

July 20, 2009

U.S. Nuclear Regulatory Commission, Region III
Materials Licensing Branch
2443 Warrenville Road, Suite 210
Lisle, IL 60532-4352

RE: Amendment Request

LICENSEE: Centerpoint Medical Center of Independence, LLC
(d/b/a Centerpoint Medical Center)
NRC License No. 24-18655-01

To Whom It May Concern,

We wish to amend NRC License No. 24-18655-01 in the following ways:

1. Add the following Authorized Users:

Christopher McKinney, M.D. for uses 10 CFR 35.100, 35.200, 35.300 and 31.11. A copy of Dr. McKinney's American Board of Radiology Certificate and the required NRC forms are enclosed.

Ramesh Avva, M.D. for uses 10 CFR 35.100, 35.200, 35.300 and 31.11. Dr. Avva is listed as an authorized user for these on NRC Materials License number 24-187733-01. A copy is enclosed.

Ira Cox, M.D. for uses 10 CFR 35.100, 35.200, 35.300 and 31.11. Dr. Cox is listed as an authorized user for these on State of Kansas Radioactive Materials License number 19-B703-01. A copy is enclosed.

2. Remove the following Authorized Users:

Stephanie A. Miske, M.D.

We appreciate the help of the NRC in this matter.

Sincerely,



Robert Thompson, M.D.
Radiation Safety Officer

Enclosures

RECEIVED JUL 27 2009

Imaging Services

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

Christopher Paul McKinney, 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 tenth day of November, 2008

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

Diagnostic Radiology

AM Eligible

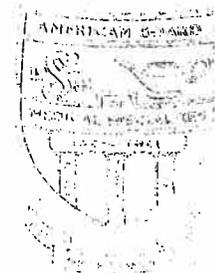


Certificate No. 56560

W. Reed Jennicks, MD
President

Richard T. Morin
Secretary-Treasurer

Harry Rubin, MD
Executive Director



Valid through 2018

**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: 3/31/2012

Name of Proposed Authorized User State or Territory Where Licensed

Christopher McKinney, M.D.

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 | Memorial Medical Center IL-01343-01 | 4 | 4-23-07 |

Total Hours of Experience:

Supervising Individual

Charles Neal, MD

License/Permit Number listing supervising individual as an authorized user

IL-01343-01

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)

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 | Memorial Medical Center - Springfield IL | 76 | 8/04 - 6/05 8/05 - 6/06 |
| Radiation protection | mmc | 16 | 8/04 - 6/05 8/05 - 6/06 |
| Mathematics pertaining to the use and measurement of radioactivity | m m c | 14 | 8/04 - 6/05 8/05 - 6/06 |
| Chemistry of byproduct material for medical use (not required for 35.590) | m m c | 16 | 8/04 - 6/05 8/05 - 6/06 |
| Radiation biology | m m c | 14 | 8/04 - 6/05 8/05 - 6/06 |

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 | Memorial Medical Center IL 01343-01 | <input checked="" type="radio"/> Yes <input type="radio"/> No | 6/25/07 - 7/22/07 |
| 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="radio"/> Yes <input type="radio"/> No | 6/25/07 - 7/22/07 |

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 | Memorial Medical Center IL 01343-01 | <input checked="" type="radio"/> Yes <input type="radio"/> No | 6/25/07 - 7/22/07 |
| Using administrative controls to prevent a medical event involving the use of unsealed byproduct material | " " | <input checked="" type="radio"/> Yes <input type="radio"/> No | 6/25/07 - 7/22/07 |
| Using procedures to contain spilled byproduct material safely and using proper decontamination procedures | " " | <input checked="" type="radio"/> Yes <input type="radio"/> No | 6/25/07 - 7/22/07 |
| Administering dosages of radioactive drugs to patients or human research subjects | " " | <input checked="" type="radio"/> Yes <input type="radio"/> No | 6/25/07 - 7/22/07 |
| 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 checked="" type="radio"/> Yes <input type="radio"/> No | |

Supervising Individual

Charles Neal, MD

License/Permit Number listing supervising individual as an authorized user

IL - 01343-01

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.

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 Christopher McKinney 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 Christopher McKinney 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

Charles Neal, MD

Signature

[Handwritten Signature]

Telephone Number

(217) 788-7021

Date

6-12-07

License/Permit Number/Facility Name

Memorial Medical Center

IL 01343-01

**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: 3/31/2012

Name of Proposed Authorized User State or Territory Where Licensed

Christopher McKinney, M.D.

Requested Authorization(s) (check all that apply):

- 35.300 Use of unsealed byproduct material for which a written directive is required

OR

- 35.300 Oral administration of sodium iodide I-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)
- 35.300 Oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 1.22 gigabecquerels (33 millicuries)
- 35.300 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
- 35.300 Parenteral administration of any other radionuclide for which a written directive is required

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 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. For 35.390, provide documentation on supervised clinical case experience. The table in section 3.c. may be used to document this experience.
- c. For 35.396, provide documentation on classroom and laboratory training, supervised work experience, and supervised clinical case experience. The tables in sections 3.a., 3.b., and 3.c. may be used to document this experience.
- d. Skip to and complete Part II Preceptor Attestation.

2. Current 35.300, 35.400, or 35.600 Authorized User Seeking Additional Authorization

- a. Authorized User on Materials License under the requirements below or equivalent Agreement State requirements (check all that apply):

35.390 35.392 35.394 35.490 35.690

- b. If currently authorized for a subset of clinical uses under 35.300, provide documentation on additional required supervised case experience. The table in section 3.c. may be used to document this experience. Also provide completed Part II Preceptor Attestation.
- c. If currently authorized under 35.490 or 35.690 and requesting authorization for 35.396, provide documentation on classroom and laboratory training, supervised work experience, and supervised clinical case experience. The tables in sections 3.a., 3.b., and 3.c. may be used to document this experience. Also provide completed Part II Preceptor Attestation.

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Training and Experience for Proposed Authorized User

| a. Classroom and Laboratory Training | 35.390 | 35.392 | 35.394 | 35.396 |
|--|---|--------|-------------|----------------------------|
| Description of Training | Location of Training | | Clock Hours | Dates of Training* |
| Radiation physics and instrumentation | Memorial Medical Center - Springfield, IL | | 76 | 8/04 - 6/05 8/05 - 6/06 |
| Radiation protection | mmc | | 16 | 8/04 - 6/05 8/05 - 6/06 |
| Mathematics pertaining to the use and measurement of radioactivity | mmc | | 14 | 8/04 - 6/05 8/05 - 6/06 |
| Chemistry of byproduct material for medical use | mmc | | 16 | 8/04 - 6/05 8/05 - 6/06 |
| Radiation biology | mmc | | 14 | 8/04 - 6/05 8/05 - 6/06 |

Total Hours of Training:

b. Supervised Work Experience 35.390 35.392 35.394 35.396
If more than one supervising individual is necessary to document supervised training, provide multiple copies of this page.

Supervised Work Experience

| Description of Experience Must Include: | Location of Experience/License or Permit Number of Facility | Total Hours of Experience: | |
|--|--|--------------------------------------|----------------------|
| | | Confirm | Dates of Experience* |
| Ordering, receiving, and unpacking radioactive materials safely and performing the related radiation surveys | Memorial Medical Center IL 01343-01 | <input checked="" type="radio"/> Yes | 6/25/07 - 7/22/07 |
| 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="radio"/> Yes | 6/25/07 - 7/22/07 |
| Calculating, measuring, and safely preparing patient or human research subject dosages | " " | <input checked="" type="radio"/> Yes | 6/25/07 - 7/22/07 |
| Using administrative controls to prevent a medical event involving the use of unsealed byproduct material | " " | <input checked="" type="radio"/> Yes | 6/25/07 - 7/22/07 |
| Using procedures to contain spilled byproduct material safely and using proper decontamination procedures | " " | <input checked="" type="radio"/> Yes | 6/25/07 - 7/22/07 |

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Training and Experience for Proposed Authorized User (continued)

b. Supervised Work Experience (continued)

Supervising Individual

License/Permit Number listing supervising individual as an authorized user

Charles Neal, MD

IL 01343 01

Supervising individual meets the requirements below, or equivalent Agreement State requirements (check all that apply)**:

- 35.390 With experience administering dosages of:
- 35.392 Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)
- 35.394 Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)
- 35.396 Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required
- Parenteral administration of any other radionuclide requiring a written directive

** Supervising Authorized User must have experience in administering dosages in the same dosage category or categories as the individual requesting authorized user status.

c. Supervised Clinical Case Experience

If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this page.

| Description of Experience | Number of Cases 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) | | | |
| Oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 1.22 gigabecquerels (33 millicuries) | | | |
| 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 | | | |

See SJH Form

(List radionuclides)

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Training and Experience for Proposed Authorized User

a. Classroom and Laboratory Training 35.390 35.392 35.394 35.396

| | | | | |
|-------------------------|----------------------|--|-------------|--------------------|
| 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

Radiation biology

see mme Form

Total Hours of Training:

b. Supervised Work Experience 35.390 35.392 35.394 35.396

If more than one supervising individual is necessary to document supervised training, provide multiple copies of this page.

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 | St. Johns Hospital Springfield IL IL-01409-01 | | <input checked="" type="radio"/> Yes | 4/17/06 - 5/28/06 9/18/06 - 10/15/06 3/3/08 - 3/30/08 |
| 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="radio"/> Yes | " " |
| Calculating, measuring, and safely preparing patient or human research subject dosages | " " | | <input checked="" type="radio"/> Yes | " " |
| Using administrative controls to prevent a medical event involving the use of unsealed byproduct material | " " | | <input checked="" type="radio"/> Yes | " " |
| Using procedures to contain spilled byproduct material safely and using proper decontamination procedures | " " | | <input checked="" type="radio"/> Yes | " " |

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Training and Experience for Proposed Authorized User (continued)

b. Supervised Work Experience (continued)

Supervising Individual

License/Permit Number listing supervising individual as an authorized user

Anton Johnson, MD PhD IL-01409-01

Supervising individual meets the requirements below, or equivalent Agreement State requirements (check all that apply)**:

- 35.390 With experience administering dosages of:
- 35.392 Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)
- 35.394 Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)
- 35.396 Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required
- Parenteral administration of any other radionuclide requiring a written directive

** Supervising Authorized User must have experience in administering dosages in the same dosage category or categories as the individual requesting authorized user status.

c. Supervised Clinical Case Experience

If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this page.

| Description of Experience | Number of Cases 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) | 3 | St. Johns Hospital Springfield, IL IL-01409-01 | 4-18-06 4-24-06 5-23-06 |
| Oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 1.22 gigabecquerels (33 millicuries) | | | |
| 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 | 108 | St. Johns Hospital Springfield IL IL-01409-01 | 4/17/06 → 5/28/06 9/18/06 → 10/15/06 3/3/08 → 3/30/08 |
| Parenteral administration of any other radionuclide for which a written directive is required | 31 | St. Johns Hospital Springfield IL IL-01409-01 | 4/17/06 → 5/28/06 9/18/06 → 10/15/06 3/3/08 → 3/30/08 |

(List radionuclides)

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Training and Experience for Proposed Authorized User (continued)

c. Supervised Clinical Case Experience (continued)

Supervising Individual

Anton Johnson, MD PhD

License/Permit Number listing supervising individual as an authorized user

IL 01409-01

Supervising individual meets the requirements below, or equivalent Agreement State requirements (check all that apply)**:

35.390 With experience administering dosages of:

35.392 Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)

35.394 Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)

35.396 Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required

Parenteral administration of any other radionuclide requiring a written directive

** Supervising Authorized User must have experience in administering dosages in the same dosage category or categories as the individual requesting authorized user status.

d. Provide completed Part II Preceptor Attestation.

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.

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 requested authorization:

For 35.390:

Board Certification

I attest that Christopher McKinney, M.D. has satisfactorily completed the training and experience requirements in 35.390(a)(1).
Name of Proposed Authorized User

OR

Training and Experience

I attest that _____ has satisfactorily completed the 700 hours of training and experience, including a minimum of 200 hours of classroom and laboratory training, as required by 10 CFR 35.390 (b)(1).
Name of Proposed Authorized User

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

Preceptor Attestation (continued)

First Section (continued)

For 35.392 (Identical Attestation Statement Regardless of Training and Experience Pathway):

I attest that _____ has satisfactorily completed the 80 hours of classroom
Name of Proposed Authorized User

and laboratory training, as required by 10 CFR 35.392(c)(1), and the supervised work and clinical case experience required in 35.392(c)(2).

For 35.394 (Identical Attestation Statement Regardless of Training and Experience Pathway):

I attest that _____ has satisfactorily completed the 80 hours of classroom
Name of Proposed Authorized User

and laboratory training, as required by 10 CFR 35.394 (c)(1), and the supervised work and clinical case experience required in 35.394(c)(2).

Second Section

✓ I attest that **Christopher McKinney, M.D.** has satisfactorily completed the required clinical case
Name of Proposed Authorized User

experience required in 35.390(b)(1)(ii)G listed below:

✓ Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)

Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)

Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required

Parenteral administration of any other radionuclide requiring a written directive

Third Section

✓ I attest that **Christopher McKinney, M.D.** has satisfactorily achieved a level of competency to
Name of Proposed Authorized User

function independently as an authorized user for:

Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)

✓ Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)

Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required

Parenteral administration of any other radionuclide requiring a written directive

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

Fourth Section

For 35.396:

Current 35.490 or 35.690 authorized user:

I attest that _____ is an authorized user under 10 CFR 35.490 or 35.690

Name of Proposed Authorized User

or equivalent Agreement State requirements, has satisfactorily completed the 80 hours of classroom and laboratory training, as required by 10 CFR 35.396 (d)(1), and the supervised work and clinical case experience required by 35.396(d)(2), and has achieved a level of competency sufficient to function independently as an authorized user for:

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

OR

Board Certification:

I attest that _____ has satisfactorily completed the board certification

Name of Proposed Authorized User

requirements of 35.396(c), has satisfactorily completed the 80 hours of classroom and laboratory training required by 10 CFR 35.396 (d)(1) and the supervised work and clinical case experience required by 35.396(d)(2), and has achieved a level of competency sufficient to function independently as an authorized user for:

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

Fifth Section

Complete the following for preceptor attestation and signature:

I meet the requirements below, or equivalent Agreement State requirements, as an authorized user for:

35.390 35.392 35.394 35.396

I have experience administering dosages in the following categories for which the proposed Authorized User is requesting authorization.

Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)

Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)

Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required

Parenteral administration of any other radionuclide requiring a written directive

Name of Preceptor

Anton Johnson, MD PhD

Signature

Telephone Number

(217) 544-6464

Date

6-22-2009

License/Permit Number/Facility Name

IL-01409-01 St. John's Hospital

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

Fourth Section

For 35.396:

Current 35.490 or 35.690 authorized user:

I attest that _____ is an authorized user under 10 CFR 35.490 or 35.690

Name of Proposed Authorized User

or equivalent Agreement State requirements, has satisfactorily completed the 80 hours of classroom and laboratory training, as required by 10 CFR 35.396 (d)(1), and the supervised work and clinical case experience required by 35.396(d)(2), and has achieved a level of competency sufficient to function independently as an authorized user for:

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

OR

Board Certification:

I attest that _____ has satisfactorily completed the board certification

Name of Proposed Authorized User

requirements of 35.396(c), has satisfactorily completed the 80 hours of classroom and laboratory training required by 10 CFR 35.396 (d)(1) and the supervised work and clinical case experience required by 35.396(d)(2), and has achieved a level of competency sufficient to function independently as an authorized user for:

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

Fifth Section

Complete the following for preceptor attestation and signature:

I meet the requirements below, or equivalent Agreement State requirements, as an authorized user for:

35.390 35.392 35.394 35.396

I have experience administering dosages in the following categories for which the proposed Authorized User is requesting authorization.

Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)

Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)

Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required

Parenteral administration of any other radionuclide requiring a written directive

| | | | |
|-------------------------------------|---|------------------|---------|
| Name of Preceptor | Signature | Telephone Number | Date |
| Charles Neal, MD |  | (217) 788-7021 | 6-12-09 |
| License/Permit Number/Facility Name | memorial medical center IL 01343-01 | | |



Southern
Illinois University
School of Medicine

May 19, 2009

Debbie Wilson
Western Missouri Radiological Group, Inc.
19609 E. 9th Street South
Independence Missouri 64056
Phone: 816-796-1412

Subj: Chris McKinney, MD

Dear Ms. Wilson,

This letter will document the nuclear medicine training of Christopher P. McKinney, MD. Dr. McKinney began his ACGME accredited Diagnostic Radiology Residency at Southern Illinois University School of Medicine on June 24, 2004 and completed his residency on June 23, 2008.

Attached is a procedure log indicating the procedures completed and confirmed by Dr. McKinney during his residency. Dr. McKinney received over 18 weeks of nuclear medicine training during his residency. His most recent nuclear medicine rotation was completed in March of 2008.

If you have any additional questions regarding Dr. McKinney's diagnostic radiology training, please do not hesitate to contact our office at 217-757-2387.

Sincerely,

A handwritten signature in black ink that reads "John Becker, M.D.".

John Becker, MD
Program Director

Procedure Logger Reports

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Student Physician Summary Report

Christopher McKinney

Radiology-Diagnostic

Date Range: All Dates

Created: 6/20/2008 9:51:02 AM

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| Procedure Name | CPT [®] Code | Credential Target | Total Logged | % of Total Logged | Confirmed (Passed) | Confirmed (Not Passed) | % for Credential (Confirmed/Passed) | Total Refused |
|--|-----------------------|-------------------|--------------|-------------------|--------------------|------------------------|-------------------------------------|---------------|
| Abcess Drainage (Radiology Diagnostic) | | 10 | 11 | 100% | 11 | 0 | 100% | 0 |
| AIF (Radiology Diagnostic) | | 10 | 0 | 0% | 0 | 0 | 0% | 0 |
| Angioplasty (Radiology-Diagnostic) | | 10 | 1 | 10% | 1 | 0 | 10% | 0 |
| Arthrogram (Radiology Diagnostic) | | 10 | 12 | 100% | 12 | 0 | 100% | 0 |
| Ash (Radiology Diagnostic) | | 10 | 0 | 0% | 0 | 0 | 0% | 0 |
| Aspiration (Radiology Diagnostic) | | 10 | 0 | 0% | 0 | 0 | 0% | 0 |
| Barium Enema (Radiology-Diagnostic) | | 10 | 34 | 100% | 34 | 0 | 100% | 0 |
| Biliary Stone Removal (Radiology-Diagnostic) | | 10 | 0 | 0% | 0 | 0 | 0% | 0 |
| Biopsy (Radiology Diagnostic) | | 10 | 52 | 100% | 52 | 0 | 100% | 0 |
| Bleeding Study (Radiology-Diagnostic) | | 10 | 10 | 100% | 10 | 0 | 100% | 0 |
| Bone Scan (Radiology-Diagnostic) | | 10 | 10 | 100% | 10 | 0 | 100% | 0 |
| Breast Cyst Aspiration (Radiology-Diagnostic) | | 10 | 10 | 100% | 10 | 0 | 100% | 0 |
| Breast MRI (Radiology-Diagnostic) | | 10 | 12 | 100% | 12 | 0 | 100% | 0 |
| Breast Needle Loc (Radiology-Diagnostic) | | 10 | 10 | 100% | 10 | 0 | 100% | 0 |
| Breast Stereotactic Biopsy (Radiology-Diagnostic) | | 10 | 13 | 100% | 13 | 0 | 100% | 0 |
| Breast Ultrasound (Radiology-Diagnostic) | | 10 | 11 | 100% | 11 | 0 | 100% | 0 |
| Breast Ultrasound Guided Biopsy (Radiology-Diagnostic) | | 10 | 12 | 100% | 12 | 0 | 100% | 0 |
| Breast Ultrasound Localization (Radiology-Diagnostic) | | 10 | 0 | 0% | 0 | 0 | 0% | 0 |
| Cardiac CT (Radiology-Diagnostic) | | 75 | 89 | 100% | 89 | 0 | 100% | 0 |
| Cardiac MRI (Radiology-Diagnostic) | | 75 | 78 | 100% | 78 | 0 | 100% | 0 |
| Carotid Angio (Radiology Diagnostic) | | 10 | 0 | 0% | 0 | 0 | 0% | 0 |
| Catheter Directed Chemotherapy (Radiology-Diagnostic) | | 10 | 2 | 20% | 2 | 0 | 20% | 0 |
| Central Line (Radiology-Diagnostic) | | 10 | 0 | 0% | 0 | 0 | 0% | 0 |
| Cerebral Angio (Radiology-Diagnostic) | | 10 | 0 | 0% | 0 | 0 | 0% | 0 |
| Cholangiogram (Radiology Diagnostic) | | 10 | 0 | 0% | 0 | 0 | 0% | 0 |
| Cisternogram (Radiology Diagnostic) | | 10 | 10 | 100% | 10 | 0 | 100% | 0 |
| CME for Breast Imaging (Radiology-Diagnostic) | | 0 | 8 | 0% | 8 | 0 | 0% | 0 |
| CME for cardiac imaging (Radiology-Diagnostic) | | 30 | 39 | 100% | 39 | 0 | 100% | 0 |

| | | | | | | | |
|---|----|-----|------|-----|---|------|---|
| CT Colonography (Radiology Diagnostic) | 10 | 0 | 0% | 0 | 0 | 0% | 0 |
| Cystogram (Radiology Diagnostic) | 10 | 12 | 100% | 12 | 0 | 100% | 0 |
| Defecography (Radiology Diagnostic) | 10 | 2 | 20% | 2 | 0 | 20% | 0 |
| Diagnostic Mammogram (Radiology Diagnostic) | 50 | 142 | 100% | 142 | 0 | 100% | 0 |
| Discogram (Radiology Diagnostic) | 10 | 0 | 0% | 0 | 0 | 0% | 0 |
| Embriozation (Radiology Diagnostic) | 10 | 1 | 10% | 1 | 0 | 10% | 0 |
| Enteroctylosis (Radiology Diagnostic) | 10 | 0 | 0% | 0 | 0 | 0% | 0 |
| Epidural Injection (Radiology Diagnostic) | 10 | 13 | 100% | 13 | 0 | 100% | 0 |
| Esophagram (Radiology Diagnostic) | 10 | 13 | 100% | 13 | 0 | 100% | 0 |
| Esophagram UGI (Radiology Diagnostic) | 10 | 12 | 100% | 12 | 0 | 100% | 0 |
| Extremity Angio (Radiology-Diagnostic) | 10 | 1 | 10% | 1 | 0 | 10% | 0 |
| Feeding Tube (Radiology Diagnostic) | 10 | 23 | 100% | 23 | 0 | 100% | 0 |
| Fistulogram (Radiology-Diagnostic) | 10 | 1 | 10% | 1 | 0 | 10% | 0 |
| Fluoroscopy (Radiology Diagnostic) | 10 | 0 | 0% | 0 | 0 | 0% | 0 |
| Gallium (Radiology-Diagnostic) | 10 | 10 | 100% | 10 | 0 | 100% | 0 |
| Gastric Emptying (Radiology-Diagnostic) | 10 | 10 | 100% | 10 | 0 | 100% | 0 |
| Gastrografin Enema (Radiology-Diagnostic) | 10 | 10 | 100% | 10 | 0 | 100% | 0 |
| GI Bleed (Radiology-Diagnostic) | 10 | 0 | 0% | 0 | 0 | 0% | 0 |
| Hepatobiliary (Radiology Diagnostic) | 10 | 10 | 100% | 10 | 0 | 100% | 0 |
| Hysterosalpingogram (Radiology-Diagnostic) | 10 | 0 | 0% | 0 | 0 | 0% | 0 |
| I-131 Dose (High) Consult - Please include dose administered in comments (Radiology-Diagnostic) | 3 | 0 | 0% | 0 | 0 | 0% | 0 |
| I-131 Low Dose Consult - Must include preceptor name & dose administered in comments (Radiology Diagnostic) | 3 | 3 | 100% | 3 | 0 | 100% | 0 |
| Iridium (Radiology-Diagnostic) | 10 | 11 | 100% | 11 | 0 | 100% | 0 |
| Infasaport (Radiology-Diagnostic) | 10 | 3 | 30% | 3 | 0 | 30% | 0 |
| Injection of Joint or Bursa (Radiology-Diagnostic) | 10 | 11 | 100% | 11 | 0 | 100% | 0 |
| Injection of Tube (Radiology-Diagnostic) | 10 | 0 | 0% | 0 | 0 | 0% | 0 |
| IVC Filter Placement (Radiology Diagnostic) | 10 | 3 | 30% | 3 | 0 | 30% | 0 |
| IVP (Radiology Diagnostic) | 10 | 22 | 100% | 22 | 0 | 100% | 0 |
| Joint Aspiration (Radiology-Diagnostic) | 10 | 0 | 0% | 0 | 0 | 0% | 0 |
| Keofeed (Radiology Diagnostic) | 10 | 15 | 100% | 15 | 0 | 100% | 0 |
| Loopogram (Radiology-Diagnostic) | 10 | 11 | 100% | 11 | 0 | 100% | 0 |
| Lumbar Puncture (Radiology-Diagnostic) | 10 | 10 | 100% | 10 | 0 | 100% | 0 |
| Lymph Node Mapping (Radiology-Diagnostic) | 10 | 0 | 0% | 0 | 0 | 0% | 0 |
| Lymphoscintigraphy (Radiology Diagnostic) | 10 | 17 | 100% | 17 | 0 | 100% | 0 |
| Mesenteric Angio (Radiology-Diagnostic) | 10 | 0 | 0% | 0 | 0 | 0% | 0 |
| Miscellaneous - please note name in comments (Radiology-Diagnostic) | 0 | 0 | 0% | 0 | 0 | 0% | 0 |
| Miscellaneous Guided Ultrasound Procedure (Radiology-Diagnostic) | 10 | 0 | 0% | 0 | 0 | 0% | 0 |
| MRI Body (Radiology Diagnostic) | 10 | 0 | 0% | 0 | 0 | 0% | 0 |

| | | | | | | | | |
|---|----------|-----|------|------|------|---|------|---|
| MRI Brain (Radiology-Diagnostic) | 70551-53 | 10 | 0 | 0% | 0 | 0 | 0% | 0 |
| MRI Knee (Radiology-Diagnostic) | 73721-23 | 10 | 0 | 0% | 0 | 0 | 0% | 0 |
| MUGA (Radiology-Diagnostic) | | 10 | 10 | 100% | 10 | 0 | 100% | 0 |
| Myelogram - Cervical (Radiology-Diagnostic) | | 10 | 10 | 100% | 10 | 0 | 100% | 0 |
| Myelogram - Lumbar (Radiology-Diagnostic) | | 10 | 12 | 100% | 12 | 0 | 100% | 0 |
| Myelogram - Thoracic (Radiology-Diagnostic) | | 10 | 0 | 0% | 0 | 0 | 0% | 0 |
| Myocardial Perfusion (Radiology-Diagnostic) | | 10 | 10 | 100% | 10 | 0 | 100% | 0 |
| Nephrogram (Radiology-Diagnostic) | | 10 | 0 | 0% | 0 | 0 | 0% | 0 |
| Nephrostogram (Radiology-Diagnostic) | | 10 | 4 | 40% | 4 | 0 | 40% | 0 |
| NG Placement (Radiology-Diagnostic) | | 10 | 0 | 0% | 0 | 0 | 0% | 0 |
| NM Shunt Study (Radiology-Diagnostic) | | 10 | 0 | 0% | 0 | 0 | 0% | 0 |
| OB Ultrasound (Radiology-Diagnostic) | | 10 | 0 | 0% | 0 | 0 | 0% | 0 |
| Oropharyngeal (Radiology-Diagnostic) | | 10 | 26 | 100% | 26 | 0 | 100% | 0 |
| Paracentesis (Radiology-Diagnostic) | | 10 | 11 | 100% | 11 | 0 | 100% | 0 |
| Parathyroid Scan (Radiology-Diagnostic) | | 10 | 3 | 30% | 3 | 0 | 30% | 0 |
| Perc. Enteric Tube (Radiology-Diagnostic) | | 10 | 4 | 40% | 4 | 0 | 40% | 0 |
| Percutaneous Nephrostomy (Radiology-Diagnostic) | | 10 | 0 | 0% | 0 | 0 | 0% | 0 |
| PET/CT (Radiology-Diagnostic) | | 10 | 11 | 100% | 11 | 0 | 100% | 0 |
| PICC Placement (Radiology-Diagnostic) | | 10 | 40 | 100% | 40 | 0 | 100% | 0 |
| PTHC (Radiology-Diagnostic) | | 10 | 0 | 0% | 0 | 0 | 0% | 0 |
| Pulmonary Angio (Radiology-Diagnostic) | | 10 | 0 | 0% | 0 | 0 | 0% | 0 |
| Quinton (Radiology-Diagnostic) | | 10 | 4 | 40% | 4 | 0 | 40% | 0 |
| Radiiodine Therapy (Radiology-Diagnostic) | | 10 | 0 | 0% | 0 | 0 | 0% | 0 |
| RBC Scan (Radiology-Diagnostic) | | 10 | 14 | 100% | 14 | 0 | 100% | 0 |
| Renal Angio (Radiology-Diagnostic) | | 10 | 0 | 0% | 0 | 0 | 0% | 0 |
| Renal Scan (Radiology-Diagnostic) | | 10 | 10 | 100% | 10 | 0 | 100% | 0 |
| RFA (Radiology-Diagnostic) | | 10 | 0 | 0% | 0 | 0 | 0% | 0 |
| RUG (Radiology-Diagnostic) | | 10 | 3 | 30% | 3 | 0 | 30% | 0 |
| SBFT (Radiology-Diagnostic) | | 10 | 11 | 100% | 11 | 0 | 100% | 0 |
| Screening Mammogram (Radiology-Diagnostic) | | 240 | 1049 | 100% | 1049 | 0 | 100% | 0 |
| Sinogram (Radiology-Diagnostic) | | 10 | 2 | 20% | 2 | 0 | 20% | 0 |
| Sniff Test (Radiology-Diagnostic) | | 10 | 11 | 100% | 11 | 0 | 100% | 0 |
| Spinal Angio (Radiology-Diagnostic) | | 10 | 0 | 0% | 0 | 0 | 0% | 0 |
| Spinal Puncture (Radiology-Diagnostic) | | 10 | 1 | 10% | 1 | 0 | 10% | 0 |
| Stent Placement (Radiology-Diagnostic) | | 10 | 2 | 20% | 2 | 0 | 20% | 0 |
| Stent Ureteral (Radiology-Diagnostic) | | 10 | 2 | 20% | 2 | 0 | 20% | 0 |
| SVC Filter Placement (Radiology-Diagnostic) | | 10 | 0 | 0% | 0 | 0 | 0% | 0 |
| T Tube Cholangiogram (Radiology-Diagnostic) | | 10 | 0 | 0% | 0 | 0 | 0% | 0 |
| Tenography (Radiology-Diagnostic) | | 10 | 0 | 0% | 0 | 0 | 0% | 0 |
| Testicular Scintigraphy (Radiology-Diagnostic) | | 10 | 0 | 0% | 0 | 0 | 0% | 0 |
| Thoracentesis (Radiology-Diagnostic) | | 10 | 11 | 100% | 11 | 0 | 100% | 0 |
| Thoracic Angio (Radiology-Diagnostic) | | 10 | 0 | 0% | 0 | 0 | 0% | 0 |

State of Kansas

Radioactive Materials License

Pursuant to the Nuclear Development and Radiation Control Act (L. 1963, Ch. 290) and Kansas Annotated Regulations numbers 28-35-133 et. seq., and in reliance on statements and representations made to this agency by the licensee designated below, a license is hereby issued authorizing the licensee to transfer, receive, possess, and use the radioactive material or materials listed below; and to use such materials at the place or places listed below; and to use the material for the purpose or purposes listed below. This license is subject to all applicable rules, regulations, and orders now in effect or placed in effect by the Department of Health and Environment and any conditions specified below.

Amendment No. 21

| | | |
|------------|--|---------------------|
| Licensee | | 3. License Number |
| 1. Name | MIDWEST DIVISION - MMC, LLC | 19-B703-01 |
| 2. Address | d.b.a MENORAH MEDICAL CENTER 5721 W 119TH ST OVERLAND PARK, KS 66209 | 4. Expiration Date |
| | | May 31, 2010 |
| | | 5. Reference Number |
| | | |

| 6. Radioactive Material (Element and Mass Number) | 7. Chemical and/or Physical Form | 8. Maximum Quantity Licensee May Possess at One Time |
|--|--|--|
| A. Any radioactive material permitted by 10 CFR 35.100 as adopted by reference in K.A.R. 28-35-264 | A. Any radiopharmaceutical permitted by 10 CFR 35.100 as adopted by reference in K.A.R. 28-35-264 | A. As necessary for uses authorized in Subitem 9.A. |
| B. Any radioactive material permitted by 10 CFR 35.200 as adopted by reference in K.A.R. 28-35-264 | B. Any radiopharmaceutical permitted by 10 CFR 35.200 as adopted by reference in K.A.R. 28-35-264 | B. As necessary for uses authorized in Subitem 9.B. |
| C. Any radioactive material permitted by 10 CFR 35.300 as adopted by reference in K.A.R. 28-35-264 | C. Any radiopharmaceutical permitted by 10 CFR 35.300 as adopted by reference in K.A.R. 28-35-264 | C. 750 millicuries of each radioactive material authorized in Subitem 6.C. |
| D. Any radioactive material permitted by 10 CFR 35.400 as adopted by reference in K.A.R. 28-35-264 | D. Any brachytherapy source permitted by 10 CFR 35.400 as adopted by reference in K.A.R. 28-35-264 | D. 1000 millicuries of gold-198, iodine-125, iridium-192, strontium-90 and palladium-103 |
| E. Iridium-192 | E. Sealed Source (Varian VS2000) | E. 20 curies total, no single source to exceed 13 curies |
| F. Any radioactive material | F. Any sealed source authorized by 10 CFR 35.65 or equivalent agreement state regulation. | F. 50 millicuries of each radionuclide, no single source to exceed 30 millicuries. |
| G. Gadolinium-153 | G. Sealed Source (DuPont Models NES-8424; Isotope Products Model 301B) | G. 1000 millicuries total, no single source to exceed 400 millicuries |

Radioactive Materials License

Supplementary Sheet

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CONDITIONS

- 9. Authorized use.
 - A. Any uptake, dilution and excretion study permitted by 10 CFR 35.100 as adopted by reference in K.A.R. 28-35-264.
 - B. Any imaging and localization study permitted by 10 CFR 35.200 as adopted by reference in K.A.R. 28-35-264.
 - C. Any diagnostic study or therapy procedure permitted by 10 CFR 35.300 as adopted by reference in K.A.R. 28-35-264.
 - D. Any manual brachytherapy procedure permitted by 10 CFR 35.400 as adopted by reference in K.A.R. 28-35-264.
 - E. To be used in a Varian Medical Systems VariSource High Dose Rate (HDR) remote afterloader for the treatment of cancer using a high dose rate. An authorized medical physicist and an authorized user shall be physically present during patient treatment.
 - F. To be used for calibration, transmission, reference and quality control.
 - G. To be used for bone mineral analysis
- 10. Radioactive materials shall only be used at the following location(s):
MIDWEST DIVISION - MMC, LLC, 5721 W 119TH ST
OVERLAND PARK, KS 66209
- 11. The following shall be responsible for the licensee's radiation protection program
Scott Sorensen M.S. Radiation Safety Officer
William M. Chase M.D. Assistant Radiation Safety Officer
- 12. Radioactive material listed in Item 6 above is authorized for use by individuals for the materials and uses described as follows:
Radioactive materials shall be used by or under the supervision of an individual listed below:

| | |
|---------------------------|---|
| William Brooks M.D. | Subitem(s) A, B, C, F |
| Craig M. Bruner M.D. | Subitem(s) A, B, C, F |
| Matthew D. Callister M.D. | Subitem(s) D |
| William M. Chase M.D. | Subitem(s) A (except xenon-133), B, C, F, G |
| Susan Chow M.D. | Subitem(s) A, B, C, F |
| Jeffrey R. Conaway M.D. | Subitem(s) A, B, C, F, G |
| Ira Cox M.D. | Subitem(s) A, B, C, F |
| Scott C. Cozad M.D. | Subitem(s) C, D |
| Brent Cully M.D. | Subitem(s) A (except xenon-133), B, F |

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| | |
|---------------------------|---|
| W. B. Davis M.D. | Subitem(s) A, B, C (for which the patient can be released pursuant to 10 CFR 35.75), F |
| Pablo Delgado | Subitem(s) A, B, C, F, G |
| Wendell Doronio M.D. | Subitem(s) A, B, C (for which the patient can be released pursuant to 10 CFR 35.75), F |
| John Eurich M.D. | Subitem(s) A, B, C, F, G |
| Vandana Halder M.D. | Subitem(s) A, B, C, F, G |
| Kelly Hart M.D. | Subitem(s) A, B, C, F |
| Robyn M. Hart M.D. | Subitem(s) C, D, E |
| Michael A. Hughes M.D. | Subitem(s) D, E |
| Brad H. Koffman M.D. | Subitem(s) D, E |
| Vickie Lea Massey M.D. | Subitem(s) C, D |
| Bradley J. McIlany M.D. | Subitem(s) A, B, C, F |
| Rick Moritz M.D. | Subitem(s) A, B, C, F |
| Richard Morrison M.D. | Subitem(s) D |
| Douglas W. Nemmers M.D. | Subitem(s) A, B, C (except phosphours-32), F |
| Jorge C. Paradelo M.D. | Subitem(s) D, E |
| Michael B. Parsa M.D. | Subitem(s) A, B, C, F |
| Kelly Rhodes-Stark M.D. | Subitem(s) D |
| Michael B. Robertson M.D. | Subitem(s) A, B, C (iodine-131 only), F |
| Jay S. Robinow M.D. | Subitem(s) C, D |
| Alan M. Schneider M.D. | Subitem(s) A, B, C (for which the patient can be released pursuant to 10 CFR 35.75), F, G |
| Robert G. Schwegler M.D. | Subitem(s) A (except xenon-133), B, C, F, G |
| John E. Scott M.D. | Subitem(s) A (except xenon-133), B, C, F, G |
| John M. Sheldon M.D. | Subitem(s) D |
| Sarah L. Sherard M.D. | Subitem(s) A, B, C, F |
| Stephan R. Smalley M.D. | Subitem(s) D |
| Susan M. Smith M.D. | Subitem(s) C, D |
| Michael S. Sokol M.D. | Subitem(s) C |
| Donald Stallard M.D. | Subitem(s) A, B, C (for which the patient can be released pursuant to 10 CFR 35.75), F |
| Patrick W. Townsend M.D. | Subitem(s) C, D |
| Robert A. Wood M.D. | Subitem(s) A, B, C, F |
| Tom Zinn M.D. | Subitem(s) A, B, C, F |

Radioactive Materials License

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The individuals listed below may use radioactive materials in the capacity of an authorized medical physicist:

Marc Edwards M.S. Subitem(s) A, B, C, D, E, F, G

Scott A. Sorensen M.S. Subitem(s) A, B, C, D, E, F, G

- 13. The licensee shall perform testing for leakage or contamination of sealed sources in accordance with K.A.R. 28-35-216a.
- 14. The use of radioactive material in or on humans shall be by a physician.
- 15. Sealed sources containing radioactive material shall not be opened.
- 16. The licensee shall conduct a physical inventory every three (3) months to account for all sealed sources received and possessed under the license. The records of the inventories shall be maintained for two years from the date of the inventory for inspection by the Radiation Control Program, Bureau of Air and Radiation, Kansas Department of Health and Environment, and shall include the quantities and kinds of radioactive material, location of sealed sources and the date of the inventory.
- 17. A. Radiopharmaceuticals dispensed and/or distributed for human use shall be either:
 - (1) Repackaged from prepared radiopharmaceuticals that are the subject of an FDA-approved "New Drug Application" (NDA) or for which FDA has accepted a "Notice of Claimed Investigational Exemption for a New Drug" (IND), or
 - (2) Prepared from generators and reagent kits that are the subject of an FDA-approved NDA or for which FDA has accepted an IND.
- B. Prepared radiopharmaceuticals for which FDA has accepted an IND and radiopharmaceuticals prepared from generators or reagent kits for which FDA has accepted an IND shall be dispensed and/or distributed:
 - (1) In accordance with the directions provided by the sponsor of the IND, and
 - (2) Only to physicians who have been accepted by the sponsor of the IND to participate in clinical evaluation of the drug.

The licensee shall inform, in writing, each physician who participates in an IND evaluation, that the physician is responsible to the sponsor of the IND for use of the drug in accordance with protocols established by the sponsor and for reporting to the sponsor the clinical information obtained through use of the drug.

- 18. Patients containing temporary interstitial or brachytherapy implants shall remain hospitalized until surveys made with an appropriate radiation detection instrument indicate all implants have been removed. The results of these surveys shall be recorded and maintained for inspection by the

State of Kansas

Radioactive Materials License

Supplementary Sheet

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Radiation Control Program, Bureau of Air and Radiation, Kansas Department of Health and Environment.

19. The licensee may transport radioactive material or deliver radioactive material to a carrier for transport, in accordance with the provisions of K.A.R. 28-35-196a, "Preparation of Radioactive Material for Transport".
20. The licensee shall comply with the provisions of Kansas Radiation Protection Regulations, Part 4, "Standards for Protection Against Radiation" and Part 10, "Notices, Instructions and Reports to Workers; Inspections."
21. The licensee shall possess and use radioactive material described in Items 6, 7 and 8 of this license according to the most restrictive of; the Kansas Radiation Protection Regulations, this license or statements, representations, and procedures contained in the following documents.
 - a. The letter dated April 12, 2000, signed by Judith Zakutny, with attachment.
 - b. The application dated May 8, 2000, signed by Steven Wilkinson, with attachment.
 - c. The letter dated July 31, 2000, signed by Judith Zakutny, with attachment.
 - d. The facsimile date September 28, 2000 from Pam Handlan, with attachment.
 - e. The teleconference on October 24, 2000, with Judith Zakutny, naming Dr. Marc Inciardi as alternate RSO.
 - f. The letter dated July 26, 2001, from Pam Handlan, with attachment.
 - g. The fax received October 30, 2001, from Pam Handlan, with attachment.
 - h. The fax received November 27, 2001, from Pam Handlan, with attachment.
 - i. The letter dated April 5, 2002, signed by Pamela J. Handlan, with attachment.
 - j. The facsimile dated May 31, 2002, from Pam Handlan, with attachment.
 - k. The letter dated August 12, 2002, signed by Pamela J. Handlan, with attachment.
 - l. The letter dated July 18, 2003, signed by Megan C. Peter, with attachments dated July 18, 2003, signed by Steven D. Wilkinson, CEO.
 - m. The letter dated March 22, 2004, signed by Pamela J. Handlan, with attachment.
 - n. The letter dated August 13, 2005, signed by Pam Handlan, with attachment.
 - o. The letter dated October 17, 2005, signed by Pam Handlan.
 - p. The letter dated April 3, 2006, signed by Pam Handlan.
 - q. The letter dated July 31, 2006, signed by Pam Handlan, with attachment.
 - r. The letter dated March 14, 2007, signed by Pamela J. Handlan, with attachment(s).
 - s. The facsimile dated October 24, 2007, from Jeanette L. Schutte, with attachment(s).
 - t. The letter dated November 26, 2007, signed by Pamela J. Handlan, with attachment(s).

MATERIALS LICENSE

Pursuant to the Atomic Energy Act of 1954, as amended, the Energy Reorganization Act of 1974 (Public Law 93-438), and Title 10, Code of Federal Regulations, Chapter I, Parts 30, 31, 32, 33, 34, 35, 36, 39, 40, and 70, and in reliance on statements and representations heretofore made by the licensee, a license is hereby issued authorizing the licensee to receive, acquire, possess, and transfer byproduct, source, and special nuclear material designated below; to use such material for the purpose(s) and at the place(s) designated below; to deliver or transfer such material to persons authorized to receive it in accordance with the regulations of the applicable Part(s). This license shall be deemed to contain the conditions specified in Section 183 of the Atomic Energy Act of 1954, as amended, and is subject to all applicable rules, regulations, and orders of the Nuclear Regulatory Commission now or hereafter in effect and to any conditions specified below.

Licensee

1. Ozarks Medical Center
2. 1100 Kentucky Avenue
P.O. Box 1100
West Plains, MO 65775

In accordance with letter dated **January 14, 2009**,

3. License number 24-18733-01 is amended in its entirety to read as follows:

4. Expiration date **April 30, 2011**

5. Docket No. **030-14280**
Reference No.

6. Byproduct, source, and/or special nuclear material

7. Chemical and/or physical form

8. Maximum amount that licensee may possess at any one time under this license

- A. Any byproduct material permitted by 10 CFR 35.100
- B. Any byproduct material permitted by 10 CFR 35.200
- C. Any byproduct material permitted by 10 CFR 35.300
- D. Any byproduct material permitted by 10 CFR 35.400
- E. Any byproduct material permitted by 10 CFR 31.11

- A. Any
- B. Any
- C. Any
- D. Sealed sources (Bard Brachytherapy, Inc. Model No. STM-1251)
- E. Prepackaged Kits

- A. As needed
- B. As needed
- C. One curie
- D. Two curies
- E. As needed

9. Authorized use:

- A. Any uptake, dilution and excretion study permitted by 10 CFR 35.100.
- B. Any imaging and localization study permitted by 10 CFR 35.200.
- C. Any diagnostic study or therapy procedure permitted by 10 CFR 35.300.
- D. Any manual brachytherapy procedure permitted by 10 CFR 35.400.
- E. In vitro studies.

**MATERIALS LICENSE
SUPPLEMENTARY SHEET**

License Number
24-18733-01
Docket or Reference Number
030-14280

Amendment No. 35

CONDITIONS

10. Licensed material shall be used only at the licensee's facilities located at 1100 Kentucky Avenue, West Plains, Missouri.
11. Radiation Safety Officer: Robert Jon Lackamp, M.D.
12. Licensed material is only authorized for use by, or under the supervision of:
 - A. Individuals permitted to work as an authorized user in accordance with 10 CFR 35.13 and 35.14.
 - B. The following individuals are authorized users for medical use as indicated:

Authorized Users

Material and Use

Ramesh Avva, M.D.

10 CFR 35.100, 35.200, 35.300 and 31.11.

Achenkunju K. George, M.D.

10 CFR 35.200 and 31.11.

Robert Jon Lackamp, M.D.

10 CFR 35.100, 35.200 and 35.300.

Charles Armstrong, M.D.

10 CFR 35.100, 35.200 and 31.11.

13. The licensee is authorized to transport licensed material in accordance with the provisions of 10 CFR Part 71, "Packaging and Transportation of Radioactive Material."
14. In addition to the possession limits in Item 8, the licensee shall further restrict the possession of licensed material to quantities below the minimum limit specified in 10 CFR 30.35(d) for establishing decommissioning financial assurance.

**MATERIALS LICENSE
SUPPLEMENTARY SHEET**License Number
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Amendment No. 35

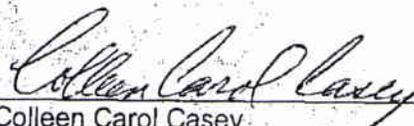
15. Except as specifically provided otherwise in this license, the licensee shall conduct its program in accordance with the statements, representations, and procedures contained in the documents, including any enclosures, listed below. This license condition applies only to those procedures that are required to be submitted in accordance with the regulations. Additionally, this license condition does not limit the licensee's ability to make changes to the radiation protection program as provided for in 10 CFR 35.26. The U.S. Nuclear Regulatory Commission's regulations shall govern unless the statements, representations, and procedures in the licensee's application and correspondence are more restrictive than the regulations.
- A. Application dated March 20, 2001; and
- B. Letters dated July 27, 2001, September 7, 2001, September 26, 2001, October 15, 2001 (with attachments), March 25, 2002 (Closeout Survey for the former Cardiac Diagnostics Lab), October 15, 2002, October 31, 2002, December 18, 2002 (relocated CDL, closeout of CDL Temp Stress Room and closeout of temporary stress room), December 28, 2004 (excluding references to sources other than iodine-125), April 27, 2005, (received May 3, 2005), April 27, 2005 (received May 5, 2005), June 2, 2005, September 14, 2005, and October 16, 2006.

FOR THE U.S. NUCLEAR REGULATORY COMMISSION

Date

APR 20 2009

By

Colleen Carol Casey
Materials Licensing Branch
Region III



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19600 E 39th St., Independence, MO 64057



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Region III
Materials Licensing Branch
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