



**Charleston Area
Medical Center**

Br. 1

NUCLEAR PHARMACY

3200 MacCorkle Ave. SE
Charleston, WV 25304
(304) 388-9295
Pharmacy (304) 388-9701
Fax: (304) 388-8922

3/10/2016

U.S. NRC Region I DNMS
2100 Renaissance Blvd.
King of Prussia, PA 19406

Re: Amendment request License #47-15473-01

03009164

Dear Sirs,

Please amend the above referenced license as follows:

1. Please add Christopher Adams, M.D. to the above referenced license as an authorized user for 35.100 and 35.200 material. Please find enclosed the following documents.

- Completed NRC Form 313A (AUD) dated 2/1/2016
- Copy of American Board of Internal Medicine certificates dated 2011 and 2015

If there are any questions regarding this amendment please feel free to contact me at the telephone numbers provided below or you may e-mail your questions to me at kim.lowe@camc.org.

Sincerely,

*Kim Lowe, Pharm.D., BCNP, Assistant RSO
Charleston Area Medical Center
3200 MacCorkle Avenue, SE
Charleston, WV 25304
(304) 388-9295 office
(304) 549-0147 mobile*

*Christine Oskin, MBA, RTRM
Corporate Director
Medical Imaging Services
Charleston Area Medical Center
3200 MacCorkle Avenue, SE
Charleston, WV 25304*

REC RG 1 0315-16M1003

590452

**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: (02/29/2016)

Name of Proposed Authorized User

Christopher Adams

State or Territory Where Licensed

West Virginia

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	University Cardiovascular Services Huntington, WV License Number: 47-25620-01	16	7/1/11 - 6/30/14
Radiation protection	University Cardiovascular Services Huntington, WV License Number: 47-25620-01	16	7/1/11 - 6/30/14
Mathematics pertaining to the use and measurement of radioactivity	University Cardiovascular Services Huntington, WV License Number: 47-25620-01	16	7/1/11 - 6/30/14
Chemistry of byproduct material for medical use (not required for 35.590)	University Cardiovascular Services Huntington, WV License Number: 47-25620-01	16	7/1/11 - 6/30/14
Radiation biology	University Cardiovascular Services Huntington, WV License Number: 47-25620-01	16	7/1/11 - 6/30/14
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 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	University Cardiovascular Services Huntington, WV License Number: 47-25620-01	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/1/11 - 6/30/14
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters	University Cardiovascular Services Huntington, WV License Number: 47-25620-01	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/1/11 - 6/30/14

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	University Cardiovascular Services Huntington, WV License Number: 47-25620-01	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/1/11 - 6/30/14
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material	University Cardiovascular Services Huntington, WV	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/1/11 - 6/30/14
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures	University Cardiovascular Services Huntington, WV	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/1/11 - 6/30/14
Administering dosages of radioactive drugs to patients or human research subjects	University Cardiovascular Services Huntington, WV	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/1/11 - 6/30/14
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	University Cardiovascular Services Huntington, WV License Number: 47-25620-01	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/1/11 - 6/30/14

Supervising Individual

Ellen Thompson

License/Permit Number listing supervising individual as an
authorized user

47-25620-01

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 _____ 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 Christopher Adams _____ has satisfactorily completed the 700 hours of training
Name of Proposed Authorized User

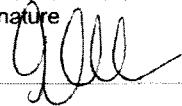
and experience, including a minimum of 80 hours of classroom and laboratory training, required by 10 CFR 35.290(c)(1), and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100 and 35.200.

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 Ellen Thompson	Signature 	Telephone Number (304) 691-8534	Date 2/10/16
License/Permit Number/Facility Name 47-25620-01			

THE AMERICAN BOARD OF INTERNAL MEDICINE

INCORPORATED 1936

ATTESTS THAT

Christopher David Adams

HAS MET THE REQUIREMENTS OF THIS BOARD AND IS HEREBY

CERTIFIED FOR THE PERIOD 2011 THROUGH 2021

AS A DIPLOMATE IN

INTERNAL MEDICINE

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Christine A. Sinsky

Al. S.

W. H. S.

Charles J. S.

NUMBER 318701

2011

THE AMERICAN BOARD OF INTERNAL MEDICINE

INCORPORATED 1936



Attests that

Christopher David Adams

Has met the requirements of this board
and is hereby certified as a diplomate in

Cardiovascular Disease

Ongoing certification is contingent upon meeting the requirements of Maintenance of Certification.
Please visit www.abim.org to verify current certification status.

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NUMBER 318701

2015

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

3/10/16, and to inform you that the initial processing which includes an administrative review has been performed.

- ☒ Amendment (47-15473-01) 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** 590452.
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.