Hannibal Regional
Healthcare System

GUIDING YOU TO
BETTER

DATE October 20, 2025

USNRC, Region III
Nuclear Materials Licensing Section
2056 Westings Ave Suite 400
Naperville, Illinois 60563-2657

Re: Changes to Authorized Users, NRC License 24-18988-01

To whom it may concern:

We wish to notify you of the following request for change to our NRC license 24-18988-01:

1) We are adding Joshua Steven Tochtrop, D.O., as an Authorized User to our license for Parts 35.100, 35.200, and 35.300 (limited to the oral administration of sodium iodide I-131).

Attachment A: NRC FORM 313A (AUD)
Attachment B: NRC FORM 313A (AUT)
Attachment C: American Board of Radiology Attestation and Form B

If you have any questions concerning this request, please contact me at 314-799-4243 (cell), or by email at Keys@medphys-stl.com.

Sincerely,

Timothy R Keys MS DABR

Timothy R Keys MS DABR
Certified Diagnostic Medical Physicist
Radiation Safety Officer
Hannibal Regional Hospital

NRC FORM 313A (AUD) (07-31-2023) U. S. NUCLEAR REGULATORY COMMISSION

APPROVED BY OMB: NO. 3150-0120 EXPIRES: 07/31/2026

Estimated burden per response to comply with this mandatory collection request: 4.3 hours. Submittal of the application is necessary to determine that the applicant is qualified and that adequate procedures exist to protect the public health and safety. Send comments regarding burden estimate to the FOIA, Library, and Information Collections Branch (T-6 A10M), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by email to Infocollects.Resource@nrc.gov, and the OMB Reviewer at: OMB Office of Information and Regulatory Affairs, (3150-0120), Attn: Desk Officer for the Nuclear Regulatory Commission, 725 17th Street NW, Washington, DC 20503; email: oira_submission@omb.eop.gov. The NRC may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the document requesting or requiring the collection displays a currently valid OMB control number.

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
Joshua Tochtrop, DO	Missouri

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	University of Missouri - Columbia	35	07/01/2020 - 06/30/2024
Radiation protection	University of Missouri - Columbia	10	07/01/2020 - 06/30/2024
Mathematics pertaining to the use and measurement of radioactivity	University of Missouri - Columbia	10	07/01/2020 - 06/30/2024
Chemistry of byproduct material for medical use *(not required for 35.590)*	University of Missouri - Columbia	10	07/01/2020 - 06/30/2024
Radiation biology	University of Missouri - Columbia	15	07/01/2020 - 06/30/2024
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:** 700

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	University of Missouri - Columbia #24-00513-32	☑ Yes ☐ No	07/01/2020 - 06/30/2024
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters	University of Missouri - Columbia #24-00513-32	☑ Yes ☐ No	07/01/2020 - 06/30/2024

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	University of Missouri - Columbia #24-00513-32	☑ Yes ☐ No	07/01/2020 - 06/30/2024
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material	University of Missouri - Columbia #24-00513-32	☑ Yes ☐ No	07/01/2020 - 06/30/2024
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures	University of Missouri - Columbia #24-00513-32	☑ Yes ☐ No	07/01/2020 - 06/30/2024
Administering dosages of radioactive drugs to patients or human research subjects	University of Missouri - Columbia #24-00513-32	☑ Yes ☐ No	07/01/2020 - 06/30/2024
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	University of Missouri - Columbia #24-00513-32	☑ Yes ☐ No*	07/01/2020 - 06/30/2024

Supervising Individual	License/Permit Number listing supervising individual as an authorized user or an authorized nuclear pharmacist for generator training
Amolak Singh, MD	#24-00513-32

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.

NRC FORM 313A (AUD)
(07-31-2023)

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)

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 _____ has satisfactorily completed the 60 hours of training and
Name of Proposed Authorized User

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 Joshua Tochtrop, DO has satisfactorily completed the 700 hours of training
Name of Proposed Authorized User

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:	
University of Missouri - Columbia	#24-00513-32	
Name of Preceptor or Residency Program Director (Typed or Printed)	Telephone Number	Date
Amolak Singh, MD	(573) 882-7901	7/10/2024
Signature		

NRC FORM 313A (AUT) (07-31-2023) U. S. NUCLEAR REGULATORY COMMISSION

APPROVED BY OMB: NO. 3150-0120 EXPIRES: 07/31/2026

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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]

Name of Proposed Authorized User	State or Territory Where Licensed
Joshua Tochtrop, DO	Missouri

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

- ☐ 35.300 Use of unsealed byproduct material for which a written directive is required

OR

- ☑ 35.300 Oral administration of sodium iodide I-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)
- ☑ 35.300 Oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 1.22 gigabecquerels (33 millicuries)
- ☐ 35.300 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.

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 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 35.**390**, provide documentation on supervised case experience. The table in section 3.c. may be used to document this experience.

c. 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. Skip to and complete Part II Preceptor Attestation.

d. For a board certification issued on or before October 24, 2005 that is listed in 10 CFR 35.57(b)(2)(ii), 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.

e. Stop here.

☐ **2. Current 35.300, 35.400, or 35.600 Authorized User Seeking Additional Authorization**

a. Authorized User on Materials License _____ under the requirements below or equivalent Agreement State requirements *(check all that apply)*:

☐ 35.390 ☐ 35.392 ☐ 35.394 ☐ 35.490 ☐ 35.690

b. If currently authorized for a subset of clinical uses under 35.300, provide documentation on additional required supervised case experience. The table in section 3.c. may be used to document this experience. If board certified, provide a copy of the certificate and stop here. If not board certified then provide completed Part II Preceptor Attestation.

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	University of Missouri - Columbia	35	07/01/2020 - 06/30/2024
Radiation protection	University of Missouri - Columbia	10	07/01/2020 - 06/30/2024
Mathematics pertaining to the use and measurement of radioactivity	University of Missouri - Columbia	10	07/01/2020 - 06/30/2024
Chemistry of byproduct material for medical use	University of Missouri - Columbia	10	07/01/2020 - 06/30/2024
Radiation biology	University of Missouri - Columbia	15	07/01/2020 - 06/30/2024
	Total Hours of Training: 80		

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	University of Missouri - Columbia #24-00513-32	☑ Yes ☐ No	07/01/2020 - 06/30/2024
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters	University of Missouri - Columbia #24-00513-32	☑ Yes ☐ No	07/01/2020 - 06/30/2024
Calculating, measuring, and safely preparing patient or human research subject dosages	University of Missouri - Columbia #24-00513-32	☑ Yes ☐ No	07/01/2020 - 06/30/2024
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material	University of Missouri - Columbia #24-00513-32	☑ Yes ☐ No	07/01/2020 - 06/30/2024
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures	University of Missouri - Columbia #24-00513-32	☑ Yes ☐ No	07/01/2020 - 06/30/2024

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)

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

b. Supervised Work Experience (continued)

Supervising Individual	License/Permit Number listing supervising individual as an authorized user
Amolak Singh, MD	#24-00513-32

Supervising individual meets the requirements below, or equivalent Agreement State requirements *(check all that apply)***:*

☑ 35.390 ☐ 35.392 ☐ 35.394 ☐ 35.396 ☐ 35.57	With experience administering dosages of: ☑ 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.

** Supervising Authorized User must have experience in administering dosages in the same dosage category or categories as the individual requesting authorized user status.

c. Supervised Clinical Case Experience

If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this page.

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	University of Missouri - Columbia #24-00513-32	2/4/2021 5/7/2021 12/9/2022
Oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 1.22 gigabecquerels (33 millicuries)	3	University of Missouri - Columbia #24-00513-32	3/3/2022 3/2/2022 12/14/2022
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 (for uses defined under 35.300) [10 CFR 35.57, 35.390, 35.392, 35.394, and 35.396] (continued)

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

c. Supervised Clinical Case Experience (continued)

Supervising Individual	License/Permit Number listing supervising individual as an authorized user
Amolak Singh, MD	#24-00513-32

Supervising individual meets the requirements below, or equivalent Agreement State requirements *(check all that apply)***:*

☑ 35.390	With experience administering dosages of:
☐ 35.392	☑ Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)
☐ 35.394	☑ Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)
☐ 35.396	☑ 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.
☐ 35.57	

** Supervising Authorized User must have experience in administering dosages in the same dosage category or categories as the individual requesting authorized user status.

d. Provide completed Part II Preceptor Attestation.

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.

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 the requested authorization:

For 35.390:

☑ I attest that Joshua Tochtrop, DO has satisfactorily completed the 700 hours of training
Name of Proposed Authorized User

and experience, including a minimum of 200 hours of classroom and laboratory training, as required by 10 CFR 35.390 (b)(1).

For 35.392:

☐ I attest that _____ has satisfactorily completed the 80 hours of classroom
Name of Proposed Authorized User

and laboratory training, as required by 10 CFR 35.392(c)(1), and the supervised work and clinical case experience required in 35.392(c)(2).

For 35.394:

☐ I attest that _____ has satisfactorily completed the 80 hours of classroom
Name of Proposed Authorized User

and laboratory training, as required by 10 CFR 35.394 (c)(1), and the supervised work and clinical case experience required in 35.394(c)(2).

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 Joshua Tochtrop, DO 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 Joshua Tochtrop, DO 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 _____ 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:	
University of Missouri - Columbia	#24-00513-32	
Name of Preceptor or Residency Program Director (Typed or Printed)	Telephone Number	Date
Amolak Singh, MD	(573) 882-7901	7/10/2024
Signature		

FORM A 3/21

ABR | AMERICAN BOARD OF RADIOLOGY

American Board of Radiology – Program Director Attestation

FOR DIAGNOSTIC RADIOLOGY

COMPLIANCE WITH NRC TRAINING AND EXPERIENCE REQUIREMENTS
Note: the training and experience in the ACGME Diagnostic Radiology program requirements may not meet all of the minimum NRC requirements for §35.290, §35.392 and §35.394. Please carefully read each requirement below to ensure the listed candidate has completed the required NRC training and experience for Authorized User eligibility.

Forms A and B must be submitted after completion of the candidate's NRC training and experience

More information can be found at the following links:
NRC Medical Uses Licensee Toolkit (https://www.nrc.gov/materials/miau/med-use-toolkit.html), the NRC Medical Regulations in 10 CFR Part 35 (https://www.nrc.gov/reading-rm/doc-collections/cfr/part035/), and the Consolidated Guidance About Materials Licenses: Program-Specific Guidance About Medical Use Licenses, Final Report (NUREG-1556, Volume 9, Revision 3 (https://www.nrc.gov/reading-rm/doc-collections/nuregs/staff/sr1556/v9/).

Joshua Tochtrop	Diagnostic Radiology	4202811108
Candidate Name	Program Name	Program Number

Training for Imaging and Localization Studies (§35.290)	YES	NO
We attest that this candidate completed **700** hours of training and experience in basic radionuclide handling techniques and radiation safety applicable to the medical use of unsealed byproduct material for imaging and localization studies	☒	☐

We attest that this candidate completed a minimum of **80** hours of classroom and laboratory training in basic radionuclide handling techniques and radiation safety applicable to the medical use of unsealed byproduct material for imaging and localization studies (§35.290).	☒	☐
We attest that this classroom and laboratory training included radiation physics and instrumentation (§35.290).	☒	☐
We attest that this classroom and laboratory training included radiation protection (§35.290).	☒	☐
We attest that this classroom and laboratory training included mathematics pertaining to the use and measurement of radioactivity (§35.290).	☒	☐
We attest that this classroom and laboratory training included chemistry of byproduct material for medical use (§35.290).	☒	☐
We attest that this classroom and laboratory training included radiation biology (§35.290).	☒	☐
We attest that this work experience, under the supervision of an Authorized User (AU), included ordering, receiving, and unpacking radioactive materials safely and performing the related radiation surveys (§35.290).	☒	☐
We attest that this work experience, under the supervision of an Authorized User (AU), included performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters (§35.290).	☒	☐
We attest that this work experience, under the supervision of an Authorized User (AU), included calculating, measuring, and safely preparing patient or human research subject dosages (§35.290).	☒	☐
We attest that this work experience, under the supervision of an Authorized User (AU), included using administrative controls to prevent a medical event involving the use of unsealed byproduct material (§35.290).	☒	☐
We attest that this work experience, under the supervision of an Authorized User (AU), included using procedures to safely contain spilled radioactive material and using proper decontamination procedures (§35.290).	☒	☐
We attest that this work experience, under the supervision of an Authorized User (AU), included administering dosages of radioactive drugs to patients or human research subjects (§35.290).	☒	☐
We attest that this work experience, under the supervision of an Authorized User (AU), included eluting generator systems appropriate for 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 radioactive drugs (§35.290).	☒	☐
We attest that the work experience cited above for §35.290 was completed under the supervision of an Authorized User (AU) who meets the requirements under relevant sections of §35.290 or	☒	☐

equivalent Agreement State requirements, and that this candidate has achieved a level of competency sufficient to function independently as an Authorized User (AU) for the medical use authorized under §35.290.

We attest that an hour is not counted more than once in the total number of hours of training and experience, and if electronic training (including web-based and on-line training) is provided during the residency program, the candidate is credited with only the actual hours spent on the electronic training.	☒	☐
Training for Oral Administration of Sodium Iodide I-131 Requiring a Written Directive (§35.392 and §35.394).	**YES**	**NO**
We attest that this candidate successfully completed **80** hours of classroom and laboratory training, applicable to the medical use of sodium iodide I-131 for procedures requiring a written directive (§35.392 and §35.394).	☒	☐
We attest that this classroom and laboratory training included radiation physics and instrumentation (§35.392 and §35.394).	☒	☐
We attest that this classroom and laboratory training included radiation protection (§35.392 and §35.394).	☒	☐
We attest that this classroom and laboratory training included mathematics pertaining to the use and measurement of radioactivity (§35.392 and §35.394).	☒	☐
We attest that this classroom and laboratory training included chemistry of byproduct material for medical use (§35.392 and §35.394).	☒	☐
We attest that this classroom and laboratory training included radiation biology (§35.392 and §35.394).	☒	☐
We attest that this work experience, under the supervision of an Authorized User (AU), included ordering, receiving, and unpacking radioactive materials safely and performing the related radiation surveys (§35.392 and §35.394).	☒	☐
We attest that this work experience, under the supervision of an Authorized User (AU), included performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters (§35.392 and §35.394).	☒	☐
We attest that this work experience, under the supervision of an Authorized User (AU), included calculating, measuring, and safely preparing patient or human research subject dosages (§35.392 and §35.394).	☒	☐
We attest that this work experience, under the supervision of an Authorized User (AU), included using administrative controls to prevent a medical event involving the use of unsealed byproduct material (§35.392 and §35.394).	☒	☐

We attest that this work experience, under the supervision of an Authorized User (AU), included using procedures to safely contain spilled radioactive material and using proper decontamination procedures (§35.392 and §35.394). ☒ ☐

We attest that this work experience, under the supervision of an Authorized User (AU), included administering dosages of radioactive drugs to patients or human research subjects, that includes at least 3 cases involving the oral administration of less than or equal to 1.22 gigabecquerels (33 millicuries) of sodium iodide I-131 (§35.392). (Refer to Case Log, Form B.) ☒ ☐

This candidate's log of these sodium iodide I-131 therapy experiences (date, exact dosage, and preceptor attestation, including attestation to experience in administering dosages in the same dosage category) is attached (Form B). ☒ ☐

We attest that the work experience cited above for §35.392 was completed under the supervision of an Authorized User (AU) who meets the requirements under §35.390, §35.392, §35.394, or equivalent Agreement State requirements, and that this candidate has achieved a level of competency sufficient to function independently as an Authorized User (AU) for the medical uses authorized under §35.392. ☒ ☐

We attest that this work experience, under the supervision of an Authorized User (AU), included administering dosages of radioactive drugs to patients or human research subjects, that includes at least 3 cases involving the oral administration of greater than 1.22 gigabecquerels (33 millicuries) of sodium iodide I-131 (§35.394). (Refer to Case Log, Form B.) ☒ ☐

This candidate's log of these sodium iodide I-131 therapy experiences (date, exact dosage, and preceptor attestation, including attestation to experience in administering dosages in the same dosage category) is attached (Form B). ☒ ☐

We attest that the work experience cited above for §35.394 was completed under the supervision of an Authorized User (AU) who meets the requirements under §35.390, §35.394, or equivalent Agreement State requirements, and that this candidate has achieved a level of competency sufficient to function independently as an Authorized User (AU) for the medical uses authorized under §35.394. ☒ ☐

Robert Wissman, MD		8/13/2024
Residency Program Director (print name)	**Residency Program Director (signature)**	**Date**
Amolak Singh, MD		8/14/24
Preceptor Authorized User (print name)	**Preceptor Authorized User (signature)**	**Date**

FORM B

Sodium Iodide I-131 Therapy Experience Log

Joshua Tochtrop	Diagnostic Radiology	4202811108
Candidate Name	Program Name	Program Number

≤ 33 mCi

	Date	Exact Dosage Administered	Supervising Preceptor (AU) – Print and Sign Name
1.	2/4/2021	20 mCi	Dr. Amolak Singh Print Name Sign Name ☒ I attest that I have experience in administering dosages of ≤ 33 mCi.
2.	5/7/2021	20 mCi	Dr. Amolak Singh Print Name Sign Name ☒ I attest that I have experience in administering dosages of ≤ 33 mCi.
3.	12/9/2022	30 mCi	Dr. Amolak Singh Print Name Sign Name ☑ I attest that I have experience in administering dosages of ≤ 33 mCi.

> 33 mCi

	Date	Exact Dosage Administered	Supervising Preceptor (AU) – Print and Sign Name
1.	12/14/2022	100 mCi	Dr. Singh Print Name AS Sign Name ☒ I attest that I have experience in administering dosages of > 33 mCi.
2.	3/2/2022	100 mCi	Roopa Bhat, MD. Print Name Sign Name ☒ I attest that I have experience in administering dosages of > 33 mCi.
3.	3/3/2022	150 mCi	Roopa Bhat, MD Print Name Sign Name ☒ I attest that I have experience in administering dosages of > 33 mCi.

Martha Pavon

From: Tammy Tomczak
Sent: Thursday, November 13, 2025 9:12 AM
To: Martha Pavon
Cc: Sandy Pavon
Subject: FW: Amendment to Hannibal Regional Hospital, NRC No. Lic. 24-18988-01 - Adding AU - Tochtrop
Attachments: NRC_HRH_AmendmentForAddingAU_Tochtrop_102025.pdf

Good morning, Martha 😊

Can you please add the attached to ADAMS?

Thank you!!
Tammy

From: Tim Keys <keys@medphys-stl.com>
Sent: Monday, October 20, 2025 2:35 PM
To: R3-DRSSMail Resource <R3-DRSSMail.Resource@nrc.gov>
Cc: Akers, Jennifer <Jennifer.Akers@hannibalregional.org>; Jamie Eisenberg <eisenberg@medphys-stl.com>; Holly Karsch <karsch@medphys-stl.com>
Subject: [External_Sender] Amendment to Hannibal Regional Hospital, NRC No. Lic. 24-18988-01 - Adding AU - Tochtrop

Good afternoon NRC,

Please see attached document describing requests for the addition of an Authorized User to NRC License 24-18988-01.

If any additional materials are required upon review, please let me know.

Thank you and kind regards,

Timothy R Keys MS DABR
Certified Diagnostic Medical Physicist
Radiation Safety Officer for
Hannibal Regional Hospital
Keys@MedPhys-STL.com
314-799-4243 c