



REPLY TO
ATTENTION OF

DEPARTMENT OF THE ARMY
HEADQUARTERS, U.S. ARMY MEDICAL DEPARTMENT ACTIVITY
650 JOEL DRIVE
FORT CAMPBELL KY 42223-5349

15 May 2012

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2012 JUN 18 AM 9:25

RECEIVED
REGION 1

Office of the Commander

US Nuclear Regulatory Commission Region 1
Nuclear Materials Safety, Medical Branch
475 Allendale Road
King of Prussia, Pennsylvania 19406-1415

Reference: Nuclear Regulatory Commission (NRC) Materials License 16-30845-01,
Docket No. 030-36430, Department of the Army, Blanchfield Army Community Hospital,
650 Joel Drive, Fort Campbell, KY 42223.

Subject: Update to Dosimetry Service and Add MAJ Shogan.

Dear Sir or Madam:

Please update Item 10, Occupational Dose section, of our Radiation Safety Program to read, "The Army-approved National Voluntary Laboratory Accreditation Program (NVLAP)-accredited dosimetry system will provide dosimetry that meets the requirements listed under "Criteria" in NUREG-1556, Volume 9, Revision 1, "Consolidated Guidance About Material Licenses".

Please add MAJ Paul Joseph Shogan, D.O. to our Authorized Users list for Material and Use of 35.190, 35.290, and In vitro studies. Copy of NRC Form 313A (AUD) and American Board of Radiology Certification is enclosed in this request.

Please direct any questions to our Radiation Safety Officer, CPT Jose Rodriguez, at (270) 956-0125.

Sincerely,

PAUL R. CORDTS
COL, MC
Commanding

Enclosures

577749
NMSS/RGN1 MATERIALS-002

The American Board of Radiology

*Organized through the cooperation of the
American College of Radiology, the American Roentgen Ray Society,
the American Radiology 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

Paul Joseph Shogan, DO

*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 qualification
to practice and is therefore awarded the Board's certification in the specialty of*

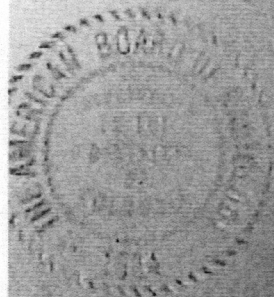
Diagnostic Radiology

AB Eligible

DABR

July 01, 2011

*This diplomate of the American Board of Radiology
is now permitted to use the DABR mark to signify this certification*



Certificate No. 59778

Paul J. Shogan
President

Richard T. Morris
Executive Director

Harry J. Shogan
Executive Director

Valid through 2021

**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: 3/31/2012Name of Proposed Authorized User
Paul J. Shogan, D.O.State or Territory Where Licensed
Kentucky

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	National Naval Medical Center 8901 Wisconsin Avenue Bethesda, Maryland 20889-5600	27	02/28/2011- 03/11/2011
Radiation protection	National Naval Medical Center 8901 Wisconsin Avenue Bethesda, Maryland 20889-5600	15	02/28/2011- 03/11/2011
Mathematics pertaining to the use and measurement of radioactivity	National Naval Medical Center 8901 Wisconsin Avenue Bethesda, Maryland 20889-5600	6	02/28/2011- 03/11/2011
Chemistry of byproduct material for medical use (not required for 35.590)	National Naval Medical Center 8901 Wisconsin Avenue Bethesda, Maryland 20889-5600	11	02/28/2011- 03/11/2011
Radiation biology	National Naval Medical Center 8901 Wisconsin Avenue Bethesda, Maryland 20889-5600	21	02/28/2011- 03/11/2011

Total Hours of Training: 80

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 700 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	Walter Reed Army Medical Center Nuclear Medicine / Nuclear Pharmacy License #08-01738-02	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	07-01-2007- 06-30-2011
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters	Walter Reed Army Medical Center Nuclear Medicine / Nuclear Pharmacy License #08-01738-02	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	07-01-2007- 06-30-2011

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	Walter Reed Army Medical Center Nuclear Medicine / Nuclear Pharmacy License #08-01738-02	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	07-01-2007- 06-30-2011
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material	Walter Reed Army Medical Center Nuclear Medicine / Nuclear Pharmacy License #08-01738-02	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	07-01-2007- 06-30-2011
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures	Walter Reed Army Medical Center Nuclear Medicine / Nuclear Pharmacy License #08-01738-02	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	07-01-2007- 06-30-2011
Administering dosages of radioactive drugs to patients or human research subjects	Walter Reed Army Medical Center Nuclear Medicine / Nuclear Pharmacy License #08-01738-02	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	07-01-2007- 06-30-2011
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	Walter Reed Army Medical Center Nuclear Medicine / Nuclear Pharmacy License #08-01738-02	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	07-01-2007- 06-30-2011

Supervising Individual
Sidney R. Hinds II, M.D.

License/Permit Number listing supervising individual as an authorized user
License #08-01738-02

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 Paul J. Shogan, D.O. 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 _____ 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 Paul J. Shogan, D.O. 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
Sidney R. Hinds II, M.D.

Signature



Telephone Number

(202) 782-0169

Date

06/30/2011

License/Permit Number/Facility Name
License #08-01738-02 / Walter Reed Army Medical Center

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

5/15/12, and to inform you that the initial processing which includes an administrative review has been performed.

☒ Amendment C16-30845-01
There were no administrative omissions. Your application was assigned to a technical reviewer. Please note that the technical review may identify additional omissions or require additional information.

☐ Please provide to this office within 30 days of your receipt of this card

A copy of your action has been forwarded to our License Fee & Accounts Receivable Branch, who will contact you separately if there is a fee issue involved.

Your action has been assigned **Mail Control Number** 577749.
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.