



St. Anthony Hospital Medical Center

5666 East State Street • Rockford, Illinois 61108 • 815/226-2000

April 22, 1985

U. S. Nuclear Regulatory Commission
Radioisotopes Licensing Section
Region III
799 Roosevelt Road
Glen Ellyn, Illinois 60137

Re: Amendment to Radioactive Materials License #12-00351-03

Gentlemen:

We request amendment to our radioactive materials license #12-00351-03 for the following:

ADD: William Acker, M.D. as a licensed physician user for Groups I, II, and III to our license. Attached are Training and Preceptor forms for his training and experience.

We trust the enclosed information is sufficient to grant our request for this amendment.

Sincerely,

Kevin Schoepflein
Administrator

:anw

Applicant	William Acker, M.D.
Check No.	658794
Amount/Fee	\$120
Type of Fee	and
Date Check Rec'd	5/9/85
Received By	[Signature]

RECEIVED

MAY 02 1985

REGION III

MAY 2 1985

8506060525 850517
REG3 LIC30
12-00351-03 PDR

CONTROL NO. 78856

TRAINING AND EXPERIENCE
AUTHORIZED USER OR RADIATION SAFETY OFFICER

1. NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER <u>William Acker, M.D.</u>		2. STATE OR TERRITORY IN WHICH LICENSED TO PRACTICE MEDICINE <u>Arizona/Illinois</u>		
3. CERTIFICATION				
SPECIALTY BOARD A	CATEGORY B	MONTH AND YEAR CERTIFIED C		
The American Board of Radiology	Diagnostic Radiology	June 1981		
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	
	Radiology Residency Training			
a. RADIATION PHYSICS AND INSTRUMENTATION	1978 - 1981 David Grant Medical Center Travis Air Force Base, Ca	50	20	
b. RADIATION PROTECTION	same	100	20	
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY	same	30	20	
d. RADIATION BIOLOGY	same	100	10	
e. RADIOPHARMACEUTICAL CHEMISTRY	same	20	50	
5. EXPERIENCE WITH RADIATION. (Actual use of Radioisotopes or Equivalent Experience)				
ISOTOPE	MAXIMUM AMOUNT	WHERE EXPERIENCE WAS GAINED	DURATION OF EXPERIENCE	TYPE OF USE
		David Grant Medical Center Travis AFB, Ca		

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

FULL NAME

William Acker, M.D.

STREET ADDRESS

8341 E. Brookwood Drive

CITY

Tucson

STATE

Arizona

ZIP CODE

85715

KEY TO COLUMN C

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.

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 I-123	DIAGNOSIS OF THYROID FUNCTION	16	SCHILLINGS <u>12</u>
	DETERMINATION OF BLOOD AND BLOOD PLASMA VOLUME	1	
	LIVER FUNCTION STUDIES		
	FAT ABSORPTION STUDIES		
	KIDNEY FUNCTION STUDIES	11	
	IN VITRO STUDIES		
OTHER	Cr-51 Red Cell Volume	1	BMA <u>1</u>
I-125	DETECTION OF THROMBOSIS		
I-131	THYROID IMAGING	2	
Ga-67	Total Body	41	
Tl-201	Cardia Scanning	11	
Yb-169	CISTERNOGRAPHY		
Xe-133	BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES	11	Tc 99m STUDIES:
OTHER	Tc 99m Renal	13	BLEEDING <u>1</u>
Tc-99m	BRAIN IMAGING	123	SHUNT
	CARDIAC IMAGING MUGA	26	PYP HEART <u>1</u>
	THYROID IMAGING	14	1ST PASS
	SALIVARY GLAND IMAGING		MECKEL'S
	BLOOD POOL IMAGING Venogram	5	SCROTAL <u>1</u>
	Hepatobiliary	2	STRESS MUGA <u>2</u>
	LIVER AND SPLEEN IMAGING	250	
	LUNG IMAGING	16	
	BONE IMAGING	289	
OTHER			

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		
P-32 (Colloidal)	INTRACAVITARY TREATMENT		
I-131	TREATMENT OF THYROID CARCINOMA	1	
	TREATMENT OF HYPERTHYROIDISM	3	
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	
Sn-113/ In-113m	GENERATOR		
Tc-99m	REAGENT KITS	15	
Other			

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

Sept/Oct 80
Mar 81
500 hrs

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

a. NAME OF SUPERVISOR

JOHN LEWIS FLOYD, Lt Col, USAF, MC

b. NAME OF INSTITUTION

David Grant Medical Center

c. MAILING ADDRESS

Travis AFB, Ca. 94535

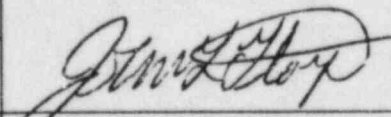
d. CITY

n/a

5. MATERIALS LICENSE NUMBER(S)

04-07840-01

6. PRECEPTOR'S SIGNATURE



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

John Lewis Floyd

8. DATE

14 NOV 84