

Culpeper

Regional Hospital SS*Promoting health. Preserving community.*

NM581

4/13/2006

VIA FAX

(4 pages)

U. S. Nuclear Regulatory Commission
Nuclear Materials Safety Section
Region I
475 Allendale Rd.
King of Prussia, PA 19406

03020205

RE: Radioactive Materials License # 45-23040-01

Dear Sir/Madam:

Since I did not have the necessary information to add Dr. Erdag previously, I have included it with this letter

Please amend our license to reflect the following changes for Authorized Users:

Add: Namik Erdag, MD

Please contact me should there be any additional questions.

Thank you.

Sincerely,



Deborah B. Emerson
Imaging Outcomes / Project Coordinator

cc: RSC (file)

501 Sunset Lane

P.O. Box 592

Culpeper, Virginia 22701

Phone (540) 829 4100

www.culpeperhospital.com

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NMSS/RGN MATERIALS-002

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VIRGINIA RADIOLOGY

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P.02/05

U.S. NUCLEAR REGULATORY COMMISSION		APPROVED BY OMB: NO. 3150-0120 EXPIRES: 10/31/2006	
NRC FORM 312A (10-2002)			
TRAINING AND EXPERIENCE AND PRECEPTOR STATEMENT			
PART I - TRAINING AND EXPERIENCE			
Note: Descriptions of training and experience must contain sufficient detail to match the training and experience criteria in the applicable regulations.			
1. Name of Individual, Proposed Authorization (e.g., Radiation Safety Officer), and Applicable Training Requirements (e.g., 10 CFR 35.50)			
NAMIK ERDAG, M.D.			
2. For Physicians, Podiatrists, Dentists, Pharmacists - State or Territory Where Licensed			
VIRGINIA			
3. CERTIFICATION			
Specialty Board	Category	Month and Year Certified	
AMERICAN BOARD OF RADIOLOGY	DIAGNOSTIC RADIOLOGY	6/2005	
Stop here when using Board Certification to meet 10 CFR Part 35 training and experience requirements.			
4. DIDACTIC OR CLASSROOM AND LABORATORY TRAINING (optional for Medical Physicists)			
Description of Training	Location	Clock Hours	Dates of Training
Radiation Physics and Instrumentation	Radiation 200 for Diagnostic Physicians NORWALK HOSPITAL 24 STEVENS STREET	50	7/14/02 - 6/30/05
Radiation Protection	NORWALK, CT 06858	50	"
Mathematics Pertaining to the Use and Measurement of Radioactivity	"	50	"
Radiation Biology	"	50	"
Chemistry of Byproduct Material for Medical Use	"	50	"
OTHER			

NRC FORM 312A (10-2002)

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U.S. NUCLEAR REGULATORY COMMISSIONNRC FORM 310A
(10-2005)

TRAINING AND EXPERIENCE AND PRECEPTOR STATEMENT (continued)

5a. WORK EXPERIENCE WITH RADIATION

Description of Experience	Name of Supervising Individual(s)	Location and Corresponding Materials License Number	Dates and Clock Hours of Experience
Ordering, receiving, and unpacking radioactive material safely and performing the related radiation surveys.	EDWARD STRAUSS, MD	See item 9	7/14/05 6/30/05 100
Calibrating instruments used to determine the activity of dosages and performing checks for proper operation of survey meters.			100
Calculating, measuring, and safely preparing patient or human research subject dosages.			100
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material.			50
Using procedures to safely contain spilled radioactive material and using proper decontamination procedures.			50
Administering dosages of radioactive drugs to patients or human research subjects.			100
Eluting generators, measuring and testing the eluate, and processing the eluate with reagent kits to prepare labeled radioactive drugs.			50
			Total > 700 hours

5b. SUPERVISED CLINICAL CASE EXPERIENCE - N/A

Radionuclide	Type of Use	No. of Cases Involving Personal Participation	Name of Supervising Individual	Location and Corresponding Materials License Number	Dates and Clock Hours of Experience
na					
¹³¹ I	Hypothyroid	12	ED. STRAUSS MD		780
"	Ca	5	"		"
^{99m} Tc	Dx	800	"		"
⁶⁷ Ga	"	50	"		"

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U.S. NUCLEAR REGULATORY COMMISSION			
NRC FORM 3134 (10-2003)			
TRAINING AND EXPERIENCE AND PRECEPTOR STATEMENT (continued)			
6. FORMAL TRAINING (applies to Medical Physicists and Therapy Physicists)			
Degree, Area of Study or Residency Program	Name of Program and Location with Corresponding Materials License Numbers	Dates	Name of Organization that Approved the Program (e.g., Accreditation Council for Graduate Medical Education) and the Applicable Regulation (e.g., 10 CFR 35.490)
N/A <i>Diagnostic Radiology</i>	<i>Norwalk Hospital Diagnostic Radiology NRC # 06-06941-01</i>	<i>7/16/02 - 6/30/05</i>	<i>ACGME</i>
7. RADIATION SAFETY OFFICER - ONE-YEAR FULL-TIME TRAINING			
<input type="checkbox"/> YES Completed 1-year of full-time radiation safety experience (in areas identified in item 5a) under supervision of _____ the RSO for License No. _____ <input checked="" type="checkbox"/> N/A			
8. MEDICAL PHYSICIST - ONE YEAR FULL-TIME TRAINING/WORK EXPERIENCE			
<input type="checkbox"/> YES Completed 1-year of full-time training in therapeutic radiological physics under the supervision of _____ who meets requirements for Authorized Medical Physicists; and <input checked="" type="checkbox"/> N/A			
<input type="checkbox"/> YES Completed 1-year of full-time work experience (for areas identified in item 5a) for _____ who meets <input checked="" type="checkbox"/> N/A modality(ies) under the supervision of _____ modality(ies). requirements for Authorized Medical Physicists for _____			
9. 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 35, provide the following information for each):			
A. Name of Supervisor		<input checked="" type="checkbox"/> Supervisor is: <input checked="" type="checkbox"/> Authorized User <input type="checkbox"/> Radiation Safety Officer <input type="checkbox"/> Authorized Medical Physicist <input type="checkbox"/> Authorized Nuclear Pharmacist	
<i>EDWARD STRAUSS, MD</i>			
C. Supervisor meets requirements of Part 35, Section(s) <i>35.290</i> for medical uses in Part 35, Section(s) <i>35.100 and 35.200 35-300</i>			
D. Address		E. Materials License Number	
<i>NORWALK HOSPITAL 24 STEVENS STREET NORWALK, CT 06856</i>		<i>NRC 06-06941-01</i>	

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This is to acknowledge the receipt of your letter/application dated

4/13/2006, and to inform you that the initial processing which includes an administrative review has been performed.

☒ AMEND. 45-23040-01
There were no administrative omissions. Your application was assigned to a technical reviewer. Please note that the technical review may identify additional omissions or require additional information.

☐ Please provide to this office within 30 days of your receipt of this card

A copy of your action has been forwarded to our License Fee & Accounts Receivable Branch, who will contact you separately if there is a fee issue involved.

Your action has been assigned **Mail Control Number** 138710.
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.