



**UNITED STATES
NUCLEAR REGULATORY COMMISSION**

REGION III
2443 WARRENVILLE RD. SUITE 210
LISLE, IL 60532-4352

SEP 17 2019

Ahmad Akl, M.D.
Genesee County Radiation Oncology, P.C.
1230 S. Linden Rd.
Ste. 4
Flint, MI 48532

Dear Dr. Akl:

This letter refers to the application dated May 28, 2019, requesting a new Nuclear Regulatory Commission (NRC) Materials License for Genesee Radiation Oncology, P.C. for use of 10 CFR 35.400, as well as follow up information dated August 5, 2019 to support your original application.

We are unable to approve your request at this time because the information in the above documents was insufficient to complete our review. Please provide the information described in this letter and indicated on the attached excerpts from Appendix C, NUREG 1556, Vol. 9, Rev. 2, "Consolidated Guidance About Materials Licenses - Program-Specific Guidance About Medical Use Licenses," in accordance with the following guidance.

If you chose to resubmit your application, in order to avoid an additional fee, please state that the resubmission is additional information to Control Number 612577. In order for us to process your application it must be submitted in full and signed by appropriate personnel from your staff. Submitting any licensing correspondence without a signature, or with an unacceptable signature, may delay the review process until an acceptable signature is obtained on the document(s) in question.

The updated license application should include all information previously submitted, as well as documentation of the following information that has not been provided to the NRC.

- 1) Provide a confirmatory statement and written documentation demonstrating that you, as the proposed RSO for the manual brachytherapy program, received appropriate training in the radiation safety aspects of similar types of byproduct material use for which you will be assuming responsibility, with a written attestation signed by a preceptor RSO as provided in 10 CFR 35.50.
- 2) Submit your procedures to verify the activity of the sources provided to you by the manufacturer is correct, i.e. using a dose calibrator or some other means. If the means are provided by the vendor, provide documentation to that effect.
- 3) Submit diagram of the facility that clearly identifies all entrances and exits and describe how source and facility security will be constantly maintained at all times.

- 4) Please also be reminded of the requirements in 10 CFR 30.9(a), "Completeness and accuracy of information," (a) Information provided to the Commission by an applicant for a license or by a licensee or information required by statute or by the Commission's regulations, orders, or license conditions to be maintained by the applicant or the licensee shall be complete and accurate in all material respects." Here is a link to 10 CFR 30.9: <https://www.nrc.gov/reading-rm/doc-collections/cfr/part030/part030-0009.html>.
- 5) Lastly, once the application is received a follow up site visit will be performed to determine the readiness of the applicant and facility.

We cannot issue your license at this time based on the insufficient information you provided, and your request has been voided. The term "void" refers to an internal administrative procedure in our offices. In voiding your request, please note that this action is without prejudice to resubmission.

If you have any questions or require clarification on any of the information stated above, you may contact me at (630) 829-9689 and Daniel.strohmeyer@nrc.gov.

In accordance with 10 Code of Federal Regulations 2.390 of the NRC's "Rules of Practice," a copy of this letter will be available electronically for public inspection in the NRC Public Document Room or from the NRC's Agencywide Documents Access and Management System (ADAMS), accessible from the NRC Web site at <http://www.nrc.gov/reading-rm/adams.html>.

Sincerely,



Daniel C. Strohmeyer, CHP
Health Physicist
Materials Licensing Branch

Docket No. 030-39183

Enclosures: Copy of Email sent September 17, 2019
Blank NRC Form 313(RSO)
Copy of submitted NRC Form 313 (RSO)

Strohmeyer, Daniel

From: Strohmeyer, Daniel
Sent: Tuesday, September 17, 2019 2:29 PM
To: Ahmed Akl
Cc: Pelke, Patricia
Subject: CN 612577 Letter to Dr. Akl and Attachments
Attachments: 612577 - Letter.pdf; 612577 - Form 313(RSO).pdf; NRC 313A (RSO).pdf

Dr. Akl,

I am provide you with the documents that were agreed to during the telephone conversation that occurred September 17, 2019 between yourself and the NRC (D. Strohmeyer and P. Pelke). The following documents are attached:

- 1) The cover letter stating what will be needed if you decide to resubmit you application at a later date. This letter will also be mailed to you.
- 2) A copy of NRC Form 313 (RSO) with the section highlighted that would be likely be the most efficient for you to use. Again, we are not requiring you to use the pathway and you may uses another if you so choose.
- 3) A copy of the previously submitted NRC From 313 (RSO) that was incomplete.

Also below are several links that you may find useful for any future submittals to the NRC.

[10 CFR 35 Medical Use of Byproduct Material](#)

[10 CFR 35.50](#)

[10 CFR 35.57](#)

[NRC Medical Toolkit](#)

[NUREG-1556 Vol 9, Rev 2](#)

If you have any additional questions please let me know.

Respectfully,

Daniel C. Strohmeyer, CHP

Health Physicist - Reviewer
Materials Licensing Branch
U.S. NRC, Region III
630.829.9689 (O)
630.515.1078 (F)

**RADIATION SAFETY OFFICER TRAINING AND EXPERIENCE
AND PRECEPTOR ATTESTATION
[10 CFR 35.50]**APPROVED BY OMB: NO. 3150-0120
EXPIRES: MM/DD/YYYY

Name of Proposed Radiation Safety Officer

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

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

**PART I -- TRAINING AND EXPERIENCE
(Select one of the four methods below)**

*Training and Experience, including board certification, must have been obtained within the 7 years preceding the date of application or the individual must have obtained related continuing education and experience since the required training and experience was completed. Provide dates, duration, and description of continuing education and experience related to the uses checked above.

☐ **1. Board Certification**

- Provide a copy of the board certification.
- Use Table 3.c. to describe training in radiation safety, regulatory issues, and emergency procedures for all types of medical use on the license.
- Skip to and complete Part II Preceptor Attestation.

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

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

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

- Classroom and Laboratory Training

Description of Training	Location of Training	Clock Hours	Dates of Training*
Radiation physics and instrumentation			
Radiation protection			
Mathematics pertaining to the use and measurement of radioactivity			
Radiation biology			
Radiation dosimetry			
Total Hours of Training:			

RADIATION SAFETY OFFICER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Structured Educational Program for Proposed Radiation Safety Officer (continued)

b. Supervised Radiation Safety Experience

(If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this section.)

Description of Experience	Location of Training/ License or Permit Number of Facility	Dates of Training*
Shipping, receiving, and performing related radiation surveys		
Using and performing checks for proper operation of instruments used to determine the activity of dosages, survey meters, and instruments used to measure radionuclides		
Securing and controlling byproduct material		
Using administrative controls to avoid mistakes in administration of byproduct material		
Using procedures to prevent or minimize radioactive contamination and using proper decontamination procedures		
Using emergency procedures to control byproduct material		
Disposing of byproduct material		
Licensed Material Used (e.g., 35.100, 35.200, etc.)+ _____ _____ _____ _____		

+ Choose all applicable sections of 10 CFR Part 35 to describe radioisotopes and quantities used: 35.100, 35.200, 35.300, 35.400, 35.500, 35.600 remote afterloader units, 35.600 teletherapy units, 35.600 gamma stereotactic radiosurgery units, emerging technologies (provide list of devices).

RADIATION SAFETY OFFICER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Structured Educational Program for Proposed Radiation Safety Officer (continued)

b. Supervised Radiation Safety Experience (continued)

(If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this section.)

Supervising Individual	License/Permit Number listing supervising individual as a Radiation Safety Officer
<p>This license authorizes the following medical uses:</p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> 35.100</div> <div style="width: 50%;"><input type="checkbox"/> 35.200</div> <div style="width: 50%;"><input type="checkbox"/> 35.300</div> <div style="width: 50%;"><input type="checkbox"/> 35.400</div> <div style="width: 50%;"><input type="checkbox"/> 35.500</div> <div style="width: 50%;"><input type="checkbox"/> 35.600 (remote afterloader)</div> <div style="width: 50%;"><input type="checkbox"/> 35.600 (teletherapy)</div> <div style="width: 50%;"><input type="checkbox"/> 35.600 (gamma stereotactic radiosurgery)</div> <div style="width: 50%;"><input type="checkbox"/> 35.1000 (_____)</div> </div>	

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

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

RADIATION SAFETY OFFICER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Structured Educational Program for Proposed Radiation Safety Officer (continued)

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

<p>Supervising Individual <i>If training was provided by supervising RSO, AU, AMP, or ANP. (If more than one supervising individual is necessary to document supervised training, provide multiple copies of this page.)</i></p>	<p>License/Permit Number listing supervising individual</p>												
<p>License/Permit lists supervising individual as:</p> <p> <input type="checkbox"/> Radiation Safety Officer <input type="checkbox"/> Authorized User <input type="checkbox"/> Authorized Nuclear Pharmacist <input type="checkbox"/> Authorized Medical Physicist </p> <p>Authorized as RSO, AU, ANP, or AMP for the following medical uses:</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> 35.100</td> <td><input type="checkbox"/> 35.200</td> <td><input type="checkbox"/> 35.300</td> <td><input type="checkbox"/> 35.400</td> </tr> <tr> <td><input type="checkbox"/> 35.500</td> <td><input type="checkbox"/> 35.600 (remote afterloader)</td> <td><input type="checkbox"/> 35.600 (teletherapy)</td> <td></td> </tr> <tr> <td><input type="checkbox"/> 35.600 (gamma stereotactic radiosurgery)</td> <td><input type="checkbox"/> 35.1000 (_____)</td> <td></td> <td></td> </tr> </table>		<input type="checkbox"/> 35.100	<input type="checkbox"/> 35.200	<input type="checkbox"/> 35.300	<input type="checkbox"/> 35.400	<input type="checkbox"/> 35.500	<input type="checkbox"/> 35.600 (remote afterloader)	<input type="checkbox"/> 35.600 (teletherapy)		<input type="checkbox"/> 35.600 (gamma stereotactic radiosurgery)	<input type="checkbox"/> 35.1000 (_____)		
<input type="checkbox"/> 35.100	<input type="checkbox"/> 35.200	<input type="checkbox"/> 35.300	<input type="checkbox"/> 35.400										
<input type="checkbox"/> 35.500	<input type="checkbox"/> 35.600 (remote afterloader)	<input type="checkbox"/> 35.600 (teletherapy)											
<input type="checkbox"/> 35.600 (gamma stereotactic radiosurgery)	<input type="checkbox"/> 35.1000 (_____)												

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

OR

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

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

PART II – PRECEPTOR ATTESTATION

Note: This part must be completed by the individual's preceptor. The preceptor does not have to be the supervising individual as long as the preceptor provides, directs, or verifies training and experience required. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each.

First Section

Check one of the following:

☐ **1. Board Certification**

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

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

OR

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

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

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

OR

RADIATION SAFETY OFFICER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

Preceptor Attestation (continued)

First Section (continued)

Check one of the following:

☐ **3. Additional Authorization as Radiation Safety Officer**

☐ I attest that _____ is an

Name of Proposed Radiation Safety Officer

☐ Authorized User

☐ Authorized Nuclear Pharmacist

☐ Authorized Medical Physicist

identified on the Licensees license and has experience with the radiation safety aspects of similar type of use of byproduct material for which the individual has Radiation Safety Officer responsibilities

AND

Second Section

Complete for all (check all that apply):

☐ I attest that _____ has training in the radiation safety, regulatory issues, and

Name of Proposed Radiation Safety Officer

emergency procedures for the following types of use:

☐ 35.100

☐ 35.200

☐ 35.300 oral administration of less than or equal to 33 millicuries of sodium iodide I-131, for which a written directive is required

☐ 35.300 oral administration of greater than 33 millicuries of sodium iodide I-131

☐ 35.300 parenteral administration of any beta-emitter, or a 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

☐ 35.400

☐ 35.500

☐ 35.600 remote afterloader units

☐ 35.600 teletherapy units

☐ 35.600 gamma stereotactic radiosurgery units

☐ 35.1000 emerging technologies, including:

RADIATION SAFETY OFFICER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

AND

**Third Section
Complete for ALL**

☐ I attest that _____ has achieved a level of radiation safety knowledge
Name of Proposed Radiation Safety Officer
sufficient to function independently as a Radiation Safety Officer for a medical use licensee.

**Fourth Section
Complete the following for Preceptor Attestation and signature**

I am the Radiation Safety Officer for _____
Name of Facility

License/Permit Number: _____

Name of Preceptor	Signature	Telephone Number	Date
-------------------	-----------	------------------	------

**RADIATION SAFETY OFFICER TRAINING AND EXPERIENCE
AND PRECEPTOR ATTESTATION**
[10 CFR 35.50]APPROVED BY OMB: NO. 3150-0120
EXPIRES: MM/DD/YYYY

Name of Proposed Radiation Safety Officer

Ahmen Akl, MDRequested Authorization(s) *The license authorizes the following medical uses (check all that apply):*

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

PART I -- TRAINING AND EXPERIENCE
(Select one of the four methods below)

*Training and Experience, including board certification, must have been obtained within the 7 years preceding the date of application or the individual must have obtained related continuing education and experience since the required training and experience was completed. Provide dates, duration, and description of continuing education and experience related to the uses checked above.

☐ **1. Board Certification**

- Provide a copy of the board certification.
- Use Table 3.c. to describe training in radiation safety, regulatory issues, and emergency procedures for all types of medical use on the license.
- Skip to and complete Part II Preceptor Attestation.

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

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

OR☐ **3. Structured Educational Program for Proposed Radiation Safety Officer****a. Classroom and Laboratory Training**

Description of Training	Location of Training	Clock Hours	Dates of Training*
Radiation physics and instrumentation			
Radiation protection			
Mathematics pertaining to the use and measurement of radioactivity			
Radiation biology			
Radiation dosimetry			
Total Hours of Training:			

RADIATION SAFETY OFFICER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Structured Educational Program for Proposed Radiation Safety Officer (continued)

b. Supervised Radiation Safety Experience

(If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this section.)

Description of Experience	Location of Training/ License or Permit Number of Facility	Dates of Training*
Shipping, receiving, and performing related radiation surveys		
Using and performing checks for proper operation of instruments used to determine the activity of dosages, survey meters, and instruments used to measure radionuclides		
Securing and controlling byproduct material		
Using administrative controls to avoid mistakes in administration of byproduct material		
Using procedures to prevent or minimize radioactive contamination and using proper decontamination procedures		
Using emergency procedures to control byproduct material		
Disposing of byproduct material		
Licensed Material Used (e.g., 35.100, 35.200, etc.)+ _____ _____ _____ _____		

+ Choose all applicable sections of 10 CFR Part 35 to describe radioisotopes and quantities used: 35.100, 35.200, 35.300, 35.400, 35.500, 35.600 remote afterloader units, 35.600 teletherapy units, 35.600 gamma stereotactic radiosurgery units, emerging technologies (provide list of devices).

RADIATION SAFETY OFFICER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Structured Educational Program for Proposed Radiation Safety Officer (continued)

b. Supervised Radiation Safety Experience (continued)

(If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this section.)

Supervising Individual	License/Permit Number listing supervising individual as a Radiation Safety Officer
<p>This license authorizes the following medical uses:</p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> 35.100</div> <div style="width: 50%;"><input type="checkbox"/> 35.200</div> <div style="width: 50%;"><input type="checkbox"/> 35.300</div> <div style="width: 50%;"><input type="checkbox"/> 35.400</div> <div style="width: 50%;"><input type="checkbox"/> 35.500</div> <div style="width: 50%;"><input type="checkbox"/> 35.600 (remote afterloader)</div> <div style="width: 50%;"><input type="checkbox"/> 35.600 (teletherapy)</div> <div style="width: 50%;"><input type="checkbox"/> 35.600 (gamma stereotactic radiosurgery)</div> <div style="width: 50%;"><input type="checkbox"/> 35.1000 (_____)</div> </div>	

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

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

RADIATION SAFETY OFFICER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Structured Educational Program for Proposed Radiation Safety Officer (continued)

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

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

License/Permit Number listing supervising individual

License/Permit lists supervising individual as:

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

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

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

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

OR

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

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

PART II - PRECEPTOR ATTESTATION

Note: This part must be completed by the individual's preceptor. The preceptor does not have to be the supervising individual as long as the preceptor provides, directs, or verifies training and experience required. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each.

First Section

Check one of the following:

☐ 1. Board Certification

☐ I attest that _____ has satisfactorily completed the requirements in

Name of Proposed Radiation Safety Officer

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

OR

☐ 2. Structured Educational Program for Proposed Radiation Safety Officers

☐ I attest that _____ has satisfactorily completed a structural educational

Name of Proposed Radiation Safety Officer

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

OR

RADIATION SAFETY OFFICER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

Preceptor Attestation (continued)

First Section (continued)

Check one of the following:

☐ **3. Additional Authorization as Radiation Safety Officer**

☐ I attest that _____ is an

Name of Proposed Radiation Safety Officer

☐ Authorized User

☐ Authorized Nuclear Pharmacist

☐ Authorized Medical Physicist

identified on the Licensees license and has experience with the radiation safety aspects of similar type of use of byproduct material for which the individual has Radiation Safety Officer responsibilities

AND

Second Section

Complete for all (check all that apply):

☐ I attest that _____ has training in the radiation safety, regulatory issues, and

Name of Proposed Radiation Safety Officer

emergency procedures for the following types of use:

☐ 35.100

☐ 35.200

☐ 35.300 oral administration of less than or equal to 33 millicuries of sodium iodide I-131, for which a written directive is required

☐ 35.300 oral administration of greater than 33 millicuries of sodium iodide I-131

☐ 35.300 parenteral administration of any beta-emitter, or a 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

☐ 35.400

☐ 35.500

☐ 35.600 remote afterloader units

☐ 35.600 teletherapy units

☐ 35.600 gamma stereotactic radiosurgery units

☐ 35.1000 emerging technologies, including:

RADIATION SAFETY OFFICER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

AND

Third Section
Complete for ALL

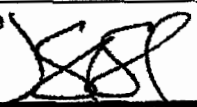
☒ I attest that Ahmed Aki, MD has achieved a level of radiation safety knowledge
Name of Proposed Radiation Safety Officer
sufficient to function independently as a Radiation Safety Officer for a medical use licensee.

Fourth Section
Complete the following for Preceptor Attestation and signature

I am the Radiation Safety Officer for UPMC Mercy
Name of Facility

License/Permit Number: _____

Name of Preceptor
Joseph Scott Sebal

Signature 

Telephone Number
412-951-1924

Date
9/11/2019