



HAWAII MEDICAL CENTER

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MAR 23 2010

DNMS

March 8, 2010

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

Subject: Notification
NRC License No. 53-11966-01
Docket No. 030-03557

Dear License Reviewer:

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

Gary H. Sato, M.D.

We have also approved Ryan L. Albritton, M.D. as an authorized user for byproduct materials listed in 10 CFR 35.100 and 35.200. A copy Dr. Albritton's pre ceptor statement and American Board of Radiology certification are enclosed.

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

Sincerely,

Collin Dang, M.D.
President and CEO
Hawaii Medical Center

2230 Liliha St.
PO Box 30100
Honolulu, HI 96820
PHONE (808) 547-6011

WEBSITE
www.hawaiimedcen.com

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NRC FORM 313A (AUD) (3-2009)		U.S. NUCLEAR REGULATORY COMMISSION									
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 Ryan Lloyd Albritton, M.D.		State or Territory Where Licensed Hawaii									
Requested Authorization(s) (check all that apply)											
<input checked="" type="checkbox"/> 35.100 Uptake, dilution, and excretion studies <input checked="" type="checkbox"/> 35.200 Imaging and localization studies <input type="checkbox"/> 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.											
<input checked="" type="checkbox"/> 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.											
<input type="checkbox"/> 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.)											
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">Description of Experience</th> <th style="width: 30%;">Location of Experience/License or Permit Number of Facility</th> <th style="width: 10%;">Clock Hours</th> <th style="width: 20%;">Dates of Experience*</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;"> 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 </td> <td style="height: 100px;"></td> <td></td> <td></td> </tr> </tbody> </table>	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:		
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											
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).											
<input type="checkbox"/> 35.290 <input type="checkbox"/> 35.390 + generator experience in 32.290(c)(1)(ii)(G)											

NRC FORM 313A (AUD)
 (3-2008) **AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)**
 U.S. NUCLEAR REGULATORY COMMISSION

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		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters		<input type="checkbox"/> Yes <input type="checkbox"/> No	

NRC FORM 313A (AUD)
 (3-2009) **AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)**
 U.S. NUCLEAR REGULATORY COMMISSION

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		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Administering dosages of radioactive drugs to patients or human research subjects		<input type="checkbox"/> Yes <input type="checkbox"/> 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		<input type="checkbox"/> Yes <input type="checkbox"/> 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 (AUD) (3-2004) 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 Ryan Albritton, M.D. 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 Ryan Albritton, M.D. 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

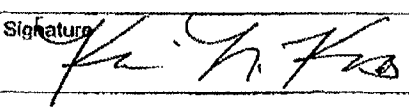
Training and Experience

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 Kevin Kon, M.D.	Signature 	Telephone Number (808) 983-8626	Date 11/17/07
License/Permit Number/Facility Name 53-23297-01/Hawaii Pacific Health, Inc.			

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 Physicians in Medicine

Hereby certifies that

Ryan Lloyd Albritton, M.D.

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

The American Board of Radiology

On this third day of June, 2008

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

Diagnostic Radiology

H. Reed Swinick, M.D.
President

Richard J. Monn
Secretary-Treasurer

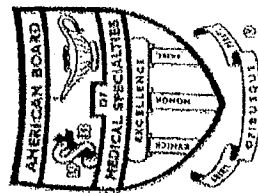
Ray E. Kelly
Executive Director

AA Eligible



Certificate No. 56993

No 472643



Valid through 2018

4-05-2010

DATE

This is to acknowledge the receipt of your letter/application dated 3-08-2010, 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 — 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** 472643.
When calling to inquire about this action, please refer to this mail control number.
You may call me at 817-860-8103.

Sincerely,

Colleen Munnahan

Licensing Assistant

BETWEEN:
License Fee Management Branch, ARM
and
Regional Licensing Sections

: (FOR LFMS USE)
: INFORMATION FROM LTS
: -----
: Program Code: 02120
: Status Code: 0
: Fee Category: 7C EX 2B
: Exp. Date: 20151031
: Fee Comments: CODE 21
: Decom Fin Assur Req: N
:

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: HAWAII MEDICAL CENTER, LLC
Received Date: 20100323
Docket No.: 3003557
Control No.: 472643
License No.: 53-11966-01
Action Type: Notifications

2. FEE ATTACHED

Amount: _____
Check No.: /

3. COMMENTS

Signed Colleen Munnahan
Date 4-01-2016

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 _____

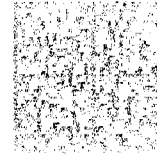
3. OTHER _____

Signed _____
Date _____



HAWAII MEDICAL CENTER

P.O. Box 30100
Honolulu, HI 96820



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\$ 00.61⁹
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ARLINGTON, TX 76011-4125

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