

OCT 23 1996

David S. Wishko, Ph.D.
Radiation Safety Officer
Bridgeport Hospital
Department of Radiology
267 Grant Street
Bridgeport, CT 06610

Dear Dr. Wishko:

In accordance with 10 CFR 35.14, your letter dated September 26, 1996 is accepted as notification that you have permitted the individual named in your letter referenced above to work as an authorized user pursuant to 10 CFR 35.13(b)(1). No further correspondence on this matter is required.

Your cooperation is appreciated.

Sincerely,
Original Signed By
Tara Weidner

Tara L. Weidner
Division of Nuclear Materials Safety

License No. 06-01060-01
Docket No. 030-01247
Control No. 123750

Enclosure:
10 CFR Part 35

DOCUMENT NAME: R:\WPS\MLTR\L060106.01

To receive a copy of this document, indicate in the box: "C" = Copy w/o attach/encl "E" = Copy w/ attach/encl "N" = No copy

OFFICE	DNMS/RI	N	DNMS/RI				
NAME	TWeidner/tlw						
DATE	10/21/96	10/	/96	10/	/96	10/	/96

OFFICIAL RECORD COPY

ML 10

9611050134 961023
PDR ADOCK 03001247
C PDR



267 Grant Street
P.O. Box 5000
Bridgeport, CT 06610
Telephone: 203 384-3000

030-01247

September 26, 1996

U.S. Nuclear Regulatory Commission
Region 1
475 Allendale Road
King of Prussia, PA. 19406

Dear Medical Inspector:

RE: License #06-01060-01

Bridgeport Hospital wishes to notify the U.S. NRC that Tatiana S. Kain, M.D. has joined the staff of Bridgeport Hospital as an authorized user in Nuclear Medicine for parts 35.100, 35.200 and 35.300. She is board certified by the American Board of Nuclear Medicine. Enclosed is form 313M and a copy of the certification.

In addition, please add her name to the license upon receipt of our next amendment.

Thank you.

Sincerely,

A handwritten signature in cursive script, reading "David S. Wishko".

David S. Wishko, Ph.D.
Radiation Safety Officer

TRAINING AND EXPERIENCE
AUTHORIZED USER OR RADIATION SAFETY OFFICERApproved by OMB
3150-0041
Expires 6-30-88

1. NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER

Tatiana S. Kain, M.D.

2. STATE OR TERRITORY IN
WHICH LICENSED TO
PRACTICE MEDICINE

C.T.

3. CERTIFICATION

SPECIALTY BOARD
ACATEGORY
BMONTH AND YEAR CERTIFIED
CAmerican board of
Nuclear Medicine
physicians

Nuclear Medicine

Sept 94

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			
b. RADIATION PROTECTION			
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY			
d. RADIATION BIOLOGY			
e. RADIOPHARMACEUTICAL CHEMISTRY			

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

ISOTOPE	MAXIMUM AMOUNT	WHERE EXPERIENCE WAS GAINED	DURATION OF EXPERIENCE	TYPE OF USE

The American Board of Nuclear Medicine

Incorporated 1971

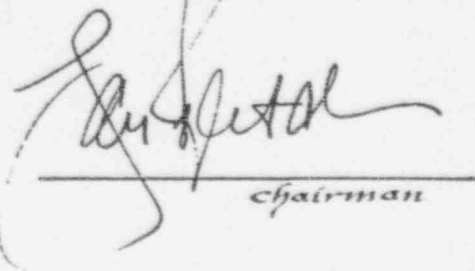
Certifies that

Tatiana S. Kain

*has met the requirements of this Board and is qualified
during the period 1994 through 2004 to practice as a Specialist
in all aspects of Clinical and Laboratory*

Nuclear Medicine

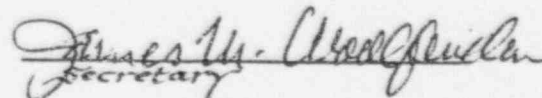
*including but not limited to Radiobioassay, Nuclear Imaging,
In Vivo Measurements & Therapy with Unsealed Radionuclides*


Chairman



05936

Number 5


Secretary

BETWEEN:

```

PROGRAM CODE: 02120
STATUS CODE: 0
FEE CATEGORY: 7C
EXP. DATE: 20031031
FEE COMMENTS: -----
DECOM FIN ASSUR REQD: N
*****

```

A. REGION

APPLICANT/LICENSEE: BRIDGEPORT HOSPITAL
RECEIVED DATE: 961001
DOCKET NO: 3001247
CONTROL NO.: 123750
LICENSE NO.: 06-01060-01
ACTION TYPE: NOTIFICATIONS

AMOUNT: - / - - - -
CHECK NO.: - / - - - -

SIGNED
DATE

Rebecca J. Brown
10/3/96

1. FEE CATEGORY AND AMOUNT: -----

AMENDMENT
RENEWAL
LICENSE

3. OTHER -----

SIGNED
DATE

[illegible]