MADISON MEMORIAL HOSPITAL
450 East Main, P.O. Box 310
Rexburg, Idaho 83440-0310
(208) 356-3691

RECEIVED
MAR 11 2010
DNMS

March 9, 2010

UNITED STATES
NUCLEAR REGULATORY COMMISSION
Region IV
611 Ryan Plaza Dr. Suite 400
Arlington, Texas 76011-8064

Re: Amendment to NRC License # 11-27358-01

To Whom It May Concern:

Please add Dr. Justin A. Lamb D.O. as a user to our license allowing him to use all isotopes listed on the license.

Please see enclosed attachments for information pertaining to Dr. Lamb.

Respectfully Yours,

Bruce K. Dye R.T.

Bruce K. Dye R.T.
Director of Radiology
Madison Memorial Hospital

IL 472618

U.S. NUCLEAR REGULATORY COMMISSION

Amendment No. 08

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	In accordance with facsimile dated July 25, 2008
1. Madison Memorial Hospital	3. License number 11-27358-01 is amended in Its entirety to read as follows:
2. 450 East Main Street P.O. Box 310 Rexburg, Idaho 83440	4. Expiration date February 28, 2013
	5. Docket No. 030-32299 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	A. Any	A. As needed
B. Any byproduct material permitted by 10 CFR 35.200	B. Any	B. As needed
C. Any byproduct material permitted by 10 CFR 35.300	C. Any	C. 300 millicuries

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 use permitted by ~~10 CFR 35.300~~.

MATERIALS LICENSE
SUPPLEMENTARY SHEET

License Number
11-27358-01

Docket or Reference Number
030-32299

Amendment No. 08

CONDITIONS

10. Licensed material may be used or stored only at the licensee's facilities located at 450 Main Street, Rexburg, Idaho.

11. The Radiation Safety Officer for this license is Randall B. Kiser, 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, authorized nuclear pharmacist, and/or authorized medical physicist in accordance with 10 CFR 35.13 and 35.14.

    B. The following individuals are authorized users for the material and medical uses indicated:

Authorized Users	Material and Use
Barry Michael Birkin, M.D.	35.100; 35.200
David V. Hansen, M.D.	35.100; 35.200
Randall B. Kiser, M.D.	35.100; 35.200
John C. Olson, M.D.	35.100; 35.200; 35.300

13. 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 financial assurance for decommissioning.

14. The licensee is authorized to transport licensed material in accordance with the provisions of 10 CFR Part 71, "Packaging and Transportation of Radioactive Material."

License Number
11-27358-01

Docket or Reference Number
030-32299

Amendment No. 08

MATERIALS LICENSE
SUPPLEMENTARY SHEET

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 February 5, 2003 (ML030880012)
B. Facsimile dated February 24, 2003 (ML030880011)
C. Letter dated October 22, 2007 (ML073130603)
D. Facsimile dated July 25, 2008
E. Facsimile dated August 13, 2008 (ML082390836)

FOR THE U.S. NUCLEAR REGULATORY COMMISSION

Date September 23, 2008

By James L. Montgomery

James L. Montgomery, Health Physicist
Nuclear Materials Safety Branch B
Region IV
Arlington, Texas 76011-4125

Osteopathic Medical Center of Texas

Certificate of Completion

This is to certify that

Justin A. Lamb, D.O.

has completed the 204-hour course requirement for
Diagnostic Radiology Physics

August 25, 2003

Thomas Harrison, Ph.D., Assoc. Professor
Radiation Safety Officer, UNT

C. Scott McGuire, D.O., Program Director
Department of Radiology, OMCT

D. Bart Mobley, D.O., Chairman
Department of Radiology, OMCT

Justin E. Doheny, CHE
Interim Chief Executive Officer, OMCT

The American Osteopathic Association

upon recommendation
of the

American Osteopathic Board of Radiology

certifies that

Justin A. Lamb, D.O.

having met the prescribed qualifications and standards and
passed the required examinations of this Board,
is qualified as a specialist in

Diagnostic Radiology

and is hereby awarded this certificate for the period from

July 31, 2006 - December 31, 2016

American Osteopathic Association

Executive Director

Certificate No. 1089

American Osteopathic Board of Radiology

Mark S Finkelstein DO, F
Chair

Secretary

NUC MED THERAPY PROCEDURES-

Osteopathic Medical Center of Texas
1000 Montgomery
Fort Worth, Tx.

I-131 Therapy 2001-2006

MR#00197966
MR#00273310
MR#0081832
MR#238712
MR#166257
MR#220697
MR#160129

[redacted]

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

U.S. NUCLEAR REGULATORY COMMISSION

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

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]

Name of Proposed Authorized User	State or Territory Where Licensed
Justin A. Lamb D.O.	Idaho

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

- [x] 35.100 Uptake, dilution, and excretion studies
- [x] 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.

- [x] 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			

Total Hours of Experience:

Supervising Individual	License/Permit Number listing supervising individual as an authorized user

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)

PRINTED ON RECYCLED PAPER

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			
Radiation protection			
Mathematics pertaining to the use and measurement of radioactivity			
Chemistry of byproduct material for medical use *(not required for 35.590)*			
Radiation biology			
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		☐ 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	

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		☐ Yes ☐ No	
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material		☐ Yes ☐ No	
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures		☐ Yes ☐ No	
Administering dosages of radioactive drugs to patients or human research subjects		☐ Yes ☐ No	
Eluting generator systems appropriate for the preparation of radioactive drugs for imaging and localization studies, measuring and testing the eluate for radionuclidic purity, and processing the eluate with reagent kits to prepare labeled radioactive drugs		☐ Yes ☐ No	

Supervising Individual	License/Permit Number listing supervising individual as an authorized user

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.

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 Proposed Authorized User	State or Territory Where Licensed

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.

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NRC FORM 313A (AUG) U.S. NUCLEAR REGULATORY COMMISSION

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 Justin Lamb, D.O. (Name of Proposed Authorized User) has satisfactorily completed the requirements in 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 _____ (Name of Proposed Authorized User) has satisfactorily completed the 60 hours of training and 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 Justin Lamb, D.O. (Name of Proposed Authorized User) has satisfactorily completed the requirements in 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 _____ (Name of Proposed Authorized User) has satisfactorily completed the 700 hours of training 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	Signature	Telephone Number	Date
John T. Meehan, D.O.		817 927 1150	7/25/08

License/Permit Number/Facility Name

№ 472618

U.S. NUCLEAR REGULATORY COMMISSION

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

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: JOHN J. MEEHAN, D.O

License/Permit Number listing supervising individual as an authorized user

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

- [x] 35.390 With experience administering dosages of:
- [ ] 35.392 [x] Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)
- [ ] 35.394 [x] 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

[x] I attest that JUSTIN LAMB, D.O (Name of Proposed Authorized User) has satisfactorily completed the training and experience requirements in 35.390(a)(1).

OR

Training and Experience

[ ] I attest that _____ (Name of Proposed Authorized User) 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).

3-29-2010
DATE

This is to acknowledge the receipt of your letter/application dated 3-09-2010, and to inform you that the initial processing, which includes an administrative review, has been performed.

☒ There were no administrative omissions. Your application will be assigned to a technical reviewer. Please note that the technical review may identify other omissions or require additional information.

☐ Please provide to this office within 30 days of your receipt of this card:

The action you requested is normally processed within 90 days.

☐ A copy of your action has been forwarded to our License Fee & Accounts Receivable Branch, who will contact you separately if there is a fee issue involved.

Your action has been assigned **Mail Control Number** 472618.
When calling to inquire about this action, please refer to this mail control number.
You may call me at 817-860-8103.

Sincerely,

Colleen Murnahan

Licensing Assistant

NRC FORM 532 (RIV)
(10-2008)

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

(FOR LFMS USE)
INFORMATION FROM LTS

Program Code: 02120
Status Code: O
Fee Category: 7C
Exp. Date: 20130228
Fee Comments: _____
Decom Fin Assur Reqd: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
   Applicant/Licensee: MADISON MEMORIAL HOSPITAL
   Received Date: 20100311
   Docket No: 3032299
   Control No.: 472618
   License No.: 11-27358-01
   Action Type: Amendment

2. FEE ATTACHED
   Amount: /
   Check No.: /

3. COMMENTS

Signed Colleen Murnahan
Date 3-24-2010

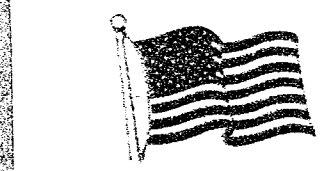
B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 is entered /__/)

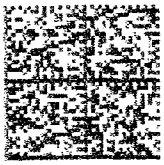
1. Fee Category and Amount: _____

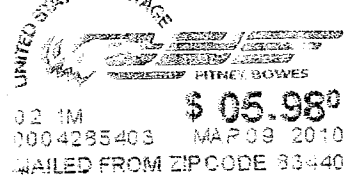
2. Correct Fee Paid. Application may be processed for:
   Amendment _____
   Renewal _____
   License _____

3. OTHER _____
   _____

Signed _____
Date _____







United States Nuclear Regulatory Commission
Region IV
611 Ryan Plaza Dr. Suite 400
Arlington, Texas 76011-8064

RETURN RECEIPT
REQUESTED

Bruce L
Madison
450 E. Main. P.O. Box 310
Rexburg, Id. 83440-0310

RETURN RECEIPT
REQUESTED

030-32299

Certified
on back

United States Nuclear Regulatory
Region IV
611 Ryan Plaza Dr. Suite 4
Arlington, Texas 76011-8064

RETURN
REQUES