



DEPARTMENT OF THE ARMY
WOMACK ARMY MEDICAL CENTER
FORT BRAGG, NORTH CAROLINA 28310

1 August 2007

MM581

REPLY TO
ATTENTION OF:

Department of Preventive Medicine, Health Physics Service
License No: 32-04054-04
Docket No: 030-02631

RECEIVED
REGION 1
2007 AUG -9 AM 11: 52

U.S. NRC Region 1
Attention: Licensing Department
475 Allendale Road
King of Prussia, PA 19406-1415

Dear Sir or Madam:

1. Womack Army Medical Center (WAMC) requests to amend its byproduct material license.
2. We request to add COL Thomas D. Bresley as an Authorised User of radioactive materials for the Nuclear Medicine Service for 10 CFR Part 35.100, 35.200 diagnostic studies and 35.300 therapies. His preceptor statement and the NRC Form 313A are provided in enclosures 1 and 2.
3. We request to delete the following AU from the license:

Sun Yong Kim, MD
Elisa C. K. Morgan, MD

4. We request to add Nicolaos Tsolomitis Lomis, MD back to the license as an Authorized User of radioactive materials for the Nuclear Medicine Service for 10 CFR Part 35.100, 35.200 diagnostic studies. Dr. Lomis was approved to use material in or on humans pursuant to parts 35.100 and 35.200 on the license amendment 34 on 26 August 2004. He was accidentally deleted from the license on the amendment 37.
5. We request to approve Kyle R. Walker, MD as an Authorized User for 10 CFR Part 35.300 therapies. The NRC Form 313-A (AUT) and a list of therapies done by MAJ Walker are included in enclosures 3 and 4. The memorandum for record for COL Bradley, the preceptor for MAJ Walker, shows that he is listed as an Authorized User on the license number 42-01368-01 at Brooks Army Medical Center at Fort Sam Houston, TX. The memorandum for record is included in enclosure 5.
6. We request an administrative correction to paragraph 11 and paragraph C to change rank of the WAMC Radiation Safety Officer (RSO) from 1LT Lieutenant Ioulia Baldock to Captain Ioulia Baldock.

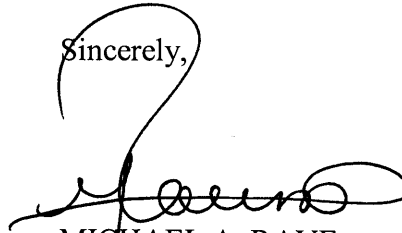
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NMSS/RGN1 MATERIALS-002

MCXC-DPM-RP
SUBJECT: NRC Amendment 38

7. If you have any questions concerning this action please contact the RSO for WAMC at (910) 907-8364 or by e-mail at ioulia.m.baldock@amedd.army.mil.

Sincerely,

A handwritten signature in black ink, appearing to read 'M. Rave', with a large, looping flourish at the end.

MICHAEL A. RAVE
COL, MC
Deputy Commander for Clinical Services

5 Enclosures

- 1 - COL Thomas Bresley's preceptor statement
- 2 - COL Thomas Bresley's NRC Form 313-A
- 3 - MAJ Kyle Walker's NRC Form 313-A (AUT)
- 4 - MAJ Kyle Walker's list of I-131 therapies done at BAMC
- 5 - COL Yong Bradley's Authorized User certification for license 42-01368-01 at BAMC

Copies Furnished

CDR, WRAMC, ATTN: MCHL-HP, Washington, D.C. 20307-5001

PRECEPTOR STATEMENT

Statement 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.

1. APPLICANT'S PHYSICIAN'S NAME AND ADDRESS (PRINT OR TYPE)**KEY TO COLUMN C****PERSONAL PARTICIPATION SHOULD CONSIST OF:**

1. Supervised examination of patients to determine the suitability for radionuclide 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 radioactive patients and follow patients through diagnosis and/or course of treatment.

FULL NAME
COL Thomas D. Bresley

STREET ADDRESS
6900 Georgia Ave. N.W.

CITY Washington D.C. **ZIP CODE** 20307-5001

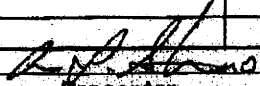
2. CLINICAL TRAINING AND EXPERIENCE OF ABOVE NAMED PHYSICIAN

NUCLIDE A	CONDITIONS DIAGNOSED OR TREATED B	NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION	COMMENTS (ADDITIONAL INFORMATION OR COMMENTS MAY BE SUBMITTED IN DUPLICATE ON SEPARATE SHEETS.) D
	DIAGNOSIS OF THYROID FUNCTION	150	National Capital Consortium Quality Assurance Document 10 USC 1102 Improper Release Subject to Fines up to \$20,000
I-131	DETERMINATION OF BLOOD AND BLOOD PLASMA VOLUME	5	
OR	LIVER FUNCTION STUDIES		
I-125	FAT ABSORPTION STUDIES		
	KIDNEY FUNCTION STUDIES		
	IN-VITRO STUDIES		
OTHER			
I-125	DETECTION OF THROMBOSIS		
I-131	THYROID IMAGING		
P-32	EYE TUMOR LOCALIZATION		
SE-75	PANCREAS IMAGING		100% SPECT Gated cardiac blood pool, 7% exercise 10% SPECT 15% SPECT
YB-169	CISTERNOGRAPHY		
XE-133	BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES	100	
AEROSOL	PULMONARY FUNCTION STUDIES	2	
Tc-99m	BRAIN IMAGING	22	
	CARDIAC IMAGING	3922	
	THYROID IMAGING	158	
	SALIVARY GLAND IMAGING	1	
	BLOOD POOL IMAGING	1302	
	PLACENTAL LOCALIZATION		
	LIVER AND SPLEEN IMAGING	67	
	LUNG IMAGING	113	
	BONE IMAGING	1897	
OTHER Cr-51	RED CELL MASS / RBC SURVIVAL / SEQUESTRATION	5	

ADDENDUM TO CLINIC TRAINING AND EXPERIENCE
(Page 6, NRC-313m)

NUCLIDE	CONDITION DIAGNOSED/TREATED	NO. OF PERSONAL PARTICIPATION CASES	COMMENTS
99mTc	Cardiac Shunts		
	CEA		
	Cystogram (Retrograde)	29	
	Defecography		
	Esophageal Clearance	4	
	Deep Vein Thrombosis (Accutach)		
	Gastric Emptying	113	
	Gastric Reflux		
	GFR	3	
	G.I. Bleed	22	
	Hemangioma (RBC)	16	SPECT
	Hepatobiliary	158	
	Lymphoscintigraphy (HSA)	107	
	Meckels Imaging	18	
	Milk Aspiration	9	
	Myocardial Perfusion	3591	22% Drug Stress, SPECT
	Parathyroid	48	
	Peritoneal Shunts		
	Renal (Cortical)	51	50% SPECT
	Renal (Flow/Function)	105	40% Drug Intervention
	Scintimammography		
	Testicular		
	Tumor (Neotect, Mibi)		
	WBC (HMPAO) Infection	1	10% SPECT
67Ga	Infection/Tumor	4	65% SPECT
111In	WBC's Infection	63	10% SPECT
	CSF Flow	4	
	Onco-sciint (Tumor)		
	Octreoscan (Endo Tumor)	4	
	Prostascint	7	
	Zevalin		
123I	Thyroid (Imaging)	3	
	Thyroid (Uptake)	3	
	MIBG Tumor	7	
	Thyroid (Imaging) N&C	38	
131I	Thyroid (Imaging) N&C	70	
	Thyroid (Uptake) Dosimetry	7	
	MIBG Tumor		
	NP59 Adrenal		
89Sr	Metastron		
201Tl	Myocardial (Stress/Rest)	1796	30% Drug Stress, SPECT
	Whole Body		
	Brain		
153Sm	Quadramet	1	
57/59Co	Schillings Test	5	
18F	Tumor Localization	1211	

Preceptor Statement for: COL Thomas D. Bresley


Preceptor
Nuclear Medicine
Walter Reed Army Medical Center
Washington D.C.

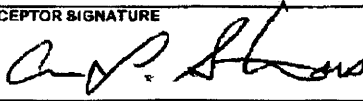
Preceptor Statement for: COL Thomas D. Bresley

PRECEPTOR (Continued)**2. CLINICAL TRAINING AND EXPERIENCE OF ABOVE NAMED PHYSICIAN (Continued)**

NUCLIDE 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		
P-32 (Colloids)	INTRACAVITARY TREATMENT		
I-131	TREATMENT OF THYROID CARCINOMA	27	
	TREATMENT OF HYPERTHYROIDISM	27	
Au-198	INTRACAVITARY TREATMENT		
Pd-103	INTERSTITIAL TREATMENT		
Co-60 or	INTERSTITIAL TREATMENT		
Ce-137	INTRACAVITARY TREATMENT		
I-125	INTERSTITIAL TREATMENT		
Ir-192	INTERSTITIAL TREATMENT		
	INTRACAVITARY TREATMENT		
	BROCHIAL TREATMENT		
Co-60 or Ce-137 Sr-90	TELETHERAPY TREATMENT		
	TREATMENT OF EYE DISEASE		
	RADIOPHARMACEUTICAL PREPARATION		
Mo-99/ Tc-99m	GENERATOR		
Sr-113/ In-113m	GENERATOR		
Tc-99m	REAGENT KITS		
OTHER			
C-14	Urea Breath Test	24	
Y-90	Non-Hodgkins Lymphoma Treatment		

3. DATES AND TOTAL NUMBER OF HOURS RECEIVED IN CLINICAL RADIONUCLIDE TRAINING.

1 July 2005 - 30 June 2007

4. THE TRAINING AND EXPERIENCE INDICATED ABOVE WAS OBTAINED UNDER THE SUPERVISION OF: a. NAME OF SUPERVISOR (PRINT OR TYPE) LTC Aaron L. Stack b. NAME OF INSTITUTION Walter Reed Army Medical Center c. MAILING ADDRESS 6900 Georgia Ave. N.W. d. CITY STATE ZIP Washington D.C. 20307-5001 e. MATERIALS LICENSE NUMBER(S) AND ISSUING AGENCY 08-01838-02		6. PRECEPTOR SIGNATURE  7. PRECEPTOR'S NAME (Please type or print) Aaron L. Stack LTC MC Chief, Nuclear Medicine Service 8. DATE 30 June 2007
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NRC FORM 313A (10-2005)	U.S. NUCLEAR REGULATORY COMMISSION	APPROVED BY OMB: NO. 3150-0120 EXPIRES: 10/31/2008	
MEDICAL USE TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION			
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 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)			
Thomas D. Bresley			
2. For Physicians, Podiatrists, Dentists, Pharmacists -- State or Territory Where Licensed			
3. CERTIFICATION			
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.			
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			
a. Provide a copy of the license or broadscope permit listing the current authorization and (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).			
5. DIDACTIC OR CLASSROOM AND LABORATORY TRAINING (optional for Medical Physicists)			
Description of Training	Location	Clock Hours	Dates of Training
Radiation Physics and Instrumentation	National Naval Medical Center 8901 Wisconsin Avenue Bethesda, MD 20889-5600	67	9/12/2005-10/14/2005
Radiation Protection	Same as above	39	Same as above
Mathematics Pertaining to the Use and Measurement of Radioactivity	Same as above	29	Same as above
Radiation Biology	Same as above	33	Same as above
Chemistry of Byproduct Material for Medical Use	Same as above	32	Same as above
OTHER Not applicable			

NRC FORM 313A
(10-2006)

U.S. NUCLEAR REGULATORY COMMISSION

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
Not applicable			

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
Not applicable					

NRC FORM 313A
(10-2005)

U.S. NUCLEAR REGULATORY COMMISSION

MEDICAL USE TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)**6c. TRAINING FOR SECTIONS 35.60(e), 35.61(c), 35.690(c), or 35.690(c)**

Training Element	Type of Training *	Location and Dates
Not applicable		

* Types of training may include supervised (complete item 10 for 35.50(e), 35.61(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 35.490)

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

- ☐ YES Completed 1 year of full-time radiation safety experience (in areas identified in item 6a) under supervision.
- ☒ N/A of _____ the RSO for License No. _____

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

- ☐ YES 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 _____
- ☒ N/A who is a medical physicist (35.961) or meets requirements for Authorized Medical Physicists (35.51);

and

- ☐ YES 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) _____
- ☒ N/A under the supervision of _____ who is a medical physicist (35.961) or meets requirements for Authorized Medical Physicists (35.51) (specify use or device) _____

NRC FORM 313A
(10-2005)

U.S. NUCLEAR REGULATORY COMMISSION

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

B. Supervisor is:

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

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

for medical uses in Part 35, Section(s) _____

D. Address

E. Materials License Number

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

☒ N/A

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 190, 290, 390, 392 and 394 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): 35.100, 35.200 and 35.300

A. Address

B. Materials License Number

National Naval Medical Center-Radiology/Nuc. Med.
8901 Wisconsin Avenue
Bethesda, MD 20889-5600

19-00168-21NP

C. NAME OF PRECEPTOR (print clearly)

William M. Yudd, M.D.

D. SIGNATURE -- PRECEPTOR

William M. Yudd, M.D.

E. DATE

10/14/2005

**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

Kyle R. Walker

State or Territory Where Licensed

TX

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**

- Provide a copy of the board certification.
- For 35.390, provide documentation on supervised clinical case experience. The table in section 3.c. may be used to document this experience.
- 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.
- Skip to and complete Part II Preceptor Attestation.

☐ **2. Current 35.300, 35.400, or 35.600 Authorized User Seeking Additional Authorization**

- 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

- 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.
- 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.

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			
Radiation protection			
Mathematics pertaining to the use and measurement of radioactivity			
Chemistry of byproduct material for medical use			
Radiation biology			
Total Hours of Training:			

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:	
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		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Calculating, measuring, and safely preparing patient or human research subject dosages		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures		<input type="checkbox"/> Yes <input type="checkbox"/> No	

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 COI Bradley, Yong	License/Permit Number listing supervising individual as an authorized user
Supervising individual meets the requirements below, or equivalent Agreement State requirements (<i>check all that apply</i>)**:	
<input checked="" type="checkbox"/> 35.390 <input type="checkbox"/> 35.392 <input type="checkbox"/> 35.394 <input type="checkbox"/> 35.396	With experience administering dosages of: <input checked="" type="checkbox"/> Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries) <input checked="" type="checkbox"/> Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries) <input type="checkbox"/> Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required <input type="checkbox"/> 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.	

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)	16	Brooks Army Medical Center, Ft. Sam Houston, TX/ License Number: 42-01368-01	Jan, Feb, Dec 2003; Jan, Feb, May, June, Sep 2005
Oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 1.22 gigabecquerels (33 millicuries)	7	Brooks Army Medical Center, Ft. Sam Houston, TX/ License Number: 42-01368-01	Jan, Feb, Dec 2003; Feb, May, Aug 2005
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			
(List radionuclides)			

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 Yong Bradley, MD	License/Permit Number listing supervising individual as an authorized user 42-01368-01
--	---

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

- | | |
|--|--|
| <input checked="" type="checkbox"/> 35.390 | With experience administering dosages of: |
| <input type="checkbox"/> 35.392 | <input checked="" type="checkbox"/> Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries) |
| <input type="checkbox"/> 35.394 | <input checked="" type="checkbox"/> Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries) |
| <input type="checkbox"/> 35.396 | <input type="checkbox"/> Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required |
| | <input type="checkbox"/> 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 requirements in 35.390(a)(1).
Name of Proposed Authorized User

OR

Training and Experience

☒ I attest that Kyle R. Walker has satisfactorily completed the 700 hours of training and experience, including a minimum of 200 hours of classroom and laboratory training, as required by 10 CFR 35.390 (b)(1).
Name of Proposed Authorized User

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 _____ has satisfactorily completed the 80 hours of classroom
Name of Proposed Authorized User
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 _____ has satisfactorily completed the 80 hours of classroom
Name of Proposed Authorized User
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 Kyle R. Walker has satisfactorily completed the required clinical case
Name of Proposed Authorized User
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 Kyle R. Walker has satisfactorily achieved a level of competency to
Name of Proposed Authorized User
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

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 35.396(c), 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 administration of any other radionuclide for which a written directive is required

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)

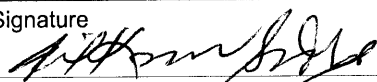
☐ Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required

☐ Parenteral administration of any other radionuclide requiring a written directive

Name of Preceptor

Vimal K. Sodhi

Signature



Telephone Number

(910) 907- 8856

Date

Aug 6 / 2007

License/Permit Number/Facility Name

No. 32-04054-04/Womack Army Medical Center

NM I-131 Therapy Kyle Walker

Date	L4 SSN	Procedure	Location	Attending	Operator	Complication	Dose
1/14/2003	9147	I-131 Therapy	Thyroid Cancer	Bradley	Walker	None	193 mCi
1/29/2003	3363	I-131 Therapy	Thyroid (Graves)	Bradley	Walker	None	29.9 mCi
1/30/2003	665	Lymphoscintigraphy	Breast Cancer	Bradley	Walker	None	1.0mCi
2/4/2003	504	I-131 Therapy	Thyroid (Graves)	Bradley	Walker	None	12.5mCi
2/4/2003	3847	P-32 Therapy	Bone Metastases	Bradley	Walker	None	5.7mCi
2/5/2003	770	I-131 Therapy	Thyroid Cancer	Bradley	Walker	None	203mCi
2/7/2003	582	I-131 Therapy	Thyroid (Graves)	Bradley	Walker	None	30.7
12/10/2003	1468	I-131 Therapy	Thyroid Cancer	Smith	Walker	None	151.6
12/12/2003	9359	I-131 Therapy	Graves disease	Smith	Walker	None	24.1
12/12/2003	4830	I-131 Therapy	Graves disease	Smith	Walker	None	33.5
12/16/2003	2840	I-131 Therapy	Graves disease	Smith	Walker	None	32.3mCi
12/17/2003	4828	I-131 Therapy	Graves disease	Graham	Walker	None	29.8mCi
12/18/2003	579	I-131 Therapy	Graves disease	Smith	Walker	None	12.5mCi
12/19/2003	7324	I-131 Therapy	Thyroid TMNG	Smith	Walker	None	32.1mCi
1/25/2005	662	I-131 Therapy	Graves disease	Zhong	Walker	None	
2/15/2005	6172	I-131 Therapy	Thyroid Cancer	Smith	Walker	None	196mCi
2/16/2005	3996	I-131 Therapy	Graves disease	Smith	Walker	None	30.0mCi
2/17/2005	2607	I-131 Therapy	Graves disease	Smith	Walker	None	14.8mCi
5/17/2005	3517	I-131 Therapy	Thyroid Cancer	Smith	Walker	None	176.2mCi
5/17/2005	2694	I-131 Therapy	Graves disease	Smith	Walker	None	31.7mCi
5/25/2005	9136	I-131 Therapy	Thyroid Cancer	Smith	Walker	None	198.0 mCi
6/2/2005	209	I-131 Therapy	Graves disease	Bradley	Walker	None	28.4mCi
8/30/2005	4815	I-131 Therapy	Thyroid Cancer	Smith	Walker	None	197.5 mCi
9/22/2005	4602	I-131 Therapy	Graves disease	Smith	Walker	None	31.5mCi



REPLY TO
ATTENTION OF

DEPARTMENT OF THE ARMY

Brooke Army Medical Center
FORT SAM HOUSTON, TEXAS 78234

2 August 2007

MCHE-DHR

MEMORANDUM FOR RECORD, Chief, Health Physics Service, WAMC

SUBJECT: Dr. Yong Bradley, AU for BAMC license #42-01368-01

Dr. Yong Bradley, Chief of Radiology, Brooke Army Medical Center, is currently an authorized user (AU) for BAMC license #42-01368-01. Dr. Bradley is permitted to perform the following activities under this license: 10 CFR 35.100, 35.200, 35.300, and 35.500. Dr. Bradley has been an AU at BAMC since July 1998. If you have any questions regarding this matter, please call me at: (210) 295-2411.

A handwritten signature in black ink, appearing to read "M. Walkingstick", is positioned above the typed name.

MICHAEL T. WALKINGSTICK
CPT, MS
C, Health Physics BAMC/GPRMC

Encl. 5

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

8/1/2007, and to inform you that the initial processing which includes an administrative review has been performed.

☒ Amend. 32-04054-04
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** 140923.
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.