



**St Luke's**  
**Magic Valley**  
Regional Medical Center

**Department of Diagnostic Imaging**

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# The American Board of Radiology

Organized through the cooperation of the  
American College of Radiology, the American Roentgen Ray Society,  
the American Radium Society, the Radiological Society of North America,  
the Section on Radiology of the American Medical Association,  
the American Society for Therapeutic Radiology and Oncology, the Association of  
University Radiologists, and American Association of Physicians in Medicine

Hereby certifies that

**Michael Paul Dixon, PhD**

Has pursued an accepted course of graduate study  
and clinical work, has met certain standards and qualifications and  
has passed the examinations conducted under the authority of

The American Board of Radiology

On this eighth day of June, 2005

Thereby demonstrating to the satisfaction of the Board  
that he is qualified to practice the specialty of

**Diagnostic Radiology**



*Alan A. Speck, M.D.*  
President

*Michael T. Skopje, MD*  
Secretary-Treasurer

*R.R. Hooten, MD*  
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Certificate No. 51433

Valid through 2015

NRC FORM 313A (AUD) (3-2007)	U.S. NUCLEAR REGULATORY COMMISSION	APPROVED BY OMB: NO. 3150-0120 EXPIRES: 10/31/2008
<b>AUTHORIZED USER TRAINING AND EXPERIENCE                  AND PRECEPTOR ATTESTATION</b> (for uses defined under 35.100, 35.200, and 35.500) [10 CFR 35.190, 35.290, and 35.590]		

Name of Proposed Authorized User Michael Paul Dixon, MD	State or Territory Where Licensed Idaho
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Requested Authorization(s) (check all that apply)

35.100 Uptake, dilution, and excretion studies

35.200 Imaging and localization studies

35.500 Sealed sources for diagnosis (specify device \_\_\_\_\_)

**PART I -- TRAINING AND EXPERIENCE**  
 (Select one of the three methods below)

\* Training and Experience, including board certification, must have been obtained within the 7 years preceding the date of application or the individual must have obtained related continuing education and experience since the required training and experience was completed. Provide dates, duration, and description of continuing education and experience related to the uses checked above.

**1. Board Certification**

- a. Provide a copy of the board certification.
- b. If using only 35.500 materials, stop here. If using 35.100 and 35.200 materials, skip to and complete Part II Preceptor Attestation.

**2. Current 35.390 Authorized User Seeking Additional 35.290 Authorization**

- a. Authorized user on Materials License \_\_\_\_\_ meeting 10 CFR 35.390 or equivalent Agreement State requirements seeking authorization for 35.290.
- b. Supervised Work Experience.  
 (If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this section.)

Description of Experience	Location of Experience/License or Permit Number of Facility	Clock Hours	Dates of Experience*
Eluting generator systems appropriate for the preparation of radioactive drugs for imaging and localization studies, measuring and testing the eluate for radionuclidic purity, and processing the eluate with reagent kits to prepare labeled radioactive drugs			

**Total Hours of Experience:**

Supervising Individual	License/Permit Number listing supervising individual as an authorized user
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Supervisor meets the requirements below, or equivalent Agreement State requirements (check all that apply).

- 35.290       35.390 + generator experience in 32.290(c)(1)(ii)(G)

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 (3-2007) AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Training and Experience for Proposed Authorized User

a. Classroom and Laboratory Training.

Description of Training	Location of Training	Clock Hours	Dates of Training*
Radiation physics and instrumentation	University of Iowa, Iowa City, Iowa	10	Jul 2001 - Jun 2005
Radiation protection	University of Iowa, Iowa City, Iowa	15	Jul 2001 - Jun 2005
Mathematics pertaining to the use and measurement of radioactivity	University of Iowa, Iowa City, Iowa	5	Jul 2001 - Jun 2005
Chemistry of byproduct material for medical use (not required for 35.590)	University of Iowa, Iowa City, Iowa	30	Jul 2001 - Jun 2005
Radiation biology	University of Iowa, Iowa City, Iowa	20	Jul 2001 - Jun 2005
<b>Total Hours of Training:</b> 85 hours			

b. Supervised Work Experience (completion of this table is not required for 35.590).  
 (If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this section.)

Supervised Work Experience		Total Hours of Experience:	
University of Iowa, Iowa City, Iowa		840 hours	
Description of Experience Must Include:	Location of Experience/License or Permit Number of Facility	Confirm	Dates of Experience*
Ordering, receiving, and unpacking radioactive materials safely and performing the related radiation surveys	University of Iowa, Iowa City, Iowa	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Jul 2001 - Jun 2005
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters	University of Iowa, Iowa City, Iowa	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Jul 2001 - Jun 2005

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**AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)**

**3. Training and Experience for Proposed Authorized User (continued)**

**b. Supervised Work Experience. (continued)**

Description of Experience Must Include:	Location of Experience/License or Permit Number of Facility	Confirm	Dates of Experience*
Calculating, measuring, and safely preparing patient or human research subject dosages	University of Iowa, Iowa City, Iowa	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Jul 2001 - Jun 2005
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material	University of Iowa, Iowa City, Iowa	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Jul 2001 - Jun 2005
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures	University of Iowa, Iowa City, Iowa	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Jul 2001 - Jun 2005
Administering dosages of radioactive drugs to patients or human research subjects	University of Iowa, Iowa City, Iowa	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Jul 2001 - Jun 2005
Eluting generator systems appropriate for the preparation of radioactive drugs for imaging and localization studies, measuring and testing the eluate for radionuclidic purity, and processing the eluate with reagent kits to prepare labeled radioactive drugs	University of Iowa, Iowa City, Iowa	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Jul 2001 - Jun 2005

Supervising Individual  Michael M. Graham, MD, PhD	License/Permit Number listing supervising individual as an authorized user 0037-1-5-AAB (State of Iowa)
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Supervisor meets the requirements below, or equivalent Agreement State requirements (check one).

35.190     35.290     35.390     35.390 + generator experience in 35.290(c)(1)(ii)(G)

**c. For 35.590 only, provide documentation of training on use of the device.**

Device	Type of Training	Location and Dates

**d. For 35.500 uses only, stop here. For 35.100 and 35.200 uses, skip to and complete Part II Preceptor Attestation.**

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**AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)**

**PART II - PRECEPTOR ATTESTATION**

Note: This part must be completed by the individual's preceptor. The preceptor does not have to be the supervising individual as long as the preceptor provides, directs, or verifies training and experience required. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each. (Not required to meet training requirements in 35.590)

**First Section**

Check one of the following for each use requested:

For 35.190

Board Certification

I attest that \_\_\_\_\_ has satisfactorily completed the requirements in  
Name of Proposed Authorized User

10 CFR 35.190(a)(1) and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100.

OR

Training and Experience

I attest that Michael Paul Dixon, MD has satisfactorily completed the 60 hours of training and  
Name of Proposed Authorized User

experience, including a minimum of 8 hours of classroom and laboratory training, required by 10 CFR 35.190(c)(1), and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100.

For 35.290

Board Certification

I attest that \_\_\_\_\_ has satisfactorily completed the requirements in  
Name of Proposed Authorized User

10 CFR 35.290(a)(1) and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100 and 35.200.

OR

Training and Experience

I attest that Michael Paul Dixon, MD has satisfactorily completed the 700 hours of training  
Name of Proposed Authorized User

and experience, including a minimum of 80 hours of classroom and laboratory training, required by 10 CFR 35.290(c)(1), and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100 and 35.200.

**Second Section**

Complete the following for preceptor attestation and signature:

I meet the requirements below, or equivalent Agreement State requirements, as an authorized user for:

- 35.190
- 35.290
- 35.390
- 35.390 + generator experience

Name of Preceptor

Michael M. Graham, MD, PhD

Signature

*Michael M. Graham*

Telephone Number

319-356-3380

Date

7/16/07

License/Permit Number/Facility Name

University of Iowa, Iowa City, Iowa, 0037-1-52-AAB (State of Iowa)