

**WOMACK ARMY MEDICAL CENTER
HEALTH PHYSICS OFFICE**
Fort Bragg, North Carolina 28310-5000

TRANSMITTAL COVER SHEET

MS 16
Q-8

Date: 16 August 2007

TO: Shirley Xu
NRC Region I

FROM: CPT Baldock
RSO, WAMC, Fort Bragg, NC

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COMMENTS: Ms. Xu, please see enclosed 313A (AUT) for COL Bresley and the verification of Authorized User status for LTC Stack. Please let me know if there is anything else I need for COL Bresley to be approved as AU for our license. WAMC License # 32-04054-04, Docket number 03002631, Control # 140923.

This Telefax consists of 8 pages including this cover sheet.



140923

NRC FORM 313A (AUT) <small>(3-2007)</small>	U.S. NUCLEAR REGULATORY COMMISSION	APPROVED BY OMB: NO. 3150-0120 EXPIRES: 10/31/2008
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]		
Name of Proposed Authorized User Thomas D. Bresley		State or Territory Where Licensed D.C.
Requested Authorization(s) (check all that apply): <div style="margin-left: 20px;"> <input type="checkbox"/> 35.300 Use of unsealed byproduct material for which a written directive is required OR <input checked="" type="checkbox"/> 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) <input checked="" type="checkbox"/> 35.300 Oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 1.22 gigabecquerels (33 millicuries) <input type="checkbox"/> 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 <input type="checkbox"/> 35.300 Parenteral administration of any other radionuclide for which a written directive is required </div>		
PART I -- TRAINING AND EXPERIENCE (Select one of the three methods below)		
<p>* 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.</p>		
<input type="checkbox"/> 1. Board Certification <ol style="list-style-type: none"> a. Provide a copy of the board certification. b. For 35.390, provide documentation on supervised clinical case experience. The table in section 3.c. may be used to document this experience. c. 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. d. Skip to and complete Part II Preceptor Attestation. 		
<input type="checkbox"/> 2. Current 35.300, 35.400, or 35.600 Authorized User Seeking Additional Authorization <ol style="list-style-type: none"> a. Authorized User on Materials License _____ under the requirements below or equivalent Agreement State requirements (check all that apply): <div style="margin-left: 40px;"> <input type="checkbox"/> 35.390 <input type="checkbox"/> 35.392 <input type="checkbox"/> 35.394 <input type="checkbox"/> 35.490 <input type="checkbox"/> 35.690 </div> b. 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. c. 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. 		

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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	

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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

LTC Aaron L. Stack

License/Permit Number listing supervising individual as an authorized user

08-01838-02

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

- ☒ 35.390 With experience administering dosages of:
- ☐ 35.392 ☒ Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)
- ☐ 35.394 ☒ Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)
- ☐ 35.396 ☐ 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

** 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)	32	Walter Reed Army Medical Center, Washington DC, License Number: 08-01838-02	Jul, Aug, Oct 2005; Jan, Mar- Sep 2006 Jan, Mar 2007
Oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 1.22 gigabecquerels (33 millicuries)	22	Walter Reed Army Medical Center, Washington DC, License Number: 08-01838-02	July, Aug, Nov, Dec 2005 Feb-May, Jul, Sep -Mar 2007
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)			

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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	License/Permit Number listing supervising individual as an authorized user
Aaron L. Stack, MC	08-01838-02

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

☒ 35.390 With experience administering dosages of:

☐ 35.392 ☒ Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)

☐ 35.394 ☒ Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)

☐ 35.396 ☐ 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

** 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 Thomas D. Bresley 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

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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 Thomas D. Bresley 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 Thomas D. Brosley 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

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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

8-15-07

License/Permit Number/Facility Name

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

MCHL-HP

15 August 2007

Memorandum for Chief, Health Physics, Womack Army Medical Clinic

SUBJECT: Verification of Authorized User

1. LTC Aaron L. Stack, MD, is currently an Authorized User under the Nuclear Regulatory Commission Broadscope Type A for Medical Use and Research materials license issued to Walter Reed Army Medical Center (# 08-01738-02).
2. LTC Stack has been an Authorized User since July 2002, and is authorized to perform human use procedures pursuant to Title 10, Part 35 of the Code of Federal Regulations.
3. The point of contact for this memorandum is the undersigned at 202-356-0061 or andrew.scott@amedd.army.mil.



ANDREW L. SCOTT
MAJ, MS

Chief, Operations Branch, HPO, WRAMC