



UNITED STATES
NUCLEAR REGULATORY COMMISSION
REGION III
2443 WARRENVILLE ROAD, SUITE 210
LISLE, ILLINOIS 60532-4352

DEC 15 2008

John S. Harkness
Radiation Safety Officer
Moberly Hospital Company, LLC
1515 Union Street
Moberly, MO 65270

Dear Mr. Harkness:

This letter concerns your request dated September 11, 2008, to add Dr. Faler to your license as an authorized user. The information submitted in support of your request was nearly complete but not quite. I have attached copies of pages 2 and 3 of the 313A (AUD) form identifying the specific areas that need to be completed. In addition, Dr. Faler's classroom training was obtained greater than 7 years ago. 10 CFR 35.59 requires that training and experience must have been obtained **within the 7 years** preceding the date of application or the individual must have had related continuing education and experience since the required training and experience was completed. **Therefore, before Dr. Faler can be added to your license as an authorized user please provide the following: complete pages 2 and 3 of the 313A(AUD) form and provide evidence of continuing education that Dr. Faler has obtained within the 7 year time frame.**

Please review this letter and the enclosures carefully. If you have questions, please contact me at (630) 829-9842. Your request dated September 11, 2008; (Control # 317528) has been voided without prejudice. Please note that a "void" is an administrative procedure which allows you time to prepare a quality response. If you wish to pursue this matter, please send your response to my attention and reference the above control number.

In accordance with 10 CFR 2.390 of the NRC's "Rules of Practice," a copy of this letter will be available electronically for public inspection in the NRC Public Document Room or from the Publicly Available Records (PARS) component of NRC's document system (ADAMS). The NRC's document system is accessible from the NRC Web site at <http://www.nrc.gov/reading-rm/adams.html> (the Public Electronic Reading Room).

Sincerely,

A handwritten signature in black ink, appearing to read "Toye L. Simmons".

Toye L. Simmons
Materials Licensing Branch

License No. 24-18695-01
Docket No. 030-14054

Enclosures: As stated

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	Methodist Hosp School of Radiology, Memphis, TN	18	7-1-97 - 6-30-2001
Radiation protection	"	16	"
Mathematics pertaining to the use and measurement of radioactivity	"	18	"
Chemistry of byproduct material for medical use (not required for 35.590)	"	18	"
Radiation biology	"	18	"
Total Hours of Training:		<i>Complete 88 hours</i> 88	

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	Moberly Hosp. CO. 24-18695-01	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6-1-07 - Present
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters	"	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	"

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

Complete date of experience

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	Date of Experience*
Calculating, measuring, and safely preparing patient or human research subject dosages	Moberly Hosp, C.O. 24-18695-01	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material	11	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures	11	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Administering dosages of radioactive drugs to patients or human research subjects	11	<input checked="" 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	11	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Supervising Individual
[Signature]

License/Permit Number listing supervising individual as an authorized user
#24-18695-01

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.