

June 14, 2012

U.S. Nuclear Regulatory Commission Region III
Materials Licensing Branch
2443 Warrenville Road
Lisle, IL 60532-4352

Dear Colleen:

This letter is in response to your request for additional information regarding **control number 577090** for Radioactive Materials License # 24-25816-01 (Truman Medical Center, 2301 Holmes Street, Kansas City, MO 64108). We are resubmitting the requested information for your review.

At this time we would like to request Dr. Stephanie Reid be added to our license as an authorized user for 35.394. See enclosed documentation.

Please have Assistant RSO, Dr. Gerald Finke removed from our license per your letter dated May 30, 2012.

Should you have any additional questions or need additional information, please contact our Health Physicist, Marcia West at 816-807-8090 or fax number 816-974-1443.

Sincerely,



Lynda A. Donegan
Truman Medical Center
V.P. Professional Health Services

RECEIVED JUN 19 2012

**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: (05/31/2015)

Name of Proposed Authorized User

Dr. Stephanie Reid

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 24-25816-01 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 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	Truman Medical Center 2301 Holmes Street : Kansas City, MO 64108	16	07-01-07 to 06-30-10
Radiation protection	Truman Medical Center 2301 Holmes Street : Kansas City, MO 64108	16	07-01-07 to 06-30-10
Mathematics pertaining to the use and measurement of radioactivity	Truman Medical Center 2301 Holmes Street : Kansas City, MO 64108	16	07-01-07 to 06-30-10
Chemistry of byproduct material for medical use	Truman Medical Center 2301 Holmes Street : Kansas City, MO 64108	16	07-01-07 to 06-30-10
Radiation biology	Truman Medical Center 2301 Holmes Street : Kansas City, MO 64108	16	07-01-07 to 06-30-10
Total Hours of Training:		80	

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:	
		200	
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	Truman Medical Center 2301 Holmes Street : Kansas City, MO 64108	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	07-01-07 to 06-30-10
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters	Truman Medical Center 2301 Holmes Street : Kansas City, MO 64108	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	07-01-07 to 06-30-10
Calculating, measuring, and safely preparing patient or human research subject dosages	Truman Medical Center 2301 Holmes Street : Kansas City, MO 64108	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	07-01-07 to 06-30-10
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material	Truman Medical Center 2301 Holmes Street : Kansas City, MO 64108	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	07-01-07 to 06-30-10
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures	Truman Medical Center 2301 Holmes Street : Kansas City, MO 64108	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	07-01-07 to 06-30-10

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 Dr. Lawrence Ricci	License/Permit Number listing supervising individual as an authorized user 24-25816-01
Supervising individual meets the requirements below, or equivalent Agreement State requirements (<i>check all that apply</i>)**:	

- | | | | |
|-------------------------------------|--------|---|--|
| <input checked="" type="checkbox"/> | 35.390 | With experience administering dosages of: | |
| <input checked="" 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 checked="" type="checkbox"/> | 35.394 | <input checked="" type="checkbox"/> Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries) | |
| <input checked="" type="checkbox"/> | 35.396 | <input checked="" 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 checked="" 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)			
Oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 1.22 gigabecquerels (33 millicuries)	6	24-25816-01	07-01-07 to 06-30-10
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 <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div> (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	License/Permit Number listing supervising individual as an authorized user
Dr. Lawrence Ricci	24-25816-01

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 checked="" 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 checked="" type="checkbox"/> 35.394	<input checked="" type="checkbox"/> Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)
<input checked="" type="checkbox"/> 35.396	<input checked="" 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 checked="" 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 Dr. Stephanie Reid 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 Dr. Stephanie Reid 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 Dr. Stephnie Reid 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 Dr. Stephanie Reid 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

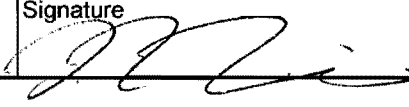
☒ I have experience administering dosages in the following categories for which the proposed Authorized User is requesting authorization.

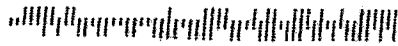
☒ Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)

☒ 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 Dr. Lawrence Ricci	Signature 	Telephone Number 816-484-0751	Date 6/14/12
License/Permit Number/Facility Name 24-25816-01 Truman Medical Center			




Cardinal Health

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U.S. Nuclear Regulatory Commission, Region III
Materials Licensing Branch
2443 Warrenville Road
Lisle, IL 60532


Colleen Casey

Control number:

577090