



Springfield Hospital

RECEIVED
REGION 1

2006 AUG -9 PM 1:21

August 6, 2006

U. S. Nuclear Regulatory Commission
Attention: LAT 475
Region 1
475 Allendale Road
King of Prussia, PA
19406-1415

Br. 1

44-19107-01
03016078

Dear Sir or Madam:

I am writing to request the addition of my name to the Nuclear Medicine Materials License for Springfield Hospital. I graduated from the Beth Israel Deaconess Medical Center residency program in diagnostic radiology in June, 2004. I was certified by the American Board of Radiology the same month. I have enclosed a copy of the current license along with copies of my Vermont state medical license and board certification. (I also have completed Supplements A and B, although I am not certain if these documents are required.)

Please let me know if you need any further information from me.

Sincerely,

Gwendolyn F. Durgin, M.D.

Gwendolyn F. Durgin, M.D.
Staff Radiologist

139253

NMSS/RGNI MATERIALS-002

25 RIDGEWOOD ROAD • SPRINGFIELD, VT • 05156
PHONE: (802) 885-7322 • E-MAIL: DURGIN@VERMONTTEL.NET

MATERIALS LICENSE

Pursuant to the Atomic Energy Act of 1954, as amended, the Energy Reorganization Act of 1974 (Public Law 93-438), and Title 10, Code of Federal Regulations, Chapter I, Parts 30, 31, 32, 33, 34, 35, 36, 39, 40, and 70, and in reliance on statements and representations heretofore made by the licensee, a license is hereby issued authorizing the licensee to receive, acquire, possess, and transfer byproduct, source, and special nuclear material designated below; to use such material for the purpose(s) and at the place(s) designated below; to deliver or transfer such material to persons authorized to receive it in accordance with the regulations of the applicable Part(s). This license shall be deemed to contain the conditions specified in Section 183 of the Atomic Energy Act of 1954, as amended, and is subject to all applicable rules, regulations, and orders of the Nuclear Regulatory Commission now or hereafter in effect and to any conditions specified below.

Licensee		In accordance with the letter dated December 22, 2004, and the facsimile dated January 13, 2005,	
1. Springfield Hospital		3. License number 44-19107-01 is amended in its entirety to read as follows:	
2. P.O. Box 2003 Springfield, Vermont 05156		4. Expiration date May 31, 2011	
		5. Docket No. 030-16078 Reference No:	
6. Byproduct, source, and/or special nuclear material	7. Chemical and/or physical form	8. Maximum amount that licensee may possess at any one time under this license	
A. Any byproduct material permitted by 10 CFR 35.100	A. Any	A. As needed	
B. Any byproduct material permitted by 10 CFR 35.200	B. Any	B. As needed	
9. Authorized use:			
A. Any uptake, dilution, and excretion study permitted by 10 CFR 35.100.			
B. Any imaging and localization study permitted by 10 CFR 35.200.			

CONDITIONS

10. Licensed material may be used or stored only at the licensee's facilities at 25 Ridgewood Road, Springfield, Vermont.
11. The Radiation Safety Officer for this license is Thomas Brennan, M.D.
12. Licensed material is only authorized for use by, or under the supervision of:
 - A. Individuals permitted to work as an authorized user in accordance with 10 CFR 35.13 and 35.14.

**MATERIALS LICENSE
SUPPLEMENTARY SHEET**

License Number

44-19107-01

Docket or Reference Number

030-16078

Amendment No. 11

B. The following individuals are authorized users for the materials and uses indicated:

Authorized UsersMaterial and Use

Frederick Crowley, M.D.

35.100; 35.200

Mark D. S. Wellens, M.D.

35.100; 35.200

Thomas Brennan, M.D.

35.100; 35.200

13. In addition to the possession limits in Item 8, the licensee shall further restrict the possession of licensed material to quantities below the minimum limit specified in 10 CFR 30.35(d) for establishing financial assurance for decommissioning.
14. The licensee is authorized to transport licensed material in accordance with the provisions of 10 CFR Part 71, "Packaging and Transportation of Radioactive Material."
15. Except as specifically provided otherwise in this license, the licensee shall conduct its program in accordance with the statements, representations, and procedures contained in the documents, including any enclosures, listed below, except for minor changes in the medical use radiation safety procedures as provided in 10 CFR 35.31. The U.S. Nuclear Regulatory Commission's regulations shall govern unless the statements, representations, and procedures in the licensee's application and correspondence are more restrictive than the regulations.
- A. Application dated March 28, 2001
B. Letter dated December 22, 2004
C. Facsimile dated January 13, 2005

For the U.S. Nuclear Regulatory Commission

Date January 13, 2005

By

Original signed by Richard McKinley

Richard McKinley
Medical Branch
Division of Nuclear Materials Safety
Region I
King of Prussia, Pennsylvania 19406

95860418



State of Vermont



The Board of Medical Practice
grants this License as a
Physician

Gwendolyn F Durgin
[REDACTED]
[REDACTED]

LICENSE
NUMBER 042-0010799 EFFECTIVE 12/01/2004 EXPIRES 11/30/2006
UNDER THE PROVISIONS OF V.S.A. TITLE 26 CHAPTER 23



State of Vermont



Physician

Gwendolyn F Durgin
[REDACTED]
[REDACTED]

LICENSE NUMBER 042-0010799 EFFECTIVE 12/01/2004
EXPIRES 11/30/2006 TITLE 26 CHAPTER 23

SPECIAL INSTRUCTIONS

PERSONAL INFORMATION WAS REMOVED
BY NRC. NO COPY OF THIS INFORMATION
WAS RETAINED BY THE NRC.

The American Board of Radiology

*Organized through the cooperation of the
American College of Radiology, the American Roentgen Ray Society,
the American Radium Society, the Radiological Society of North America,
the Section on Radiology of the American Medical Association,
the American Society for Therapeutic Radiology and Oncology, the Association of
University Radiologists, and American Association of Physicists in Medicine
Hereby certifies that*

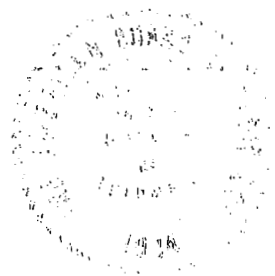
Gwendolyn H. Burgin, MD

*Has pursued an accepted course of graduate study
and clinical work, has met certain standards and qualifications and
has passed the examinations conducted under the authority of
The American Board of Radiology*

On this ninth day of June, 2004

*Thereby demonstrating to the satisfaction of the Board
that she is qualified to practice the specialty of*

Diagnostic Radiology



Certificate No. 50305

William H. Hines
President

Philip O. Addison
Secretary-Treasurer

R.R. Hattery
Executive Director



Valid through 2014

EXHIBIT 2
SUPPLEMENT A

SUPPLEMENT		U.S. NUCLEAR REGULATORY COMMISSION	
TRAINING AND EXPERIENCE AUTHORIZED USER OR RADIATION SAFETY OFFICER			
1. NAME OF PROPOSED AUTHORIZED USER OR RADIATION SAFETY OFFICER <i>Dr. Gwendolyn F. Durgin</i>		2. FOR PHYSICIANS, STATE OR TERRITORY WHERE LICENSED <i>Vermont</i>	
3. CERTIFICATION			
SPECIALTY BOARD A	CATEGORY B	MONTH AND YEAR CERTIFIED C	
<i>Diagnostic Radiology</i>		<i>2004</i>	
4. TRAINING RECEIVED IN BASIC RADIOISOTOPE HANDLING TECHNIQUES			
FIELD OF TRAINING A	LOCATION AND DATE(S) OF TRAINING B	TYPE AND LENGTH OF TRAINING CLOCK HOURS IN LECTURE OR LABORATORY CLOCK HOURS SUPERVISION-ON-THE-JOB D	
a. RADIATION PHYSICS AND INSTRUMENTATION	<i>Beth Israel Deaconess Medical Center Boston, MA</i>	<i>50</i>	
b. RADIATION PROTECTION	"	<i>3</i>	
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY	"	<i>20</i>	
d. RADIATION BIOLOGY	"	<i>10</i>	
e. RADIOPHARMACEUTICAL CHEMISTRY	"	<i>20</i>	
5. EXPERIENCE WITH RADIATION. (Actual use of Radioisotopes or Equivalent Experience)			
ISOTOPE	mCi USED AT ONE TIME	LOCATION	CLOCK HOURS
			TYPE OF USE

EXHIBIT 2
SUPPLEMENT A

SUPPLEMENT		U.S. NUCLEAR REGULATORY COMMISSION		
TRAINING AND EXPERIENCE AUTHORIZED USER OR RADIATION SAFETY OFFICER				
1. NAME OF PROPOSED AUTHORIZED USER OR RADIATION SAFETY OFFICER <i>Dr. Gwendolyn F. Durgin</i>		2. FOR PHYSICIANS, STATE OR TERRITORY WHERE LICENSED <i>Vermont</i>		
3. CERTIFICATION				
SPECIALTY BOARD A	CATEGORY B	MONTH AND YEAR CERTIFIED C		
<i>Diagnostic Radiology</i>		<i>2004</i>		
4. TRAINING RECEIVED IN BASIC RADIOISOTOPE HANDLING TECHNIQUES				
FIELD OF TRAINING A	LOCATION AND DATE(S) OF TRAINING B	TYPE AND LENGTH OF TRAINING CLOCK HOURS IN LECTURE OR LABORATORY	CLOCK HOURS SUPERVISOR ON-THE-JOB EXPERIENCE	
a. RADIATION PHYSICS AND INSTRUMENTATION	<i>Beth Israel Deaconess Medical Center Boston, MA</i>	<i>50</i>		
b. RADIATION PROTECTION	"	<i>3</i>		
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY	"	<i>20</i>		
d. RADIATION BIOLOGY	"	<i>10</i>		
e. RADIOPHARMACEUTICAL CHEMISTRY	"	<i>20</i>		
5. EXPERIENCE WITH RADIATION. (Actual use of Radioisotopes or Equivalent Experience)				
ISOTOPE	mCi USED AT ONE TIME	LOCATION	CLOCK HOURS	TYPE OF USE

**EXHIBIT 3
SUPPLEMENT B**

SUPPLEMENT		U. S. NUCLEAR REGULATORY COMMISSION	
PRECEPTOR STATEMENT			
<p><i>Supplement B must be completed by the applicant physician's preceptor. If more than one preceptor is necessary to document experience, obtain a separate statement from each.</i></p>			
1. PROPOSED PHYSICIAN USER'S NAME AND ADDRESS <div style="border: 1px solid black; padding: 5px;"> <p>FULL NAME <u>Gwendolyn Frost Durgin, MD</u></p> <p>STREET ADDRESS <div style="background-color: black; width: 100px; height: 1.2em; margin-bottom: 2px;"></div> <div style="background-color: black; width: 100px; height: 1.2em; margin-bottom: 2px;"></div> <p>CITY STATE ZIP CODE </p> </p></div>		KEY TO COLUMN C PERSONAL PARTICIPATION SHOULD CONSIST OF: 1-Supervised examination of patients to determine the suitability for radioisotope diagnosis and/or treatment and recommendation for prescribed dosage. 2-Collaboration in dose calibration and actual administration of dose to the patient including calculation of the radiation dose, related measurements and plotting of data. 3-Adequate period of training to enable physician to manage radioisotope patients and follow patients through diagnosis and/or course of treatment.	
2. CLINICAL TRAINING AND EXPERIENCE OF ABOVE NAMED PHYSICIAN			
ISOTOPE A	CONDITIONS DIAGNOSED OR TREATED B	NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION C	COMMENTS <i>(Additional information or comments may be submitted in duplicate on separate sheets.)</i> D
X	Thyroid scan	148	
	Thyroid uptake	140	
	Lung perfusion scan	72	
	Xenon ventilation study	20	
	Aerosol ventilation scan	72	
	Renal flow scan	48	
	Brain scan	10	
	Liver/spleen scan	8	
	Bone scan	240	
	Gastroesophageal study	48	
	LeVeen shunt study	8	
	Cystogram	6	
	Dacryocystogram	0	
	Cardiac perfusion scan.	960	
	Cardiac stress ventriculogram	900	
	Cardiac rest ventriculogram	900	
	Gallium scan	30	

**PERSONAL INFORMATION WAS REMOVED
BY NRC. NO COPY OF THIS INFORMATION
WAS RETAINED BY THE NRC.**

EXHIBIT 3 (Continued)

PROPOSED PHYSICIAN USER			
PRECEPTOR STATEMENT (Continued)			
2. CLINICAL TRAINING AND EXPERIENCE OF ABOVE NAMED PHYSICIAN (Continued)			
ISOTOPE A	CONDITIONS DIAGNOSED OR TREATED B	NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION C	COMMENTS (Additional information or comments may be submitted in duplicate on separate sheets.) D
P-32 (Soluble)	TREATMENT OF POLYCYTHEMIA VERA, LEUKEMIA, AND BONE METASTASES	5	
P-32 (Colloidal)	INTRACAVITARY TREATMENT	0	
I-131	TREATMENT OF THYROID CARCINOMA	25	
	TREATMENT OF HYPERTHYROIDISM	30	
Au-198	INTRACAVITARY TREATMENT	0	
Co-60 or Cs-137	INTERSTITIAL TREATMENT	0	
	INTRACAVITARY TREATMENT	0	
I-125 or Ir-192	INTERSTITIAL TREATMENT	0	
	TELETHERAPY TREATMENT	0	
Sr-90	TREATMENT OF EYE DISEASE	0	
	RADIOPHARMACEUTICAL PREPARATION		
Mo-99/ Tc-99m	GENERATOR	15	
Sn-113/ In-113m	GENERATOR	2	
Tc-99m	REAGENT KITS	10	
Other			

3. DATES AND TOTAL NUMBER OF HOURS RECEIVED IN CLINICAL RADIOISOTOPE TRAINING		
LOCATION	DATES	CLOCK HOURS OF EXPERIENCE
Beth Israel Deaconess Medical Center Boston, MA	July 2000 - June 2004	

4. THE TRAINING AND EXPERIENCE INDICATED ABOVE WAS OBTAINED UNDER THE SUPERVISION OF:		5. PRECEPTOR'S SIGNATURE	
a. NAME OF SUPERVISOR		Thomas Brennan, MD.	
b. NAME OF INSTITUTION			
c. MAILING ADDRESS			
d. CITY		7. PRECEPTOR'S NAME (Please type or print)	
Boston, MA		Thomas Brennan, MD	
		8. DATE 7/20/06	

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

8/6/2006, and to inform you that the initial processing which includes an administrative review has been performed.

☒ Ameudment 44-19107-01 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 139253.
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.