



DEPARTMENT OF THE ARMY
U.S. ARMY MEDICAL DEPARTMENT ACTIVITY
1650 COCHRANE CIRCLE
FORT CARSON, CO 80913-4604

REPLY TO
ATTENTION OF

MCXE-PMD-RSO (11-9k)

9 July 2012

MEMORANDUM FOR U.S. Nuclear Regulatory Commission Region IV, Material Radiation Protection Section, 11 Ryan Plaza Drive, Suite 1000, Arlington, TX 76011

SUBJECT: Request Amendment to Nuclear Regulatory Commission (NRC) Byproduct Materials License, No. 05-26854-01

1. Request that Evans Army Community Hospital's Byproduct Materials License No. 05-26854-01 be amended to add LTC Courtney T. Tripp as an authorized user.
2. LTC Courtney T. Tripp possesses the preceptor documents to attest that he has met the training requirements under 10 CFR 200.
3. LTC Courtney T. Tripp is authorized for the administration of sodium iodide I-131 in quantities less than or equal to 33 millicuries.
4. Point of contact for this action is the Radiation Safety Office.
 - a. Telephone: (719) 526-7047
 - b. Address: Department of the Army
Evans Army Community Hospital
Radiation Safety Office
ATTN: MCXE-PMD-RSO
1650 Cochrane Circle
Fort Carson, CO 80913-4604


JAIME A. PURCELL
CPT, MS
Radiation Safety Officer

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PUBLIC

- ☐ Immediate Release
☐ Normal Release

NON-PUBLIC

- ☐ A.3 Sensitive-Security Related
☐ A.7 Sensitive Internal
☐ Other: _____

Reviewer: _____ Date: _____

No 577908

NRC FORM 313A (AUD)
(3-2009)

U.S. NUCLEAR REGULATORY COMMISSION

**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

State or Territory Where Licensed

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 _____)

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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)

NRC FORM 313A (AUD)
(9-2009)

U.S. NUCLEAR REGULATORY COMMISSION

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			
Radiation protection			
Mathematics pertaining to the use and measurement of radioactivity			
Chemistry of byproduct material for medical use (not required for 35.590)			
Radiation biology			
Total Hours of Training:			

- 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	

NRC FORM 313A (AUD)
(3-2008)

U.S. NUCLEAR REGULATORY COMMISSION

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).			
<input type="checkbox"/> 35.190 <input type="checkbox"/> 35.290 <input type="checkbox"/> 35.390 <input type="checkbox"/> 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.

NRC FORM 313A (AUD)
(3-2009)

U.S. NUCLEAR REGULATORY COMMISSION

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 Courtney T. Tripp
Name of Proposed Authorized User

has satisfactorily completed the requirements in

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 _____
Name of Proposed Authorized User

has satisfactorily completed the 60 hours of training and

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 Courtney T. Tripp
Name of Proposed Authorized User

has satisfactorily completed the requirements in

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 Courtney T. Tripp
Name of Proposed Authorized User

has satisfactorily completed the 700 hours of training

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

Courtney T. Tripp

Signature

Courtney T. Tripp

Telephone Number

714-505-7576

Date

9 Jul 2012

License/Permit Number/Facility Name

05-26854-01

Evans Army Community Hospital

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 Therapeutic Radiology and Oncology, the Association of
 University Radiologists, and American Association of Physicians in Medicine
 Hereby certifies that

Murthy Dodd Tripp, MD

Has finished an accepted course of graduate study
 and clinical work, has met certain standards and qualifications and
 has passed the examinations conducted under the authority of

The American Board of Radiology

On this ninth day of June, 2014

Thereby demonstrating to the satisfaction of the Board
 that he is qualified to practice the specialty of

Diagnostic Radiology



Certificate No. 51776

Handwritten signature

Handwritten signature
 P. O. Tripp, MD
 Secretary-Treasurer

RP Harty
 Executive Director

Valid through 2014



U.S. Army Medical Department



This is to certify that

Courtney Webb Tripp, M.D., Medical Corps, (MSSA, JF)

has successfully completed

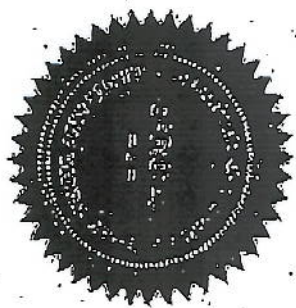
Residency Training in Diagnostic Radiology

at

Tripler Army Medical Center, Honolulu, Hawaii

From July 1, 2000 *to* June 30, 2004

Gregory E. Smith, Jr.
Lieutenant Colonel, Medical Corps
Physician Assistant, Radiology



Gregory E. Smith, Jr.
Major General, USA
Commanding

DEPARTMENT OF THE ARMY
LANDSTUHL REGIONAL MEDICAL CENTER
CMR 402
APO AE 09180

MCEUL-PM-HP

30 December 2008

MEMORANDUM FOR Radiation Control Committee (RCC) Members

SUBJECT: LRMC Authorized Users of Radioactive Materials

1. The following personnel are authorized users of radioactive materials.

a. Nuclear Medicine (Diagnostic Only):

Sauter, Stephen, COL, MC
Huber, Michael, MAJ, MC
Kuxhaus, Lee, MAJ, MC
Tujo, Charles, LTC, MC

b. Nuclear Medicine (Diagnostic & Therapy):

Davison, Jonathon, MAJ, MC
Tripp, Courtney T., MAJ, MC
Vaidya, Neel, CPT, MC
Stack, Aaron, LTC, MC
Dunagin, Percy E., COL(Ref), Red Cross Volunteer if needed

2. Radiation Safety Officer(s) are as follows:

Walkingstick, Michael, CPT, MS
Davison, Jonathon, MAJ, MC

3. Point of Contact is the undersigned at DSN 486-7978/8282.

WALKINGSTICK MICHAEL T 1275048824

MICHAEL WALKINGSTICK
CPT, MS
C. Health Physics LRMC

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DEPARTMENT OF THE ARMY
LANDSTUHL REGIONAL MEDICAL CENTER
CMR 402
APO AE 09180

MCEUL-PM-HP

28 January 2008

MEMORANDUM FOR Radiation Safety Committee (RSC) Members

SUBJECT: LRMC Authorized Users of Radioactive Materials

1. The following personnel are authorized users of radioactive materials.

a. Nuclear Medicine (Diagnostic Only):

Ashley, Ricanthony, LTC, MC
Huber, Michael, MAJ, MC
Graham, James M., MAJ, MC
Sauter, Stephen, COL, MC
Kuxhaus, Lee, MAJ, MC
Hill, Patrick, MAJ, MC
Tujo, Charles LTC, MC

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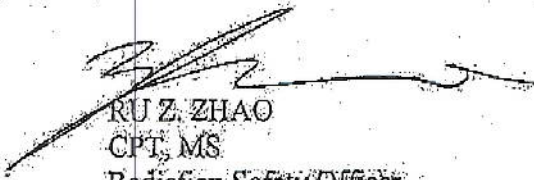
b. Nuclear Medicine (Diagnostic & Therapy):

Davison, Jonathan, CPT, MC
Tripp, Courtney T., MAJ, MC
Dunagin, Percy E., COL (Ret), Red Cross Volunteer if needed

2. Radiation Safety Officer(s) are as follows:

Zhao, Ru, CPT, MS
Davison, Jonathan, MAJ, MC

3. Point of Contact is the undersigned at DSN 486-7978/8282.


RU Z. ZHAO

CPT, MS

Radiation Safety Officer

No 577908



DATE

07/23/2012

NAME AND ADDRESS OF APPLICANT AND/OR LICENSEE

Dept of the Army, Evans Army Community Hospital
Radiation Safety Office
ATTN: MCXE-PMD-RSO
CPT Jaime A. Purcell, RSO
1650 Cochrane Circle
Fort Carson, Colorado 80913-4604

LICENSE NUMBER

05-26854-01

MAIL CONTROL NUMBER

577908

LICENSING AND/OR TECHNICAL REVIEWER

ch

This is to acknowledge the receipt of your:

☒ LETTER and/or ☐ APPLICATION DATED: 07/09/2012

The initial processing, which included an administrative review, has been performed.

☒ AMENDMENT ☐ TERMINATION ☐ NEW LICENSE ☐ RENEWAL

- ☒ There were no administrative omissions identified during our initial review.
- ☐ This is to acknowledge receipt of your application for renewal of the material(s) license identified above. Your application is deemed timely filed, and accordingly, the license will not expire until final action has been taken by this office.
- ☐ Your application for a new NRC license did not include your taxpayer identification number. Please fill out NRC Form 531, located at the following link:

<http://www.nrc.gov/reading-rm/doc-collections/forms/nrc531.pdf>

Send the completed NRC Form 531, by facsimile, to the following number: (301) 415-5387

A copy of your action has been emailed to our License Fee and Accounts Receivable Branch, in our Headquarters office in Rockville, MD. You will be contacted separately if there is a fee issue involved.

Your application has been assigned the above listed **MAIL CONTROL NUMBER**. When calling to inquire about this action, please refer to this control number. Your application has been forwarded to a technical reviewer. Please note that the technical review, which is normally completed within 180 days for a renewal application (90 days for all other requests), may identify additional omissions or require additional information. If you have any questions concerning the processing of your application, our contact information is listed below:

Region IV
U. S. Nuclear Regulatory Commission
DNMS/NMSB - B
1600 E. Lamar Boulevard
Arlington, TX 76011-4511
(817) 200-1103 or (817) 200-1140

✓ 7/23

BETWEEN:

Accounts Receivable/Payable
and
Regional Licensing Branches

[FOR ARPB USE]
INFORMATION FROM LTS

Program Code: 02120
Status Code: Pending Amendment
Fee Category: 7C
Exp. Date:
Fee Comments: ARMY 170.11(A)(5)
Decom Fin Assur Reqd: N

License Fee Worksheet - License Fee Transmittal

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: ARMY, DEPARTMENT OF THE
Received Date: 07/17/2012
Docket Number: 3029534
Mail Control Number: 577908
License Number: 05-26854-01
Action Type: Amendment

2. FEE ATTACHED

Amount: _____
Check No.: _____

3. COMMENTS

Signed: _____

Date: _____

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 is entered / /)

1. Fee Category and Amount: _____

2. Correct Fee Paid. Application may be processed for:

Amendment: _____
Renewal: _____
License: _____

3. OTHER _____

Signed: _____

Date: _____