ACCEPTANCE REVIEW MEMO (ARM)

Community Medical Center, Inc. License No.: 25-18361-01

Licensee:

Docket No.:	030-14921	Mail Control No.: 472264						
Type of Actio	n: Amend	Date of Requested Action: 5/18/09						
Reviewer Assigned:	Roberto Torres	ARM reviewer(s): Torres						
Response	Deficienci	es Noted During Acceptance Review						
	 [] 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. 							
	Provide copy of Board Cer	tification for Dr. Dale. Copy provided in Email by Dr. Dale.						
Reviewer's In	itials: <u>MTC</u>	rtification for Dr. Dale. Copy provided in Email by Dr. Dale. Date: 6-1/09						
☐Yes ☐No	•	d release Group 2 or >. Consult with Bravo Branch.						
☐ Yes ☐ No	Termination request <	90 days from date of expiration						
☐Yes ☐No	• •	ergency, no RSO, location of use/storage not on ession not on license, other)						
☐ Yes ☐ No	TAR needed to comple	ete action.						
Branch Chie	f's and/or HP's Initials:	Date:						
	SUNSI Screenii	ng according to RIS 2005-31						
Yes No		ablicly Available if any item below is checked						
General guid								
		y 3 (Table 1, RIS 2005-31), use Unity Rule						
(whe	Exact location of RAM [st ther = or > than Category 3	uite #, bldg. #, location different from mailing address]						
		r equipment (site specific)						
***************************************	_Information on nearby fac							
		and/or performance information						
	Emergency planning and	or fire protection systems						
Specific guida	RAM quantities and inver							
		I model number of sealed sources & devices						
		ocation of RAM, description of facility formation (locks, alarms, etc.)						
		s (routes to/from RAM, response to security events)						
	Vulnerability/security asse	essment/accident-safety analysis/risk assess						
	_Mailing lists related to sec	curity response						
Branch Chie	f's and/or HP's Initials: <	Date: JUN 1 0 2000						

Torres, RobertoJ

From: Sent:

Kyle Dale [kyle.mt@gmail.com] Wednesday, June 10, 2009 7:04 PM

To:

Torres, RobertoJ

Cc:

Ryan-O'Hara, Kimberly; jbrewer@littleappletech.com

Subject:

Re: mail control number 472264

Attachments:

ABR.pdf

On Wed, Jun 10, 2009 at 1:32 PM, Torres, RobertoJ < RobertoJ. Torres@nrc.gov> wrote:

Dr. Brewer:

NRC has received the attached amendment request to add Kyle Dale, M.D. as an authorized user for the following uses: 10 CFR 35.100, 35.200 and administration of I-131 in less than or equal to 33 millicuries. What was not included with the request was a copy of Dr. Dale's board certification. Please provide copy of such board certification as a pdf file by reply email (or by fax to 817-860-8263 to my attention, make reference to mail control number 472264). Thank you.

Roberto J. Torres

Senior Health Physicist

U.S. Nuclear Regulatory Commission - Region IV

Division of Nuclear Materials Safety

Nuclear Materials Safety Branch B

612 East Lamar Boulevard, Suite 400

Arlington, Texas 76011-4125

Telephone 817-860-8189

Facsimile 817-860-8263

robertoj.torres@nrc.gov

The Muerican Warred of 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

Kule Laird Bale, AB

Heneby certifies that

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

On this thind day of June, 2008

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

AME

AH Fligible



Diagnostic Radiology

RobertoJ Torres

From:

RobertoJ Torres

Sent:

Wednesday, June 10, 2009 12:33 PM

To: Subject: 'Ryan-O'Hara, Kimberly'; 'jbrewer@littleappletech.com'; 'kyle.mt@gmail.com' Request for additional information

Attachments:

SCAN4334.pdf

Dr. Brewer:

NRC has received the attached amendment request to add Kyle Dale, M.D. as an authorized user for the following uses: 10 CFR 35.100, 35.200 and administration of I-131 in less than or equal to 33 millicuries. What was not included with the request was a copy of Dr. Dale's board certification. Please provide copy of such board certification as a pdf file by reply email (or by fax to 817-860-8263 to my attention, make reference to mail control number 472264). Thank you.

Roberto J. Torres Senior Health Physicist U.S. Nuclear Regulatory Commission - Region IV Division of Nuclear Materials Safety Nuclear Materials Safety Branch B 612 East Lamar Boulevard, Suite 400 Arlington, Texas 76011-4125 Telephone 817-860-8189 Facsimile 817-860-8263 robertoj.torres@nrc.gov

Colleen Murnahan

From:

Ryan-O'Hara, Kimberly [KRyanOhara@communitymed.org]

Sent:

Monday, May 18, 2009 4:15 PM

To:

Colleen Murnahan

Cc:

jbrewer@littleappletech.com; kyle.mt@gmail.com

Subject:

RAM License #25-18361-01

Attachments:

CMC letter.pdf; 313 AUT.pdf; 313 AUD.pdf

Dear Ms. Murnahan,

This is a request to amend our RAM license to include a new authorized user. I have attached a signed letter on Community Medical Center letterhead as well as NRC Form 313A.

Thank you,

Kimberly R. Ryan-O'Hara, BS, CNMT, RT(N), NCT Community Medical Center 2827 Fort Missoula Road Missoula, Montana 59804 \$06-327-4657



From day one.

2827 Fort Missoula Road Missoula, MT 59804 TEL (406) 728-4100 www.communitymed.org

May 18, 2009

Colleen Murnahan, Licensing Assistant US NRC Region IV 612 East Lamar Boulevard, Suite 400 Arlington, TX 76063

Dear Ms. Murnahan,

Community Medical Center would like to amend our RAM license #25-18361-01 to include Kyle Dale, M.D. as an authorized user. Dr. Dale has completed NRC Form 313A to document training and experience. Please refer to attached PDF files.

For further information, please contact me or our Radiation Safety Officer, Dr. James Brewer. DR. Brewer may be reached at 406-581-9867 or by e-mail at jbrewer@littleappletech.com.

Thank you.

Kis Rhyndhana

Kimberly R. Ryan-O'Hara, BS, CNMT, RT(N), NCT

Community Medical Center

2827 Fort Missoula Road

Missoula, Montana 59804

406-327-4657

kryanohara@communitymed.org

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

U.S. NUCLEAR REGULATORY COMMISSION

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (for uses defined under 35.300) [10 CFR 35.390, 35.392, 35.394, and 35.396]

APPROVED BY OMB: NO. 3150-0120 EXPIRES: 10/31/2008

Name of Propos	ed Authorized User		State or Torritory	Where Licensed	
·					
Kyle Laird Da	iie, ivi.D.	246 - 1600 - 1600 - 1600 - 1600 - 1600 - 1600 - 1600 - 1600 - 1600 - 1600 - 1600 - 1600 - 1600 - 1600 - 1600 -	P1(ontana	AN CARLOS CONTROL CONT
Requested Aut	horization(s) (check all that app	rly):			
35.300	Use of unsealed byproduct ma	aterial for whic	h a written direc	ctive is required	
OR					
35.300	Oral administration of sodium 1.22 gigabecquerels (33 millic		equiring a writter	n directive in quant	tities less ihan or equal to
35.300	Oral administration of sodium gigabecquerels (33 millicuries)		equiring a writte	n directive in quant	tities greater than 1.22
35.300	Parenteral administration of arthan 150 keV for which a writte			tting radionuclide	with a photon energy less
35.300	Parenteral administration of ar	ny other radior	nuclide for which	ı a written directive	e is required
			AND EXPERIE		
of application of app	d Experience, including board on or the individual must have r was completed. Provide dates checked above.	elated continu	ing education a	nd experience sind	ce the required training and
✓ 1. Board C	<u>Certification</u>				
a. Provide	a copy of the board certification	n.			
	390, provide documentation on to document this experience.	supervised cli	nical case expe	rience. The table	in section 3.c. may
and sup	396, provide documentation on pervised clinical case experience ent this experience.				
d. Skip to	and complete Part II Preceptor	Attestation.			
2. Current	35.300, 35.400, or 35.600 Aut	horized User	Seeking Addit	ional Authorization	<u>on</u>
a. Authoriz	ed User on Materials License			under the	e requirements below or
equivale	ent Agreement State requirement	nts <i>(check all</i> :	that apply):		
35.3	90 35.392	35.394	35.490	35.690	
required	tly authorized for a subset of classification supervised case experience. Ince. Also provide completed Page 1	The table in s	ection 3.c. may		
docume case exp	tly authorized under 35.490 or ntation on classroom and labor perience. The tables in section vide completed Part II Precepto	atory training, s 3.a., 3.b., ar	supervised wor	k experience, and	supervised clinical

0 Tuelelin - 1 = 1 = -			TION (continued)
 Training and Experience for Pr Classroom and Laboratory Train 		35.394	35.396
Description of Training	Location of Training		Clock 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			
Radiation biology			
To	otal Hours of Training:		
 Supervised Work Experience If more than one supervising indi of this page. 	35.390 35.392 Vidual is necessary to document supe	35.394 ervised training, p	35.396 rovide multiple copies
Supervised Work Experience	Total Ho Experier		
Description of Experience Must Include:	Location of Experience/License Permit Number of Facility	or Co	onfirm Dates of Experience
Ordering, receiving, and unpacking radioactive materials safely and performing the related radiation surveys			Yes No
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters			Yes No
Calculating, measuring, and safely preparing patient or numan research subject dosages			Yes No
Using administrative controls to prevent a medical event			Yes No
nvolving the use of unsealed byproduct material		and the second s	Yes

AUTHORIZED LISER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

AOTHORIZED OSER TRAIL	NING AND EXPENIE	NCE AND PRECEPTOR ATTESTATION (CO	minueu)
. Training and Experience for P	roposed Authorized	<u>User</u> (continued)	
b. Supervised Work Experience	(continued)		
Supervising Individual		License/Permit Number listing supervising ind authorized user	ividual as an
Supervising individual meets the apply)**:	e requirements below,	or equivalent Agreement State requirements	(check all that
35.390 With experience a	administering dosages	s of:	
35.394 gigabecquere	ls (33 millicuries)	ective in quantities less than or equal to 1.22	
35.396 Parenteral ad	ministration of beta-er	nan 1.22 gigabecquerels (33 millicuries) mitter, or photon-emitting radionuclide with a p a written directive is required	photon
. —	· •	ner radionuclide requiring a written directive	
** Supervising Authorized User must h requesting authorized user status.	ave experience in administ	ering dosages in the same dosage category or categorie	s as the individual
c. Supervised Clinical Case Exp If more than one supervising multiple copies of this page.		y to document supervised work experience, p	ti ta ang ang ang ang ang ang ang ang ang an
Description of Experience	Involving Personal Participation	Location of Experience/License or Permit Number of Facility	Dates of Experience*
Oral administration of sodium iodide I-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)	4	Aurora St. Luke's Medical Center	9/12/05 9/24/05 4/7/06 4/11/06
Oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 1.22 gigabecquerels (33 millicuries)	2	Aurora St. Luke's Medical Center	9/2/05 8/17/06
Parenteral administration of any beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV for which a written directive is required			
Parenteral administration of any other radionuclide for which a written directive is required			
(List radionuclides)	American de la constante de la		

Training and Exp	erience for Proposed Authorize	ed User (continued)
	nical Case Experience (continued	
Supervising Individu	al	License/Permit Number listing supervising individual as an authorized user
Supervising individ	lual meets the requirements belo	w, or equivalent Agreement State requirements (check all that
35.390 With	n experience administering dosag	ges of:
35.392	Oral Nal-131 requiring a written d gigabecquerels (33 millicuries)	directive in quantities less than or equal to 1.22
. h	Oral Nal-131 in quantities greater	r than 1.22 gigabecquerels (33 millicuries)
	Parenteral administration of beta- energy less than 150 keV requirir	-emitter, or photon-emitting radionuclide with a photon ng a written directive is required
	Parenteral administration of any o	other radionuclide requiring a written directive
** Supervising Authori requesting authorize		nistering dosages in the same dosage category or categories as the individual
d Provide complet	ted Part II Preceptor Attestation.	
a. Trovido compio	iod i dit ii i roooptor /titootation.	
	PART II – PREC	CEPTOR ATTESTATION
individual as lon	pe completed by the individual's pag as the preceptor provides, dire	CEPTOR ATTESTATION preceptor. The preceptor does not have to be the supervising cts, or verifies training and experience required. If more than noce, obtain a separate preceptor statement from each.
individual as lon one preceptor is By checking the	pe completed by the individual's p ng as the preceptor provides, dire s necessary to document experier	preceptor. The preceptor does not have to be the supervising cts, or verifies training and experience required. If more than nce, obtain a separate preceptor statement from each. Itesting that the individual has knowledge to fulfill the duties of the content o
individual as lon one preceptor is By checking the	pe completed by the individual's page as the preceptor provides, dires necessary to document experient boxes below, the preceptor is att	preceptor. The preceptor does not have to be the supervising cts, or verifies training and experience required. If more than nce, obtain a separate preceptor statement from each. Itesting that the individual has knowledge to fulfill the duties of the content o
individual as lon one preceptor is By checking the position sought a	pe completed by the individual's page as the preceptor provides, dires necessary to document experient boxes below, the preceptor is att	preceptor. The preceptor does not have to be the supervising lots, or verifies training and experience required. If more than note, obtain a separate preceptor statement from each. testing that the individual has knowledge to fulfill the duties of the "s "general clinical competency."
individual as lon one preceptor is By checking the position sought a	pe completed by the individual's pag as the preceptor provides, dire is necessary to document experied boxes below, the preceptor is attand not attesting to the individual	preceptor. The preceptor does not have to be the supervising lots, or verifies training and experience required. If more than ince, obtain a separate preceptor statement from each. testing that the individual has knowledge to fulfill the duties of the "s "general clinical competency."
individual as lon one preceptor is By checking the position sought a Section ck one of the follow	be completed by the individual's pag as the preceptor provides, dires necessary to document experient boxes below, the preceptor is attend not attesting to the individual wing for each requested author	preceptor. The preceptor does not have to be the supervising lots, or verifies training and experience required. If more than ince, obtain a separate preceptor statement from each. testing that the individual has knowledge to fulfill the duties of the "s "general clinical competency."
individual as lon one preceptor is By checking the position sought a Section ok one of the follow For 35.390:	be completed by the individual's pag as the preceptor provides, dires necessary to document experient boxes below, the preceptor is attend not attesting to the individual wing for each requested author	preceptor. The preceptor does not have to be the supervising lots, or verifies training and experience required. If more than ince, obtain a separate preceptor statement from each. It is that the individual has knowledge to fulfill the duties of the superior of the superior of the second competency." **Trization:** has satisfactorily completed the training and experience.
individual as lon one preceptor is By checking the position sought at the section of the following process of the follow	be completed by the individual's pag as the preceptor provides, dires necessary to document experient boxes below, the preceptor is attend not attesting to the individual wing for each requested authorition Kyle Laird Dale, M.D.	preceptor. The preceptor does not have to be the supervising lots, or verifies training and experience required. If more than ince, obtain a separate preceptor statement from each. It is that the individual has knowledge to fulfill the duties of the supervision of the second clinical competency." **rization:** has satisfactorily completed the training and experience.
individual as lon one preceptor is By checking the position sought at the section of the following process of the follow	be completed by the individual's pag as the preceptor provides, dires necessary to document experient boxes below, the preceptor is attand not attesting to the individual wing for each requested authorition Kyle Laird Dale, M.D. Name of Proposed Authorized User	preceptor. The preceptor does not have to be the supervising acts, or verifies training and experience required. If more than note, obtain a separate preceptor statement from each. Itesting that the individual has knowledge to fulfill the duties of the supervision of the superv
individual as lon one preceptor is By checking the position sought at the section of the follow of	pe completed by the individual's pag as the preceptor provides, direst necessary to document experient boxes below, the preceptor is attained not attesting to the individual wing for each requested authorition Kyle Laird Dale, M.D. Name of Proposed Authorized User in 35.390(a)(1).	preceptor. The preceptor does not have to be the supervising lots, or verifies training and experience required. If more than ince, obtain a separate preceptor statement from each. It is that the individual has knowledge to fulfill the duties of the supervision of the second clinical competency." **rization:** has satisfactorily completed the training and experience.
individual as lon one preceptor is By checking the position sought at the section of the following process of the follow	pe completed by the individual's pag as the preceptor provides, direst necessary to document experient boxes below, the preceptor is attained not attesting to the individual wing for each requested authorition Kyle Laird Dale, M.D. Name of Proposed Authorized User in 35.390(a)(1).	preceptor. The preceptor does not have to be the supervising acts, or verifies training and experience required. If more than note, obtain a separate preceptor statement from each. Itesting that the individual has knowledge to fulfill the duties of the supervision of the superv

TOO FORM 242A (ALIT)	
NRC FORM 313A (AUT) (10-2007)	U.S. NUCLEAR REGULATORY COMMISSION
AUTHURIZE	ED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)
Preceptor Attestation	<u>n</u> (continued)
First Section (cor	ntinued)
For 35.392 (Ident	tical Attestation Statement Regardless of Training and Experience Pathway):
I attest that	has satisfactorily completed the 80 hours of classroom
and laborato experience	ory training, as required by 10 CFR 35.392(c)(1), and the supervised work and clinical case required in 35.392(c)(2).
For 35.394 (Ident	ical Attestation Statement Regardless of Training and Experience Pathway):
I attest that	has satisfactorily completed the 80 hours of classroom
	ory training, as required by 10 CFR 35.394 (c)(1), and the supervised work and clinical case required in 35.394(c)(2).
Second Section	
✓ I attest that	Kyle Laird Dale, M.D. has satisfactorily completed the required clinical case Name of Proposed Authorized User
experience r	required in 35.390(b)(1)(ii)G listed below:
	-131 requiring a written directive in quantities less than or equal to 1.22 querels (33 millicuries)
Oral Nal-	-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)
	al administration of beta-emitter, or photon-emitting radionuclide with a photon ess than 150 keV requiring a written directive is required
Parentera	al administration of any other radionuclide requiring a written directive
Third Section	
I attest that	Kyle Laird Dale, M.D. has satisfactorily achieved a level of competency to Name of Proposed Authorized User
function inde	pendently as an authorized user for:
	131 requiring a written directive in quantities less than or equal to 1.22 uerels (33 millicuries)
Oral Nal-	131 in quantities greater than 1.22 gigabecquerels (33 millicuries)
	al administration of beta-emitter, or photon-emitting radionuclide with a photon ss than 150 keV requiring a written directive is required
Parentera	al administration of any other radionuclide requiring a written directive

2007)					
•	ED USER TRAIN	NG AND EXPERI	ENCE AND PRECE	PTOR ATTESTATION (co	ontinued)
ourth Section					
For 35.396:					
Current 35.49	0 or 35.690 autho	orized user:			
I attest that		**************************************	is an authorize	d user under 10 CFR 35.4	190 or 35.690
laboratory t experience	nt Agreement Sta raining, as require	ed by 10 CFR 35.3 96(d)(2), and has a	96 (d)(1), and the si	npleted the 80 hours of cla upervised work and clinica ompetency sufficient to fur	l case
		of any beta-emitte written directive is		g radionuclide with a photo	on energy less
Parente	ral administration	of any other radio	nuclide for which a v	vritten directive is required	I
		,	OR		
Board Certific	ation:				
I attest that			has satisfactori	ly completed the board ce	ertification
Parente		of any beta-emitte	r, or photon-emitting	function independently as gradionuclide with a photo	
Parente than 150 Parente Parente h Section mplete the follow	ral administration be keV for which a ral adminstration ing for preceptor	of any beta-emitte written directive is of any other radion	r, or photon-emitting required uclide for which a w signature:		on energy less
Parente than 150 Parente Parente the Section mplete the follow	ral administration be keV for which a ral adminstration ing for preceptor	of any beta-emitte written directive is of any other radion	r, or photon-emitting required uclide for which a w signature:	radionuclide with a photo	on energy less
Parente than 150 Parente Parente The Section mplete the follow I meet the required as a section authorized a section and a s	ral administration of keV for which a written distribution a written distribution of keV for which a written a w	of any beta-emitte written directive is of any other radion attestation and sor equivalent Agreed 35.394 dosages in the follower directive in qualenter than 1.22 gigareta-emitter, or phorective is required	r, or photon-emitting required uclide for which a wasignature: ement State required 35.396 owing categories for the state in the st	radionuclide with a photon ritten directive is required ments, as an authorized uranged and the proposed Authorized to 1.22 gigabecquere licuries)	ser for:
Parente than 150 Parente Parente Parente A Section mplete the follow I meet the requiration 35.390 I have experier requesting auth Oral Nal-13 millicuries) V Oral Nal-13 Parenteral a 150 keV reco Parenteral a	ral administration of keV for which a written distribution a written distribution of keV for which a written a w	of any beta-emitte written directive is of any other radion attestation and sor equivalent Agreed 35.394 dosages in the follower directive in qualenter than 1.22 gigatesta-emitter, or phorective is required any other radionucles.	r, or photon-emitting required uclide for which a wasignature: ement State required 35.396 owing categories for the state is a state or each contities less than or each categories (33 miles).	radionuclide with a photoritten directive is required ments, as an authorized ur which the proposed Authorized to 1.22 gigabecquere licuries)	ser for: horized User is els (33
Parente than 150 Parente Parente The Section mplete the follow I meet the required as a section authorized a section and a s	ral administration of keV for which a written distribution a written distribution of keV for which a written a w	of any beta-emitte written directive is of any other radion attestation and sor equivalent Agreed 35.394 dosages in the follower directive in qualenter than 1.22 gigareta-emitter, or phorective is required	r, or photon-emitting required uclide for which a was ignature: ement State required 35.396 owing categories for a state less than or each state required a	radionuclide with a photon ritten directive is required ments, as an authorized uranged and the proposed Authorized to 1.22 gigabecquere licuries)	ser for:

NRC FORM 313A (AUD)

U.S. NUCLEAR REGULATORY COMMISSION

(10-2007)

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (for used defined under 25 400, 25 200, and 25 500)

(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	State or Territory Where Licens	ed	
Kyle Laird Dale, M.D.	MONTANA		
Requested Authorization(s) (check all that app	ly)		THE PROPERTY OF THE PROPERTY O
✓ 35.100 Uptake, dilution, and excretion stud	lies		
✓ 35.200 Imaging and localization studies			
35.500 Sealed sources for diagnosis (spec	ify device)	
	I TRAINING AND EXPERIENCE tone of the three methods below)		
* Training and Experience, including board ce the date of application or the individual must the required training and experience was co education and experience related to the use	t have obtained related continuing education mpleted. Provide dates, duration, and des	n and experier	nce since
1. Board Certification			
 a. Provide a copy of the board certification 	n.		
 b. If using only 35.500 materials, stop her Preceptor Attestation. 	re. If using 35.100 and 35.200 materials, s	kip to and com	plete Part II
2. Current 35.390 Authorized User Seek	king Additional 35.290 Authorization		
a. Authorized user on Materials License	meeting 10 CFR 35.	390 or equivale	ent Agreement
State requirements seeking authorizati	William Commission Com	•	•
b. Supervised Work Experience.	al is necessary to document supervised wo	rk experience,	provide multiple
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			ggyaggi yang yang kemiliman-damakan kan mali kemilimak dali kemilimak dali kemilimak dali kemilimak dali kemil I
purity, and processing the eluate with reagent kits to prepare labeled radioactive drugs			
	Total Hours of Experience:	emandia aana aa	\$ > 4,0,0,0, • • • • • • • • • • • • • • • •
	-		ividual co an
Supervising Individual	License/Permit Number listing authorized user	supervising ma	iyiddai as ari
			hat apply!
Supervisor meets the requirements below,	, or equivalent Agreement State requireme	nts (<i>crieck all t</i>	пасарріу).
35.290 35.390 + generat	or experience in 32.290(c)(1)(ii)(G)		

3. Training and Experience for Propos	sed 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	ta a comitinhalara de Adescialeira i como actual en esta esta esta esta esta esta esta esta		
Chemistry of byproduct material for medical use (not required for 35.590)			The second secon
Radiation biology			The second secon
	Total Hours of Training:		NAMES OF THE PROPERTY OF THE P
b. Supervised Work Experience (comple (If more than one supervising individu provide multiple copies of this section Supervised Work Experience	etion of this table is not required for 35.590) ual is necessary to document supervised won.) Total Hours of Experience:). ork 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		☐ Yes	
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters		Yes No	en ne vereben et eller

	NING AND EXPERIENCE AN		TESTATION (co	ntinued)			
Training and Experience for P		ontinued)					
 Supervised Work Experience Description of Experience Must Include: 	Location of Expe	rience/License or per of Facility	Confirm	Dates of Experience			
Calculating, measuring, and safe preparing patient or human rese subject dosages			Yes				
Using administrative controls to prevent a medical event involvinuse of unsealed byproduct mate		ALL L. C.	Yes				
Using procedures to contain spil byproduct material safely and us proper decontamination procedu	sing		Yes				
Administering dosages of radioa drugs to patients or human resea subjects		Yes					
Eluting generator systems approfor the preparation of radioactive drugs for imaging and localizatio studies, measuring and testing the luate for radionuclidic purity, an processing the eluate with reage kits to prepare labeled radioactively.	n ne d	Yes No					
Supervising Individual		se/Permit Number list rized user	ing supervising indi	vidual as an			
Supervisor meets the requirement	nts below, or equivalent Agree	ment State require	ments (check one).			
35.190 35.290	35.390 35.390	·) + generator exper	ience in 35.290(c)(1)(ii)(G)			
c. For 35.590 only, provide docu	ımentation of training on use o	of the device.					
Device	Type of Training		Location and Da	tes			

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

NRC FC (10-2007)	AUTHORIZED I	USER TRAININ	IG AND EXF	ERII	ENCE AND PRE	U.S. NUCLEAR REGULA CEPTOR ATTESTATION (CO		
			PART II – P	REC	EPTOR ATTEST	ATION		
Note:	Iote: This part must be completed by the individual's preceptor. The preceptor does not have to be the superindividual as long as the preceptor provides, directs, or verifies training and experience required. If more one preceptor is necessary to document experience, obtain a separate preceptor statement from each required to meet training requirements in 35.590)							
					esting that the in 's "general clinica	dividual has knowledge to fulf il competency."	ill the duties of the	
	ection one of the follow	ving for each ι	ıse requeste	ıd:				
For	35.190							
	Board Certification	<u>on</u>						
	✓ I attest that	Kyle Laird I	Dale, M.D.	ser	has satisfacto	rily completed the requiremen	nts in	
					el of competency ed under 10 CFR	sufficient to function independ 35.100.	lently as an	
					OR			
	Training and Exp	erience						
	I attest that				has satisfacto	rily completed the 60 hours o	f training and	
	35.190(c)(1),	and has achiev	ved a level of	com		aboratory training, required by t to function independently as 35.100.		
For	<u>35.290</u>							
	Board Certification	<u>nc</u>						
	✓ I attest that	Kyle Laird D	Pale, M.D.	er	has satisfacto	rily completed the requiremer	nts in	
						sufficient to function independ 35.100 and 35.200.	lently as an	
					OR			
	Training and Exp	erience			haa41 f 1	ally appealabled the 700 haves	of training	
	I attest that	Name of Prope	sed Authorized Us		nas satistacto	rily completed the 700 hours	or training	
	CFR 35.290(d	ce, including a	minimum of tachieved a le	30 ho	f competency suf	and laboratory training, requificient to function independen 35.100 and 35.200.		
	Section ete the following	for preceptor	attestation	and s	signature:			
	✓ I meet the rec	quirements belo	ow, or equiva	lent .	Agreement State	requirements, as an authorize	ed user for:	
	3 5.190	3 5.290	2 35.39	90	35.390 + 6	generator experience		
ame of	Preceptor	 The second control of the secon	Signature			Telephone Number	Date	
aresh	Desai, M.D.		<i>P</i> .	B	Desai.	(414) 649-6418	02/25/2009	
icense/	Permit Number/Fac	ility Name	988		Agricultura and an annual and a street of the second and a second and	er anna antici communica e e e e e e e e e e e e e e e e e e e		
VI 079	-1281-01, Auror	a Health Care	Metro, Inc.	d/b/	a Aurora St. Lu	ke's Medical Center		

Signed Date	3. OTHER	2. Correct Fee Paid. Application may be Amendment Renewal License	1. Fee Category and Amount:	B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03	Signed Date	3. COMMENTS	2. FEE ATTACHED Amount: Check No.:	1. APPLICATION ATTACHED Applicant/Licensee: COMMUNITY MEDICAL CENTER, INC. Received Date: 20090518 Docket No: 3014921 Control No.: 472264 License No.: 25-18361-01 Action Type: Amendment	A. REGION	LICENSE FEE TRANSMITTAL	BETWEEN: License Fee Management Branch, ARM and Regional Licensing Sections
		e processed for:		when milestone 03 is entered $/_/)$	allee Musnahan			AL CENTER, INC.			(FOR LFMS USE) INFORMATION FROM LTS Program Code: 02120 Status Code: 0 Fee Category: 7C Exp. Date: 20130531 Fee Comments: CODE 23 Decom Fin Assur Reqd: N