

MOBERLY REGIONAL
MEDICAL CENTER

U.S. Nuclear Regulatory Commission Region III
Materials Licensing Section
2443 Warrenville Road
Lisle, Illinois 60532-4351

License # 24-18695-01

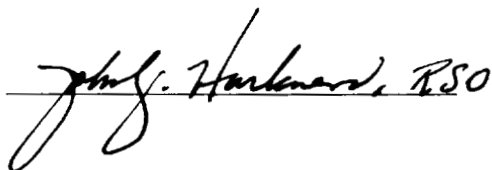
Re: Request Addition of Authorized User

Dear reviewer:

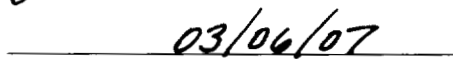
This is an amendment requesting the addition of an Authorized User to our current license. No other changes are requested at this time. Please reference the attached materials for evidence of training.

Thank you for your prompt review of this application.

Sincerely,



John J. Harlan, RSO



Date

U. S. Nuclear Regulatory Commission Region III
Materials Licensing Section
Suite 210
2443 Warrenville Road
Lisle, Illinois 60532-4351

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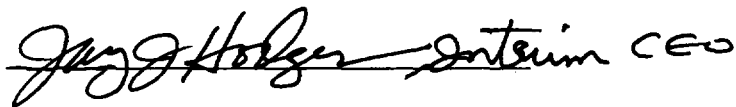
Re: Request Addition of an Authorized user

Dear Reviewer:

This is the additional and revised information provided for Dr. Bauman so that he may be named as an authorized user on our materials license. No other changes are requested at this time

Thank you for your prompt review of this application.

Sincerely,

 *Jay G. Hodges* *Interim CEO*

3/6/07

Date

AUTHORIZED USERS FOR MEDICAL USE

Please add:

AUTHORIZED USER

AUTHORIZATION

- 1). Christopher G. Bauman, M.D. For Material in 10 CFR 35.100, and 35.200

Information pertaining to this request are included.

NRC FORM 319A (10-2006)	U.S. NUCLEAR REGULATORY COMMISSION MEDICAL USE TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION	APPROVED BY OMB: NO. 3160-0120 EXPIRES: 10/31/2008
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PART I – TRAINING AND EXPERIENCE

Note: Descriptions of training and experience must contain sufficient detail to match the training and experience criteria in the applicable regulation (10 CFR Part 35)

1. Name of Individual, Proposed Authorization (e.g., Radiation Safety Officer), and Applicable Training Requirements (e.g., 10 CFR 35.50)

Christopher G. Bauman, M.D.

2. For Physicians, Podiatrists, Dentists, Pharmacists – State or Territory Where Licensed

New Mexico / Missouri

3. CERTIFICATION

a. Provide a copy of the board certification. (Stop here if applying under 10 CFR Part 35, Subpart J or 35.590(a); continue if applying under other subparts.)

b. Provide documentation in appropriate Items 4 through 10 of training or clinical case work required by 35.50(e); 35.51(c); 35.290(c)(1)(II)(G) for AU seeking 35.200 authorization; 35.390(b)(1)(ii)(G); 35.396(d)(1) and 35.396(d)(2); 35.590(c); or 35.690(c).

c. Provide completed Part II Preceptor Attestation, Items 11a through 11d.

Stop here after completing items 3a, 3b, and 3c when using board certification to meet 10 CFR Part 35 training and experience requirements.

4. INDIVIDUALS IDENTIFIED ON A LICENSE OR PERMIT AS RADIATION SAFETY OFFICERS (RSO), AUTHORIZED USERS (AU), AUTHORIZED MEDICAL PHYSICISTS (AMP), OR AUTHORIZED NUCLEAR PHARMACISTS (ANP) SEEKING ADDITIONAL AUTHORIZATIONS

a. Provide a copy of the license or broadscope permit listing the current authorization **and** (b) or (c)

b. Complete Items 6c (and 10 when training is provided by an RSO, AMP, ANP, or AU) and preceptor Items 11b through 11d to meet requirements for: RSO in 35.50(c)(2) or 35.50(e); or AU in 35.290(c)(1)(II)(G) or 35.390(b)(1)(ii)(G) or 35.590(c) or 35.690(c); or AMP under 35.51(c).

c. Complete Items 5, 6a, 6b, 10, and Preceptor Items 11a through 11d to meet AU requirements in 35.398(a).

5. DIDACTIC OR CLASSROOM AND LABORATORY TRAINING (optional for Medical Physicists)

Description of Training	Location	Clock Hours	Dates of Training
Radiation Physics and Instrumentation	U of New Mexico Dept of Radiology	103	6-24-99 - 7-30-04
Radiation Protection	11		6-24-99 - 7-30-04
Mathematics Pertaining to the Use and Measurement of Radioactivity	11		6-24-99 - 7-30-04
Radiation Biology	11		6-24-99 - 7-30-04
Chemistry of Byproduct Material for Medical Use	11		6-24-99 - 7-30-04
OTHER	U of New Mexico Dept of Radiology (see attached)		6-24-99 - 7-30-04

NRC FORM 313A
(10-2006)

U.S. NUCLEAR REGULATORY COMMISSION

MEDICAL USE TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

6a. WORK OR PRACTICAL EXPERIENCE WITH RADIATION

Description of Experience	Name of Supervising Individual(s)	Location and Corresponding Materials License Number	Dates and/or Clock Hours of Experience
(See attached sheet)	Michael Hartshorne, M.D.	BM-233-64- New Mexico U of New Mexico	600 hrs 6-24-99- 7-1-04

6b. SUPERVISED CLINICAL CASE EXPERIENCE (describe experience elements in 6a)

Radionuclide	Type of Use	No. of Cases Involving Personal Participation	Name of Supervising Individual	Location and Corresponding Materials License Number	Dates and/or Clock Hours of Experience
	see attached list		Michael Hartshorne, M.D.	BM-233-64- New Mexico U of New Mexico	6-24-99- 7-1-04

NRC FORM 315A (10-2005)	U.S. NUCLEAR REGULATORY COMMISSION		
MEDICAL USE TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)			
6c. TRAINING FOR SECTIONS 35.50(e), 35.51(c), 35.590(c), or 35.690(c)			
Training Element	Type of Training *	Location and Dates	
M.D. Radiology Residency	Supervised Clinical	University of New Mexico Lic# BM-233-64-New Mexico	
* Types of training may include supervised (complete item 10 for 35.50(e), 35.51(c), and 35.690(c)), didactic, or vendor training.			
7. FORMAL TRAINING Physicians (for uses under 35.400 and 35.600) and Medical Physicists			
Degree, Area of Study or Residency Program	Name of Program and Location with Corresponding Materials License Number	Dates	Name of Organization that Approved the Program (e.g., Accreditation Council for Graduate Medical Education) and the Applicable Regulation (e.g., 10 CFR 35.490)
M.D. Radiology	U of New Mexico BM-233-64-New Mexico	6-24-99 - 6-30-04	Accreditation Council For Graduate Medical Education 10 CFR 35.294
8. RADIATION SAFETY OFFICER (RSO) -- ONE-YEAR FULL-TIME EXPERIENCE			
<input type="checkbox"/> YES Completed 1 year of full-time radiation safety experience (In areas identified in item 6a) under supervision.			
<input checked="" type="checkbox"/> N/A of _____ the RSO for License No. _____			
9. MEDICAL PHYSICIST -- ONE-YEAR FULL-TIME TRAINING/WORK EXPERIENCE			
<input type="checkbox"/> YES Completed 1 year of full-time training (for areas identified in item 6a) in therapeutic radiological physics (35.961) or medical physics (35.51) under the supervision of _____			
<input checked="" type="checkbox"/> N/A who is a medical physicist (35.961) or meets requirements for Authorized Medical Physicists (35.51);			
and			
<input type="checkbox"/> YES Completed 1 year of full-time work experience (at location providing radiation therapy services described and for topics identified in item 6a) for (specify use or device) _____			
<input checked="" type="checkbox"/> N/A under the supervision of _____ who is a medical physicist (35.961) or meets requirements for Authorized Medical Physicists (35.51) (specify use or device) _____			

NRC FORM 313A
(10-2005)

U.S. NUCLEAR REGULATORY COMMISSION

MEDICAL USE TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

10. SUPERVISING INDIVIDUAL -- IDENTIFICATION AND QUALIFICATIONS

The training and experience indicated above was obtained under the supervision of (if more than one supervising individual is needed to meet requirements in 10 CFR Part 35, provide the following information for each):

A. Name of Supervisor

Michael Hartshorne, M.D.

B. Supervisor is:

Authorized User

Authorized Medical Physicist

Radiation Safety Officer

Authorized Nuclear Pharmacist

C. Supervisor meets requirements of Part 35, Section(s) 35.100, 35.200

for medical uses in Part 35, Section(s) 35.100, 35.200

D. Address U of New Mexico
Department of Radiology
Albuquerque, N.M. 87131

E. Materials License Number

BM 233-64-New Mexico

PART II -- PRECEPTOR ATTESTATION

Note: This part must be completed by the individual's preceptor. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each. This part is not required to meet training requirements in 35.590 or Part 35, Subpart J (except 35.980).

I attest the individual named in Item 1:

11a

has satisfactorily completed the requirements in Part 35, Section(s) and Paragraph(s) 35.100, 35.200 as documented in section(s) 5, 6 + 7 of this form.

11b. Select one

meets the requirements in 35.50(e) 35.51(c) 35.390(b)(1)(II)(G) 35.690(c) for _____ types of use, as documented in section(s) _____ of this form.

11c.

has achieved a level of competency sufficient to independently operate a nuclear pharmacy (for 35.980); **OR**

has achieved a level of competency sufficient to function independently as an authorized _____ for _____ uses (or units); **OR**

has achieved a level of radiation safety knowledge sufficient to function independently as a Radiation Safety Officer for a medical use licensee; **OR**

N/A

11d.

I am an Authorized Nuclear Pharmacist; **OR** I am a Radiation Safety Officer; **OR**

I meet the requirements of 35.100 + 35.200 section(s) of 10 CFR Part 35

or equivalent Agreement State requirements to be a preceptor AU or AMP

for the following byproduct material uses (or units): 35.100 + 35.200

A. Address U of New Mexico
Department of Radiology
Albuquerque, NM 87131

B. Materials License Number

BM 233-64-New Mexico

C. NAME OF PRECEPTOR (print clearly)

Michael F Hartshorne

D. SIGNATURE - PRECEPTOR



E. DATE

2/27/07

DEPARTMENT OF RADIOLOGY - UNIVERSITY OF NEW MEXICO
 NUCLEAR MEDICINE SUPERVISED EXPERIENCE
 June 24, 1999 - June 30, 2004

Resident's Name CHRISTOPHER G. BAUMAN, M.D.

Radioisotope	Type of Use	Number of Cases Involving Personal Participation	Location and Corresponding Materials License Number	Dates and Clock Hours of Experience
			University of New Mexico Department of Radiology BM 233-64 NM	See Attached
I-131	Thyroid Uptake & Scan	10	"	
I-131	Whole Body Iodine (Ca Thyroid)	10	"	
I-131	Thyroid Rx Graves Disease	10	"	
I-131	Thyroid Ablation CA	12	"	
I-131 MIBG	Tumor Localization Neuroblastoma	1	"	
I-123 MIBG	Tumor Localization Neuroblastoma		"	
I-123 MIBG	Thyroid Uptake & Scan	50	"	
Xe-133	Pulmonary Ventilation	50	"	
Tc 99m HMPAO or ECD	Brain SPECT	6	"	
Tc 99m Pertechnetate	Thyroid Scan	50	"	
Tc 99m Pertechnetate	MUGA - Blood Pool	50	"	
Tc 99m Pertechnetate	GI Bleed (RBC) Ultra Tag	4	"	
Tc 99m Pertechnetate	Mecher's	1	"	
Tc 99m Pertechnetate	Testicular	—	"	
Tc 99m Sulfur Colloid	Liver/Spleen	20	"	
Tc 99m Sulfur Colloid	Bone Marrow	—	"	
Tc 99m Sulfur Colloid	Blood Loss	—	"	
Tc 99m Sulfur Colloid	Esophageal Reflux	—	"	
Tc 99m Sulfur Colloid	Gastric Emptying (Liquid & Solid)	50	"	
Tc 99m RBC	Hemangioma (RBC)	10	"	
Tc 99m MAA	Lung Perfusion	50	"	
Tc 99m MDP	Bone Imaging	250	"	
Tc 99m DMSA	Renal Imaging	50	"	
Tc 99m Glucoheptonate	Renal Imaging	—	"	
Tc 99m MAG3	Renal Imaging Function (Lasix/Captopril)	5	"	
Tc 99m Cardiolite	Myocardial Perfusion	600	"	
Tc 99m	Cerebral Blood Flow	2	"	
Tc 99m Sulfur Colloid	Lymphoscintigraphy	20	"	
Tc 99m Cholecte	Hepatobiliary	60	"	

No. 0405 P. 6

MRMC-Radiology

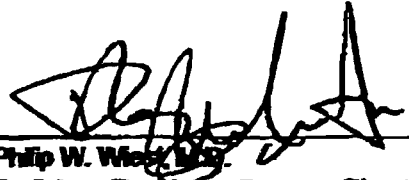
Dec. 18. 2006 10:51AM

Feb. 27. 2007 10:30AM

MRMC-Radiology

No. 2165 P. 7

Radionuclide	Type of Use	Number of Cases Involving Personal Participation	Location and Corresponding Materials License Number	Dates and Clock Hours of Experience
			University of New Mexico Department of Radiology BM 233-64 NM	See Attached
Tc 99m DTPA	Pyrogen Free Shunt Patency	1	.	
Tc 99m Sestamibi	Breast Imaging	1	.	
F-18 FDG	PET - Oncology (Tumor)	1	.	
F-18 FDG	PET - Brain	1	.	
In-111 Octreotide	Neuroendocrine Tumor	12	.	
In-111 DTPA	Cisternography	1	.	
In-111 Labeled WBC	Abscess Localization	35	.	
Ga-67 Citrate	Tumor/Abscess Localization	40	.	
Tl 201 Chloride	Viability	10	.	
Sr 89	Bone - Metastasis Pain	5	.	
Tc 99m Ceretec (HMPAO) WBC	Abscess Localization	1	.	
Tc 99m CEA	Tumor Localization	1	.	

Signature:  Date: 6/24/07

Philip W. Wick, MD
Radiology Residency Program Director

DEPARTMENT OF RADIOLOGY - VA HEALTHCARE SYSTEM
 NUCLEAR MEDICINE SUPERVISED EXPERIENCE
 June 24, 1999 - June 30, 2004

Resident's Name CHRISTOPHER G. BAUMAN, M.D.

Radionuclide	Type of Use	Number of Cases Involving Personal Participation	Location and Corresponding Materials License Number	Dates and Clock Hours of Experience
			VA Healthcare System Department of Radiology	See Attached
Tc 99m HMPAO	WBC's	--	"	
Tc 99m Cholescic	Biliary	90	"	
DMSA	Renal Cortical	3	"	
Tc 99m Disida	Biliary	—	"	
Tc 99m DTPA	Captopril Renal	10	"	
Tc 99m DTPA	Lasix Renogram	45	"	
Tc 99m DTPA	Lung Ventilation	20	"	
Tc 99m DTPA	Renogram	100	"	
GA 67	Infection SPECT	5	"	
GA 67	Infection	10	"	
GA 67	Tumor SPECT	—	"	
GA 67	Tumor	15	"	
Tc 99m HMPAO	Brain SPECT	4	"	
IN 111	Infection	23	"	
I-131	Ablation Therapy	12	"	
I-131	Whole Body Scan	12	"	
I-131	Graves Therapy	14	"	
I-131	Thyroid Uptake	29	"	
Tc 99m MAA	Lung Perfusion	20	"	
Tc 99m MDP	Flow with SPECT	—	"	
Tc 99m MDP	Bone	200	"	
Tc 99m MDP	Bone with Spect	12	"	
Tc 99m MDP	Bone with Flow	35	"	
Tc 99m Sestamibi	Parathyroid	20	"	
Tc 99m Sulfur Colloid	Esophageal Tra	—	"	
Tc 99m Sulfur Colloid	Gastric Emptying	40	"	
Tc 99m Sulfur Colloid	Liver SPECT	—	"	
Tc 99m Sulfur Colloid	Liver SPECT	—	"	
Tc 99m Sulfur Colloid	Lymphoscintigraphy	5	"	


No. 0405 P. 8⁰⁰

Dec. 18. 2006 10:51AM MRMC-Radiology

Feb. 27. 2007 10:31AM MRMC-Radiology

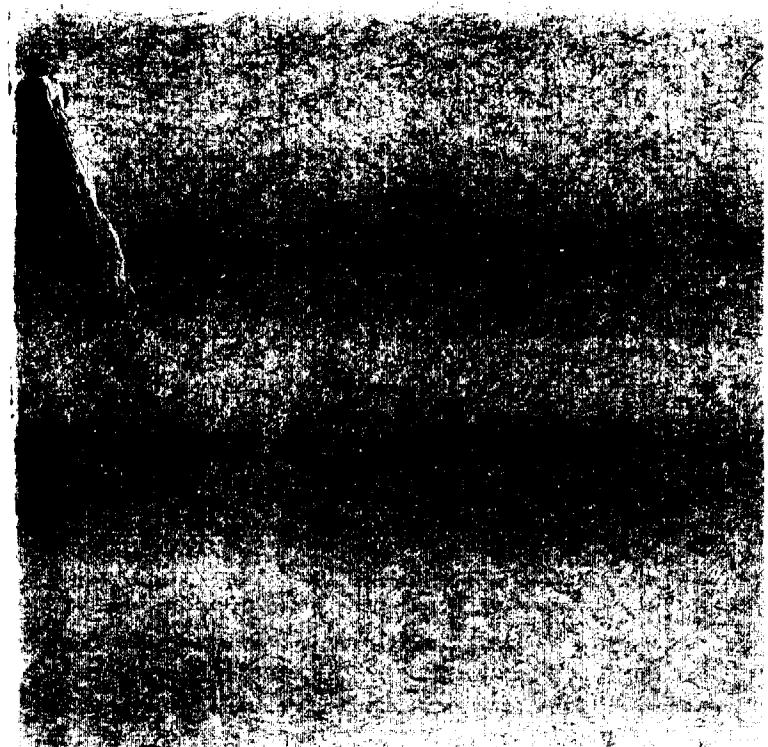
No. 2165 P. 9

Radionuclide	Type of Use	Number of Cases Involving Personal Participation	Location and Corresponding Materials License Number	Dates and Clock Hours of Experience
			VA Healthcare System Department of Radiology	See Attached
Tc 99m 04	Exercise MUGA	18	-	
Tc 99m 04	RBC GI Bleed	6	-	
Sestamibi	Resting SPECT	400	-	
Sestamibi	Stress SPECT	400	-	
Tc 99m 04	Meckel's	2	-	
Tc 99m 04	Resting MUGA	18	-	
Tc 99m 04	Thyroid Scan	25	-	
TL 201	Brain SPECT	4	-	
TL 201	Resting SPECT	6	-	
XE 133	First Pass	—	-	
XE 131	Lung Ventilation	10	-	
MISC			-	
SR-89	Therapy	2	-	
I-123	Thyroid Scan	—	-	
Tc 99m RBC	Hemangioma	15	-	
In III	Ocularscan	25	-	
Tc 99m RBC	Vascular Flow	—	-	
HMPAO	SPECT W/Diamox	—	-	
TC 99m	Acutec	—	-	
F-18 FDG	Tumor Image	—	-	
Sincalide		—	-	
In III	Zevalin Tumor	—	-	
Y90	Zevalin Therapy	—	-	

Signature:  Date: 6/22/04
 Philip W. West, MD
 Radiology Residency Program Director



ADDRESS SERVICE
REQUESTED



MOBERLY REGIONAL
MEDICAL CENTER

1515 UNION AVENUE
MOBERLY, MO 65270

SHIP TO: *U.S. Nuclear Regulatory Commission
Region III
2443 WARRENSVILLE RD. SUITE 210
MATERIALS LICENSING BRANCH
LISLE, ILLINOIS
60532-4352*