

12 Center Street, Suite 4  
Fredonia, NY 14063  
Phone: 716-672-8790  
Fax: 716-672-8794

**HAMOT HEART  
INSTITUTE  
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# Fax

J-6

To: Dennis Lawyer From: Scott Truman  
Fax: 1-610-337-5269 Date: 4-3-06  
Phone: Lic #37-30550-01 Pages: (5)  
Re: Doc # 30035303 CC:  
Cont. # 138475  
☒ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

## •Comments:

Thanks Dennis

Hope this will get it done!

Scott

[REDACTED]

138475  
NMGS/RONI MATERIALS-002

<b>NRC FORM 313A</b> (10-2005)	<b>U.S. NUCLEAR REGULATORY COMMISSION</b>	<b>APPROVED BY OMB: NO. 3160-0120</b> <b>EXPIRES: 10/31/2008</b>	
<b>MEDICAL USE TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION</b>			
<b>PART I – TRAINING AND EXPERIENCE</b>			
<b>Note:</b> Descriptions of training and experience must contain sufficient detail to match the training and experience criteria in the applicable regulation (10 CFR Part 35)			
1. Name of Individual, Proposed Authorization (e.g., Radiation Safety Officer), and Applicable Training Requirements (e.g., 10 CFR 35.50) <div style="text-align: center; font-size: 1.2em; margin-top: 10px;"> <i>Gary Scott Trowman, RTND, CNMT, NCT</i> </div>			
2. For Physicians, Podiatrists, Dentists, Pharmacists -- State or Territory Where Licensed			
<b>3. CERTIFICATION</b>			
a. Provide a copy of the board certification. (Stop here if applying under 10 CFR Part 35, Subpart J or 35.590(a); continue if applying under other subparts.) b. Provide documentation in appropriate items 4 through 10 of training or clinical case work required by 35.50(e); 35.51(c); 35.290(c)(1)(ii)(G) for AU seeking 35.200 authorization; 35.390(b)(1)(ii)(G); 35.396(d)(1) and 35.396(d)(2); 35.590(c); or 35.690(c). c. Provide completed Part II Preceptor Attestation, Items 11a through 11d. Stop here after completing items 3a, 3b, and 3c when using board certification to meet 10 CFR Part 35 training and experience requirements.			
<b>4. INDIVIDUALS IDENTIFIED ON A LICENSE OR PERMIT AS RADIATION SAFETY OFFICERS (RSO), AUTHORIZED USERS (AU), AUTHORIZED MEDICAL PHYSICISTS (AMP), OR AUTHORIZED NUCLEAR PHARMACISTS (ANP) SEEKING ADDITIONAL AUTHORIZATIONS</b>			
a. Provide a copy of the license or broadscope permit listing the current authorization <b>and</b> (b) or (c) b. Complete items 6c (and 10 when training is provided by an RSO, AMP, ANP, or AU) and preceptor items 11b through 11d to meet requirements for: RSO in 35.50(c)(2) or 35.50(e); or AU in 35.290(c)(1)(ii)(G) or 35.390(b)(1)(ii)(G) or 35.590(c) or 35.690(c); or AMP under 35.51(c). c. Complete items 5, 6a, 6b, 10, and Preceptor items 11a through 11d to meet AU requirements in 35.396(a).			
<b>5. DIDACTIC OR CLASSROOM AND LABORATORY TRAINING (optional for Medical Physicists)</b>			
Description of Training	Location	Clock Hours	Dates of Training
Radiation Physics and Instrumentation	University of Florida Nuclear Med. Institute	105	8/93 thru 12/93
Radiation Protection & Safety <i>including intercomprehending</i>	<div style="border-left: 1px solid black; border-right: 1px solid black; height: 150px; margin: 0 auto; width: 20px;"></div>	25	8/93 thru 12/93
Mathematics Pertaining to the Use and Measurement of Radioactivity <i>* Dosimetry Calculations</i>		55	8/93 thru 12/93
Radiation Biology		20	8/93 thru 12/93
Chemistry of Byproduct Material for Medical Use		40	8/93 thru 12/93
OTHER <i>Clinical Training</i>		1320	8/93 thru 12/93

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MEDICAL USE TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)					
6a. WORK OR PRACTICAL EXPERIENCE WITH RADIATION					
Description of Experience	Name of Supervising Individual(s)	Location and Corresponding Materials License Number	Dates and/or Clock Hours of Experience		
Shipping, Receiving, and Performing Surveys for/on Radioactive Packages	Charles Anthony Giomuso	Vos Medical 37-30626-01	7-16-01 TO 1-27-03		
Securing, inventory, controlling, use of medical use Byproduct materials					
Disposing of Byproduct materials					
Developing and using controls to avoid mistakes of admin. of byproduct materials					
Instituting procedures and following procedures to avoid contamination with byprod. materials					
Training + using Decontamination procedures for use w/Byprod. materials					
Using + performing II. instrument checks on Instruments used for measuring and surveying Radio-Active materials					
Using + implementing emergency controls for Byproduct materials					
6b. SUPERVISED CLINICAL CASE EXPERIENCE (describe experience elements in 6a)					
Radionuclide	Type of Use	No. of Cases Involving Personal Participation	Name of Supervising Individual	Location and Corresponding Materials License Number	Dates and/or Clock Hours of Experience
Tc <sup>99m</sup>	Camera QC, Patient Studies	Daily	James K. O'Donnell, MD Authorized user	Vos Medical 37-30626-01	7-16-01 TO 1-27-03
Co <sup>57</sup>	QC Sources for Doselab, Gamma Cam.	Daily	Charles Giomuso RSO		
Cs <sup>137</sup>	QC Sources for 6M meter, D.C. well	Daily	Charles Giomuso RSO		

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## MEDICAL USE TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

## 6c. TRAINING FOR SECTIONS 35.50(e), 35.51(c), 35.590(c), or 35.690(c)

Training Element	Type of Training *	Location and Dates
Radiation Safety. Initial & continuing.	Didactic OJT, Health Physicist. CE course work	Univ. of Florida, 8/93-8/94 NYS, PA Job sites Annually And U.S. medical, 7/01-1/03
Regulatory Issues.		
Emergency Procedures		

\* Types of training may include supervised (complete item 10 for 35.50(e), 35.51(c), and 35.690(c)), didactic, or vendor training.

## 7. FORMAL TRAINING

Physicians (for uses under 35.400 and 35.600) and Medical Physicists

Degree, Area of Study or Residency Program	Name of Program and Location with Corresponding Materials License Number	Dates	Name of Organization that Approved the Program (e.g., Accreditation Council for Graduate Medical Education) and the Applicable Regulation (e.g., 10 CFR 35.480)
		N/A	

## 8. RADIATION SAFETY OFFICER (RSO) – ONE-YEAR FULL-TIME EXPERIENCE

☒ YES  
☐ N/A

Completed 1 year of full-time radiation safety experience (in areas identified in item 6a) under supervision.  
of Charles Anthony Giomuso the RSO for License No. 37-30626-01

## 9. MEDICAL PHYSICIST – ONE-YEAR FULL-TIME TRAINING/WORK EXPERIENCE

☐ YES  
☐ N/A

Completed 1 year of full-time training (for areas identified in item 6a) in therapeutic radiological physics (35.961) or medical physics (35.51) under the supervision of \_\_\_\_\_  
who is a medical physicist (35.961) or meets requirements for Authorized Medical Physicists (35.51);

and

☐ YES  
☐ N/A

Completed 1 year of full-time work experience (at location providing radiation therapy services described and for topics identified in item 6a) for (specify use or device) \_\_\_\_\_  
under the supervision of \_\_\_\_\_ who is a medical physicist (35.961) or meets requirements for Authorized Medical Physicists (35.51) (specify use or device) \_\_\_\_\_

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## MEDICAL USE TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

## 10. SUPERVISING INDIVIDUAL – IDENTIFICATION AND QUALIFICATIONS

The training and experience indicated above was obtained under the supervision of (if more than one supervising individual is needed to meet requirements in 10 CFR Part 35, provide the following information for each):

A. Name of Supervisor

Charles Anthony Giomuso

B. Supervisor is:

☐ Authorized User☐ Authorized Medical Physicist☒ Radiation Safety Officer☐ Authorized Nuclear Pharmacist

C. Supervisor meets requirements of Part 35, Section(s)

50, 1, ii, 2, ii

for medical uses in Part 35, Section(s)

D. Address

Applied Medical Physics in Radiology  
8730 SANCTUARY DRIVE  
Kirtland Hills, Ohio 44060

E. Materials License Number

37-30626-01

## PART II – PRECEPTOR ATTESTATION

**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 training requirements in 35.590 or Part 35, Subpart J (except 35.980).

I attest the individual named in Item 1:

11a.

☒

has satisfactorily completed the requirements in Part 35, Section(s) and Paragraph(s)

50, (2)(iii)(b)(i)(A-E)  
(1)(A-E)(2)(d), 59

as documented in section(s) 5, 6, 8 of this form.

11b. Select one

☐meets the requirements in ☒ 35.50(e) ☐ 35.51(c) ☐ 35.390(b)(1)(ii)(G) ☐ 35.690(c) for☐ N/A

types of use, as documented in section(s) of this form.

11c.

☐has achieved a level of competency sufficient to independently operate a nuclear pharmacy (for 35.980); **or**☐has achieved a level of competency sufficient to function independently as an authorized  
for uses (or units); **or**☒has achieved a level of radiation safety knowledge sufficient to function independently as a Radiation Safety  
Officer for a medical use licensee; **or**☐ N/A

11d.

☐I am an Authorized Nuclear Pharmacist; **or**☒I am a Radiation Safety Officer; **or**☐

I meet the requirements of section(s) of 10 CFR Part 35.

or equivalent Agreement State requirements to be a preceptor

☐ AU

or

☐ AMP

for the following byproduct material uses (or units):

A. Address

8730 SANCTUARY DRIVE  
Kirtland Hills, Ohio 44060

B. Materials License Number

37-30741-01

C. NAME OF PRECEPTOR (print clearly)

Charles Anthony Giomuso, MS

D. SIGNATURE – PRECEPTOR

Charles Anthony Giomuso, MS

E. DATE

3/20/06