

Smith Clinic

July 17, 1987

U. S. Nuclear Regulatory Commission
Region III
Material Licensing Section
Division of Fuel Cycle and Material Safety
799 Roosevelt Road
Glen Ellyn, IL 60137

RE: License No. 34-00179-02
F. C. Smith Clinic, Marion, OH.

Gentlemen:

Please amend our by-product material license as follows:

REMOVE: GEOFFREY H. WILSON, M. D. - authorized user.

ADD: CLARENCE E. ASH, M. D. - authorized user.

Dr. Ash initiated and developed the nuclear medicine program at Marietta Memorial Hospital in Marietta, OH., and was licensed under a personal license. In addition, he was licensed under the hospital's by-product material license No. 34-12541-01.

ADD: STANLEY HICKS, M. D. - authorized user.

Enclosed you will find supporting material detailing Dr. Hick's training and experience.

A check for \$120.00 is enclosed to defray the cost of this amendment.

If you have any questions, do not hesitate to call me.

Yours very truly,

Donald M. Miller, M. D.

BB01220636 870827
REG3 LIC30
34-00179-02

PDR

DMM:mt

Enclosure

CONTROL NO. 83890

RECEIVED

JUL 27 1987

JUL 27 1987

The Frederick C. Smith Clinic · 1040 Delaware Ave · Marion, Ohio 43302

614/387-0850

Internal Medicine · Cardiology · Allergy · Gastroenterology · Endocrinology · Hematology · Oncology · Infectious Diseases · Nephrology · Pulmonary Medicine ·
Emergency Room Medicine · Dermatology · Preventive & Occupational Medicine · Psychiatry · Obstetrics & Gynecology · Pediatrics · General Surgery · Thoracic
Surgery · Cardiac Surgery · Vascular Surgery · Orthopedic Surgery · Ophthalmology · Otorhinolaryngology · Urology · Neurology · Neurosurgery · Oral & Maxillofacial
Surgery · Diagnostic, Therapeutic & Nuclear Radiology · Computerized Tomography & Ultrasonography · Anesthesiology · Clinical & Anatomic Pathology

TRAINING AND EXPERIENCE
AUTHORIZED USER OR RADIATION SAFETY OFFICER

1. NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER

Stanley Michael Hicks MD

2. STATE OR TERRITORY IN
WHICH LICENSED TO
PRACTICE MEDICINE

Ohio

3. CERTIFICATION

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

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	Santa Clara Valley Medical Center, San Jose, Calif 6/83 - 6/86	140	12
b. RADIATION PROTECTION	"	40	3
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY	"	60	
d. RADIATION BIOLOGY	"	60	
e. RADIOPHARMACEUTICAL CHEMISTRY	"	70	12

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} ^{99m}Tc	30 mCi 30 mCi	Department of Nuclear Medicine	total of 4 months	mostly diagnostic with some therapeutic both in vitro & in vivo diagnostic studies
I^{125}	500 uCi	Santa Clara Valley Medical Center - Diagnostic Radiology		
Ga^{67}	5 uCi	TRAINING Program		
Th^{201}	3 mCi	San Jose California		
^{113}In ^{123}I	30 mCi 200 uCi			

PRECEPTOR STATEMENT

This part 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

Stanley Michael Hicks MD

Street Address

Smith Clinic / Med Center Hospital
1040 DELAWARE AVE

City

State

Zip Code

MARION

OHIO

43302

KEY TO COLUMN C

PERSONAL PARTICIPATION SHOULD CONSIST OF:

- 1-Supervised examination of patients to determine the suitability for radionuclide 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-Supervised interpretation of results of diagnostic studies.
- 4-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	CONDITIONS DIAGNOSED OR TREATED	NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION	COMMENTS (Additional information or comments may be submitted in duplicate on separate sheets.)
A	B	C	D
1-131	DIAGNOSIS OF THYROID FUNCTION	32	Imaging Studies Hepatobiliary - 21 Gallium - 6 Cardiac Pyp - 6 111In WBC - 20
	DETERMINATION OF BLOOD AND BLOOD PLASMA VOLUME	2	
	LIVER FUNCTION STUDIES		
1-125	KIDNEY FUNCTION STUDIES	51	
	IN VITRO STUDIES	2000	
OTHER	Schilling's	8	
1-125	DETECTION OF THROMBOSIS		
1-131	THYROID IMAGING	32	
P-32	EYE TUMOR LOCALIZATION		
Se-75	PANCREAS IMAGING		
Yb-169	CISTERNOGRAPHY		
Xe-133	BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES	46	
OTHER			
Tc-99m	BRAIN IMAGING	25	
	CARDIAC IMAGING	27	
	THYROID IMAGING	32	
	SALIVARY GLAND IMAGING	2	
	BLOOD POOL IMAGING	4	
	LIVER AND SPLEEN IMAGING	8	
	LUNG IMAGING	46	
	BONE IMAGING	108	
OTHER	Thallium - CARDIAC	27	

PRECEPTOR STATEMENT (Continued)

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

ISOOTOPE 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 POLCYTHEMIA VERA, LEUKEMIA, AND BONE METASTASES		
P-32 (Colloidal)	INTRACAVITARY TREATMENT		
1-131	TREATMENT OF THYROID CARCINOMA	3	
	TREATMENT OF HYPERTHYROIDISM	12	
Ra-226 or Cs-137	INTERSTITIAL TREATMENT		
	INTRACAVITARY TREATMENT		
1-125 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		
Tc-99m	REAGENT KITS	Dirty - multiple	
Other			

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

6/83 - 6/86 part time for a total of 3 months and full time for month 4/86.

RADIATION Physics Course Stanford University, Palo Alto, Calif. 6/85 - 10/85 part time

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

6. Preceptor's Signature

Cyril J. McDonald

7. Preceptor's Name (Please type or print)

Cyril J McDonald

8. Date

5-20-1987

a. Name of Supervisor

Cyril J. McDonald MD

b. Name of Institution

Santa Clara Valley Med Center

c. Mailing Address

751 S. Bascom Ave

d. City, State and Zip Code

SAN JOSE, Calif 95128

5. MATERIALS LICENSE NUMBER(S)

0741-43 California

CONTROL NO 83890