

**UNIVERSITY OF PENNSYLVANIA****Department of Radiation Oncology****Cordelia M. Baffic****Director, Departmental Services**

3400 Spruce Street, 2 Donner

Philadelphia, PA 19104

215/662-3694

**Fax #215/349-5949****Email: baffic@xrt.upenn.edu**

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**FAX TRANSMITTAL FORM**TO: Michelle BeardsleyFROM: C. Baffic / E. Harris, MDDATE 11/17/04NUMBER OF PAGES SENT 2FAX # 610/337-5393

PHONE \_\_\_\_\_

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NMSS/RGNI MATERIALS-002

ATTN:

Michelle Beardsley

Control No. 13572

Fax 610-337-5393

NRC FORM 313A  
(10-2003)

U.S. NUCLEAR REGULATORY COMMISSION

## TRAINING AND EXPERIENCE AND PRECEPTOR STATEMENT (continued)

## PART II - PRECEPTOR STATEMENT

**Note:** This part must be completed by the individual's preceptor. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each. This part is not required to meet the training requirements in 10 CFR 35.860.

Item 10 must be completed for Nuclear Pharmacists meeting the requirements of 10 CFR Part 35, Subpart J. Preceptors do not have to complete Items 11a, 11b, or the certifying statements for other individuals meeting the requirements of 10 CFR Part 35, Subpart J.

- ☐ YES 10. The individual named in Item 1 has satisfactorily completed the training requirements in 10 CFR 35.860 and is competent to independently operate a nuclear pharmacy.
- ☐ N/A

- ☒ YES 11a. The individual named in Item 1 has satisfactorily completed the requirements in Part 35, Section(s) and Paragraph(s) 490, 650, 165 C. and 690(b) (1)+(2)
- ☐ N/A

- ☒ YES 11b. The individual named in Item 1 is competent to independently function as an authorized user for 400, 600 uses (or units). HDR
- ☐ N/A

## 12. PRECEPTOR APPROVAL AND CERTIFICATION

- ☐ I certify the approval of Item 10 and certify I am an Authorized Nuclear Pharmacist

OR

- ☐ I certify the approval of Items 11a and 11b, and certify I am an Authorized Nuclear Pharmacist

OR

- ☒ I certify the approval of Items 11a and 11b, and I certify that I meet the requirements of 35-450, 690, 165 C. or equivalent Agreement State requirements to be a preceptor authorized for the following uses (or units) of byproduct material Brachytherapy, HDR

## A. Address

Radiation oncology  
Univ of Pennsylvania  
3401 Spruce St, 2nd floor  
Philadelphia, PA 19104

## B. Materials License Number

37-00115-CZ

## C. NAME OF PRECEPTOR (Print clearly)

Eleanor Hays, MD

## D. SIGNATURE - PRECEPTOR

*Eleanor Hays*

## E. DATE

9/8/04

NRC 313A

TOTAL P.01

TOTAL P.02