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TELECOPY TRANSMITTAL

DATE: 4-13-09

TO: Colleen Carol Casey
U.S. Nuclear Regulatory Commission

Fax Number: 630-515-1078

FROM:

RE: control number 317771

COMMENTS:

This transmittal consists of 8 pages (including transmittal cover sheet). Please contact me if you have any questions or problems with this transmittal.

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DIAGNOSTIC IMAGING

April 13, 2009

Colleen Carol Casey
U. S. Nuclear Regulatory Commission
Materials Licensing Section
2443 Warrenville Road, Suite 210
Lisle, IL 60532-4352

RE: Control Number 317771

Ms. Casey:

Please accept this letter in response to your fax sent to my attention at the Center for Diagnostic Imaging, dated March 11, 2009. In your fax, you request additional information prior to approving Dr. Hostetter as an Authorized User for materials licensed under 10 CFR 35.392 and 35.394.

Enclosed is a revised and completed NRC Form 313A(aut) documenting Dr. Hostetter's training and experience as well as a copy of the USNRC Materials Licensed listing his supervisor as an Authorized User. Finally, I would like to point out that Dr. Hostetter's documented clinical case experience has been limited to three cases of the use of sodium iodide-131 in excess of 33 milliCuries. In accordance with footnote "2" of 10 CFR 35.390(b)(1)(II)(G)(2) as well as the wording of the second section, page 5 of the Form 313A(aut), the experience with three cases in excess of 33 milliCuries satisfies the case experience for both 10 CFR 35.392 and 35.394.

If there are any questions concerning this license amendment, please contact our nuclear medicine physicist, Mr. Patrick J. Byrne, D.A.B.R., C.H.P. at 877-317-5811.

Sincerely,

Andrea Carpenter

Andrea Carpenter, C.N.M.T., R.T.(N)
Radiation Safety Officer

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NRC FORM 313A (AUT) (3-2007)

U.S. NUCLEAR REGULATORY COMMISSION

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION
(for uses defined under 35.300)
[10 CFR 35.390, 35.392, 35.394, and 35.396]

APPROVED BY OMB: NO. 3150-0120
EXPIRES: 10/31/2008

Name of Proposed Authorized User	State or Territory Where Licensed
Michael B. Hostetter, M.D.	Indiana

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 beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV for which a written directive is required

☐ 35.300 Parenteral administration of any other radionuclide 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 clinical 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.

d. Skip to and complete Part II Preceptor Attestation.

☐ 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. Also provide completed Part II Preceptor Attestation.

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.

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AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

☑ 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	Bridgeport Hospital Department of Radiology	20	07/01 to 06/05
Radiation protection	Bridgeport Hospital Department of Radiology	20	07/01 to 06/05
Mathematics pertaining to the use and measurement of radioactivity	Bridgeport Hospital Department of Radiology	10	07/01 to 06/05
Chemistry of byproduct material for medical use	Bridgeport Hospital Department of Radiology	20	07/01 to 06/05
Radiation biology	Bridgeport Hospital Department of Radiology	10	07/01 to 06/05
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: 850

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	Bridgeport Hospital Department of Radiology/06-01060-01	☑ Yes ☐ No	07/01 to 06/05
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters	Bridgeport Hospital Department of Radiology/06-01060-01	☑ Yes ☐ No	07/01 to 06/05
Calculating, measuring, and safely preparing patient or human research subject dosages	Bridgeport Hospital Department of Radiology/06-01060-01	☑ Yes ☐ No	07/01 to 06/05
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material	Bridgeport Hospital Department of Radiology/06-01060-01	☑ Yes ☐ No	07/01 to 06/05
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures	Bridgeport Hospital Department of Radiology/06-01060-01	☑ Yes ☐ No	07/01 to 06/05

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U.S. NUCLEAR REGULATORY COMMISSION

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (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
Scott C. Williams, M.D.	08-01060-01

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

- [x] 35.390 — With experience administering dosages of:
  - [x] Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)
  - [x] Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)
  - [x] Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required
  - [ ] Parenteral administration of any other radionuclide requiring a written directive
- [ ] 35.392
- [ ] 35.394
- [ ] 35.396

** 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)			
Oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 1.22 gigabecquerels (33 millicuries)	3	Center for Diagnostic Imaging/13-32194-01	10/8/08 12/3/08 12/3/08
Parenteral administration of any beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV for which a written directive is required			
Parenteral adminstration of any other radionuclide for which a written directive is required (List radionuclides)			

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AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (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
Shane Rose, M.D.	Center for Diagnostic Imaging/13-32194-01

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 beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required
- ☐ Parenteral administration of any other radionuclide requiring a written directive

** 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.

First Section
Check one of the following for each requested authorization:

For 35.390:

Board Certification

☐ I attest that _____ has satisfactorily completed the training and experience
Name of Proposed Authorized User

requirements in 35.390(a)(1).

OR

Training and Experience

☐ I attest that _____ 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).

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AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

Preceptor Attestation (continued)

First Section (continued)

For 35.392 (Identical Attestation Statement Regardless of Training and Experience Pathway):

☑ I attest that Michael B. Hostetter, M.D. (Name of Proposed Authorized User) has satisfactorily completed the 80 hours of classroom 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 (Identical Attestation Statement Regardless of Training and Experience Pathway):

☑ I attest that Michael B. Hostetter, M.D. (Name of Proposed Authorized User) has satisfactorily completed the 80 hours of classroom 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).

Second Section

☑ I attest that Michael B. Hostetter, M.D. (Name of Proposed Authorized User) has satisfactorily completed the required clinical case 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 beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required
- ☐ Parenteral administration of any other radionuclide requiring a written directive

Third Section

☑ I attest that Michael B. Hostetter, M.D. (Name of Proposed Authorized User) has satisfactorily achieved a level of competency to function independently as an authorized user 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 beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required
- ☐ Parenteral administration of any other radionuclide requiring a written directive

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NRC FORM 313A (AUT)
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AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

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 (d)(1), and the supervised work and clinical case experience required by 35.396(d)(2), and has achieved a level of competency sufficient to function independently as an authorized user for:

☐ Parenteral administration of any beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV for which a written directive is required

☐ Parenteral administration of any other radionuclide 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 35.388(a), has satisfactorily completed the 80 hours of classroom and laboratory training required by 10 CFR 35.396 (d)(1) and the supervised work and clinical case experience required by 35.396(d)(2), and has achieved a level of competency sufficient to function independently as an authorized user for:

☐ Parenteral administration of any beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV for which a written directive is required

☐ Parenteral adminstration of any other radionuclide for which a written directive is required

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Fifth Section
Complete the following for preceptor attestation and signature:

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

☐ 35.390 ☑ 35.392 ☑ 35.394 ☐ 35.396

☑ 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 beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required

☐ Parenteral administration of any other radionuclide requiring a written directive

Name of Preceptor	Signature	Telephone Number	Date
Shane Rose, M.D.		317-846-0717	4-13-09

Licensee/Permit Number/Facility Name
Center for Diagnostic Imaging/18-32194-01