



250 Hospital Place, Soldotna, AK 99669 • (907) 714-4404 • www.cphg.org

CONFIDENTIAL FAX TRANSMITTAL

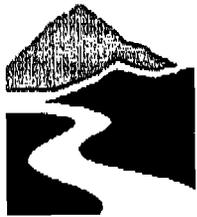
To:	Rachel Browder	From:	Margaret Stroup
Fax:	907-714-4995	Pages:	6 including cover
Phone:	907-714-4590	Date:	10/14/2008
Re:	License Notification/Amendment	CC:	

Urgent For Review Please Comment Please Reply Please Recycle

● Comments: If there are any questions or comments please feel free to contact me.

Thanks





**central
peninsula
hospital**

**heritage
place**

October 13, 2008

United States Nuclear Regulatory Commission
Region IV
Nuclear Materials Safety Branch
611 Ryan Plaza Drive, Suite 400
Arlington, TX 76011-8064

RE: License Number 50-29075-01

Notification/Amendment

To Whom It May Concern:

Central Peninsula Hospital would like to deliver notification of a change to our license. We would like to add Jesse Kincaid, M.D. to Central Peninsula Hospital Materials license. He is not currently listed as an authorized user on any license. We have enclosed NRC Form 313A (AUD). Jesse Kincaid, M.D. began employment with Central Peninsula Hospital on August 25, 2008.

Thank you for your assistance.

Sincerely,

Margaret Stroup
Radiation Safety Officer

CPH is a
member of
the Planetree
Alliance.

Central Peninsula Hospital • 250 Hospital Place, Soldotna, AK 99669 • (907) 714-4404 • www.cpgn.org
Heritage Place • 232 Rockwell Avenue, Soldotna, AK 99669 • (907) 262-2545 • fax (907) 260-4590

50-29075-01

NRC FORM 313A (AUD) (10-2007)	U.S. NUCLEAR REGULATORY COMMISSION	APPROVED BY OMB: NO. 3150-0120 EXPIRES: 10/31/2008
AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (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 Jesse Kincaid, MD	State or Territory Where Licensed Alaska
--	--

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
------------------------	--

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)

NRC FORM 313A (AUD)
(10-2007)

U.S. NUCLEAR REGULATORY COMMISSION

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			
Radiation protection			
Mathematics pertaining to the use and measurement of radioactivity			
Chemistry of byproduct material for medical use <i>(not required for 35.590)</i>			
Radiation biology			
Total Hours of Training:			

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:	
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		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters		<input type="checkbox"/> Yes <input type="checkbox"/> No	

NRC FORM 313A (AUD)
(10-2007)

U.S. NUCLEAR REGULATORY COMMISSION

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		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Administering dosages of radioactive drugs to patients or human research subjects		<input type="checkbox"/> Yes <input type="checkbox"/> No	
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		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Supervising Individual

License/Permit Number listing supervising individual as an authorized user

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.

NRC FORM 313A (AUD)
(10-2007)

U.S. NUCLEAR REGULATORY COMMISSION

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)

By checking the boxes below, the preceptor is attesting that the individual has knowledge to fulfill the duties of the position sought and not attesting to the individual's "general clinical competency."

First Section

Check one of the following for each use requested:

For 35.190

Board Certification

I attest that Jesse Kincaid, MD 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 _____ 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 Jesse Kincaid, MD 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 _____ 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	Signature	Telephone Number	Date
Helena Balon, MD		(248) 898-4126	09/22/2008
License/Permit Number/Facility Name			
21-01333-01			

50-29075-01

NRC FORM 315A (AUG) (10-2007) U.S. NUCLEAR REGULATORY COMMISSION																			
AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (for uses defined under 35.100, 35.200, and 35.500) [10 CFR 35.190, 35.290, and 35.590]																			
APPROVED BY OMB: NO. 3150-0120 EXPIRES: 10/31/2008																			
Name of Proposed Authorized User Jesse Kincaid, MD	State or Territory Where Licensed Alaska																		
Requested Authorization(s) (check all that apply)																			
<input checked="" type="checkbox"/> 35.100 Uptake, dilution, and excretion studies																			
<input checked="" type="checkbox"/> 35.200 Imaging and localization studies																			
<input type="checkbox"/> 35.500 Sealed sources for diagnosis (specify device _____)																			
PART I - TRAINING AND EXPERIENCE (Select one of the three methods below)																			
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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.																			
<input type="checkbox"/> 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.)																			
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">Description of Experience</th> <th style="width: 30%;">Location of Experience/License or Permit Number of Facility</th> <th style="width: 10%;">Clock Hours</th> <th style="width: 20%;">Dates of Experience*</th> </tr> </thead> <tbody> <tr> <td style="height: 100px; vertical-align: top;"> 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 </td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	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				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="4" style="text-align: center;">Total Hours of Experience:</td> </tr> <tr> <td colspan="4" style="height: 20px;"> </td> </tr> </table>			Total Hours of Experience:							
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Total Hours of Experience:																			
Supervising Individual _____ License/Permit Number listing supervising individual as an authorized user _____																			
Supervisor meets the requirements below, or equivalent Agreement State requirements (check all that apply).																			
<input type="checkbox"/> 35.290 <input type="checkbox"/> 35.390 + generator experience in 32.290(c)(1)(ii)(G)																			

No. 471978

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 Physicists in Medicine*

Hereby certifies that

Jesse Jennings Kincaid, MD

*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 sixth day of June, 2007

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

Diagnostic Radiology

AB Eligible



Certificate No. 53700

Ray O. Anderson, MD
President

Lith Ender
Secretary-Treasurer

R.R. Heston, MD
Executive Director



Valid through 2017

8 7 1 9 7 8

ACCEPTANCE REVIEW MEMO (ARM)

Licensee: Central Peninsula General Hospital

License No.: 50-29075-01

Docket No.: 030-33614

Mail Control No.: 471978

Type of Action: Amend

Date of Requested Action: 10-13-08

Reviewer Assigned:

ARM reviewer(s): ~~Bob~~ TORRES

Response	Deficiencies Noted During Acceptance Review
	<input type="checkbox"/> Open ended possession limits. Submit inventory. Limit possession. <input type="checkbox"/> Submit copies of latest leak test results. <input type="checkbox"/> Add IC L.C./Fingerprint LC, add SUNSI markings to license. <input type="checkbox"/> Confirm with licensee if they have NARM material.

Reviewer's Initials: _____

Date: _____

- Yes No Request for unrestricted release Group 2 or >. Consult with Bravo Branch.
- 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 HP's Initials: _____ **Date:** _____

SUNSI Screening according to RIS 2005-31

Yes No **Sensitive and Non-Publicly Available** if any item below is checked

General guidance:

- _____ RAM = or > than Category 3 (Table 1, RIS 2005-31), use Unity Rule
- _____ Exact location of RAM [suite #, bldg. #, location different from mailing address] (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 HP's Initials: RTZ **Date:** _____

NOV - 5 2008

NOV - 6 2008

DATE

This is to acknowledge the receipt of your letter/application dated 10-13-08, and to inform you that the initial processing, which includes an administrative review, has been performed.

There were no administrative omissions. Your application will be assigned to a technical reviewer. Please note that the technical review may identify additional omissions or require additional information.

Please provide to this office within 30 days of your receipt of this card:

The action you requested is normally processed within 90 days.

A copy of your action has been forwarded to our License Fee & Accounts Receivable Branch, who will contact you separately if there is a fee issue involved.

Your action has been assigned **Mail Control Number** 471978.
When calling to inquire about this action, please refer to this mail control number.
You may call me at 817-860-8103.

Sincerely,



Licensing Assistant

U.S. NUCLEAR REGULATORY COMMISSION
Region IV
611 Ryan Plaza Drive, Suite 400
Arlington, Texas 76011
DIVISION OF NUCLEAR MATERIALS SAFETY

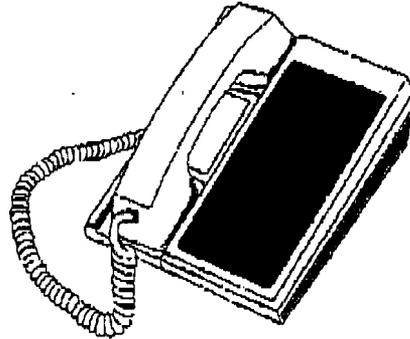
DATE/TIME: 11-5-08

PRIORITY:

Immediately

1 Hour

2-4 Hours



MESSAGE TO: Margaret Stoup, Radiation Safety Officer

MESSAGE FROM: Colleen Murnahan

NUMBER OF PAGES: 2 PLUS TRANSMITTAL SHEET

TELECOPY NUMBER: 817-860-8263 VERIFICATION NUMBER: _____

CONTACT: _____

SPECIAL INSTRUCTIONS/ATTACHMENTS:

Please submit copy of board certification for Jesse Kincaid, M.D. Copy was not included with amendment request. Reply to Colleen Murnahan, mail control number 471978.

Transmitted and Verified by:

DISPOSITION:

Return to Originator: _____

Place in Mail: _____

Other: _____

NAME _____ DATE _____