ACCEPTANCE REVIEW MEMO (ARM)

Licensee:	St. Luke's Magic Valley Regional Med Ctr	**License No.:** 11-27082-01	
Docket No.:	030-32236	**Mail Control No.:** 471209	
Type of Action:	Amend	**Date of Requested Action:** 12-21-06	
Reviewer Assigned:	Jackie	**ARM reviewer(s):**	Jackie C.

Response	Deficiencies Noted During Acceptance Review
	[ ] Open ended possession limits. Limit possession. Submit inventory. [ ] Submit copies of most recent leak test results. [ ] Add - delete IC license condition. Add IC paragraph in cover letter. [ ] Split license from cover letter. Add SUNSI marking to license. [ ] Ask the licensee if they have any type-amount of EPAct Material.
JC 3/29/07	**Submit updated T&E including recentness of training.** Defish sent 3/28/07

Reviewer's Initials: JC **Date:** 3/29/07

☐Yes ☐No Unrestricted release Group 2 or >: Transfer memo to FCDB within 10 days.

☐Yes ☐No Decommissioning notification should be completed within 30 days.

☐Yes ☐No Termination request < 90 days from date of expiration

☐Yes ☐No Expedite (medical emergency, no RSO, location of use/storage not on license, RAM in possession not on license, other)

☐Yes ☐No TAR needed to complete action.

Branch Chief's and/or Sr. HP's Initials: _____ **Date:** _____

SUNSI Screening according to RIS 2005-31

☐Yes ☑No **Non-Publicly Available, Sensitive** if <u>any</u> item below is checked

General guidance:

_____RAM = or > than Category 3 (Table 1, RIS 2005-31), use Unity Rule
_____Exact location of RAM (whether = or > than Category 3 or not)
_____Design of structure and/or equipment (site specific)
_____Information on nearby facilities
_____Detailed design drawings and/or performance information
_____Emergency planning and/or fire protection systems

Specific guidance for medical, industrial and academic (above Category 3):

_____RAM quantities and inventory
_____Manufacturer's name and model number of sealed sources & devices
_____Site drawings with exact location of RAM, description of facility
_____RAM security program information (locks, alarms, etc.)
_____Emergency Plan specifics (routes to/from RAM, response to security events)
_____Vulnerability/security assessment/accident-safety analysis/risk assess
_____Mailing lists related to security response

Branch Chief's and/or Sr. HP's Initials: JC **Date:** 4/11/07

Pre-Licensing Screening

Applicant Information: **Control No.** 471209

Name: St. Luke's Magic Valley Regional Med Ctr	Type of Request: Amend Program Code(s):
Location: ID	License No.: 11-27082-01 Docket No.: 030-32236

STEP 1–Radioactive Materials and Quantities Requested:

Instructions for Step 1: **Complete Step 1 for all applications**. If all your responses in Step 1 are "No" then do not complete Step 2 (Screening Criteria). Sign and date the completed step-sheet and add it as the sensitive and non-publicly available OAR in ADAMS. If a "yes" response is indicated for any item in Step 1, also complete Step 2. If the type of use is subject to a Security Order or the requirements for increased controls, complete Step 3 (Item A or Item B) without delay.	Yes or No
A. The request is from a new applicant.	N
B. NUREG-1556, Volume 20, Section 4.9 indicates a licensing site visit is needed for the requested type of use, e.g., (1) Type A broad scope license, (2) panoramic irradiator containing > 10000 curies, (3) manufacturers or distributors using unsealed radioactive material or significant quantities of sealed material, (4) radioactive waste brokers, (5) radioactive waste incinerators, (6) commercial nuclear laundries, and (7) any other application that in the judgement of the reviewer and cognizant supervisor involves complex technical issues, complex safety questions, or unprecedented issues that warrant a site visit.	N
C. The applicant requested certain radionuclides and quantities that equal or exceed the Risk Significant Quantity (TBq) values in the table, below, that have been "highlighted" by the reviewer	N

Table of Risk Significant Quantities

(Category 2 Quantities, IAEA Safety Guide No. RS-G-1.9, Categorization of Radioactive Sources, August 2005)

Radionuclide	Risk Significant Quantity (TBq[1])	Risk Significant Quantity (Ci[1])	Radionuclide	Risk Significant Quantity (TBq[1])	Risk Significant Quantity (Ci[1])
Am-241	0.6	16	Pm-147	400	11,000
Am-241/Be	0.6	16	Pu-238	0.6	16
Cf-252	0.2	5.4	Pu-239/Be	0.6	16
Cm-244	0.5	14	Ra-226[2]	0.4	11
Co-60	0.3	8.1	Se-75	2	54
Cs-137	1	27	Sr-90 (Y-90)	10	270
Gd-153	10	270	Tm-170	200	5,400
Ir-192	0.8	22	Yb-169	3	81

[1] The primary values are TBq. The curie (Ci) values are for informational purposes only.
[2] The Atomic Energy Act, as amended by the Energy Policy Act of 2005, authorizes NRC to regulate Ra-226 and NRC is in the process of amending its regulations for discrete sources of Ra-226.

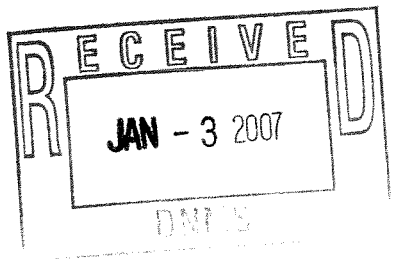
Calculations of the Total Activity or the Unity Rule are attached to document whether or not the screening criteria in Step 2 were also completed to evaluate the application. **NOTE–If an amendment of an existing license is being requested, the calculations will include the previously authorized quantities for the radionuclide(s).**	Yes , No, or Not Applicable (NA)
Total Activity–multiple activities are requested for a single radionuclide and the sum of the activities equals or exceeds the quantity of concern for the radionuclide	
Unity Rule--multiple radionuclides are requested and the sum of the ratios equals or exceeds unity, e.g.,[(total activity for radionuclide A) ÷ (risk significant quantity for radionuclide A)] + [(total activity for radionuclide B) ÷ (risk significant quantity for radionuclide B)] $\geq$ 1.0.	

Signature and Date for Step 1:

1/4/07

License Reviewer and Date

December 21, 2006



Colleen Murnaham DNMS
USNRC Region IV
611 Ryan Plaza Drive, Suite 400
Arlington, Texas 76011

Dear Ms. Murnaham,

Please amend our institution license # 11-27082-01 to include Dr. Daniel C. Alder for groups 35.100 and 35.200.

His Curriculum Vitae is included. If you need additional information, please contact me at 208-737-2031.

Thank you for your help in this matter.

Sincerely,

Robert Wasserstrom, M.D. R.S.O.
St. Luke's Magic Valley Regional Medical Center
Twin Falls, Idaho 83301

471209

Activities for ALDER, DANIEL CONSTANTINE

Activity No	Activity Name	Date	Cred Hrs
705	Anatomic Pathology Update P# (705)	4/5/2005	1
705	Anatomic Pathology Update P# (705)	4/8/2005	1
706	General Radiology Lecture Series P# (706)	1/11/2005	1
706	General Radiology Lecture Series P# (706)	1/27/2005	1
706	General Radiology Lecture Series P# (706)	2/1/2005	1
706	General Radiology Lecture Series P# (706)	2/15/2005	1
706	General Radiology Lecture Series P# (706)	2/22/2005	1
706	General Radiology Lecture Series P# (706)	3/8/2005	1
706	General Radiology Lecture Series P# (706)	3/9/2005	1
706	General Radiology Lecture Series P# (706)	3/11/2005	1
706	General Radiology Lecture Series P# (706)	3/15/2005	1
706	General Radiology Lecture Series P# (706)	3/22/2005	1
706	General Radiology Lecture Series P# (706)	4/7/2005	1
706	General Radiology Lecture Series P# (706)	4/25/2005	1
706	General Radiology Lecture Series P# (706)	5/13/2005	1
706	General Radiology Lecture Series P# (706)	5/19/2005	1
706	General Radiology Lecture Series P# (706)	5/24/2005	1
		Total Credit Hours:	17

SAN DIEGO RADIOLOGICAL SOCIETY
A California Non-Profit Corporation
P.O. Box 711451
Santee, California 92072-1451

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February 17, 2006

CAPT Daniel C. Alder, M.D.
11957 Caneridge Place
San Diego, CA 92128

Dr. Alder,

According to our records, you have earned 7 CME Category I credit(s) for attending the San Diego Radiological Society's (S.D.R.S.) monthly scientific meetings for the 2005 calendar year.

Bassem A. Georgy MD

Bassem A. Georgy, M.D.
Treasurer - S.D.R.S.

BAG/sal
2/22/06

Breast - 1 hour

UNIVERSITY of CALIFORNIA
SAN DIEGO
HEALTH SCIENCES

UNIVERSITY OF CALIFORNIA, SAN DIEGO SCHOOL OF MEDICINE
OFFICE OF CONTINUING MEDICAL EDUCATION

certifies that Daniel Alder M.D. has participated in the educational activity titled **UCSD Radiology at Snowbird: Breast, Body, Brain and Musculoskeletal Imaging** at the **Cliff Lodge Snowbird UT** on **March 19-23, 2006** and is awarded 20 category 1 credit(s) toward the AMA Physician's Recognition Award.

Credit Approvals: Number of Credits Approved:

AMA Category 1 Up to 21.0

BREAST: 4.0 hrs { U/S Breast 1.0 hr, MRI Breast 1.0 hr, Mammo 2.0 hr

Each participant should claim only those credits that he/she actually spent in the activity.

Terence M. Davidson
Terence M. Davidson, M.D.
Associate Dean, Continuing Medical Education

Participant Signature

8:00 AM	**C.T. Colonoscopy** *Robert Mattrey, MD*	19
9:00 AM	Q & A	
9:20 AM	Free Time/Ski Time	
5:00 PM	**Management of Breast Cancer: "The Radiologist Role"** *Christopher Comstock, MD*	27
6:00 PM	**Missed Lesions in Mammography – How to Reduce Your Exposure to Litigation** *Christopher Comstock, MD*	33
7:00 PM	Q & A	
7:20 PM	Adjourn	

Tuesday, March 21, 2006

6:40 AM	Full Breakfast – Participants only	
7:00 AM	**Breast MRI and MR- Guided Biopsy** *Christopher Comstock, MD*	43
8:00 AM	**Ultrasound and Ultrasound – Guided Biopsy** *Christopher Comstock, MD*	55
9:00 AM	Q & A	

NRC FORM 313A
(10-2005)

U.S. NUCLEAR REGULATORY COMMISSION

MEDICAL USE TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION

APPROVED BY OMB: NO. 3150-0120
EXPIRES: 10/31/2008

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)

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

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 35.396(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		109	
Radiation Protection			
Mathematics Pertaining to the Use and Measurement of Radioactivity			
Radiation Biology			
Chemistry of Byproduct Material for Medical Use			
OTHER			

PRINTED ON RECYCLED PAPER

NRC FORM 313A
(10-2005)

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

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

471209

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

* 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)

8. RADIATION SAFETY OFFICER (RSO) -- ONE-YEAR FULL-TIME EXPERIENCE

☐ YES
☐ N/A

Completed 1 year of full-time radiation safety experience (in areas identified in item 6a) under supervison. of _____ the RSO for License No. _____.

9. MEDICAL PHYSICIST -- ONE-YEAR FULL-TIME TRAINING/WORK EXPERIENCE

☐ YES
☐ N/A

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 _____ who is a medical physicist (35.961) or meets requirements for Authorized Medical Physicists (35.51);

and

☐ YES
☐ N/A

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) _____ 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

JOHN M. MAHER, MD

B. Supervisor is:

- [x] Authorized User
- [ ] Authorized Medical Physicist
- [ ] Radiation Safety Officer
- [ ] Authorized Nuclear Pharmacist

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

for medical uses in Part 35, Section(s) _____

D. Address

E. Materials License Number

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) _____ as documented in section(s) _____ 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.
- [ ] N/A

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 _____ 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): _____

A. Address

B. Materials License Number

C. NAME OF PRECEPTOR *(print clearly)*	D. SIGNATURE – PRECEPTOR	E. DATE
JOHN M MAHER MD		25 Aug 2006

Certificate of Attendance

The International Institute for Continuing Medical Education, Inc.

Certifies that

Daniel Alder, M.D.

has participated in the educational activity entitled

Internal Derangements of Joints: Advanced & Intensive MR Imaging Course
February 22 - 25, 2006
Hotel del Coronado, San Diego, CA

This activity has been awarded 23.0 hours of Category 1 credit towards the Physician's Recognition Award of the American Medical Association.

Each participant must claim only that number of hours actually in attendance.
A record of attendance will be on file with
The International Institute for Continuing Medical Education, Inc.

I certify that I have attended 23.0 hours in this activity.

Daniel Alder, MD

Daniel Alder, M.D.

Floyd C. Pennington, Ph.D.

Floyd C. Pennington, Ph.D.
Director, Continuing Medical Education

Accreditation Statement

The American College of Radiology is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

CME Credit

The American College of Radiology designates this educational activity as meeting the criteria for a maximum of **8 Category 1 credits**™ for October 27, 2006, and **12.5 Category 1 credits**™ for October 28-29, 2006, towards the AMA's Physician's Recognition Award. *If attending all three (3) days, the ACR designates a maximum of* **20.5 Category 1 credits.**™ *Physicians should only claim credit commensurate with the extent of their participation in the activity.*

Course Objectives

Attendees will increase their knowledge concerning:

- Provide a foundation for understanding cardiac diseases, based upon an introductory understanding of normal cardiac anatomy, variants, and physiology.
- Understand the pathogenesis, epidemiology, and risk factors of coronary atherosclerotic heart disease.
- Review the principles of advanced cardiac and coronary artery imaging, with an emphasis on cardiac-gated multi-detector CT (MDCT) and nuclear medicine scintigraphy.
- Address the principles of cardiac multi-detector CT (MDCT) to include techniques, protocols, imaging strategies and ECG-gating.
- Optimize advanced cardiac protocols and data reconstruction to include contrast medium injection techniques, the administration of beta-blockers and nitroglycerine, and the assessment of cardiac function, perfusion, and viability.
- Recognize the characteristics of currently available cardiac workstations, 3D imaging tools, and image manipulation and management.
- Describe the role of MDCT for coronary artery imaging to include plaque characterization and single versus multi-vessel disease.
- Correlate MDCT of coronary artery disease with cardiac catheterization imaging.
- Evaluate patency of coronary artery bypass grafts and coronary artery stents.
- Assess common congenital and acquired heart diseases and understand their medical and/or surgical management.
- Review other common indications for cardiac imaging such as mapping of the left atrium, diseases of the aorta, and cardiac neoplasms.

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Daniel C. Alder, M.D.
11957 Caneridge Place
San Diego, CA 92928

Continuing Medical Education

Certificate of Attendance

Educational Symposia certifies that Daniel C. Alder, M.D. has participated in the educational activity titled Internal Derangements of Joints 2006: Imaging-Arthroscopic Correlation at Omni Shoreham Hotel, Washington, DC on October 31 - November 4, 2006 and is awarded:

29.25 *AMA PRA Category 1 Credit(s)*™

Lisa Alexander-Davis

Lisa Alexander-Davis
Director, CME Certification Registration
Educational Symposia
5620 W Sligh Ave
Tampa, FL 33634-4490
(813) 806-1000

******Please Retain For Your Records******

Additional or replacement copies provided at a minimal charge.

Litho. in U.S.A.

CATEGORY I CME DOCUMENTATION

Daniel C. Alder, MD

2006

Jan	Internal Derangement of Joints:			
	Advanced and Intensive MR Imaging Course		UCSD	26.0 hrs
Mar	UCSD Radiology at Snowbird: Breast, Body, MSK		UCSD	20.0 hrs
	Breast Ultrasound Imaging	1.0 hrs		
	Breast MRI Imaging	1.0 hrs		
	Mammography	2.0 hrs		
Oct	ACR			
	27 Oct - Cardiac CT: Supervised Case Review		ACR	8.0 hrs
	28,29 Oct - Cardiac Imaging: Lecture Series – Intermediate		ACR	12.0 hrs
Oct/Nov	Internal Derangement of Joints 2006:			
	Imaging – Arthroscopic Correlation		UCSD	29.25 hrs
Jan-Dec	San Diego Radiological Society		SDRS	___ hrs
	Breast Imaging - MRI	1.0hrs		
Jan-Dec	Naval Medical Center San Diego Radiology		NMCSD	____ hrs

2005

Jan-Dec	Naval Medical Center San Diego Radiology		NMCSD	17.0 hrs
	Breast Imaging	5.0hrs		
Jan-Dec	San Diego Radiological Society		SDRS	7.0 hrs
	Breast Imaging - MRI	1.0hrs		

2004

Jan-Dec	Naval Medical Center San Diego Radiology		NMCSD	28.0 hrs
	Breast Imaging	3.0hrs		
Jan-Dec	San Diego Radiological Society		SDRS	5.0 hrs
Mar	American Board of Quality Assurance & Utilization Review		ABQAURP	2.0 hrs
Apr	7th Intensive Interactive Head & Neck Imaging Conference		Univ. of Utah	34.0 hrs
May	Turf Wars: MRA vs. CTA		IAME	1.0 hrs
May	ARRS Annual Meeting-2004		ARRS	39.5 hrs
	Breast Imaging	22.0 hrs		
	Breast MRI Imaging	4.0 hrs		
	Ultrasound Imaging	3.0 hrs		
May	ARRS Annual Meeting-2004 Scientific Exhibits		ARRS	2.75 hrs
	Breast Imaging	1.75 hrs		
	Ultrasound Imaging	1.0 hrs		
Dec	NYU 23rd Annual CT/MRI: Head to Toe Conference		NYU	37.7 hrs
	One day of Cardiac Imaging	4.5 hrs		

2003

Jan-Dec	Naval Medical Center San Diego Radiology		NMCSD	37.0 hrs
	Breast Imaging	5.0hrs		
Jan-Dec	San Diego Radiological Society		SDRS	7.0 hrs
May	ARRS Annual Meeting-2003		ARRS	42.0 hrs
	Breast Imaging	8.5 hrs		
	Neuroradiology	9.0 hrs		
Oct	American Society of Emergency Radiology Meetings			
	14th Annual Scientific Program.		ASER	22.0 hrs

Department of the Navy
Bureau of Medicine and Surgery

Certificate of Completion

Presented to

Daniel C. Alder, M. D.

Has attended the

Medical Officers' Course in Nuclear Medicine and Radioisotope Techniques Course 9102

18 Feb 91 to 29 Mar 91
Date

Commander
National Naval Medical Center

DEPARTMENT OF THE NAVY
NATIONAL NAVAL MEDICAL CENTER
BETHESDA, MARYLAND 20814-5000

IN REPLY REFER TO:
6470
0405/9102
29 Mar 91

From: Course Director, Medical Officer's Course in Nuclear Medicine and Radioisotope Techniques, National Naval Medical Center
To: LCDR Daniel C. Alder, MC, USN

Subj: PRECEPTOR STATEMENT

Ref: (a) USNRC Regulatory Guide 10.8, Rev. 2, of August 1987

1. Per reference (a), this preceptor statement is forwarded for your records. It documents the training your received after successfully completing the Medical Officer's Course in Nuclear Medicine and Radioisotope Techniques held at the National Naval Medical Center on 25 February to 29 March 1991.

2. Training received in Basic Radioisotope Handling Techniques:

FIELD OF TRAINING A	LOCATION AND DATE (S) OF TRAINING B	TYPE AND LENGTH OF TRAINING	
		CLOCK HOURS IN LECTURE OR LABORATORY	CLOCK HOURS OF SUPERVISED ON THE JOB EXPERIENCE
a. RADIATION PHYSICS AND INSTRUMENTATION	Medical Officer's Course in Nuclear Medicine and Radioisotope Techniques, Class No. 9102 National Naval Medical Center, Bethesda, Maryland 20889-5000, 25 February 91 to 29 March 1991.	109	00
b. RADIATION PROTECTION		22	00
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY		24	00
d. RADIATION BIOLOGY		24	00
e. RADIOPHARMACEUTICAL CHEMISTRY		26	00

3. A total of 205 hours of training and experience were provided as indicated in paragraph 2 above. This instruction was obtained under the supervision of CDR E. D. Silverman, MC, USN, Head, Nuclear Medicine Division, Radiology Dept., National Naval Medical Center. NRMP No. 19-0498A-11NP and 32NP applies.

E. Silverman

E. D. SILVERMAN
By direction

SUPPLEMENT

U. S. NUCLEAR REGULATORY COMMISSION

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.

FULL NAME: LCDR Daniel C. Alder, MC, USN

STREET ADDRESS: Naval Hospital San Diego

CITY / STATE / ZIP CODE: San Diego, CA . 92134-5000

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
	Thyroid scan	None	
	Thyroid uptake	"	
	Lung perfusion scan	"	
	Xenon ventilation study	"	
	Aerosol ventilation scan	"	
	Renal flow scan	"	
	Brain scan	"	
	Liver/spleen scan	"	
	Bone scan	"	
	Gastroesophageal study	"	
	LeVeen shunt study	"	
	Cystogram	"	
	Dacryocystogram	"	
	Cardiac perfusion scan.	"	
	Cardiac stress ventriculogram	"	
	Cardiac rest ventriculogram	"	
	Gallium scan	"	

Daniel C. Alder, M. D.

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	NONE	
P-32 *(Colloidal)*	INTRACAVITARY TREATMENT	NONE	
I-131	TREATMENT OF THYROID CARCINOMA	NONE	
	TREATMENT OF HYPERTHYROIDISM	NONE	
Au-198	INTRACAVITARY TREATMENT	NONE	
Co-60 or Cs-137	INTERSTITIAL TREATMENT	NONE	
	INTRACAVITARY TREATMENT	NONE	
I-125 or Ir-192	INTERSTITIAL TREATMENT	NONE	
Co-60 or Cs-137	TELETHERAPY TREATMENT	NONE	
Sr-90	TREATMENT OF EYE DISEASE	NONE	
	RADIOPHARMACEUTICAL PREPARATION		
Mo-99/ Tc-99m	GENERATOR	ELUTED ONE (1)	
Sn-113/ In-113m	GENERATOR	NONE	
Tc-99m	REAGENT KITS	PREPARED FOUR (4)	
Other		NONE	

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

LOCATION	DATES	CLOCK HOURS OF EXPERIENCE
National Naval Medical Center, Bethesda, MD Medical Officer's Course in Nuclear Medicine & Radioisotope Techniques No.		205 in basic science of Nuclear Medicine. 00 in clinical lectures.

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

a. NAME OF SUPERVISOR
E. D. SILVERMAN, CDR, MC, USN

b. NAME OF INSTITUTION
National Naval Medical Center

c. MAILING ADDRESS
Nuclear Medicine Division

d. CITY
Bethesda, MD

e. MATERIALS LICENSE NUMBER(S)
NRMP No. 19-0498A-11NP & 32NP

6. PRECEPTOR'S SIGNATURE
E. Silverman

7. PRECEPTOR'S NAME *(Please type or print)*
E. D. SILVERMAN, CDR, MC, USN

8. DATE

FORM NRC-313M-SUPPLEMENT B
(8-70)

U. S. NUCLEAR REGULATORY COMMISSION

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: DAN ALDER

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	119	
	DETERMINATION OF BLOOD AND BLOOD PLASMA VOLUME	3	
	LIVER FUNCTION STUDIES		
	FAT ABSORPTION STUDIES		
	KIDNEY FUNCTION STUDIES		
	IN VITRO STUDIES		
OTHER			
I-125	DETECTION OF THROMBOSIS		
I-131	THYROID IMAGING	16	
P-32	EYE TUMOR LOCALIZATION		
Se-75	PANCREAS IMAGING		
Yb-169	CISTERNOGRAPHY		
Xe-133	BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES		
OTHER	TL/MIBI 99mTc Sestamibi	189	
Tc-99m	BRAIN IMAGING		
	CARDIAC IMAGING MUGA/PYP	100	
	THYROID IMAGING	88	
	SALIVARY GLAND IMAGING		
	BLOOD POOL IMAGING		
	PLACENTA LOCALIZATION		
	LIVER AND SPLEEN IMAGING	88	
	LUNG IMAGING	241	
	BONE IMAGING	891	
OTHER	99mTc DTPA/MAG 3 Renals	125	

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	17	
	TREATMENT OF HYPERTHYROIDISM	22	
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		
Sn-113/ In-113m	GENERATOR		
Tc-99m	REAGENT KITS		
Other	SVC/DVT	1	
	GI BLEED	13	
99mTc	MECKLES	11	
	TESTICULAR	14	
	GASTRIC EMPTYING	7	
IN111	INDIUM	66	
GA67	GALLIUM	156	SCHILLINGS 12

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

31 JUL 89 - 27 AUG 89
15 JAN 90 - 11 FEB 90
19 NOV 90 - 16 DEC 90
16 DEC 91 - 12 JAN 92
6 APR 92 - 3 MAY 92
TOTAL HOURS 960

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

a. NAME OF SUPERVISOR
W GOFF CDR,MC,USN

b. NAME OF INSTITUTION
NAVAL HOSPITAL

c. MAILING ADDRESS
RADIOLOGY DEPARTMENT

d. CITY
SAN DIEGO CA 92134-5000

5. MATERIALS LICENSE NUMBER(S)
RADIOACTIVE PERMIT NO. 04-00259-11NP

6. PRECEPTOR'S SIGNATURE

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

8. DATE

FORM NRC-313M-SUPPLEMENT B
(5-78)

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

(FOR LFMS USE)
INFORMATION FROM LTS

Program Code: 02120
Status Code: 0
Fee Category: 7C
Exp. Date: 20110331
Fee Comments: _____
Decom Fin Assur Reqd: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
   Applicant/Licensee: ST. LUKE'S MAGIC VALLEY REG MED CTR
   Received Date: 20070103
   Docket No: 3032236
   Control No.: 471209
   License No.: 11-27082-01
   Action Type: Amendment

2. FEE ATTACHED
   Amount: _____
   Check No.: _____

3. COMMENTS

Signed Colleen Murnahan
Date 01-08-07

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 is entered /__/)

1. Fee Category and Amount: _____

2. Correct Fee Paid. Application may be processed for:
   Amendment _____
   Renewal _____
   License _____

3. OTHER _____

Signed _____
Date _____