



Saint Alphonsus

St. Alphonsus RMC

1055 N Curtis Rd

Boise, ID 83706

208-367-3124

01May09

St. Alphonsus Regional Medical Center

1055 N. Curtis Rd.

Boise, ID 83706

NRC Region IV

611 Ryan Plaza Dr., Suite 400

Arlington, TX 76011

Fax: 817-860-8263

RE: Amendment to License Number # 11-27306-01

Item 1.B **Amendment to License number 11-27306-01**

Item 2 St. Alphonsus Regional Medical Center
 1055 N. Curtis Rd.
 Boise, ID 83706

Item 3 Same as Item 2

Item 4 Timothy B. Stack, MS, DABR, Medical Physicist
208-367-3124

Item 12.B	Authorized Users	Materials and Use
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Add **Shane J. McGonegle, MD** see Form 313A attached, Board Certification
(35.100, 35.200, 35.300(as per 6b, Form 313A))

Sincerely,

[Signature]

Timothy B. Stack, MS
RSO, SARMC, 208-367-3124

NO. 110 P. 1

Attn: Medical
Licenses
(6) pages total

NRC FORM 313A (10-2005)	U.S. NUCLEAR REGULATORY COMMISSION	APPROVED BY OMB: NO. 3150-0120 EXPIRES: 10/31/2008	
MEDICAL USE TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION			
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) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Shane McGonegle, MD </div> <div style="width: 50%;"> I am currently an authorized user after certification by American Board of Radiology in 2008. Completed Diagnostic Radiology Residency at Duke University Medical Center. </div> </div>			
2. For Physicians, Podiatrists, Dentists, Pharmacists -- State or Territory Where Licensed <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> North Carolina </div> <div style="width: 50%;"> (Duke University Medical Center) </div> </div>			
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	Duke University Medical Center Durham NC	40	7/1/2004 - 6/30/2008
Radiation Protection	"	20	"
Mathematics Pertaining to the Use and Measurement of Radioactivity	"	10	"
Radiation Biology	"	20	"
Chemistry of Byproduct Material for Medical Use	"	20	"
OTHER			

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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
Ordering, receiving, and unpacking radioactive materials safely and performing radiation survey	Paul Petty R E Coleman	Duke Univ. Medical Ctr Durham NC NC 032-0247-4	7-1-2004 → 6-30-2008
Performing QC procedures on instruments used to determine dose activity and checks for proper operation of survey meter	"	"	"
Calculating, measuring, and preparing patient dosages	"	"	"
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures	"	"	"
Using administrative controls to prevent a medication involving the use of unsealed byproduct material	"	"	"

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
I-131	THYROID UPTAKE	20	MICHAEL HANSON R E COLEMAN	DUKE UNIV MED CENTER DURHAM NC NC 032-0247-4	7-1-2004 → 6-30-2008
I-131	TREATMENT OF HYPERthyroidism AND THYROID CANCER	8	"	"	"
Tc-99m	DIAGNOSTIC STUDIES	350	"	"	"
In-111	DIAGNOSTIC STUDIES	10	"	"	"
Xe-133	VENTILATION STUDIES	100	"	"	"

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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	
N/A	N/A	N/A	
* 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)
N/A	N/A		
8. RADIATION SAFETY OFFICER (RSO) – ONE-YEAR FULL-TIME EXPERIENCE			
<input type="checkbox"/> YES Completed 1 year of full-time radiation safety experience (in areas identified in item 6a) under supervision.			
<input type="checkbox"/> N/A of _____ the RSO for License No. _____			
9. MEDICAL PHYSICIST – ONE-YEAR FULL-TIME TRAINING/WORK EXPERIENCE			
<input type="checkbox"/> YES 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 _____			
<input type="checkbox"/> N/A who is a medical physicist (35.961) or meets requirements for Authorized Medical Physicists (35.51);			
and			
<input type="checkbox"/> YES 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) _____			
<input type="checkbox"/> N/A under the supervision of _____ who is a medical physicist (35.961) or meets requirements for Authorized Medical Physicists (35.51) (specify use or device) _____			

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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

B. Supervisor is:

RALPH EDWARD COLEMAN☒ Authorized User☐ Authorized Medical PhysicistMICHAEL HANSON, Neil Petty☐ Radiation Safety Officer☐ Authorized Nuclear PharmacistC. Supervisor meets requirements of Part 35, Section(s) 35.190, 35.290for medical uses in Part 35, Section(s) 35.100, 35.200D. Address Box 3949DUKE UNIVERSITY MEDICAL CENTER
DURHAM NC 27710

E. Materials License Number

NC 032-0247-4

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) 35.290(c)(1) as documented in section(s) 35.100, 35.200 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 _____

N/A types of use, as documented in section(s) _____ of this form.

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 35.190, 35.290 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 Box 3949DUKE UNIV MEDICAL CENTERDURHAM NC 27710

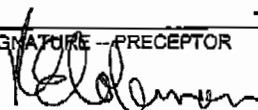
B. Materials License Number

NC-032-0247-4

C. NAME OF PRECEPTOR (print clearly)

RALPH COLEMAN

D. SIGNATURE -- PRECEPTOR



E. DATE

3/4/09

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

Shane James McGonegle, 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 third day of June, 2008

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

Diagnostic Radiology

AB Eligible



Certificate No. 56048

N. Reed Jennieby, MD
President

Richard L. Morin
Secretary-Treasurer

Hayden
Executive Director



Valid through 2018

ACCEPTANCE REVIEW MEMO (ARM)

Licensee: St. Alphonsus Reg. Med. Ctr.

License No.: 11-27306-01

Docket No.: 030-32263

Mail Control No.: 472234

Type of Action: Notify

Date of Requested Action: 5/01/09

Reviewer
Assigned:

ARM reviewer(s): Torres

Response	Deficiencies Noted During Acceptance Review
	<ul style="list-style-type: none">[] Open ended possession limits. Submit inventory. Limit possession.[] Submit copies of latest leak test results.[] Add IC L.C./Fingerprint LC, add SUNSI markings to license.[] 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: RATC

Date: 5-20-09

5-26-09

DATE

This is to acknowledge the receipt of your letter/application dated 5-01-09, 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 other 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 5 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 472234.
When calling to inquire about this action, please refer to this mail control number.
You may call me at 817-860-8103.

Sincerely,

Colleen Murahan

Licensing Assistant

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

: (FOR LFMS USE)
: INFORMATION FROM LTS
: -----
: Program Code: 02240
: Status Code: 0
: Fee Category: 7C
: Exp. Date: 20130228
: Fee Comments:
: Decom Fin Assur Req: N
:

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: ST. ALPHONSUS REG. MEDICAL CENTER
Received Date: 20090501
Docket No: 3032263
Control No.: 472234
License No.: 11-27306-01
Action Type: Notifications

2. FEE ATTACHED

Amount: /
Check No.: /

3. COMMENTS

Signed
Date

Colleen Murahan
5-12-09

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

