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June 4, 2010

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

Subject: License Amendment  
NRC License No. 53-29099-01  
Docket No. 030-34081

Dear License Reviewer:

We are requesting that Kevin Weismann, M.D. be added as an authorized user for byproduct materials listed in 10 CFR 35.100 and 35.200, and sodium iodide I-131 in quantities greater than 33 mCi. We have enclosed NRC Form 313A describing his training and experience.

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

Sincerely,

Wayne Higaki  
Vice President Clinical & Support Services

Enclosure

**MEDICAL USE TRAINING AND EXPERIENCE  
AND PRECEPTOR ATTESTATION**

**PART I -- TRAINING AND EXPERIENCE**

**Note:** Descriptions of training and experience must contain sufficient detail to match the training and experience criteria in the applicable regulation (10 CFR Part 35)

1. Name of Individual, Proposed Authorization (e.g., Radiation Safety Officer), and Applicable Training Requirements (e.g., 10 CFR 35.50)

Kevin M. Wiesmann, M.D.

2. For Physicians, Podiatrists, Dentists, Pharmacists -- State or Territory Where Licensed  
Minnesota, Massachusetts

**3. CERTIFICATION**

- a. Provide a copy of the board certification. (Stop here if applying under 10 CFR Part 35, Subpart J or 35.590(a); continue if applying under other subparts.)
- b. Provide documentation in appropriate items 4 through 10 of training or clinical case work required by 35.50(e); 35.51(c); 35.290(c)(1)(ii)(G) for AU seeking 35.200 authorization; 35.390(b)(1)(ii)(G); 35.396(d)(1) and 35.396(d)(2); 35.590(c); or 35.690(c).
- c. Provide completed Part II Preceptor Attestation, Items 11a through 11d.  
Stop here after completing items 3a, 3b, and 3c when using board certification to meet 10 CFR Part 35 training and experience requirements.

**4. INDIVIDUALS IDENTIFIED ON A LICENSE OR PERMIT AS RADIATION SAFETY OFFICERS (RSO),  
AUTHORIZED USERS (AU), AUTHORIZED MEDICAL PHYSICISTS (AMP), OR  
AUTHORIZED NUCLEAR PHARMACISTS (ANP) SEEKING ADDITIONAL AUTHORIZATIONS**

- a. Provide a copy of the license or broadscope permit listing the current authorization **and** (b) or (c)
- b. Complete items 6c (and 10 when training is provided by an RSO, AMP, ANP, or AU) and preceptor items 11b through 11d to meet requirements for: RSO in 35.50(c)(2) or 35.50(e); or AU in 35.290(c)(1)(ii)(G) or 35.390(b)(1)(ii)(G) or 35.590(c) or 35.690(c); or AMP under 35.51(c).
- c. Complete items 5, 6a, 6b, 10, and Preceptor items 11a through 11d to meet AU requirements in 35.396(a).

**5. DIDACTIC OR CLASSROOM AND LABORATORY TRAINING (optional for Medical Physicists)**

Description of Training	Location	Clock Hours	Dates of Training
Radiation Physics and Instrumentation	Radiation physics class, Radiation Safety Class & Radiopharmacy rotation; College of Medicine Mayo Clinic, Rochester, MN	110	June 2004 - June 2008
Radiation Protection	College of Medicine Mayo Clinic Rochester, MN	30	June 2004 - June 2008
Mathematics Pertaining to the Use and Measurement of Radioactivity	College of Medicine Mayo Clinic Rochester, MN	35	June 2004 - June 2008
Radiation Biology	College of Medicine Mayo Clinic Rochester, MN	20	June 2004 - June 2008
Chemistry of Byproduct Material for Medical Use	College of Medicine Mayo Clinic Rochester, MN	40	June 2004 - June 2008
OTHER			

**MEDICAL USE TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)**

**6a. WORK OR PRACTICAL EXPERIENCE WITH RADIATION**

Description of Experience	Name of Supervising Individual(s)	Location and Corresponding Materials License Number	Dates and/or Clock Hours of Experience
Ordering, receiving, and unpacking material safely and performing related radiation surveys; performing quality control procedures on	Brian P. Mullan, M.D.	Mayo Clinic Rochester, MN #22-00519-03	June 2004 - June 2008
instruments used to determine dosages and performing checks for proper operation of survey meters; calculating, measuring and safely		MN #1047-201-55	
preparing patient dosages; using administrative controls to prevent a medical event involving unsealed byproduct material; using procedures			
to safely contain spilled radioactive material and using proper decontamination procedures; administering dosages of radioactive drugs to			
patients; and eluting generator systems appropriate for preparation of radioactive drugs, measuring and testing the eluate for purity, and processing			"
the eluate with reagent kits to prepare labeled radioactive drugs.			

**6b. SUPERVISED CLINICAL CASE EXPERIENCE (describe experience elements in 6a)**

Radionuclide	Type of Use	No. of Cases Involving Personal Participation	Name of Supervising Individual	Location and Corresponding Materials License Number	Dates and/or Clock Hours of Experience
I-131	Nal Therapy < 33 mCi	16	Brian P. Mullan, M.D.	Mayo Clinic,	June 2004 -
I-131	Nal Therapy > 33 mCi	4		Rochester, MN	June 2008
				#22-00519-03	
				MN# 1047-201-55	

**MEDICAL USE TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)**

**6c. TRAINING FOR SECTIONS 35.50(e), 35.51(c), 35.590(c), or 35.690(c)**

Training Element	Type of Training *	Location and Dates
N/A		

\* Types of training may include supervised (complete item 10 for 35.50(e), 35.51(c), and 35.690(c)), didactic, or vendor training.

**7. FORMAL TRAINING Physicians (for uses under 35.400 and 35.600) and Medical Physicists**

Degree, Area of Study or Residency Program	Name of Program and Location with Corresponding Materials License Number	Dates	Name of Organization that Approved the Program (e.g., Accreditation Council for Graduate Medical Education) and the Applicable Regulation (e.g., 10 CFR 35.490)
N/A			

**8. RADIATION SAFETY OFFICER (RSO) -- ONE-YEAR FULL-TIME EXPERIENCE**

YES Completed 1 year of full-time radiation safety experience (in areas identified in item 6a) under supervision.  
 N/A of \_\_\_\_\_ the RSO for License No. \_\_\_\_\_

**9. MEDICAL PHYSICIST -- ONE-YEAR FULL-TIME TRAINING/WORK EXPERIENCE**

YES Completed 1 year of full-time training (for areas identified in item 6a) in therapeutic radiological physics (35.961) or medical physics (35.51) under the supervision of \_\_\_\_\_  
 N/A who is a medical physicist (35.961) or meets requirements for Authorized Medical Physicists (35.51);

**and**

YES Completed 1 year of full-time work experience (at location providing radiation therapy services described and for topics identified in item 6a) for (specify use or device) \_\_\_\_\_  
 N/A under the supervision of \_\_\_\_\_ who is a medical physicist (35.961) or meets requirements for Authorized Medical Physicists (35.51) (specify use or device) \_\_\_\_\_

**MEDICAL USE TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)**

**10. SUPERVISING INDIVIDUAL -- IDENTIFICATION AND QUALIFICATIONS**

The training and experience indicated above was obtained under the supervision of (if more than one supervising individual is needed to meet requirements in 10 CFR Part 35, provide the following information for each) :

A. Name of Supervisor

Brian P Mullan, M.D.

B. Supervisor is:

Authorized User

Authorized Medical Physicist

Radiation Safety Officer

Authorized Nuclear Pharmacist

C. Supervisor meets requirements of Part 35, Section(s) 35.57, 35.290, and 35.390

for medical uses in Part 35, Section(s) 35.100, 35.200, and 35.300

D. Address

Mayo Clinic  
200 First Street SW  
Rochester, MN 55905

E. Materials License Number

NRC - 22-00519-03  
MN 1047-201-55

**PART II -- PRECEPTOR ATTESTATION**

Note: This part must be completed by the individual's preceptor. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each. This part is not required to meet training requirements in 35.590 or Part 35, Subpart J (except 35.980).

I attest the individual named in Item 1:

11a.

has satisfactorily completed the requirements in Part 35, Section(s) and Paragraph(s) 35.290, 35.392, 35.394, as documented in section(s) 5, 6a and 6b of this form.

11b. Select one

meets the requirements in  35.50(e)  35.51(e)  35.390(b)(1)(ii)(G)  35.690(c) for types of use, as documented in section(s) of this form.

N/A

11c.

has achieved a level of competency sufficient to independently operate a nuclear pharmacy (for 35.980); **OR**

has achieved a level of competency sufficient to function independently as an authorized User for 35.100, 35.200 and uses (or units); **OR**

has achieved a level of radiation safety knowledge sufficient to function independently as a Radiation Safety Officer for a medical use licensee; **OR**

N/A

11d.

I am an Authorized Nuclear Pharmacist; **OR**  I am a Radiation Safety Officer; **OR**

I meet the requirements of 35.57, 35.290, 35.390 section(s) of 10 CFR Part 35

or equivalent Agreement State requirements to be a preceptor  AU or  AMP

for the following byproduct material uses (or units): 35.100, 35.200, 35.300

A. Address

Mayo Clinic  
200 First Street SW  
Rochester, MN 55905

B. Materials License Number

MN 1047-201-55  
NRC - 22-00519-03

C. NAME OF PRECEPTOR (print clearly)

Brian P. Mullan, M.D.

D. SIGNATURE - PRECEPTOR

*Brian P Mullan*

E. DATE

06/19/2008

**ACCEPTANCE REVIEW MEMO (ARM)**

Licensee: North Hawaii Com Hosp License: 53-29099-01  
 Docket: 030-34081 Mail Control: 573047  
 Type of Action: Amendment Date of Requested Action: 06/04/2010  
 Reviewer Assigned: ARM reviewer(s): Cook, J.

Response	Deficiencies Noted During Acceptance Review
	<p><input checked="" type="checkbox"/> Open ended possession limits. Submit inventory. Limit possession.</p> <p><input type="checkbox"/> Submit copies of latest leak test results.</p> <p><del>REVIEWER VERIFY that the correct NRC Form 313a is used.</del></p>

Reviewer's Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Yes  No Request for unrestricted release Group 2 or >. Consult with Bravo Branch.

Yes  No Termination request < 90 days from date of expiration

Yes  No Expedite (medical emergency, no RSO, location of use/storage not on license, RAM in possession not on license, other)

Yes  No TAR needed to complete action.

Branch Chief's and/or HP's Initials: \_\_\_\_\_ Date: \_\_\_\_\_

**SUNSI Screening according to RIS 2005-31**

Yes  No Sensitive and Non-Publicly Available if any item below is checked

General guidance:

- \_\_\_\_\_ RAM = or > than Category 3 (Table 1, RIS 2005-31), use Unity Rule
- \_\_\_\_\_ Exact location of RAM [suite #, bldg. #, location different from mailing address] (whether = or > than Category 3 or not)
- \_\_\_\_\_ Design of structure and/or equipment (site specific)
- \_\_\_\_\_ Information on nearby facilities
- \_\_\_\_\_ Detailed design drawings and/or performance information
- \_\_\_\_\_ Emergency planning and/or fire protection systems

Specific guidance for medical, industrial and academic (above Category 3):

- \_\_\_\_\_ RAM quantities and inventory
- \_\_\_\_\_ Manufacturer's name and model number of sealed sources & devices
- \_\_\_\_\_ Site drawings with exact location of RAM, description of facility
- \_\_\_\_\_ RAM security program information (locks, alarms, etc.)
- \_\_\_\_\_ Emergency Plan specifics (routes to/from RAM, response to security events)
- \_\_\_\_\_ Vulnerability/security assessment/accident-safety analysis/risk assess
- \_\_\_\_\_ Mailing lists related to security response

Branch Chief's and/or HP's Initials: JOC Date: 7/2/10

7-13-2010

DATE

This is to acknowledge the receipt of your letter/application dated 6-04-10, 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:

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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** 573047.  
When calling to inquire about this action, please refer to this mail control number.  
You may call me at 817-860-8103.

Sincerely,



Licensing Assistant

BETWEEN:

Accounts Receivable/Payable  
and  
Regional Licensing Branches

[ FOR ARPB USE ]  
INFORMATION FROM LTS

Program Code: 02120  
Status Code: Pending Amendment  
Fee Category: 3P 7C  
Exp. Date:  
Fee Comments:  
Decom Fin Assur Reqd: N

### License Fee Worksheet - License Fee Transmittal

#### A. REGION

##### 1. APPLICATION ATTACHED

Applicant/Licensee: NORTH HAWAII COMMUNITY HOSPITAL  
Received Date: 06/29/2010  
Docket Number: 3034081  
Mail Control Number: 573047  
License Number: 53-29099-01  
Action Type: Amendment

##### 2. FEE ATTACHED

Amount: \_\_\_\_\_  
Check No.: \_\_\_\_\_

##### 3. COMMENTS

Signed: Colleen Murnahan  
Date: 6-29-2010

#### 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: \_\_\_\_\_



**NORTH HAWAII  
COMMUNITY HOSPITAL**

67-1125 Mamealaheo Hwy.  
Kamuela, Hawaii 96743



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

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