



12303 DePaul Drive  
Bridgeton, Missouri 63044  
314.344.6000 Phone  
ssmdepaul.com

December 11, 2013

United States NRC  
Region III  
2443 Warrenville Rd  
Lisle, Illinois 60532-4352

RE: License 24-02490-03

To Whom it may concern:

Please remove Thomas P. Bocchini, M.D. as Radiation Safety Officer at SSM DePaul Health Center, License number 24-02490-03. He will still stay on the license as an authorized user. We would like to make Ronald Palmer, M.D. as the new Radiation Safety Officer; he is currently on the SSM DePaul Health Center License as an authorized user. Please see attached NRC Form 313A(RSO), License and Delegation of Authority agreement letter. If any questions Please feel free to contact us.

Sincerely,

A handwritten signature in black ink, reading 'Joseph Pekala CNMT'.

Joseph Pekala, BS, CNMT  
Lead NM/PET Technologist, DePaul Health Center  
Ascom: 314-447-5981  
Cell: 314-401-5374  
Pager: 314-908-0535  
Fax: 314-344-6694

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

Through our exceptional health care services, we reveal the healing presence of God.

NRC FORM 313A (RSO)  
(05-2012)

U.S. NUCLEAR REGULATORY COMMISSION

**RADIATION SAFETY OFFICER TRAINING AND EXPERIENCE  
AND PRECEPTOR ATTESTATION**  
[10 CFR 35.50]APPROVED BY OMB: NO. 3150-0120  
EXPIRES: (05/31/2015)

Name of Proposed Radiation Safety Officer

Ronald Palmer

Requested Authorization(s) The license authorizes the following medical uses (check all that apply):

- ☒ 35.100    ☒ 35.200    ☒ 35.300    ☐ 35.400    ☐ 35.500    ☐ 35.600 (remote afterloader)  
☐ 35.600 (teletherapy)    ☐ 35.600 (gamma stereotactic radiosurgery)    ☐ 35.1000 ( )

**PART I – TRAINING AND EXPERIENCE**

(Select one of the four 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. Use Table 3.c. to describe training in radiation safety, regulatory issues, and emergency procedures for all types of medical use on the license.
- c. Skip to and complete Part II Preceptor Attestation.

OR

☐ **2. Current Radiation Safety Officer Seeking Authorization to Be Recognized as a Radiation Safety Officer for the Additional Medical Uses Checked Above**

- a. Use the table in section 3.c. to describe training in radiation safety, regulatory issues, and emergency procedures for the additional types of medical use for which recognition as RSO is sought.
- b. Skip to and complete Part II Preceptor Attestation.

OR

☐ **3. Structured Educational Program for Proposed Radiation Safety Officer**

## 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			
Radiation biology			
Radiation dosimetry			

Total Hours of Training:

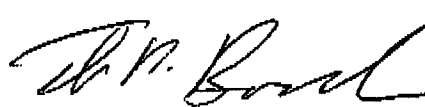
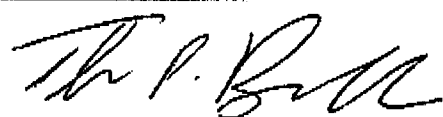
NRC FORM 313A (RSO)  
(05-2012)

U.S. NUCLEAR REGULATORY COMMISSION

**RADIATION SAFETY OFFICER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)****3. Structured Educational Program for Proposed Radiation Safety Officer (continued)****b. Supervised Radiation Safety Experience (continued)***(If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this section.)*

Supervising Individual	License/Permit Number listing supervising individual as a Radiation Safety Officer
This license authorizes the following medical uses:	
<input type="checkbox"/> 35.100	<input type="checkbox"/> 35.200
<input type="checkbox"/> 35.500	<input type="checkbox"/> 35.600 (remote afterloader)
<input type="checkbox"/> 35.600 (gamma stereotactic radiosurgery)	<input type="checkbox"/> 35.1000 ( )
<input type="checkbox"/> 35.300	<input type="checkbox"/> 35.400
	<input type="checkbox"/> 35.600 (teletherapy)

**c. Describe training in radiation safety, regulatory issues, and emergency procedures for all types of medical use on the license.**

Description of Training	Training Provided By	Dates of Training*
Radiation safety, regulatory issues, and emergency procedures for 35.100, 35.200, and 35.500 uses		12/13
Radiation safety, regulatory issues, and emergency procedures for 35.300 uses		12/13
Radiation safety, regulatory issues, and emergency procedures for 35.400 uses		
Radiation safety, regulatory issues, and emergency procedures for 35.600 - teletherapy uses		
Radiation safety, regulatory issues, and emergency procedures for 35.600 - remote afterloader uses		
Radiation safety, regulatory issues, and emergency procedures for 35.600 - gamma stereotactic radiosurgery uses		
Radiation safety, regulatory issues, and emergency procedures for 35.1000, specify use(s):		

NRC FORM 313A (RSO)  
(05-2012)

U.S. NUCLEAR REGULATORY COMMISSION

**RADIATION SAFETY OFFICER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)****3. Structured Educational Program for Proposed Radiation Safety Officer (continued)**

- c. Training in radiation safety, regulatory issues, and emergency procedures for all types of medical use on the license (continued)

Supervising Individual *If training was provided by supervising RSO, AU, AMP, or ANP. (If more than one supervising individual is necessary to document supervised training, provide multiple copies of this page.)*

License/Permit Number listing supervising individual

License/Permit lists supervising individual as:

- ☐ Radiation Safety Officer    ☐ Authorized User    ☐ Authorized Nuclear Pharmacist  
☐ Authorized Medical Physicist

Authorized as RSO, AU, ANP, or AMP for the following medical uses:

- ☐ 35.100    ☐ 35.200    ☐ 35.300    ☐ 35.400  
☐ 35.500    ☐ 35.600 (remote afterloader)    ☐ 35.600 (teletherapy)  
☐ 35.600 (gamma stereotactic radiosurgery)    ☐ 35.1000 ( \_\_\_\_\_ )

- d. Skip to and complete Part II Preceptor Attestation.

OR

☒ **4. Authorized User, Authorized Medical Physicist, or Authorized Nuclear Pharmacist identified on the licensee's license**

- a. Provide license number.  
 b. Use the table in section 3.c. to describe training in radiation safety, regulatory issues, and emergency procedures for all types of medical use on the license.  
 c. Skip to and complete 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:

☐ **1. Board Certification**

☐ I attest that \_\_\_\_\_ -has satisfactorily completed the requirements in  
 Name of Proposed Radiation Safety Officer

10 CFR 35.50(a)(1)(i) and (a)(1)(ii); or 35.50 (a)(2)(i) and (a)(2)(ii); or 35.50(c)(1).

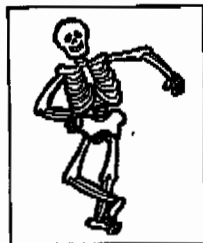
OR

☐ **2. Structured Educational Program for Proposed Radiation Safety Officers**

☐ I attest that \_\_\_\_\_ has satisfactorily completed a structural educational  
 Name of Proposed Radiation Safety Officer

program consisting of both 200 hours of classroom and laboratory training and one year of full-time radiation safety experience as required by 10 CFR 35.50(b)(1).

OR



*SSM DePaul Health Center*  
*Department of Radiology*  
12303 DePaul Drive  
Bridgeton, MO 63044

  
**SSM Health Care**  
ST. LOUIS

# FAX

DATE: 2-24-14

TO: Toye Simmons

COMPANY: NRC

FAX NUMBER: 630-515-1078

NUMBER OF PAGES (including cover sheet): 5

FROM: Joe Petals

PHONE NUMBER: (314) 447-5981 FAX NUMBER: (314) 344-6694

**MESSAGE:**

Attn: Toye Simmons

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