



REPLY TO
ATTENTION OF

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

Br. 1

Office of the Commander

26 September 2016

US Nuclear Regulatory Commission Region 1
Nuclear Materials Safety, Medical Branch
2100 Renaissance Blvd, Suite 100
King of Prussia, Pennsylvania 19406-2713

03036430

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.

RECEIVED 12 13 16 AM 07 00

Subject: Request for addition of Authorized Users

Dear Sir or Madam:

Blanchfield Army Community Hospital (BACH) requests and amendment to NRC License No. 16-30845-01 as listed below:

Please add Ryan Joseph Grippo, M.D., Eamonn Quinn, M.D., and Douglas Snodgrass, M.D. to be Authorized Users under our License for Materials and Use 10 CFR 35.100 and 35.200. Please see enclosure verifying their qualifications. Enclosed are NRC Form 313A (AUD) for Dr. Quinn and Dr. Snodgrass and Tennessee Materials License R-28001-J15 showing Dr. Grippo listed as an Authorized User for the modalities requested here.

Please direct any questions to our Radiation Safety Officer, 1LT Jansen Swanson, at work: (270) 956-0125, cell: (208) 241-4874, email: jansen.l.swanson.mil@mail.mil.

Sincerely,

TELITA CROSLAND
COL, MC
Commanding

592548

NM39/RGN1 MATERIALS-002

**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: 06/30/2019

Name of Proposed Authorized User

Eamonn Quinn

State or Territory Where Licensed

Nebraska

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	Madigan Army Medical Center Tacoma, WA	65	August 2012 - June 2016
Radiation protection	Madigan Army Medical Center Tacoma, WA	15.5	August 2012 - June 2016
Mathematics pertaining to the use and measurement of radioactivity	Madigan Army Medical Center Tacoma, WA	7.5	August 2012 - June 2016
Chemistry of byproduct material for medical use (not required for 35.590)	Madigan Army Medical Center Tacoma, WA	7	August 2012 - June 2016
Radiation biology	Madigan Army Medical Center Tacoma, WA	8	August 2012 - June 2016
Total Hours of Training: 103			

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:	792
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	Madigan Army Medical Center/License #46-02645-03	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6 May 2013 - 20 Dec 2015
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters	Madigan Army Medical Center/License #46-02645-03	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6 May 2013 - 20 Dec 2015

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	Madigan Army Medical Center/NRC License #46-02645-03	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6 May 2013 - 20 Dec 2015
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material	Madigan Army Medical Center/NRC License #46-02645-03	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6 May 2013 - 20 Dec 2015
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures	Madigan Army Medical Center/NRC License #46-02645-03	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6 May 2013 - 20 Dec 2015
Administering dosages of radioactive drugs to patients or human research subjects	Madigan Army Medical Center/NRC License #46-02645-03	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6 May 2013 - 20 Dec 2015
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	Madigan Army Medical Center/NRC License #46-02645-03	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6 May 2013 - 20 Dec 2015
Supervising Individual Jonathan M Davison, MD		License/Permit Number listing supervising individual as an authorized user 46-02645-03	
Supervisor meets the requirements below, or equivalent Agreement State requirements (<i>check one</i>). <input type="checkbox"/> 35.190 <input type="checkbox"/> 35.290 <input type="checkbox"/> 35.390 <input checked="" 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.

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 Eamonn Quinn _____ 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 Eamonn Quinn _____ 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 Jonathan M Davison, MD	Signature <i>Jonathan Davison</i>	Telephone Number (253) 968-1645	Date 10/18/2016
License/Permit Number/Facility Name NRC License #46-02645-03/Madigan Army Medical Center			



TENNESSEE DEPARTMENT OF ENVIRONMENT AND CONSERVATION
DIVISION OF RADIOLOGICAL HEALTH
3RD FLOOR, L & C ANNEX, 401 CHURCH STREET, NASHVILLE, TN 37243

RADIOACTIVE MATERIAL LICENSE

Amendment 54

Pursuant to Tennessee Department of Environment and Conservation Regulations, and in reliance on statements and representations heretofore made by the licensee, a license is hereby issued authorizing the licensee to receive, acquire, possess and transfer radioactive material listed below; and to use such radioactive material for the purpose(s) and at the place(s) designated below. This license is subject to all applicable rules and regulations of the Tennessee Department of Environment and Conservation and orders of the Division of Radiological Health, now or hereafter in effect and to any conditions specified below.

LICENSEE 1. Name Hillside Hospital 2. Address 1265 East College Street Pulaski, Tennessee 38478		3. License number R-28001-J15 amended in its entirety
		4. Expiration date October 31, 2015
		5. File no. R-28001
6. Radioactive Material (Element and Mass Number)	8. Chemical and/or physical form	9. Maximum Radioactivity and/or quantity of material which licensee may possess at any one time.
See Supplementary Sheets		
10. Authorized Use		
See Supplementary Sheets		

CONDITIONS

11. Unless otherwise specified, the authorized place of use is the licensee's address stated in Item 2 above.

See Supplementary Sheets

For the Commissioner
Tennessee Department of Environment and Conservation

Date of Issuance June 21, 2013

Page 1 of 4 Pages

CN - 0719 (Rev. 03-09)

By: Sasi Krishnasarma

Division of Radiological Health
Sasi Krishnasarma
Health Physicist

RDA 2902



TENNESSEE DEPARTMENT OF ENVIRONMENT AND CONSERVATION
 DIVISION OF RADIOLOGICAL HEALTH
 3RD FLOOR, L&C ANNEX, 401 CHURCH STREET, NASHVILLE, TENNESSEE 37243

RADIOACTIVE MATERIAL LICENSE

Amendment 54

Supplementary Sheet

Page 2 of 4 Pages

License Number R-28001-J15

- | | | |
|---|---|--|
| <p>6. Radioactive Material
(Element and
<u>Mass Number</u>)</p> | <p>8. Chemical
and/or
<u>Physical Form</u></p> | <p>9. Maximum Radioactivity
and/or Quantity of Material
Which Licensee May
Possess at Any One Time</p> |
| <p>A. Any radioactive
material as permitted in
Rule 0400-20-07-.38
of "State Regulations
for Protection Against
Radiation."</p> | <p>A. Any</p> | <p>A. As necessary for the
uses authorized in
Item 10.A.</p> |
| <p>B. Any radioactive
material as permitted in
Rule 0400-20-07-.40
of "State Regulations
for Protection Against
Radiation."</p> | <p>B. Any, except generators</p> | <p>B. As necessary for the
uses authorized in
Item 10.B.</p> |
| <p>C. Any radioactive
material</p> | <p>C. As specified in
"State Regulations for
Protection Against
Radiation" 0400-20-
07-.31.</p> | <p>C. As specified in
"State Regulations
for Protection Against
Radiation" 0400-20-
07-.31.</p> |

10. Authorized Uses

- A. Uptake, dilution, excretion studies for which a written directive is not required.
(Rule 0400-20-07-.38 of "State Regulations for Protection Against Radiation.")
- B. Imaging and localization studies for which a written directive is not required.
(Rule 0400-20-07-.40 of "State Regulations for Protection Against Radiation.")
- C. Calibration, reference, or transmission sources.
(Rule 0400-20-07-.31 of "State Regulations for Protection Against Radiation.")



TENNESSEE DEPARTMENT OF ENVIRONMENT AND CONSERVATION
 DIVISION OF RADIOLOGICAL HEALTH
 3RD FLOOR, L&C ANNEX, 401 CHURCH STREET, NASHVILLE, TENNESSEE 37243

RADIOACTIVE MATERIAL LICENSE

Amendment 54

Supplementary Sheet

Page 3 of 4 Pages

License Number R-28001-J15

Conditions (continued)

12. The licensee shall comply with applicable provisions of 0400-20-04, 0400-20-05, 0400-20-07 and 0400-20-10 of "State Regulations for Protection Against Radiation."
13. The Radiation Safety Officer for this license is Nicholas Andrews, RTR N.
14. Licensed material is only authorized for use by, or under the supervision of:

- A. Individuals permitted to work as authorized users in accordance with "State Regulations for Protection Against Radiation" 0400-20-07-.13 and 0400-20-07-.14.
- B. The following authorized users for the material and medical uses as specified:

All radioactive material authorized on this license:

John W. Allred, III, M.D.	George O. Mead, M.D.
Rick L. Bennett, M.D.	Douglas J. Pearce, M.D.
Donald J. Bowling, M.D.	Gary T. Podgorski, M.D.
Joseph J. Boyd, Jr., M.D.	Norman H. Rahn, III, M.D.
Arthur E. Constantine, M.D.	Richard F. Stults, M.D.
Ryan Joseph Grippo, M.D.	William B. Sutter, M.D.
William M. Humphrey, M.D.	Robert S. Young, M.D.
John McPherson, M.D.	

15. A. Sealed sources authorized by this license shall be tested for leakage and/or contamination in accordance with "State Regulations for Protection Against Radiation" 0400-20-07-.32.
- B. Records of leak tests shall be retained in accordance with "State Regulations for Protection Against Radiation" 0400-20-07-.111.
- C. Tests for leakage and/or contamination shall be performed by persons authorized by this Department, the U.S. Nuclear Regulatory Commission, or another Agreement State to perform such services.
16. The licensee shall not open sealed sources containing radioactive material.
17. The licensee is authorized to hold radioactive material with a physical half-life of 120 days or less for decay-in-storage before disposal in ordinary trash provided:



TENNESSEE DEPARTMENT OF ENVIRONMENT AND CONSERVATION
DIVISION OF RADIOLOGICAL HEALTH
3RD FLOOR, L&C ANNEX, 401 CHURCH STREET, NASHVILLE, TENNESSEE 37243

RADIOACTIVE MATERIAL LICENSE

Amendment 54

Supplementary Sheet

Page 4 of 4 Pages

License Number R-28001-J15

- A. Before disposal as ordinary trash, radioactive waste shall be surveyed at the container surface with the appropriate survey instrument set on its most sensitive scale with no interposed shielding to determine that its radioactivity cannot be distinguished from background. All radiation labels shall be removed or obliterated.
 - B. A record of each disposal made under this condition shall be retained for three years. The record must include the date of disposal, the date on which the radioactive material was placed in storage, the radionuclides disposed, the survey instrument used, the background dose rate, the dose rate measured at the surface of each waste container, and the name of the individual who performed the disposal.
18. The licensee may use a shield device for performing linearity tests of his dose calibrator provided he or she follows the manufacturer's procedures for its use. These procedures shall be maintained for inspection by the Department.
19. No provision of this license relieves the licensee from compliance with other Federal, State and local laws, ordinances, and regulations applicable to the licensee's activities.
20. Except as specifically provided otherwise by this license, the licensee shall possess and use radioactive material described in Items 6, 8, and 9 of this license in accordance with statements, representations, and procedures contained in the following:
- Application dated August 16, 2005, with attachments
 - Information received May 22, 2012
 - Letters dated April 25, 2006, with attachment, October 6, 2006, October 1, 2007, with attachments, February 20, 2008, with attachments, March 11, 2008, with attachments, February 3, 2009, with attachments, March 22, 2010, with attachment, April 1, 2010, with attachments, March 10, 2011, May 6, 2011, June 13, 2012, with attachment, July 13, 2012, August 6, 2012, and June 17, 2013.

**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: 06/30/2019

Name of Proposed Authorized User

Douglas Snodgrass

State or Territory Where Licensed

Nebraska

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	Madigan Army Medical Center Tacoma, WA	65	August 2012 - June 2016
Radiation protection	Madigan Army Medical Center Tacoma, WA	15.5	August 2012 - June 2016
Mathematics pertaining to the use and measurement of radioactivity	Madigan Army Medical Center Tacoma, WA	7.5	August 2012 - June 2016
Chemistry of byproduct material for medical use (<i>not required for 35.590</i>)	Madigan Army Medical Center Tacoma, WA	7	August 2012 - June 2016
Radiation biology	Madigan Army Medical Center Tacoma, WA	8	August 2012 - June 2016
Total Hours of Training: 103			

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:	736
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	Madigan Army Medical Center/License #46-02645-03	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	19 Nov 2012 - 8 May 2016
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters	Madigan Army Medical Center/License #46-02645-03	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	19 Nov 2012 - 8 May 2016

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	Madigan Army Medical Center/NRC License #46-02645-03	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	19 Nov 2012 - 8 May 2016
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material	Madigan Army Medical Center/NRC License #46-02645-03	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	19 Nov 2012 - 8 May 2016
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures	Madigan Army Medical Center/NRC License #46-02645-03	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	19 Nov 2012 - 8 May 2016
Administering dosages of radioactive drugs to patients or human research subjects	Madigan Army Medical Center/NRC License #46-02645-03	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	19 Nov 2012 - 8 May 2016
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	Madigan Army Medical Center/NRC License #46-02645-03	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	19 Nov 2012 - 8 May 2016
Supervising Individual Jonathan M Davison, MD		License/Permit Number listing supervising individual as an authorized user 46-02645-03	
Supervisor meets the requirements below, or equivalent Agreement State requirements (<i>check one</i>). <input type="checkbox"/> 35.190 <input type="checkbox"/> 35.290 <input type="checkbox"/> 35.390 <input checked="" 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.

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 Douglas Snodgrass 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 Douglas Snodgrass 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 Jonathan M Davison, MD	Signature <i>Jonathan Davison</i>	Telephone Number (253) 968-1645	Date 10/18/2016
License/Permit Number/Facility Name NRC License #46-02645-03/Madigan Army Medical Center			



ACKNOWLEDGEMENT - RECEIPT OF CORRESPONDENCE

Name and Address of Applicant and/or Licensee

COL Telita N. Crosland
Commanding
Department of the Army
Blanchfield Army Community Hospital
650 Joel Drive
Fort Campbell, KY 42223-5349

Date

December 16, 2016

License Number(s)

16-30845-01

Mail Control Number(s)

592548

Licensing and/or Technical Reviewer or Branch

Medical Branch

This is to acknowledge receipt of your: ☒ Letter and/or ☐ Application Dated: 9/26/16

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 complete and submit NRC Form 531, Request for Taxpayer Identification Number, located at the following link: <http://www.nrc.gov/reading-rm/doc-collections/forms/nrc531.pdf>
Follow the instructions on the form for submission.☐ The following administrative omissions have been identified:

--

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 I
U. S. Nuclear Regulatory Commission
Division of Nuclear Materials Safety
2100 Renaissance Boulevard, Suite 100
King of Prussia, PA 19406-2713
(610) 337-5260, (610) 337-5313,
(610) 337-5398, (610) 337-5239