

Hill, Carol

From: Passons, Branden S CPT USARMY MEDCOM EACH (US) <branden.s.passons.mil@mail.mil>
Sent: Tuesday, February 12, 2019 12:14 PM
To: Hill, Carol
Cc: Maynor, Jonathan R SSG USARMY MEDCOM EACH (USA); Pattschull, Jasmine M CIV USARMY MEDCOM EACH (US)
Subject: [External_Sender] Amendment Request: NRC License No. 05-26854-01 (UNCLASSIFIED)
Attachments: 20190212_License Amendment 33 Request.pdf; Park NRC 313A (AUD.PDF; Park NRC 313A (AUT.PDF
Signed By: branden.s.passons.mil@mail.mil

CLASSIFICATION: UNCLASSIFIED

Good Morning Ms. Hill,

Requesting a license amendment to add one Authorized User and remove another. Please see attached and let me know if you may have questions or need any additional information.

Best regards,
Branden S. Passons
CPT, MS
Executive Officer
Evans Army Community Hospital
O: (719) 526-7500
C: (719) 641-8095

CLASSIFICATION: UNCLASSIFIED

PUBLIC

- ☐ Immediate Release
☒ Normal Release

NON-PUBLIC

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

Reviewer: AKC Date: 2-13-19

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

MCXE-PMD-RSO

12 February 2019

MEMORANDUM FOR U. S. Nuclear Regulatory Commission, Region IV, 1600 East
Lamar BLVD, Arlington, Texas 76011-4125

SUBJECT: Amendment Request for US Nuclear Regulatory Commission (NRC)
Byproduct Material License Number 05-26854-01

1. Request NRC License No. 05-26854-01 be amended with the following modifications
to paragraph 12.B:

a. Add Dr. Benjamin Park, D.O., as an authorized user to prescribe, prepare, and
administer radiopharmaceuticals for medical diagnosis and therapy in accordance with
10 CFR 35.100, 35.200, and 35.300. Enclosure 1 contains Dr. Park's NRC Form
313A(AUD). Enclosure 2 contains a copy of Dr. Park's NRC Form 313A(AUT).

b. Remove Dr. Frederick Steckel.

2. The Radiation Safety Committee reviewed and approved these actions on 25 Jan
19.

3. The point of contact for this memorandum is the undersigned at (719) 526-7500 or
branden.s.passons.mil@mail.mil.

BRANDEN S. PASSONS
CPT, MS
Radiation Safety Officer

2 Enclosures

CF:
RHC-C Command Radiation Safety Officer (ATTN: Dr. Mark Bower)
Evans ACH Radiation Safety Committee Members

611315

**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

Benjamin R. Park, DO

State or Territory Where Licensed

Colorado

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 | Tripler Army Medical Center 1 Jarrett White Road TAMC, HI 96859 | 16 | 15 Sep 2014 to 14 Sep 2018 |
| Radiation protection | Tripler Army Medical Center 1 Jarrett White Road TAMC, HI 96859 | 16 | 15 Sep 2014 to 14 Sep 2018 |
| Mathematics pertaining to the use and measurement of radioactivity | Tripler Army Medical Center 1 Jarrett White Road TAMC, HI 96859 | 16 | 15 Sep 2014 to 14 Sep 2018 |
| Chemistry of byproduct material for medical use (not required for 35.590) | Tripler Army Medical Center 1 Jarrett White Road TAMC, HI 96859 | 16 | 15 Sep 2014 to 14 Sep 2018 |
| Radiation biology | Tripler Army Medical Center 1 Jarrett White Road TAMC, HI 96859 | 16 | 15 Sep 2014 to 14 Sep 2018 |
| 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 | Yes | Total Hours of Experience: | 700 |
|--|---|--|-------------------------------|
| 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 | Tripler Army Medical Center 1 Jarrett White Road TAMC, HI 96859 | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 15 Sep 2014 to 14 Sep 2018 |
| Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters | Tripler Army Medical Center 1 Jarrett White Road TAMC, HI 96859 | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 15 Sep 2014 to 14 Sep 2018 |

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 | Tripler Army Medical Center 1 Jarrett White Road TAMC, HI 96859 | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 15 Sep 2014 to 14 Sep 2018 |
| Using administrative controls to prevent a medical event involving the use of unsealed byproduct material | Tripler Army Medical Center 1 Jarrett White Road | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 15 Sep 2014 to 14 Sep 2018 |
| Using procedures to contain spilled byproduct material safely and using proper decontamination procedures | Tripler Army Medical Center 1 Jarrett White Road | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 15 Sep 2014 to 14 Sep 2018 |
| Administering dosages of radioactive drugs to patients or human research subjects | Tripler Army Medical Center 1 Jarrett White Road | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 15 Sep 2014 to 14 Sep 2018 |
| 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 | Tripler Army Medical Center 1 Jarrett White Road TAMC, HI 96859 | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 15 Sep 2014 to 14 Sep 2018 |

Supervising Individual

Yang-En Kao, MD

License/Permit Number listing supervising individual as an authorized user

NRC License #53-00458-04/Tripler Army Medical Center

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 Benjamin R. Park, DO _____ 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 Benjamin R. Park, DO _____ 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 | Signature | Telephone Number | Date |
| Yang-En Kao, MD | <i>Yang-En Kao</i> | (808) 433-6008 | 11/15/2018 |
| License/Permit Number/Facility Name | | | |
| NRC License #53-00458-04/Tripler Army Medical Center | | | |

**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

Benjamin R. Park, DO

State or Territory Where Licensed

Colorado

Requested Authorization(s) *(check all that apply)*:

☐ 35.300 Use of unsealed byproduct material for which a written directive is required

OR

☒ 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)

☒ 35.300 Oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 1.22 gigabecquerels (33 millicuries)

☐ 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

☐ 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)

* 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.

☐ **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.

☐ **2. Current 35.300, 35.400, or 35.600 Authorized User Seeking Additional Authorization**

a. Authorized User on Materials License _____ under the requirements below or equivalent Agreement State requirements *(check all that apply)*:

☐ 35.390 ☐ 35.392 ☐ 35.394 ☐ 35.490 ☐ 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.

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

☒ 3. Training and Experience for Proposed Authorized Usera. Classroom and Laboratory Training ☐ 35.390 ☒ 35.392 ☒ 35.394 ☐ 35.396

| Description of Training | Location of Training | Clock Hours | Dates of Training* |
|--|---|-------------|-------------------------------|
| Radiation physics and instrumentation | Tripler Army Medical Center 1 Jarrett White Road, TAMC, HI 96859 | 16 | 15 Sep 2014 to 14 Sep 2018 |
| Radiation protection | Tripler Army Medical Center 1 Jarrett White Road, TAMC, HI 96859 | 16 | 15 Sep 2014 to 14 Sep 2018 |
| Mathematics pertaining to the use and measurement of radioactivity | Tripler Army Medical Center 1 Jarrett White Road, TAMC, HI 96859 | 16 | 15 Sep 2014 to 14 Sep 2018 |
| Chemistry of byproduct material for medical use | Tripler Army Medical Center 1 Jarrett White Road, TAMC, HI 96859 | 16 | 15 Sep 2014 to 14 Sep 2018 |
| Radiation biology | Tripler Army Medical Center 1 Jarrett White Road, TAMC, HI 96859 | 16 | 15 Sep 2014 to 14 Sep 2018 |
| Total Hours of Training: | | 80 | |

b. Supervised Work Experience ☐ 35.390 ☒ 35.392 ☒ 35.394 ☐ 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: 700 | |
|--|---|--|-------------------------------|
| 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 | Tripler Army Medical Center 1 Jarrett White Road, TAMC, HI 96859 | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 15 Sep 2014 to 14 Sep 2018 |
| Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters | Tripler Army Medical Center 1 Jarrett White Road, TAMC, HI 96859 | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 15 Sep 2014 to 14 Sep 2018 |
| Calculating, measuring, and safely preparing patient or human research subject dosages | Tripler Army Medical Center 1 Jarrett White Road, TAMC, HI 96859 | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 15 Sep 2014 to 14 Sep 2018 |
| Using administrative controls to prevent a medical event involving the use of unsealed byproduct material | Tripler Army Medical Center 1 Jarrett White Road, TAMC, HI 96859 | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 15 Sep 2014 to 14 Sep 2018 |
| Using procedures to contain spilled byproduct material safely and using proper decontamination procedures | Tripler Army Medical Center 1 Jarrett White Road, TAMC, HI 96859 | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 15 Sep 2014 to 14 Sep 2018 |

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 Yang-En Kao, MD | License/Permit Number listing supervising individual as an authorized user Tripler Army Medical Center/NRC License #53-00458-04 |
|---|--|

Supervising individual meets the requirements below, or equivalent Agreement State requirements (*check all that apply*)**:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 35.390 | With experience administering dosages of: |
| <input checked="" type="checkbox"/> 35.392 | <input checked="" type="checkbox"/> Oral Nal-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries) |
| <input checked="" type="checkbox"/> 35.394 | <input checked="" type="checkbox"/> Oral Nal-131 in quantities greater than 1.22 gigabecquerels (33 millicuries) |
| <input checked="" type="checkbox"/> 35.396 | <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 checked="" 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) | 3 | Tripler Army Medical Center/NRC License #53-00458-04 | 15 Sep 2014 to 14 Sep 2018 |
| Oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 1.22 gigabecquerels (33 millicuries) | 3 | Tripler Army Medical Center/NRC License #53-00458-04 | 15 Sep 2014 to 14 Sep 2018 |
| 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 | | | |
| Parenteral administration of any other radionuclide for which a written directive is required <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div> (List radionuclides) | | | |

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

Yang-En Kao, MD

License/Permit Number listing supervising individual as an authorized user

Tripler Army Medical Center/NRC License #53-00458-04

Supervising individual meets the requirements below, or equivalent Agreement State requirements (*check all that apply*)**:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 35.390 | With experience administering dosages of: |
| <input checked="" type="checkbox"/> 35.392 | <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"/> 35.394 | <input checked="" type="checkbox"/> Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries) |
| <input checked="" type="checkbox"/> 35.396 | <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 checked="" 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

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 _____ 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

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

Preceptor Attestation (continued)

First Section (continued)

For 35.392 (Identical Attestation Statement Regardless of Training and Experience Pathway):

☒ I attest that Benjamin R. Park, DO has satisfactorily completed the 80 hours of classroom
Name of Proposed Authorized User

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).

For 35.394 (Identical Attestation Statement Regardless of Training and Experience Pathway):

☒ I attest that Benjamin R. Park, DO has satisfactorily completed the 80 hours of classroom
Name of Proposed Authorized User

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

☒ I attest that Benjamin R. Park, DO has satisfactorily completed the required clinical case
Name of Proposed Authorized User

experience required in 35.390(b)(1)(ii)G listed below:

- ☒ Oral Nal-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)
- ☒ Oral Nal-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)
- ☐ Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required
- ☐ Parenteral administration of any other radionuclide requiring a written directive

Third Section

☒ I attest that Benjamin R. Park, DO has satisfactorily achieved a level of competency to
Name of Proposed Authorized User

function independently as an authorized user for:

- ☒ Oral Nal-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)
- ☒ Oral Nal-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)
- ☐ Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required
- ☐ Parenteral administration of any other radionuclide requiring a written directive

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

Fourth Section

For 35.396:

Current 35.490 or 35.690 authorized user:

☐ I attest that _____ is an authorized user under 10 CFR 35.490 or 35.690

Name of Proposed Authorized User

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:

☐ 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

☐ Parenteral administration of any other radionuclide for which a written directive is required

OR

Board Certification:

☐ I attest that _____ has satisfactorily completed the board certification

Name of Proposed Authorized User

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:

☐ 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

☐ Parenteral administration of any other radionuclide for which a written directive is required

Fifth Section

Complete the following for preceptor attestation and signature:

☒ I meet the requirements below, or equivalent Agreement State requirements, as an authorized user for:

☒ 35.390 ☒ 35.392 ☒ 35.394 ☒ 35.396

☒ I have experience administering dosages in the following categories for which the proposed Authorized User is requesting authorization.

☒ Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)

☒ Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)

☒ Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required

☒ Parenteral administration of any other radionuclide requiring a written directive

| | | | |
|---|---------------------------------|------------------------------------|--------------------|
| Name of Preceptor Yang-En Kao, MD | Signature <i>Yang-En Kao</i> | Telephone Number (808) 433-6008 | Date 11/15/2018 |
| License/Permit Number/Facility Name NRC License #53-00458-04/Tripler Army Medical Center | | | |

BETWEEN:

Accounts Receivable/Payable
and
Regional Licensing Branches

[FOR ARPB USE]
INFORMATION FROM WBL

Program Code: 02120
Status Code: Pending Amendment
Fee Category: 7C
Exp. Date: 12/31/2023
Fee Comments: ARMY 170.11(A)(5)
Decom Fin Assur Req'd: N

License Fee Worksheet - License Fee Transmittal

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: Department of the Army
Received Date: 02/12/2019
Docket Number: 3029534
Mail Control Number: 611315
License Number: 05-26854-01
Action Type: Amendment

2. FEE ATTACHED

Amount: _____

Check No.: _____

3. COMMENTS

Signed: _____

Date: _____

Carol L. Deere
2/12/19

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: _____