

April 9, 2012

Sara A.B. Foster
Materials Licensing Section
U. S. Nuclear Regulatory Commission
Region III
2443 Warrenville Road STE 210
Lisle, Illinois 60532-4352

Lic. No. 24-08960-02 St Mary's Health Center, Richmond Heights, MO

Re: Request Addition of Authorized User

Dear Ms. Foster,

First, I would like to apologize for any confusion this request may cause. I was unaware that you had been working with Radiation Oncology (Chris Durbin) on finalizing the License renewal and some additional information needed in reference to the HDR unit. Additionally, Radiation Oncology submitted an Authorized User application for a physicist. If I had known that, I would have submitted this request along with their request. We had just recently changed our Radiation Safety Agenda to add NRC License changes or updates to avoid this exact situation. Again, please except my apology.

I am requesting the addition of Dr. Bradley Stockmann, MD as an Authorized User to the St. Mary's Health Center License (24-08960-02).

Attached is a request for Authorization for 35.100, 35.200 and 35.300. I have attached the NRC Form 313A (AUT) for the 35.100 and 35.200 request along with supporting documentation. Additionally, I have attached the NRC Form 313A (AUD) for the 35.300 request along with supporting documentation.

I am requesting this application be expedited due to a pending retirement of an Authorized User on the license.

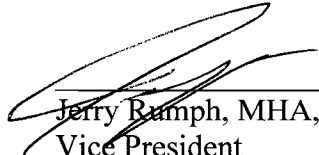
RECEIVED APR 12 2012

SSM HEALTH CARE — ST. LOUIS INCLUDES

Cardinal Glennon Children's Medical Center • DePaul Health Center • St. Clare Health Center • St. Joseph Health Center
St. Joseph Health Center — Wentzville • St. Joseph Hospital of Kirkwood • St. Joseph Hospital West • St. Mary's Health Center

Any questions please contact me either by email at jerry_rumph@ssmhc.com or by phone at (314) 768-8961.

Sincerely,



Jerry Rumph, MHA, FACHE
Vice President
SSM Health Care, St. Louis, MO

**AUTHORIZED USER TRAINING AND EXPERIENCE
AND PRECEPTOR ATTESTATION**
(for uses defined under 35.100, 35.200, and 35.500)
[10 CFR 35.190, 35.290, and 35.590]

APPROVED BY OMB: NO. 3150-0120
EXPIRES: 3/31/2012

Name of Proposed Authorized User

Bradley Stockmann, MD

State or Territory Where Licensed

Missouri

Requested Authorization(s) (check all that apply)

☒ 35.100 Uptake, dilution, and excretion studies

☒ 35.200 Imaging and localization studies

☐ 35.500 Sealed sources for diagnosis (specify device _____)

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 obtained 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**

a. Provide a copy of the board certification.

b. If using only 35.500 materials, stop here. If using 35.100 and 35.200 materials, skip to and complete Part II Preceptor Attestation.

☐ **2. Current 35.390 Authorized User Seeking Additional 35.290 Authorization**

a. Authorized user on Materials License _____ meeting 10 CFR 35.390 or equivalent Agreement State requirements seeking authorization for 35.290.

b. Supervised Work Experience.

(If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this section.)

Description of Experience	Location of Experience/License or Permit Number of Facility	Clock Hours	Dates of Experience*
Eluting generator systems appropriate for the preparation of radioactive drugs for imaging and localization studies, measuring and testing the eluate for radionuclidic purity, and processing the eluate with reagent kits to prepare labeled radioactive drugs			

Total Hours of Experience:

Supervising Individual

License/Permit Number listing supervising individual as an authorized user

Supervisor meets the requirements below, or equivalent Agreement State requirements (check all that apply).

☐ 35.290

☐ 35.390 + generator experience in 32.290(c)(1)(ii)(G)

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

☒ **3. Training and Experience for Proposed Authorized User**

a. Classroom and Laboratory Training.

Description of Training	Location of Training	Clock Hours	Dates of Training*
Radiation physics and instrumentation	St. Louis University and John Cochran VA Medical Center, St Louis MO	50	Jan 2007 - Jun 2007
Radiation protection	St. Louis University and John Cochran VA Medical Center, St Louis MO	20	Jan 2007 - Jun 2007
Mathematics pertaining to the use and measurement of radioactivity	St. Louis University and John Cochran VA Medical Center, St Louis MO	2	Jan 2007 - Jun 2007
Chemistry of byproduct material for medical use <i>(not required for 35.590)</i>	St. Louis University and John Cochran VA Medical Center, St Louis MO	15	Jan 2007 - Jun 2007
Radiation biology	St. Louis University and John Cochran VA Medical Center, St Louis MO	4	Jan 2007 - Jun 2007
Total Hours of Training: 91			

b. Supervised Work Experience (completion of this table is not required for 35.590).
(If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this section.)

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	

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Training and Experience for Proposed Authorized User (continued)

b. Supervised Work Experience. (continued)

Description of Experience Must Include:	Location of Experience/License or Permit Number of Facility	Confirm	Dates of Experience*
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	
Administering dosages of radioactive drugs to patients or human research subjects		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Eluting generator systems appropriate for the preparation of radioactive drugs for imaging and localization studies, measuring and testing the eluate for radionuclidic purity, and processing the eluate with reagent kits to prepare labeled radioactive drugs		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Supervising Individual

License/Permit Number listing supervising individual as an
authorized user

Supervisor meets the requirements below, or equivalent Agreement State requirements (*check one*).

☐ 35.190 ☐ 35.290 ☐ 35.390 ☐ 35.390 + generator experience in 35.290(c)(1)(ii)(G)

c. For 35.590 only, provide documentation of training on use of the device.

Device	Type of Training	Location and Dates

d. For 35.500 uses only, stop here. For 35.100 and 35.200 uses, skip to and complete Part II Preceptor Attestation.

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

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. (Not required to meet training requirements in 35.590)

By checking the boxes below, the preceptor is attesting that the individual has knowledge to fulfill the duties of the position sought and not attesting to the individual's "general clinical competency."

First Section

Check one of the following for each use requested:

For 35.190

Board Certification

☐ I attest that _____ has satisfactorily completed the requirements in
Name of Proposed Authorized User

10 CFR 35.190(a)(1) and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100.

OR

Training and Experience

☒ I attest that Bradley Stockmann, MD has satisfactorily completed the 60 hours of training and
Name of Proposed Authorized User

experience, including a minimum of 8 hours of classroom and laboratory training, required by 10 CFR 35.190(c)(1), and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100.

For 35.290

Board Certification

☒ I attest that Bradley Stockmann, MD has satisfactorily completed the requirements in
Name of Proposed Authorized User

10 CFR 35.290(a)(1) and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100 and 35.200.

OR

Training and Experience

☐ I attest that _____ has satisfactorily completed the 700 hours of training
Name of Proposed Authorized User

and experience, including a minimum of 80 hours of classroom and laboratory training, required by 10 CFR 35.290(c)(1), and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100 and 35.200.

Second Section

Complete the following for preceptor attestation and signature:

☒ I meet the requirements below, or equivalent Agreement State requirements, as an authorized user for:

☒ 35.190 ☒ 35.290 ☐ 35.390 ☐ 35.390 + generator experience

Name of Preceptor AVRIL SLAVIN M.D.	Signature <i>ASLAVIN</i>	Telephone Number 314-652-4100 x 54845	Date 4/4/2012
License/Permit Number/Facility Name 24-00144-05 John Cochran VA Medical Center			

Authorized User
Training
Documentation Form

submitted 8/3/09

Resident Name: <u>Stockman</u>					
Classroom and laboratory training:		Hours	Date	Instructor	
Radiation Physics		50		LHP	
completion of physics course & with PhD					
Radiation Protection		20		RKS	
completed organ rotation protocol at U of Colorado					
Mathematics		2		LHP	
Physics lectures					
Chemistry		15			
1.5 hrs of UA					
Radiation Biology		4		Mark M. Nelson	
completed during orientation					
TOTAL					

Rotations	date	va/slu		date	va/slu	date	va/slu
1st	7/5-10/08	VA	3rd	1/5-6/09 on SLU		5th	12/1-1/8/10 - SLU
2nd	2/2-3/09	VA	4th	7/27-7/31/09 SLU			
TOTAL							

Work experience:			
Ordering, receiving, unpacking radioactive material			
dates	8/9/08	8/14/08	2/4/09
SLU/VA	VA	VA	VA
Quality control procedures			
dates	8/9/08	8/14/08	2/4/09
va/slu	VA	VA	VA
Preparing dosages			
dates	8/9/08	8/14/08	2/4/09
va/slu	VA	VA	VA
Administrative controls			
dates	8/9/08	8/14/08	2/4/09
va/slu	VA	VA	VA
Contain spills radioactive material			
dates	X	10/3/08	X
va/slu	X	VA	X
Decontamination procedures			
dates	X	10/3/08	X
va/slu	X	VA	X
Administering radioactive drugs to patients			
dates	8/9/08	10/3/08	2/4/09
va/slu	VA	VA	VA
Eluting generator			
dates	8/9/08	8/14/08	2/4/09
va/slu	VA	VA	VA
Radiation Survey			
dates	8/9/08	8/14/08	2/4/09
va/slu	VA	VA	VA
TOTAL			

Form A

American Board of Radiology – Program Director Attestation

COMPLIANCE WITH NRC TRAINING AND EXPERIENCE REQUIREMENTS

More information can be found at the following link:

<http://www.nrc.gov/reading-rm/doc-collections/cfr/part035/part035-0290.html>

STOCKMANN BRADLEY SAINT LOUIS UNIVERSITY
Resident Name Program SCHOOL OF MEDICINE
Program # 26-03-07-2

	YES	NO
By the time of the ABR oral examination, this applicant will have successfully completed the hours of training and experience as outlined in 10 CFR 35.290 and 35.392.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
This applicant has taken part in ≥ 3 cases of oral administration of I-131 therapy ($\leq 33\text{mCi}$).....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
The resident's logbook of these therapy experiences (date, dose, and preceptor) is attached.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
The work and experience cited above for § 35.290 was obtained under the supervision of an Authorized User (AU) who meets the requirements under relevant sections of § 35.290 or equivalent Agreement State requirements.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
The work and experience cited above for § 35.392 was obtained under the supervision of an Authorized User (AU) who meets the requirements under § 35.390, 35.392 or 35.394 or equivalent Agreement State requirements.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>

B. KIRKE BIENEMAN M.D.
Residency Program Director
(Print Name)

[Signature]
Program Director
(Signature)

2/15/2010
Date

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 Radiation Oncology, the Association of
University Radiologists, and the American Association of Physicists in Medicine*

Hereby certifies that

Bradley W. Stockmann, MD

*Has pursued an accepted course of graduate study
and clinical work, has met certain standards and qualifications, including
passing the examinations conducted under the authority of*

The American Board of Radiology,

*demonstrating to the satisfaction of the Board that he is qualified to practice,
and is therefore awarded the Board's certification in the specialty of*

Diagnostic Radiology

Effective June 30, 2010



Certificate No. 58133

Eric J. Hopper
President

Richard T. Monin
Secretary-Treasurer

Hayden S. Edwards
Executive Director



Valid through 2020

Form B

I-131 Therapy Experience

Bradley Stockmann
Resident Name

St Louis University 26-03-07-2
Program & Number

	<u>Date</u>	<u>Dose Administered</u>	<u>Preceptor (AU) Print & Sign Name</u>
1.	<u>11/12/08</u>	<u>150 mCi</u>	<u>AURIL SLAVIN</u> Print Name <u>Slavin</u> Sign Name
2.	<u>12/10/08</u>	<u>150 mCi</u>	<u>Nghi Nguyen</u> Print Name <u>Nguyen</u> Sign Name
3.	<u>8/3/09</u>	<u>100 mCi</u>	<u>S. Sterkel</u> Print Name <u>Sterkel</u> Sign Name
4.	<u> </u>	<u> </u>	<u> </u> Print Name <u> </u> Sign Name

**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: 3/31/2012

Name of Proposed Authorized User

Bradley Stockmann, MD

State or Territory Where Licensed

Missouri

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**

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.

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

a. 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

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.

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

☒ 3. Training and Experience for Proposed Authorized Usera. 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	St. Louis University and John Cochran VA Medical Center, St Louis MO	50	Jan 2007-Jun 2007
Radiation protection	St. Louis University and John Cochran VA Medical Center, St Louis MO	20	Jan 2007-Jun 2007
Mathematics pertaining to the use and measurement of radioactivity	St. Louis University and John Cochran VA Medical Center, St Louis MO	2	Jan 2007-Jun 2007
Chemistry of byproduct material for medical use	St. Louis University and John Cochran VA Medical Center, St Louis MO	15	Jan 2007-Jun 2007
Radiation biology	St. Louis University and John Cochran VA Medical Center, St Louis MO	4	Jan 2007-Jun 2007
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	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 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 type="checkbox"/> Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries) <input 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)	0	St. Louis University and John Cochran VA Medical Center, St Louis MO	
Oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 1.22 gigabecquerels (33 millicuries)	3	St. Louis University and John Cochran VA Medical Center, St Louis MO	11/12/2008 12/10/2008 8/3/2009
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 Aviril Slavin, MD	License/Permit Number listing supervising individual as an authorized user John Cochran VA Medical Center/24-00144		
Supervising individual meets the requirements below, or equivalent Agreement State requirements (check all that apply)**:			
<table style="width: 100%; border: none;"> <tr> <td style="width: 15%; vertical-align: top;"> <input checked="" type="checkbox"/> 35.390 <input checked="" type="checkbox"/> 35.392 <input checked="" type="checkbox"/> 35.394 <input type="checkbox"/> 35.396 </td> <td style="border-left: 1px dashed black; padding-left: 10px; vertical-align: top;"> With experience administering dosages of: <input type="checkbox"/> Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries) <input 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 </td> </tr> </table>		<input checked="" type="checkbox"/> 35.390 <input checked="" type="checkbox"/> 35.392 <input checked="" type="checkbox"/> 35.394 <input type="checkbox"/> 35.396	With experience administering dosages of: <input type="checkbox"/> Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries) <input 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
<input checked="" type="checkbox"/> 35.390 <input checked="" type="checkbox"/> 35.392 <input checked="" type="checkbox"/> 35.394 <input type="checkbox"/> 35.396	With experience administering dosages of: <input type="checkbox"/> Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries) <input 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.			

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.

By checking the boxes below, the preceptor is attesting that the individual has knowledge to fulfill the duties of the position sought and not attesting to the individual's "general clinical competency."

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 _____ 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 Bradley Stockmann, MD 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 Bradley Stockmann, MD 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 Bradley Stockmann, MD 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 Bradley Stockmann, MD 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
AYRIL SLAVIN M.D.

Signature **ASLAVIN**

Telephone Number **314-652-4100 x 54845** Date **4/4/2012**

License/Permit Number/Facility Name

24-00144-05 John Cochran VA Medical Center

RT **373** ¹ **B**
FZ **375** 1456
04.12

THU - 12 APR A1
PRIORITY OVERNIGHT
60532
IL-US
ORD
FedEx
8471 9873 1456
XH BDFA
Emp# 333733 11APR12 SUSA 512C1/C44D/A278

US Airbill
ESS

FedEx Tracking Number **8471 9873 1456**

can be removed for Recipient's records.
FedEx Tracking Number **847198731456**
RRY KUMPH Phone **314 645-5032**
MARY'S HOSPITAL/ADMIN
20 CLAYTON RD
Dayt./Floor/Suite/Room
ST LOUIS State **MO** ZIP **63117-1811**
Billing Reference
22 AB FOSTER **RECEIVED APR 12 2012**
ARKANSAS LICENSING SECTION REGINA
ARKANSAS REGULATORY COMMISSION III
boxes or P.O. ZIP codes Dayt./Floor/Suite/Room
42 WILKINSON RD STE 210
sold at a specific FedEx location, print FedEx address here.
State **IL** ZIP **60532-4350**

8471 9873 1456

0284123110

4a Express Package Service Packages up to 150 lbs. To most locations

☒ FedEx Priority Overnight Next business morning* ☐ FedEx Standard Overnight Next business afternoon* ☐ FedEx First Overnight Earliest next business morning delivery to select locations*

☐ FedEx 2Day Second business day* ☐ FedEx Express Saver Third business day* FedEx Envelope rate not available. Minimum charge: One-pound rate.

4b Express Freight Service Packages over 150 lbs. To most locations

☐ FedEx 1Day Freight* Next business day** ☐ FedEx 2Day Freight Second business day** ☐ FedEx 3Day Freight Third business day**

* Call for Confirmation

5 Packaging Declared value limit \$500

☒ FedEx Envelope* ☐ FedEx Pak* Includes FedEx Small Pak, FedEx Large Pak, and FedEx Sturdy Pak ☐ FedEx Box ☐ FedEx Tube ☐ Other

6 Special Handling Include FedEx address in Section 3.

☐ SATURDAY Delivery Available ONLY for FedEx Priority Overnight, FedEx 2Day, FedEx 3Day Freight, and FedEx 2Day Freight to select ZIP codes. ☐ HOLD Weekday at FedEx Location Not available for FedEx First Overnight. ☐ HOLD Saturday at FedEx Location Available ONLY for FedEx Priority Overnight and FedEx 2Day to select locations.

Does this shipment contain dangerous goods? One box must be checked.

☒ No ☐ Yes As per attached Shipper's Declaration ☐ Yes Shipper's Declaration not attached ☐ Dry Ice Dry Ice, 8 UN 1845 ☐ Cargo Aircraft Only

7 Payment Bill to: Enter FedEx Acct. No. or Credit Card No. below. Obtain Rec'd Acct. No.

☒ Sender Acct. No. in Section 1 will be billed ☐ Recipient ☐ Third Party ☐ Credit Card ☐ Cash/Check

Total Packages Total Weight Total Charges Credit Card Auth.

8 Sign to Authorize Delivery Without a Signature

By signing you authorize us to deliver this shipment without obtaining a signature and agree to indemnify and hold us harmless from any resulting claims. Questions? Visit our Web site at fedex.com or call 1.800.GoFedEx 1.800.463.3339. SHIP* REG. DATE 11/03/01* FIVE* 11/02/01* 2002 FedEx* PRINTED IN U.S.A.

466

ed
board®

Want more information?
Go to fedex.com, or call 1.800.GoFedEx 1.800.463.3339 for U.S. domestic shipments, 1.800.247.4747