



Floyd E. Farley
President

2420 Lake Avenue
Ashtabula, Ohio 44004
(216) 998-3111

May 14, 1985

Regional Licensing Section
Nuclear Regulatory Commission
Region III
719 Roosevelt Field
Glen Ellyn, IL 60137

Dear Sirs:

Reference: License #34-01386-01

Please review the attached required forms and add Susan B. Geletka, M. D. to this institution's NRC License as an authorized user. In addition, please amend our institutional name to the Ashtabula County Medical Center, Department of Radiology. The street address will remain as is.

Enclosed is a check in the amount of \$120.00 to cover the amendment fees per 10CFR 170.31.

Sincerely,

Floyd E. Farley, President

enclosure

FEF/rm

Applicant	June 5, 1985
Check No.	017093 \$120
Amount	75
Type of Fee	and
Date Check Rec'd	6/1/85
Received By	g

RECEIVED

MAY 30 1985

REGION III

8507160196 850612
REG3 LIC30
34-01386-01 PDR

CONTROL NO. 7 9 0 7 4

MAY 30 1985

**TRAINING AND EXPERIENCE
AUTHORIZED USER OR RADIATION SAFETY OFFICER**

1. NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER Susan Mary Geletka, M.D.	2. STATE OR TERRITORY IN WHICH LICENSED TO PRACTICE MEDICINE Ohio & Pennsylvania
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3. CERTIFICATION

SPECIALTY BOARD A	CATEGORY B	MONTH AND YEAR CERTIFIED C
American Board of Radiology Board Eligible	Diagnostic Radiology	

4. TRAINING RECEIVED IN BASIC RADIOISOTOPE HANDLING TECHNIQUES

FIELD OF TRAINING A	LOCATION AND DATE(S) OF TRAINING B	TYPE AND LENGTH OF TRAINING	
		LECTURE/ LABORATORY COURSES (Hours) C	SUPERVISED LABORATORY EXPERIENCE (Hours) D
a. RADIATION PHYSICS AND INSTRUMENTATION	Youngstown Hospital Assoc. & St. Elizabeth Hosp. Med. Ctr. July, August, September 1982	90	10
b. RADIATION PROTECTION	Same as (a)	20	10
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY	Same as (a)	15	5
d. RADIATION BIOLOGY	Same as (a)	20	-
e. RADIOPHARMACEUTICAL CHEMISTRY	Same as (a)	20	10

5. EXPERIENCE WITH RADIATION. (Actual use of Radioisotopes or Equivalent Experience)

ISOTOPE	MAXIMUM AMOUNT	WHERE EXPERIENCE WAS GAINED	DURATION OF EXPERIENCE	TYPE OF USE
I 131	100 uci	St. Elizabeth Hospital Medical Center, Youngstown, Ohio Youngstown Hospital Association, Youngstown, Ohio	July, August, September 1982 During residency training	Dx
I 131	15-200 mci			Rx
Yb169	1.5-6 mci			Cisternogram
I 131	500 uci			Renogram
GA ⁶⁷	5-45 mci			Tumor & abscess
Xe 133	20-100 mci			Ventilation
I 125	--			Fibrinogen
p 32	5-15 mci			Rx
Tl 201	2.0-6 mci			Cardiac

PRECEPTOR STATEMENT

Supplement B must be completed by the applicant physician's preceptor. If more than one preceptor is necessary to document experience, obtain a separate statement from each.

1. APPLICANT PHYSICIAN'S NAME AND ADDRESS			KEY TO COLUMN C
FULL NAME SUSAN MARY GELETKA, M.D.			PERSONAL PARTICIPATION SHOULD CONSIST OF: 1-Supervised examination of patients to determine the suitability for radioisotope diagnosis and/or treatment and recommendation for prescribed dosage. 2-Collaboration in dose calibration and actual administration of dose to the patient including calculation of the radiation dose, related measurements and plotting of data. 3-Adequate period of training to enable physician to manage radioactive patients and follow patients through diagnosis and/or course of treatment.
STREET ADDRESS 3006 Green Acres Dr., #12			
CITY Youngstown,	STATE Ohio	ZIP CODE 44505	

2. CLINICAL TRAINING AND EXPERIENCE OF ABOVE NAMED PHYSICIAN

ISOTOPE A	CONDITIONS DIAGNOSED OR TREATED B	NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION C	COMMENTS (Additional information or comments may be submitted in duplicate on separate sheets.) D
I-131 or I-125	DIAGNOSIS OF THYROID FUNCTION	170	Most of these numbers were acquired during the Nuclear Medicine rotation from July 1982 to September 1982.
	DETERMINATION OF BLOOD AND BLOOD PLASMA VOLUME		
	LIVER FUNCTION STUDIES		
	FAT ABSORPTION STUDIES		
	KIDNEY FUNCTION STUDIES	12	
	IN VITRO STUDIES		
OTHER			
I-125	DETECTION OF THROMBOSIS	43	
I-131	THYROID IMAGING	11	
P-32	EYE TUMOR LOCALIZATION		
Ge-75	PANCREAS IMAGING		
Yb-169	CISTERNOGRAPHY	6	
Xe-133	BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES	25	
OTHER			
Tc-99m	BRAIN IMAGING	25	
	CARDIAC IMAGING	197	
	THYROID IMAGING	162	
	SALIVARY GLAND IMAGING		
	BLOOD POOL IMAGING		
	PLACENTA LOCALIZATION		
	LIVER AND SPLEEN IMAGING	368	
	LUNG IMAGING	133	
	BONE IMAGING	348	
OTHER	TUMOR IMAGING	76	

PRECEPTOR STATEMENT (Continued)

2. CLINICAL TRAINING AND EXPERIENCE OF ABOVE NAMED PHYSICIAN (Continued)

ISOTOPE A	CONDITIONS DIAGNOSED OR TREATED B	NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION C	COMMENTS (Additional information or comments may be submitted in duplicate on separate sheets.) D
P-32 (Soluble)	TREATMENT OF POLYCYTHEMIA VERA, LEUKEMIA, AND BONE METASTASES	3	
P-32 (Colloidal)	INTRACAVITARY TREATMENT		
I-131	TREATMENT OF THYROID CARCINOMA	2	
	TREATMENT OF HYPERTHYROIDISM	12	
Au-198	INTRACAVITARY TREATMENT		
Co-60 or Cs-137	INTERSTITIAL TREATMENT		
	INTRACAVITARY TREATMENT		
I-125 or Ir-192	INTERSTITIAL TREATMENT		
Co-60 or Cs-137	TELETHERAPY TREATMENT		
Sr-90	TREATMENT OF EYE DISEASE		
	RADIOPHARMACEUTICAL PREPARATION		
Mo-99/ Tc-99m	GENERATOR	5	
Sr-90/ Y-90	GENERATOR		
Tc-99m	REAGENT KITS	5	
Other			

3. DATES AND TOTAL NUMBER OF HOURS RECEIVED IN CLINICAL RADIOISOTOPE TRAINING

July 1982 through September 1982
TOTAL HOURS--500

4. THE TRAINING AND EXPERIENCE INDICATED ABOVE WAS OBTAINED UNDER THE SUPERVISION OF:

a. NAME OF SUPERVISOR

Clayton A. Hixson, M.D.

b. NAME OF INSTITUTION

St. Elizabeth Hospital Medical Center

c. MAILING ADDRESS

1044 Belmont Avenue

d. CITY

Youngstown, Ohio 44504

5. MATERIALS LICENSE NUMBER(S)

34-01131-01

6. PRECEPTOR'S SIGNATURE

Clayton A. Hixson MD

7. PRECEPTOR'S NAME (Please type or print)

CLAYTON A. HIXSON, M.D.

8. DATE

MAY 11, 1984