent: Wednesday, November 10, 2021 2:10 PM
To: Carol Hill (carol.hill@nrc.gov) <carol.hill@nrc.gov>
Cc: 'Amber Scott' <amber.scott@crmcwy.org>
Subject: FW: NRC License 49-01380-01

Ms. Hill,

I am resending this by Roberto Torres request. Please note this was initially sent 8-31-2021.

Respectfully,

J. Michael Seamon, M.S., DABR
Cheyenne Regional Medical Center R.S.O.

From: Joseph Seamon <jmseamon1@mindspring.com>
Sent: Tuesday, August 31, 2021 9:47 PM
To: 'Hanson, Latischa' <Latischa.Hanson@nrc.gov>
Subject: NRC License 49-01380-01

Hello Ms. Hanson,

Would you please review this request to add Dr. Rifai to our Radioactive Materials License, NRC 49-01380-01. Previously I have not attempted to add a physician in this manner . Would you please look at the attached documents and let me know if this is an acceptable approach and if the attached documents will be sufficient to allow you to grant this request.

Thank you,

J. Michael Seamon, M.S., DABR, RSO
Cheyenne Regional Medical Center
214 East 23rd Street
Cheyenne, WY 82001