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)

c. If currently authorized under 35.490 or 35.690 and requesting authorization for 35.396, provide documentation on classroom and laboratory training, supervised work experience, and supervised clinical case experience. The tables in sections 3.a., 3.b., and 3.c. may be used to document this experience. Also provide completed Part II Preceptor Attestation.

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

a. Classroom and Laboratory Training ☐ 35.390 ☐ 35.392 ☐ 35.394 ☐ 35.396

Description of Training	Location of Training	Clock Hours	Dates of Training*
Radiation physics and instrumentation			
Radiation protection			
Mathematics pertaining to the use and measurement of radioactivity			
Chemistry of byproduct material for medical use			
Radiation biology			
	Total Hours of Training:		

b. Supervised Work Experience ☐ 35.390 ☐ 35.392 ☐ 35.394 ☑ 35.396

(If more than one supervising individual is necessary to document supervised training, provide multiple copies of this page.)

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	Ascension St. Vincent Hospital 2001 West 86th Street Indianapolis, IN 46260	☑ Yes ☐ No	12/19/2016- ---PRESENT
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters	Ascension St. Vincent Hospital 2001 West 86th Street Indianapolis, IN 46260 USNRC License Number: 13-00133-02	☑ Yes ☐ No	12/19/2016- ---PRESENT
Calculating, measuring, and safely preparing patient or human research subject dosages	Ascension St. Vincent Hospital 2001 West 86th Street Indianapolis, IN 46260 USNRC License Number: 13-00133-02	☑ Yes ☐ No	12/19/2016- ---PRESENT
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material	Ascension St. Vincent Hospital 2001 West 86th Street Indianapolis, IN 46260 USNRC License Number: 13-00133-02	☑ Yes ☐ No	12/19/2016- ---PRESENT
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures	Ascension St. Vincent Hospital 2001 West 86th Street Indianapolis, IN 46260	☑ Yes ☐ No	12/19/2016- ---PRESENT

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)

Second Section

☐ I attest that _____ has satisfactorily completed the required clinical case
Name of Proposed Authorized User

experience required in 35.390(b)(1)(ii)G listed below:

☐ Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)

☐ Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)

☐ 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.

Third Section

☐ I attest that _____ is able to independently fulfill the radiation safety-related
Name of Proposed Authorized User

duties as an authorized user for the medical uses authorized under 10 CFR 35.300 for:

☐ Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)

☐ Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)

☐ 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.

Fourth Section

For 35.396:

Current 35.490 or 35.690 authorized user:

☑ I attest that JESSICA DURK, M.D. is an authorized user under 10 CFR 35.490 or 35.690
Name of Proposed Authorized User

or equivalent Agreement State requirements, has satisfactorily completed the 80 hours of classroom and laboratory training, as required by 10 CFR 35.396 (b)(1), and the supervised work and clinical case experience required by 35.396(b)(2), and is able to independently fulfill the radiation safety-related duties as an authorized user under 10 CFR 35.300 for:

☑ 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.

OR

Board Certification:

☐ I attest that _____ has satisfactorily completed the board certification
Name of Proposed Authorized User

requirements of 35.396(a)(3), has satisfactorily completed the 80 hours of classroom and laboratory training required by 10 CFR 35.396 (b)(1) and the supervised work and clinical case experience required by 35.396(b)(2), and is able to independently fulfill the radiation safety-related duties as an authorized user under 10 CFR 35.300 for:

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)

Fifth Section

Complete one of the following for the attestation and signature:

☑ **Authorized User**

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

☑ 35.390 ☐ 35.392 ☐ 35.394 ☑ 35.396 ☐ 35.57 for 35.300 uses

☑ I have experience administering dosages in the following categories for which the proposed Authorized User is requesting authorization:

- ☐ Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)
- ☐ Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)
- ☑ 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.

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:

☐ 35.390 ☐ 35.392 ☐ 35.394 ☐ 35.396 ☐ 35.57 for 35.300 uses

☐ I affirm that this facility member has experience in administering dosages in the same dosage category or categories for which the individual is requesting authorized user status and 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:

☐ 35.390 ☐ 35.392 ☐ 35.394 ☐ 35.396

Name of Facility:	License/Permit Number:	
ASCENSION ST. VINCEN HOSPITAL	13-00133-02	
Name of Preceptor or Residency Program Director (Typed or Printed)	Telephone Number	Date
ROBERT LIEBROSS, M.D.	3173382381	JULY 29, 2022
Signature		

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)

c. If currently authorized under 35.490 or 35.690 and requesting authorization for 35.396, provide documentation on classroom and laboratory training, supervised work experience, and supervised clinical case experience. The tables in sections 3.a., 3.b., and 3.c. may be used to document this experience. Also provide completed Part II Preceptor Attestation.

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

a. Classroom and Laboratory Training ☐ 35.390 ☐ 35.392 ☐ 35.394 ☐ 35.396

Description of Training	Location of Training	Clock Hours	Dates of Training*
Radiation physics and instrumentation			
Radiation protection			
Mathematics pertaining to the use and measurement of radioactivity			
Chemistry of byproduct material for medical use			
Radiation biology			
	Total Hours of Training:		

b. Supervised Work Experience ☐ 35.390 ☐ 35.392 ☐ 35.394 ☑ 35.396

(If more than one supervising individual is necessary to document supervised training, provide multiple copies of this page.)

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	Ascension St. Vincent Hospital 2001 West 86th Street Indianapolis, IN 46260	☑ Yes ☐ No	07/01/2018- ---PRESENT
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters	Ascension St. Vincent Hospital 2001 West 86th Street Indianapolis, IN 46260 USNRC License Number: 13-00133-02	☑ Yes ☐ No	07/01/2018- ---PRESENT
Calculating, measuring, and safely preparing patient or human research subject dosages	Ascension St. Vincent Hospital 2001 West 86th Street Indianapolis, IN 46260 USNRC License Number: 13-00133-02	☑ Yes ☐ No	07/01/2018- ---PRESENT
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material	Ascension St. Vincent Hospital 2001 West 86th Street Indianapolis, IN 46260 USNRC License Number: 13-00133-02	☑ Yes ☐ No	07/01/2018- ---PRESENT
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures	Ascension St. Vincent Hospital 2001 West 86th Street Indianapolis, IN 46260	☑ Yes ☐ No	07/01/2018- ---PRESENT

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)

Second Section

☐ I attest that _____ has satisfactorily completed the required clinical case
Name of Proposed Authorized User

experience required in 35.390(b)(1)(ii)G listed below:

☐ Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)

☐ Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)

☐ 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.

Third Section

☐ I attest that _____ is able to independently fulfill the radiation safety-related
Name of Proposed Authorized User

duties as an authorized user for the medical uses authorized under 10 CFR 35.300 for:

☐ Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)

☐ Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)

☐ 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.

Fourth Section

For 35.396:

Current 35.490 or 35.690 authorized user:

☑ I attest that VASU MARUTHI TUMATI, M.D. is an authorized user under 10 CFR 35.490 or 35.690
Name of Proposed Authorized User

or equivalent Agreement State requirements, has satisfactorily completed the 80 hours of classroom and laboratory training, as required by 10 CFR 35.396 (b)(1), and the supervised work and clinical case experience required by 35.396(b)(2), and is able to independently fulfill the radiation safety-related duties as an authorized user under 10 CFR 35.300 for:

☑ 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.

OR

Board Certification:

☐ I attest that _____ has satisfactorily completed the board certification
Name of Proposed Authorized User

requirements of 35.396(a)(3), has satisfactorily completed the 80 hours of classroom and laboratory training required by 10 CFR 35.396 (b)(1) and the supervised work and clinical case experience required by 35.396(b)(2), and is able to independently fulfill the radiation safety-related duties as an authorized user under 10 CFR 35.300 for:

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

U. S. NUCLEAR REGULATORY COMMISSION

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)

Fifth Section

Complete one of the following for the attestation and signature:

☑ **Authorized User**

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

☑ 35.390 ☐ 35.392 ☐ 35.394 ☑ 35.396 ☐ 35.57 for 35.300 uses

☑ I have experience administering dosages in the following categories for which the proposed Authorized User is requesting authorization:

- ☐ Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)
- ☐ Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)
- ☑ 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.

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:

☐ 35.390 ☐ 35.392 ☐ 35.394 ☐ 35.396 ☐ 35.57 for 35.300 uses

☐ I affirm that this facility member has experience in administering dosages in the same dosage category or categories for which the individual is requesting authorized user status and 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:

☐ 35.390 ☐ 35.392 ☐ 35.394 ☐ 35.396

Name of Facility:	License/Permit Number:	
ASCENSION ST. VINCEN HOSPITAL	13-00133-02	
Name of Preceptor or Residency Program Director (Typed or Printed)	Telephone Number	Date
ROBERT LIEBROSS, M.D.	3173382381	JULY 29, 2022
Signature		

From:	Forster, Sara
To:	Pavon, Martha; Pavon, Sandy
Cc:	Tomczak, Tammy
Subject:	FW: Additional Information To St. Vincent Hospital & Health Care Center, Lic. 13-00133-02, Dkt. 030-01579, CN631654
Date:	Tuesday, August 09, 2022 3:56:29 PM
Attachments:	NRC FORM 313A.STVINCENT.13-00122-02.DURK.pdf NRC FORM 313A.STVINCENT.13-00122-02.TUMATI.pdf

---

Good afternoon, Sandy & Martha…

Attached is additional information to the referenced license. Please add the information with this email to ADAMS, and let me know the accession number. For document date, please use the e-mail date of July 27, 2022.

Thank you!

Sara

From: Edward Wroblewski <eewroble@ascension.org>
Sent: Wednesday, July 27, 2022 2:18 PM
To: Forster, Sara <Sara.Forster@nrc.gov>
Cc: Stacie Borden <stacie.borden@ascension.org>
Subject: [External_Sender] Re: [EXTERNAL] Additional Information Request for St. Vincent Hospital & Health Care Center, Lic. 13-00133-02, Dkt. 030-01579, CN631654

Good afternoon Sara!

I am addressing the ADDITIONAL INFORMATION NEEDED REGARDING AMENDMENT TO ASCENSION ST. VINCENT HOSPITAL, NRC LICENSE NO. 13-00133-02:

1. The current name for one of the indicated AUs, as listed on your license in Subitem No. 12.B., is Jessica Zhou, M.D. However, the request listed her name as Jessica Durk (Zhou), M.D. The name to be listed on the license, and the reason for the change, is unclear. Please indicate the correct name to be listed on the license. If the name to be listed has changed since the previous amendment, please explain the reason for the change. If documentation is needed to support the explanation, please attach that in your response.

The reason for the name change is due to Doctor Jessica Durk becoming married. The date of this marriage was: September 2, 2017.

Please find the completed attestation documents [USNRC Form 313A (AUT)]

attached for both: Dr. Vasu Maruth Tumati, M.D. as well as Dr. Jessica Durk.

Should you be in need of additional information or have any questions, I am available to do my best to provide either to you. Until then, please enjoy the rest of your week.

-ed

Edward E. Wroblewski, MA, DABSNM
Medical Physicist
Radiation Safety Officer
Ascension Health-St. Vincent
Diagnostic Physics Services
2001 West 86th Street
Indianapolis, IN 46260
Office: 317-338-2381
Cell: 317-755-9688
Fax: 317-338-2496

On Tue, Jul 19, 2022 at 11:03 AM Forster, Sara <Sara.Forster@nrc.gov> wrote:

> Good morning Mr. Wroblewski:
>
> Our office has reviewed your June 22, 2022 letter requesting to add 10 CFR 35.300 authorizations for two listed authorized users. Additional information as described in the attached letter is needed to complete our review.
>
> To complete our review, please provide the requested information within the next 14 days (on or before August 2, 2022). You may submit your information electronically as a signed and dated letter attached in pdf format, to an email message.
>
> If you have any questions regarding this request, including any need for additional time, please do not hesitate to call or email me.
>
> Sincerely,
>
> **Sara A. Forster, Health Physicist Licensing Reviewer**
> U.S. Nuclear Regulatory Commission - Region III
> Division of Nuclear Materials Safety
> 2443 Warrenville Rd. - Ste. 210
> Lisle, IL 60532-4352