St Luke's
Mountain States
Tumor Institute

100 E. Idaho Street
Boise, Idaho 83712
P (208) 381-2711 F (208) 381-2974
(800) 845-4624

1118 NW 16th Street, Suite D
Fruitland, Idaho 83619
P (208) 452-7677 F (208) 452-8681
(800) 473-9618

520 S. Eagle Road
Meridian, Idaho 83642
P (208) 706-5651 F (208) 706-5344
(800) 473-0331

308 E. Hawaii Avenue
Nampa, Idaho 83686
P (208) 467-6700 F (208) 463-6001
(800) 553-6415

656 Addison Avenue W
Twin Falls, Idaho 83301
P (208) 737-2441 F (208) 737-2864
(800) 947-4852

Thomas M. Beck, MD
Medical Director

Luana Lamkin
Administrator

Medical Hematology/Oncology
Thomas M. Beck, MD
Norman Zuckerman, MD
Paul G. Montgomery, MD
William H. Kreisle, MD
Larry Fiorentino, MD
Theodore A. Walters, MD
Jonathan N. Swerdloff, MD
Banu E. Symington, MD
Lisa Y. Law, MD
A. Richard Miranda, MD
Dan Zuckerman, MD
Benjamin Bridges, MD
Kathleen Clifford, FNP
Cheryl Mills, FNP
Linda Erlandson, FNP
Dorene Boydston, FNP
Brittany Linn, NP-C

Pediatric Hematology/Oncology
Eugenia Chang, MD
Nicolas A. Camilo, MD
Matthew D. Hansen, MD
Marni Allen, FNP

Radiation Oncology
Charles E. Smith, MD
Ronald V. Dorn, III, MD
Sarah L. Bolender, MD
Stephen C. Smith, MD
Tonya L. Kuhn, MD
Colleen Lambertz, FNP
Jerrimi Helmick, FNP

Surgery
John A. Lung, MD

GYN Oncology
Jorry Perez, MD
Amy L. Cooper, MD

Service provided by St. Luke's Boise
www.stlukesonline.org

June 25, 2010

US Nuclear Regulatory Commission Region IV
Nuclear Materials Licensing Branch
611 Ryan Plaza Drive
Suite 400
Arlington, Texas 76011-8064
Fax: 817-860-8263

RE: Amendment of License #11-27312-01

Dear Colleen Murnahan:

I am requesting to add John Charles Kirkham, MD as an authorized user for 10 CFR 35.100, 35.200. He meets the criteria specified in 10 CFR 35.190(a) and 35.290(a). I have included a copy of his certification by the American Board of Radiology and Training Attestation (NRC Form 313A).

Please contact me at 208-381-3192 if you need anything else on this matter.

Sincerely,

Jefferson Fairbanks, PhD
Radiation Safety Officer

Reviewer: Get clarification on I-131.
RTL
7-22-10

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 Radiation Oncology, the Association of
University Radiologists, and the American Association of Physicists in Medicine
Hereby certifies that

John Charles Kirkham, 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 third day of June, 2009
Thereby demonstrating to the satisfaction of the Board
that he is qualified to practice the specialty of

Diagnostic Radiology

AH Eligible

THE AMERICAN BOARD OF RADIOLOGY INCORPORATED IN THE DISTRICT OF COLUMBIA 1934

N. Reed Dennick, MD
President

Richard T. Morin
Secretary-Treasurer

Executive Director

AMERICAN BOARD OF MEDICAL SPECIALTIES EXCELLENCE CHRISTOPHER

Certificate No. 56815

Valid through 2019

NRC FORM 313A (AUT)
(3-2009)

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: 3/31/2012

Name of Proposed Authorized User	State or Territory Where Licensed
JOHN KIRKHAM, MD	IDAHO

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.

NRC FORM 313A (AUT)
(3-2009)

U.S. NUCLEAR REGULATORY COMMISSION

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			
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		☐ Yes ☐ No	
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters		☐ Yes ☐ No	
Calculating, measuring, and safely preparing patient or 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	

NRC FORM 313A (AUT)
(3-2009)

U.S. NUCLEAR REGULATORY COMMISSION

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

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

With experience administering dosages of:

- 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

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)	5	VIRGINIA COMMONWEALTH UNIVERSITY MEDICAL CENTER RICHMOND, VA 23298	7/1/2005 - 6/30/2007
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 _____ (List radionuclides)			

NRC FORM 313A (AUT)
(3-2009)

U.S. NUCLEAR REGULATORY COMMISSION

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	License/Permit Number listing supervising individual as an authorized user
PAUL R. JOLLES, MD	License No. 45-00048-17

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 JOHN KIRKHAM, MD has satisfactorily completed the training and experience
Name of Proposed Authorized User

requirements in 35.390(a)(1).

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 200 hours of classroom and laboratory training, as required by 10 CFR 35.390 (b)(1).

NRC FORM 313A (AUT)
(3-2009)

U.S. NUCLEAR REGULATORY COMMISSION

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 JOHN KIRKHAM, MD 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 JOHN KIRKHAM, MD 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

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Third Section

☑ I attest that JOHN KIRKHAM, MD 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

NRC FORM 313A (AUT) 9-2005 U.S. NUCLEAR REGULATORY COMMISSION

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 adminstration of any other radionuclide for which a written directive is required

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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
PAUL R. JOLLES, MD	Paul R Jolles	804-828-7975	4/13/2010

License/Permit Number/Facility Name
45-00048-17 VIRGINIA COMMONWEALTH UNIVERSITY

573146

ST. LUKE'S
MOUNTAIN STATES TUMOR INSTITUTE
520 S. EAGLE RD.
MERIDIAN, ID 83642

FACSIMILE TRANSMITTAL SHEET

TO: Colleen Murnahan
FROM: Jeff Fairbanks
COMPANY: NRC
DATE:
FAX NUMBER: 817 860 8263
TOTAL NO. OF PAGES INCLUDING COVER: 8
SENDER'S PHONE NUMBER: 208 381 3192
SENDER'S FAX NUMBER:
RE: Amendment Request
SENDERS PHONE NUMBER:

☐ URGENT ☑ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

Thank you

CONFIDENTIALITY NOTICE: The document accompanying this fax transmission contains confidential information belonging to the sender, which is privileged. The information is intended only for the use of the individual or entity named above. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or taking of any action regarding the contents of this faxed information is strictly prohibited. If you have received the fax in error, please immediately, using the phone number above, arrange for the return of the original document to us.

7-27-10
DATE

This is to acknowledge the receipt of your letter/application dated 6-25-2010, 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** 573146.
When calling to inquire about this action, please refer to this mail control number.
You may call me at 817-860-8103.

Sincerely,

Colleen Mirnahan

Licensing Assistant

NRC FORM 532 (RIV)
(10-2008)

BETWEEN:

Accounts Receivable/Payable
and
Regional Licensing Branches

[FOR ARPB USE]
INFORMATION FROM LTS

Program Code: 02230
Status Code: Pending Amendment
Fee Category: 7C
Exp. Date:
Fee Comments:
Decom Fin Assur Reqd: N

License Fee Worksheet - License Fee Transmittal

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee:	ST. LUKE'S REGIONAL MEDICAL CENTER
Received Date:	07/15/2010
Docket Number:	3032196
Mail Control Number:	573146
License Number:	11-27312-01
Action Type:	Amendment

2. FEE ATTACHED

Amount: _____

Check No.: _____

3. COMMENTS

Signed: Colleen Burnahan

Date: 7-15-2010

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: _____