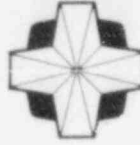


Margaret and Howard Hall

Radiation Center

Mercy Hospital



June 28, 1985

Michael McCann
United States Nuclear Regulatory Commission - Region 3
Material Licensing Department
799 Roosevelt Road
Glen Ellyn, Illinois 60137

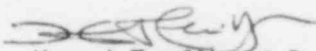
Dear Mr. McCann:

Enclosed please find a xeroxed copy of the training and experience, the statement for Gary Lee Schultz, D.O., who had four years of training in radiation therapy, as a resident in the Division of Radiation Therapy, Department of Radiology, University of Iowa Hospitals and Clinics.

I was head of this division, until November 1, 1984, and I know very well the caliber of his training and experience. The enclosed form has been signed by Dr. Latourette, and by me.

I hope you find that this information is what you need. Feel free to call me anytime, if you have any further questions. Thank you.

Sincerely yours,


Hamed Tewfik, M.D.

HT:cg

RECEIVE

JUL 03 1985

REGION III

8511180182 851001
REG3 LIC30
14-15767-02 PDR

JUL 3 1985

78998 } Material licensing D=

78999 }

FORM NRC-313M-SUPPLEMENT A (B-78)		U.S. NUCLEAR REGULATORY COMMISSION		
TRAINING AND EXPERIENCE AUTHORIZED USER OR RADIATION SAFETY OFFICER				
1. NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER Gary Lee Shultz, D.O.		2. STATE OR TERRITORY IN WHICH LICENSED TO PRACTICE MEDICINE Iowa		
3. CERTIFICATION				
SPECIALTY BOARD A	CATEGORY B	MONTH AND YEAR CERTIFIED C		
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	University of Iowa Hospitals and Clinics Radiation Therapy Section July, 1981 - present	110 hr.	20 hr.	
b. RADIATION PROTECTION	as above	35 hr.	6 hr.	
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY	as above	25 hr.	---	
d. RADIATION BIOLOGY	as above	50 hr.	---	
e. RADIOPHARMACEUTICAL CHEMISTRY	as above	24 hr.	6 hr.	
5. EXPERIENCE WITH RADIATION. (Actual use of Radioisotopes or Equivalent Experience)				
ISOTOPE	MAXIMUM AMOUNT	WHERE EXPERIENCE WAS GAINED	DURATION OF EXPERIENCE	TYPE OF USE
P 32	Amount varied	University of Iowa	July 1981 to	Teletherapy
I 131	according to	Hospitals and Clinics	Present April 1985	and
Au 198	usage with	Radiation Therapy	Residency to June	Brachytherapy
I 125	patient. Had	Section	1985	
SR 90	conventional			
Co 60	standards of			
CS 137	practice applied			
IR 192-	to amount,			
Helped write Isotope Protocol for Human Use				

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

Gary L. Shultz, D.O.

STREET ADDRESS

CITY

STATE

ZIP CODE

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	DIAGNOSIS OF THYROID FUNCTION	4	
	DETERMINATION OF BLOOD AND BLOOD PLASMA VOLUME		
	LIVER FUNCTION STUDIES		
	FAT ABSORPTION STUDIES		
	KIDNEY FUNCTION STUDIES		
	IN VITRO STUDIES		
OTHER			
I-125	DETECTION OF THROMBOSIS		
I-131	THYROID IMAGING	12	
P-32	EYE TUMOR LOCALIZATION		
Sr-75	PANCREAS IMAGING		
Yb-169	CISTERNOGRAPHY		
Xe-133	BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES		
OTHER			
Tc-99m	BRAIN IMAGING		
	CARDIAC IMAGING		
	THYROID IMAGING		
	SALIVARY GLAND IMAGING		
	BLOOD POOL IMAGING		
	PLACENTA LOCALIZATION		
	LIVER AND SPLEEN IMAGING	13	
	LUNG IMAGING		
	BONE IMAGING	17	
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	5	
I-131	TREATMENT OF THYROID CARCINOMA	4	
	TREATMENT OF HYPERTHYROIDISM	10	
Au-198	INTRACAVITARY TREATMENT		
Co-60 or Cs-137	INTERSTITIAL TREATMENT	8	
	INTRACAVITARY TREATMENT	52	
I-125 or Ir-192	INTERSTITIAL TREATMENT	3	
Co-60 or Cs-137	TELETHERAPY TREATMENT	393	
Sr-90	TREATMENT OF EYE DISEASE	5	
	RADIOPHARMACEUTICAL PREPARATION		
Mo-99/ Tc-99m	GENERATOR		
Sn-113/ In-113m	GENERATOR		
Tc-99m	REAGENT KITS		
Other Au198 Seeds		3	

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

July 1981 to April 1985
1179 hours

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

a. NAME OF SUPERVISOR Hamed H. Tewfik, M.D.
Howard Latourette, M.D.

b. NAME OF INSTITUTION University of Iowa
Hospitals and Clinics

c. MAILING ADDRESS

d. CITY Iowa City, Iowa 52242

5. MATERIALS LICENSE NUMBER(S)

14-02938-07 (U of I)

FORM NRC-313M-SUPPLEMENT B
(8-78)

6. PRECEPTOR'S SIGNATURE

[Signature]
Howard B. Latourette

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

Hamed H. Tewfik, M.D.
Howard Latourette, M.D.

8. DATE

4/30/85
4-15-85

CONVERSATION RECORD

TIME

9:45am

DATE

24 June 1985

TYPE

☐ VISIT☐ CONFERENCE☒ TELEPHONE☐ INCOMING☒ OUTGOING

ROUTING

NAME/SYMBOL

INT

Location of Visit/Conference:

NAME OF PERSON(S) CONTACTED OR IN CONTACT

WITH YOU

Nancy Hunt, Mr Worley's Secretary
Brian Smith, Dept. Head Rad,

ORGANIZATION (Office, dept., bureau,

etc.) Mary Greeley Med. Ctr,
Ames, Iowa

TELEPHONE NO.

(515) 239
2102

SUBJECT

c/N 78998

Therapy
Nuc Med

(515) 239-2113

and 78959

SUMMARY

- 1) Need letters of appraisal and certification from the doctors preceptors, also included discussion of certification
- 2) discussed accountability of Group VI sources
- 3) Advised credentials would need to be forwarded

Discussed letters with

ACTION REQUIRED

within 30 days Requested reply

Dr Latourelle H (319) 337-2076
06/24/85 @ 10:38 am W (319) 356-1255
Dr Tewfik (319) 398-6180

NAME OF PERSON DOCUMENTING CONVERSATION

Mike Mc Cann

SIGNATURE

George M. McCann

DATE

24 June 1985

ACTION TAKEN

SIGNATURE

TITLE

DATE