

April 15, 2009

U.S. Nuclear Regulatory Commission, Region IV 612 E. Lamar Blvd, Suite 400 Arlington, TX 76011-4125

Subject:

Notification

NRC License No.

53-11966-01

Docket No.

030-03557

Dear License Reviewer:

Please remove the following physicians from our list of Authorized Users:

Dennis C. Long, M.D.

We have also approved Kim Mika Fujinaga, M.D. as an authorized user for byproduct materials listed in 10 CFR 35.100 and 35.200, and oral administration of sodium iodide I-131 requiring a written directive in quantities less than or equal to 33 millicuries. Dr. Fujinaga is certified in Diagnostic Radiology by the American Board of Radiology. A copy this certification is enclosed.

If you require any additional information please contact our Radiation Safety Officer, Ronald Frick at 808-373-7009.

Sincerely,

Donald Wood

**Imaging Director** 

Na 472216

RECEIVED

APR 3 0 2009

DNMS

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 Associatio
University Radiologists, and American Association of Physicists in Medicin
Hereby certifies that

## Kim Mika Fujinaga, MP

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 third day of June, 2008

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

Miagnostic Radiology

AM Eligible

BOARD

IN THE

DISTRICT

OF

OLUMBIA

1934

M. Reed Dennielo, M.S.

Richard 1. Morin

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## ACCEPTANCE REVIEW MEMO (ARM)

Licensee:	Hawaii Medical Center, LLC	License No.: 53-11966-01		
Docket No.:	030-03557-01	Mail Control No.: 472216		
Type of Actio	on: Notify	Date of Requested Action: 4-15-09.		
Reviewer Assigned:		ARM reviewer(s): Torres		
Response	Deficiencies Noted	During Acceptance Review		
	[ ] Open ended possession limits. [ ] Submit copies of latest leak tes [ ] Add IC L.C./Fingerprint LC, add [ ] Confirm with licensee if they ha	I SUNSI markings to license.		
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:				
Branch Chie	ef's and/or HP's Initials:	Date:		
Branch Chie	ef's and/or HP's Initials:	Date:		
Branch Chie	ef's and/or HP's Initials:  SUNSI Screening accor			
□Yes Mo	SUNSI Screening accor			
☐Yes ŴNo General guid	SUNSI Screening accor  Sensitive and Non-Publicly Avalance: RAM = or > than Category 3 (Table	ding to RIS 2005-31  vailable if any item below is checked e 1, RIS 2005-31), use Unity Rule lg. #, location different from mailing address] ent (site specific) erformance information		
Yes Mo General guid (who	SUNSI Screening accordance: RAM = or > than Category 3 (Table Exact location of RAM [suite #, blood ether = or > than Category 3 or not) Design of structure and/or equipmed information on nearby facilities Detailed design drawings and/or performed in the properties of the	ding to RIS 2005-31  vailable if any item below is checked  e 1, RIS 2005-31), use Unity Rule lg. #, location different from mailing address]  ent (site specific)  erformance information otection systems  demic (above Category 3):  umber of sealed sources & devices of RAM, description of facility (locks, alarms, etc.) to/from RAM, response to security events) accident-safety analysis/risk assess		

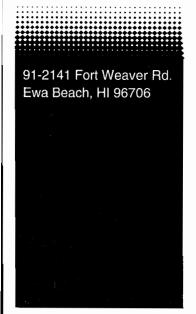
		5-05-09		
	s is to acknowledge the receipt of your lead of the second of your lead of the second	nat the initial processing,		
Ø		s. Your application will be assigned to a technical al review may identify additional omissions or		
	Please provide to this office within 30 d	days of your receipt of this card:		
The	action you requested is normally proces	ssed within days.		
	A copy of your action has been forward Branch, who will contact you separately	ded to our License Fee & Accounts Receivable y if there is a fee issue involved.		
Your action has been assigned <b>Mail Control Number</b> 47226. When calling to inquire about this action, please refer to this mail control number. You may call me at 817-860-8103.				
		Colleen Murnahan		
NRC (10-2	FORM 532 (RIV) 006)	Licensing Assistant		

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BETWEEN: License Fee Management Branch, ARM		: (FUR LFMS USE) : INFORMATION FROM LTS : : Program Code: 02120 : Status Code: 0	
LIC	ICENSE FEE TRANSMITTAL		
Α.	. REGION		
1.	APPLICATION ATTACHED Applicant/Licensee: HAWAII MEDICAL CENT Received Date: 20090420 Docket No: 3003557 Control No.: 472216 License No.: 53-11966-01 Action Type: Notifications	TER, LLC	
2.	. FEE ATTACHED Amount: Check No.:		
3.	. COMMENTS Signed Columbia	Jun Murashan	
В.	. LICENSE FEE MANAGEMENT BRANCH (Check when	n milestone 03 is entered $/\_/$ )	
1.	. Fee Category and Amount:		
2.	. Correct Fee Paid. Application may be property for the property formula in the property for the property fo	rocessed for:	
3.	. OTHER	_	
	Signed Date		







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