



MARION GENERAL HOSPITAL

July 2, 2014

U. S. Nuclear Regulatory Commission
Materials Licensing Section
2443 Warrenville Road, Suite 210
Lisle, IL 60532-4352

Dear Sir or Madam:

Marion General Hospital would like to amend its Byproduct Materials License, Number 13-17956-01 to add authorization for materials licensed under 10 CFR 35.300 to the list of authorizations for A. Stephen Tilmans, M.D. Dr. Tilmans is currently listed as an Authorized User on the Marion General Hospital license for 10 CFR 35.400 and is listed as an Authorized User of 35.300 materials on USNRC material license 13-00951-03 (Indiana University Health Ball Memorial Hospital, Inc.).

In addition, we request the addition of authorization for materials licensed under 10 CFR 35.300 to the list of authorizations of Richard Sanchez, M.D. Dr. Sanchez is currently listed on the Marion General Hospital license as an Authorized User for materials licensed under 10 CFR 35.300, limited to I-131. Enclosed is documentation of Dr. Sanchez's additional clinical case work with non-I-131 administrations requiring written directives.

If there are any questions concerning this license amendment, please contact our nuclear medicine physicist, Mr. Patrick J. Byrne, DABR, CHP, DABSNM at 877-317-5811.

Sincerely,

A handwritten signature in black ink, appearing to read "Lynn Imel", with a stylized flourish extending to the right.

Lynn Imel, B.S., R.T.(R, M), RVT
Administrator Director of Radiology

RECEIVED JUL 2 9 2014

You are currently viewing: [nrc313a\(aut\)SanchezDean.pdf](#) (451 KB)

Print... Help

You can either click the link to open the original attachment or right-click the link to save the file.

Page 1 of 6

NRC FORM 313A (AUT) (05-2012)		U.S. NUCLEAR REGULATORY COMMISSION	
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 Richard Sanchez, M.D.		State or Territory Where Licensed Indiana	
Requested Authorization(s) (check all that apply): <input type="checkbox"/> 35.300 Use of unsealed byproduct material for which a written directive is required OR <input type="checkbox"/> 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) <input type="checkbox"/> 35.300 Oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 1.22 gigabecquerels (33 millicuries) <input type="checkbox"/> 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 <input type="checkbox"/> 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) <ul style="list-style-type: none">• 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. <input type="checkbox"/> 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. <input type="checkbox"/> 2. Current 35.300, 35.400, or 35.600 Authorized User Seeking Additional Authorization a. Authorized User on Materials License <u>13-17956-01</u> under the requirements below or equivalent Agreement State requirements (check all that apply): <input type="checkbox"/> 35.390 <input type="checkbox"/> 35.392 <input type="checkbox"/> 35.394 <input type="checkbox"/> 35.490 <input type="checkbox"/> 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.			

You are currently viewing: [nrc313a\(aut\)SanchezDean.pdf](#) (451 KB)

Print... Help

You can either click the link to open the original attachment or right-click the link to save the file.

Page 2 of 6



NRC FORM 313A (AUT) (05-2012)		U.S. NUCLEAR REGULATORY COMMISSION	
AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)			
<input type="checkbox"/> 3. Training and Experience for Proposed Authorized User			
a. Classroom and Laboratory Training <input type="checkbox"/> 35.390 <input type="checkbox"/> 35.392 <input type="checkbox"/> 35.394 <input type="checkbox"/> 35.396			
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			
Radiation biology			
Total Hours of Training:			
b. Supervised Work Experience <input type="checkbox"/> 35.390 <input type="checkbox"/> 35.392 <input type="checkbox"/> 35.394 <input type="checkbox"/> 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	

You are currently viewing: [nrc313a\(aut\)SanchezDean.pdf](#) (451 KB)

Print... Help

You can either click the link to open the original attachment or right-click the link to save the file.

Page 3 of 6

NRC FORM 313A (AUT) (05-2012)		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)			
Supervising Individual		License/Permit Number listing supervising individual as an authorized user	
Supervising individual meets the requirements below, or equivalent Agreement State requirements (check all that apply)**:			
<input type="checkbox"/> 35.390	With experience administering dosages of:		
<input type="checkbox"/> 35.392	<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"/> 35.394	<input type="checkbox"/> Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)		
<input type="checkbox"/> 35.396	<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)			
Oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 1.22 gigabecquerels (33 millicuries)			
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	1	Marion General Hospital / 13-17956-01	2/19/14
Parenteral administration of any other radionuclide for which a written directive is required			
<div style="border: 1px solid black; height: 20px; width: 150px;"></div> (List radionuclides)			

You are currently viewing: [nrc313a\(aut\)SanchezDean.pdf](#) (451 KB)

Print... Help

You can either click the link to open the original attachment or right-click the link to save the file.

Page 4 of 6

NRC FORM 313A (AUT) (05-2012)	U.S. NUCLEAR REGULATORY COMMISSION
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 John W. Dean, M.D.	License/Permit Number listing supervising individual as an authorized user 13-17956-01
Supervising individual meets the requirements below, or equivalent Agreement State requirements (check all that apply)**:	
<input checked="" 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 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"/> Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries) <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 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	
<p>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.</p> <p>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."</p>	
First Section Check one of the following for each requested authorization:	
<u>For 35.390:</u>	
<u>Board Certification</u>	
<input type="checkbox"/> I attest that _____ has satisfactorily completed the training and experience requirements in 35.390(a)(1). <div style="text-align: center; margin-top: 10px;">Name of Proposed Authorized User</div>	
OR	
<u>Training and Experience</u>	
<input checked="" type="checkbox"/> I attest that Richard Sanchez, M.D. 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). <div style="text-align: center; margin-top: 10px;">Name of Proposed Authorized User</div>	

You are currently viewing: [nrc313a\(aut\)SanchezDean.pdf](#) (451 KB)

Print... Help

You can either click the link to open the original attachment or right-click the link to save the file.

Page 5 of 6



NRC FORM 313A (AUT) <small>(05-2012)</small>	U.S. NUCLEAR REGULATORY COMMISSION
AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)	
Preceptor Attestation (continued)	
First Section (continued)	
<u>For 35.392 (Identical Attestation Statement Regardless of Training and Experience Pathway):</u>	
<input type="checkbox"/> I attest that _____ has satisfactorily completed the 80 hours of classroom <div style="text-align: center; font-size: small;">Name of Proposed Authorized User</div> 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).	
<u>For 35.394 (Identical Attestation Statement Regardless of Training and Experience Pathway):</u>	
<input type="checkbox"/> I attest that _____ has satisfactorily completed the 80 hours of classroom <div style="text-align: center; font-size: small;">Name of Proposed Authorized User</div> 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	
<input checked="" type="checkbox"/> I attest that <u>Richard Sanchez, M.D.</u> has satisfactorily completed the required clinical case <div style="text-align: center; font-size: small;">Name of Proposed Authorized User</div> experience required in 35.390(b)(1)(ii)G listed below:	
<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 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 type="checkbox"/> Parenteral administration of any other radionuclide requiring a written directive	
Third Section	
<input checked="" type="checkbox"/> I attest that <u>Richard Sanchez, M.D.</u> has satisfactorily achieved a level of competency to <div style="text-align: center; font-size: small;">Name of Proposed Authorized User</div> function independently as an authorized user for:	
<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 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 type="checkbox"/> Parenteral administration of any other radionuclide requiring a written directive	

You are currently viewing: [nrc313a\(aut\)SanchezDean.pdf](#) (451 KB)

Print... Help

You can either click the link to open the original attachment or right-click the link to save the file.

Page 6 of 6



NRC FORM 313A (AUT) (05-2012)		U.S. NUCLEAR REGULATORY COMMISSION	
AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)			
Fourth Section			
For 35.396:			
Current 35.490 or 35.690 authorized user:			
<input type="checkbox"/> I attest that _____ is an authorized user under 10 CFR 35.490 or 35.690 <small>Name of Proposed Authorized User</small>			
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:			
<input type="checkbox"/> 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			
<input type="checkbox"/> Parenteral administration of any other radionuclide for which a written directive is required			
OR			
Board Certification:			
<input type="checkbox"/> I attest that _____ has satisfactorily completed the board certification <small>Name of Proposed Authorized User</small>			
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:			
<input type="checkbox"/> 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			
<input type="checkbox"/> Parenteral administration of any other radionuclide for which a written directive is required			
Fifth Section			
Complete the following for preceptor attestation and signature:			
<input checked="" type="checkbox"/> I meet the requirements below, or equivalent Agreement State requirements, as an authorized user for:			
<input checked="" type="checkbox"/> 35.390 <input type="checkbox"/> 35.392 <input type="checkbox"/> 35.394 <input type="checkbox"/> 35.396			
<input checked="" type="checkbox"/> I have experience administering dosages in the following categories for which the proposed Authorized User is requesting authorization.			
<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"/> Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)			
<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 type="checkbox"/> Parenteral administration of any other radionuclide requiring a written directive			
Name of Preceptor John W. Dean, M.D.	Signature 	Telephone Number -	Date 7-2-2014
License/Permit Number/Facility Name 13-17956-01 / Marion General Hospital			

You are currently viewing: [nrc313a\(aut\)SanchezGandy.pdf](#) (451 KB)

Print... Help

You can either click the link to open the original attachment or right-click the link to save the file.

Page 1 of 6



NRC FORM 313A (AUT) (05-2012)		U.S. NUCLEAR REGULATORY COMMISSION	
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 Richard Sanchez, M.D.		State or Territory Where Licensed Indiana	
Requested Authorization(s) (check all that apply): <input type="checkbox"/> 35.300 Use of unsealed byproduct material for which a written directive is required OR <input type="checkbox"/> 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) <input type="checkbox"/> 35.300 Oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 1.22 gigabecquerels (33 millicuries) <input type="checkbox"/> 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 <input type="checkbox"/> 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)			
<p>* 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.</p> <p><input type="checkbox"/> 1. <u>Board Certification</u></p> <p>a. Provide a copy of the board certification.</p> <p>b. For 35.390, provide documentation on supervised clinical case experience. The table in section 3.c. may be used to document this experience.</p> <p>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.</p> <p>d. Skip to and complete Part II Preceptor Attestation.</p> <p><input type="checkbox"/> 2. <u>Current 35.300, 35.400, or 35.600 Authorized User Seeking Additional Authorization</u></p> <p>a. Authorized User on Materials License <u>13-17956-01</u> under the requirements below or equivalent Agreement State requirements (check all that apply):</p> <p><input type="checkbox"/> 35.390 <input type="checkbox"/> 35.392 <input type="checkbox"/> 35.394 <input type="checkbox"/> 35.490 <input type="checkbox"/> 35.690</p> <p>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.</p> <p>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.</p>			

You are currently viewing: [nrc313a\(aut\)SanchezGandy.pdf \(451 KB\)](#)

Print... Help

You can either click the link to open the original attachment or right-click the link to save the file.

Page 2 of 6



NRC FORM 313A (AUT) (05-2012)		U.S. NUCLEAR REGULATORY COMMISSION	
AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)			
<input type="checkbox"/> 3. Training and Experience for Proposed Authorized User			
a. Classroom and Laboratory Training <input type="checkbox"/> 35.390 <input type="checkbox"/> 35.392 <input type="checkbox"/> 35.394 <input type="checkbox"/> 35.396			
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			
Radiation biology			
Total Hours of Training:			
b. Supervised Work Experience <input type="checkbox"/> 35.390 <input type="checkbox"/> 35.392 <input type="checkbox"/> 35.394 <input type="checkbox"/> 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	

You are currently viewing: [nrc313a\(aut\)SanchezGandy.pdf \(451 KB\)](#)

Print... Help

You can either click the link to open the original attachment or right-click the link to save the file.

Page 3 of 6

NRC FORM 313A (AUT) (05-2012)		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)			
Supervising Individual		License/Permit Number listing supervising individual as an authorized user	
Supervising individual meets the requirements below, or equivalent Agreement State requirements (check all that apply)**:			
<input type="checkbox"/> 35.390	With experience administering dosages of:		
<input type="checkbox"/> 35.392	<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"/> 35.394	<input type="checkbox"/> Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)		
<input type="checkbox"/> 35.396	<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)			
Oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 1.22 gigabecquerels (33 millicuries)			
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	2	Marion General Hospital / 13-17956-01	3/5/14 3/12/14
Parenteral administration of any other radionuclide for which a written directive is required			
<div style="border: 1px solid black; height: 20px; width: 150px; margin: 5px 0;"></div> (List radionuclides)			

You are currently viewing: [nrc313a\(aut\)SanchezGandy.pdf](#) (451 KB)

Print... Help

You can either click the link to open the original attachment or right-click the link to save the file.

Page 4 of 6



NRC FORM 313A (AUT) <small>(05-2012)</small>	U.S. NUCLEAR REGULATORY COMMISSION
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 Paul Gandy, M.D.	License/Permit Number listing supervising individual as an authorized user 13-17956-01
Supervising individual meets the requirements below, or equivalent Agreement State requirements (check all that apply)**:	
<input checked="" 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 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"/> Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries) <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 type="checkbox"/> Parenteral administration of any other radionuclide requiring a written directive
<small>** Supervising Authorized User must have experience in administering dosages in the same dosage category or categories as the individual requesting authorized user status.</small>	
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 Richard Sanchez, M.D. 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

You are currently viewing: [nrc313a\(aut\)SanchezGandy.pdf](#) (451 KB)

Print... Help

You can either click the link to open the original attachment or right-click the link to save the file.

Page 5 of 6

NRC FORM 313A (AUT) (05-2012)		U.S. NUCLEAR REGULATORY COMMISSION	
AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)			
Preceptor Attestation (continued)			
First Section (continued)			
<u>For 35.392 (Identical Attestation Statement Regardless of Training and Experience Pathway):</u>			
<input type="checkbox"/> I attest that _____ has satisfactorily completed the 80 hours of classroom <small>Name of Proposed Authorized User</small>			
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).			
<u>For 35.394 (Identical Attestation Statement Regardless of Training and Experience Pathway):</u>			
<input type="checkbox"/> I attest that _____ has satisfactorily completed the 80 hours of classroom <small>Name of Proposed Authorized User</small>			
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).			
<hr/>			
Second Section			
<input checked="" type="checkbox"/> I attest that <u>Richard Sanchez, M.D.</u> has satisfactorily completed the required clinical case <small>Name of Proposed Authorized User</small>			
experience required in 35.390(b)(1)(ii)G listed below:			
<input type="checkbox"/> Oral Nal-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)			
<input type="checkbox"/> Oral Nal-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)			
<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 type="checkbox"/> Parenteral administration of any other radionuclide requiring a written directive			
<hr/>			
Third Section			
<input checked="" type="checkbox"/> I attest that <u>Richard Sanchez, M.D.</u> has satisfactorily achieved a level of competency to <small>Name of Proposed Authorized User</small>			
function independently as an authorized user for:			
<input type="checkbox"/> Oral Nal-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)			
<input type="checkbox"/> Oral Nal-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)			
<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 type="checkbox"/> Parenteral administration of any other radionuclide requiring a written directive			

You are currently viewing: [nrc313a\(aut\)SanchezGandy.pdf](#) (451 KB)

Print... Help

You can either click the link to open the original attachment or right-click the link to save the file.

Page 6 of 6



NRC FORM 313A (AUT) (05-2012)		U.S. NUCLEAR REGULATORY COMMISSION	
AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)			
Fourth Section			
For 35.396:			
Current 35.490 or 35.690 authorized user:			
<input type="checkbox"/> I attest that _____ is an authorized user under 10 CFR 35.490 or 35.690 <small>Name of Proposed Authorized User</small>			
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:			
<input type="checkbox"/> 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			
<input type="checkbox"/> Parenteral administration of any other radionuclide for which a written directive is required			
OR			
Board Certification:			
<input type="checkbox"/> I attest that _____ has satisfactorily completed the board certification <small>Name of Proposed Authorized User</small>			
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:			
<input type="checkbox"/> 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			
<input type="checkbox"/> Parenteral administration of any other radionuclide for which a written directive is required			
Fifth Section			
Complete the following for preceptor attestation and signature:			
<input checked="" type="checkbox"/> I meet the requirements below, or equivalent Agreement State requirements, as an authorized user for:			
<input checked="" type="checkbox"/> 35.390 <input type="checkbox"/> 35.392 <input type="checkbox"/> 35.394 <input type="checkbox"/> 35.396			
<input checked="" type="checkbox"/> I have experience administering dosages in the following categories for which the proposed Authorized User is requesting authorization.			
<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"/> Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)			
<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 type="checkbox"/> Parenteral administration of any other radionuclide requiring a written directive			
Name of Preceptor Paul Gandy	Signature <i>Paul Gandy</i>	Telephone Number	Date 7/3/14
License/Permit Number/Facility Name 13-17956-01 / Marion General Hospital			

Lynn IMEL, A.O. RADIOLOGY
MARION GENERAL HOSPITAL
441 N. WABASH AVE.
MARION, INDIANA 46952

\$1.40⁰
US POSTAGE
FIRST-CLASS

071V00866542
46952
000005883

U.S. NUCLEAR REGULATORY COMMISSION
MATERIALS LICENSING SECTION
2443 WARRENVILLE ROAD, SUITE 210
LIBLE, IL 60532-4352