



**LIBERTY HOSPITAL**  
*A Regional Medical Center*

P.O. Box 1002 • Liberty, Missouri 64069-1002 • (816) 781-7200

September 27, 2010

To: Materials Licensing Branch  
US Nuclear Regulatory Commission Region III  
2443 Warrensville Road, Suite 210  
Lisle, IL 60532-4352

From: Christopher Moore ARRT (R), NMTCB  
Radiation Safety Officer, Nuclear Medicine Department  
Liberty Hospital  
2525 Glenn Hendren Drive  
Liberty, MO. 64068

RE: License Number 24-16178-01

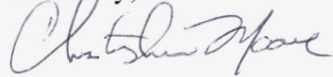
Dear License Reviewer:

We wish to renew our Radioactive Materials License #2416178-01 in its entirety.

According to instructions received we have reviewed all of the items in Checklist C and Found them to be in conformance with our present practice. We wish to renew our license as it currently exists with one exception. We wish to remove the authorization for the depleted uranium; these shields have been returned to the vendor as we no longer use them. If there are any questions concerning this application please contact me at 816-415-7791.

Thank you for your assistance in this matter.

Sincerely,



Christopher Moore

Hospital official

RECEIVED OCT 5 2010

(3-2009)  
10 CFR 30, 32, 33,  
34, 35, 36, 39, and 40

**APPLICATION FOR MATERIALS LICENSE**

Estimated burden per response to comply with this mandatory collection request: 4.3 hours. Submittal of the application is necessary to determine that the applicant is qualified and that adequate procedures exist to protect the public health and safety. Send comments regarding burden estimate to the Records and FOIA/Privacy Services Branch (T-5 F53), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to [infocollects.resource@nrc.gov](mailto:infocollects.resource@nrc.gov), and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0120), Office of Management and Budget, Washington, DC 20503. If a means used to impose an information collection does not display a currently valid OMB control number, the NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.

**INSTRUCTIONS: SEE THE APPROPRIATE LICENSE APPLICATION GUIDE FOR DETAILED INSTRUCTIONS FOR COMPLETING APPLICATION. SEND TWO COPIES OF THE ENTIRE COMPLETED APPLICATION TO THE NRC OFFICE SPECIFIED BELOW.**

APPLICATION FOR DISTRIBUTION OF EXEMPT PRODUCTS FILE APPLICATIONS WITH:

OFFICE OF FEDERAL & STATE MATERIALS AND ENVIRONMENTAL MANAGEMENT PROGRAMS  
DIVISION OF MATERIALS SAFETY AND STATE AGREEMENTS  
U.S. NUCLEAR REGULATORY COMMISSION  
WASHINGTON, DC 20555-0001

ALL OTHER PERSONS FILE APPLICATIONS AS FOLLOWS:

IF YOU ARE LOCATED IN:

ALABAMA, CONNECTICUT, DELAWARE, DISTRICT OF COLUMBIA, FLORIDA, GEORGIA, KENTUCKY, MAINE, MARYLAND, MASSACHUSETTS, NEW HAMPSHIRE, NEW JERSEY, NEW YORK, NORTH CAROLINA, PENNSYLVANIA, PUERTO RICO, RHODE ISLAND, SOUTH CAROLINA, TENNESSEE, VERMONT, VIRGINIA, VIRGIN ISLANDS, OR WEST VIRGINIA, SEND APPLICATIONS TO:

LICENSING ASSISTANCE TEAM  
DIVISION OF NUCLEAR MATERIALS SAFETY  
U.S. NUCLEAR REGULATORY COMMISSION, REGION I  
475 ALLENDALE ROAD  
KING OF PRUSSIA, PA 19406-1415

IF YOU ARE LOCATED IN:

ILLINOIS, INDIANA, IOWA, MICHIGAN, MINNESOTA, MISSOURI, OHIO, OR WISCONSIN, SEND APPLICATIONS TO:

MATERIALS LICENSING BRANCH  
U.S. NUCLEAR REGULATORY COMMISSION, REGION III  
2443 WARRENVILLE ROAD, SUITE 210  
LISLE, IL 60532-4352

ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, COLORADO, HAWAII, IDAHO, KANSAS, LOUISIANA, MISSISSIPPI, MONTANA, NEBRASKA, NEVADA, NEW MEXICO, NORTH DAKOTA, OKLAHOMA, OREGON, PACIFIC TRUST TERRITORIES, SOUTH DAKOTA, TEXAS, UTAH, WASHINGTON, OR WYOMING, SEND APPLICATIONS TO:

NUCLEAR MATERIALS LICENSING BRANCH  
U.S. NUCLEAR REGULATORY COMMISSION, REGION IV  
612 E. LAMAR BOULEVARD, SUITE 400  
ARLINGTON, TX 76011-4125

PERSONS LOCATED IN AGREEMENT STATES SEND APPLICATIONS TO THE U.S. NUCLEAR REGULATORY COMMISSION ONLY IF THEY WISH TO POSSESS AND USE LICENSED MATERIAL IN STATES SUBJECT TO U.S. NUCLEAR REGULATORY COMMISSION JURISDICTIONS.

1. THIS IS AN APPLICATION FOR (Check appropriate item)

- A. NEW LICENSE
- B. AMENDMENT TO LICENSE NUMBER \_\_\_\_\_
- C. RENEWAL OF LICENSE NUMBER 24-16178-01

2. NAME AND MAILING ADDRESS OF APPLICANT (Include ZIP code)

**Liberty Hospital  
Nuclear Medicine Department  
2525 Glenn W. Hendren Drive  
Liberty, MO 64069-1002**

3. ADDRESS WHERE LICENSED MATERIAL WILL BE USED OR POSSESSED

**Liberty Hospital  
Nuclear Medicine Department  
2525 Glenn W. Hendren Drive  
Liberty, MO 64069-1002**

4. NAME OF PERSON TO BE CONTACTED ABOUT THIS APPLICATION

**Christopher Moore,**

TELEPHONE NUMBER  
816-415-7791

SUBMIT ITEMS 5 THROUGH 11 ON 8-1/2 X 11" PAPER. THE TYPE AND SCOPE OF INFORMATION TO BE PROVIDED IS DESCRIBED IN THE LICENSE APPLICATION GUIDE.

5. RADIOACTIVE MATERIAL  
a. Element and mass number; b. chemical and/or physical form; and c. maximum amount which will be possessed at any one time.

6. PURPOSE(S) FOR WHICH LICENSED MATERIAL WILL BE USED.

7. INDIVIDUAL(S) RESPONSIBLE FOR RADIATION SAFETY PROGRAM AND THEIR TRAINING EXPERIENCE.

8. TRAINING FOR INDIVIDUALS WORKING IN OR FREQUENTING RESTRICTED AREAS.

9. FACILITIES AND EQUIPMENT.

10. RADIATION SAFETY PROGRAM.

11. WASTE MANAGEMENT.

12. LICENSE FEES (See 10 CFR 170 and Section 170.31)

FEE CATEGORY | AMOUNT ENCLOSED \$

13. CERTIFICATION. (Must be completed by applicant) THE APPLICANT UNDERSTANDS THAT ALL STATEMENTS AND REPRESENTATIONS MADE IN THIS APPLICATION ARE BINDING UPON THE APPLICANT.

THE APPLICANT AND ANY OFFICIAL EXECUTING THIS CERTIFICATION ON BEHALF OF THE APPLICANT, NAMED IN ITEM 2, CERTIFY THAT THIS APPLICATION IS PREPARED IN CONFORMITY WITH TITLE 10, CODE OF FEDERAL REGULATIONS, PARTS 30, 32, 33, 34, 35, 36, 39, AND 40, AND THAT ALL INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF THEIR KNOWLEDGE AND BELIEF.

WARNING: 18 U.S.C. SECTION 1001 ACT OF JUNE 25, 1948 62 STAT. 749 MAKES IT A CRIMINAL OFFENSE TO MAKE A WILLFULLY FALSE STATEMENT OR REPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION.

CERTIFYING OFFICER - TYPED/PRINTED NAME AND TITLE

*Christopher Moore* **RSO**

SIGNATURE

*Christopher Moore*

DATE

**9-27-10**

**FOR NRC USE ONLY**

TYPE OF FEE	FEE LOG	FEE CATEGORY	AMOUNT RECEIVED	CHECK NUMBER	COMMENTS
			\$		
APPROVED BY				DATE	



## License Application Checklists

This Appendix contains checklists that may be used to assist in organizing an application. It addresses information a medical use licensee needs to provide for authorization to produce PET radioactive drugs for noncommercial transfer to consortium members. See Appendix AA for additional information.

Table C.1, Applicability Table, may be used to determine if particular information must be provided or if "N/A" (not applicable) may be the response to each item that follows. To determine those items to which applicants must respond, "highlight" the columns under the categories of materials requested in Item 5 (e.g., 10 CFR 35.300, 35.400). If any "Y" beside an item is highlighted, applicants must provide detailed information in response to that item. If the letters "N/A" are highlighted, applicants may respond "N/A" on their applications. If any "N" beside an item is highlighted, no information in response is required, but NRC regulations that apply to the given category apply to that type of license. If any "P" beside an item is highlighted, applicants should provide a commitment as described in the section referenced in the body of this document. If any "G" beside an item is highlighted, see subsequent sections for required responses. "APP" indicates that this document contains an appendix that addresses the item.

Table C.1 Applicability Table								
Section #	Topic	35.100/200	35.300	35.400	35.500	35.600	35.1000	APP
8.5	Unsealed Byproduct Material – Uptake, Dilution, Excretion, Imaging, and Localization Studies	Y						
8.5	Unsealed Byproduct Material – Written Directive Required		Y					
8.5	Manual Brachytherapy			Y				
8.5	Sealed Sources for Diagnosis				Y			
8.5	Teletherapy Units					Y		
8.5	Remote Afterloader Units					Y		
8.5	Gamma Stereotactic Radiosurgery Units					Y		
8.5	Other Medical Uses						Y	
8.6	Sealed Sources and Devices	N	N	Y	Y	Y	Y	
8.7	Discrete Source of Ra-226 (Other than sealed sources)	Y	Y	N	N	N	Y	
8.8	Financial Assurance Determination	Y	Y	Y	Y	Y	Y	
8.9	Purpose(s) for Which Licensed Material Will Be Used	Y	Y	Y	Y	Y	Y	
8.10	Training and Experience	G	G	G	G	G	G	
8.11	Radiation Safety Officer	Y	Y	Y	Y	Y	Y	I, D
8.12	Authorized User(s) (AUs)	Y	Y	Y	Y	Y	Y	D
8.13	Authorized Nuclear Pharmacist (ANP)	Y	Y	N/A	N/A	N/A	Y	D
8.14	Authorized Medical Physicist (AMP)	N/A	N/A	Y*	N/A	Y	Y	D
8.15	Facilities and Equipment	G	G	G	G	G	G	
8.16	Facility Diagram	Y	Y	Y	Y	Y	Y	
8.17	Radiation Monitoring Instruments	Y, P	Y, P	Y, P	Y, P	Y, P	Y, P	K
8.18	Dose Calibrator and Other Equipment	P	P	N/A	N/A	N/A	P	
8.19	Therapy Unit - Calibration and Use	N/A	N/A	N	N/A	Y	N	
8.20	Other Equipment and Facilities	N	N	N	N	Y	N	
8.21	Radiation Protection Program	G	G	G	G	G	G	
8.22	Safety Procedures and Instructions	N/A	N/A	N/A	N/A	Y	N/A	
8.23	Occupational Dose	P	P	P	P	P	P	M



Table C.1 Applicability Table								
Section #	Topic	35.100/200	35.300	35.400	35.500	35.600	35.1000	APP
8.24	Area Surveys	P	P	P	P	P	P	R
8.25	Safe Use of Unsealed Licensed Material	P	P	N/A	N/A	N/A	P	T
8.26	Spill/Contamination Procedures	P	P	P	N/A	N/A	P	N
8.27	Service of Therapy Devices Containing Sealed Sources	N/A	N/A	N/A	N/A	Y	Y	
8.28	Minimization of Contamination	N	N	N	N	N	N	
8.29	Waste Management	P	P	P	P	P	P	W
8.30	Fees	Y	Y	Y	Y	Y	Y	
8.31	Certification	Y	Y	Y	Y	Y	Y	
8.32	Safety Instruction for Individuals in Restricted Areas	N	N	N	N	N	N	J
8.33	Public Dose	N	N	N	N	N	N	
8.34	Opening Packages	N	N	N	N	N	N	
8.35	Written Directive Procedures	N/A	N	N	N/A	N	N	S
8.36	Release of Patients or Human Research Subjects	N	N	N	N/A	N/A	N	U
8.37	Mobile Medical Service	N	N	N	N	N	N	V
8.38	Audit Program	N	N	N	N	N	N	L
8.39	Operating and Emergency Procedures	N	N	N	N	N	N	N
8.40	Material Receipt and Accountability	N	N	N	N	N	N	
8.41	Ordering and Receiving	N	N	N	N	N	N	O
8.42	Sealed Source Inventory	N	N	N	N	N	N	
8.43	Records of Dosages and Use of Brachytherapy Source	N	N	N	N	N	N	
8.44	Recordkeeping	N	N	N	N	N	N	X
8.45	Reporting	N	N	N	N	N	N	Y
8.46	Leak Tests	N	N	N	N	N	N	Q
8.47	Safety Procedures for Treatments when Patients are Hospitalized	N/A	N	N	N/A	N**	N	
8.48	Transportation	N	N	N	N	N	N	Z

\* Y beside item 8.13 for use under 35.400 applies to Sr-90 only.  
 \*\* N/A for teletherapy and gamma stereotactic radiosurgery outpatient treatments.

## APPENDIX C

Table C.2 outlines the detailed responses that may be made to Items 5 and 6 on Form 313 for the type of radioactive material requested and the purposes for which it will be used. For example, if the applicant is seeking a license for unsealed byproduct material under 10 CFR 35.100 or 35.200, then the applicant should check the "yes" column next to 10 CFR 35.100 and 35.200 in Table C.2. The table then indicates appropriate responses for that type of use. An applicant may copy the checklist and include it in the license application.

The applicant should review the guidance in Section 5.2 and mark security-related information appropriately.

*Note:* The NRC now has regulatory authority for accelerator-produced radioactive material and discrete sources of Ra-226, as a result of the EPAct. Uses of these materials are added to Table C.2.



<b>Table C.2 Items 5 and 6 on NRC Form 313: Radioactive Material and Use</b> <i>(If using this checklist, check applicable rows and fill in details, and attach copy of checklist to the application.)</i>				
<input type="checkbox"/> Yes <input type="checkbox"/> No	This response includes security-related sensitive information (see Section 5.2) which is included in Attachment _____ and marked "Security-related information - withhold under 10 CFR 2.390"			
Yes	Radionuclide	Form or Manufacturer/ Model No.	Maximum Quantity	Purpose of Use
YES	Any byproduct material permitted by 10 CFR 35.100	Any	As needed	Any uptake, dilution, and excretion study permitted by 10 CFR 35.100.
YES	Any byproduct material permitted by 10 CFR 35.200	Any	As needed	Any imaging and localization study permitted by 10 CFR 35.200.
NO	F-18	Any	_____ curies	Production of PET radioactive drugs under 10 CFR 30.32(j).
NO	O-15	Any	_____ curies	Production of PET radioactive drugs under 10 CFR 30.32(j).
NO	C-11	Any	_____ curies	Production of PET radioactive drugs under 10 CFR 30.32(j).
YES	Any byproduct material permitted by 10 CFR 35.300	Any	1000 millicuries	Any radiopharmaceutical therapy procedure permitted by 10 CFR 35.300.
YES	Iodine-131	Any	_____ millicuries 1000	Administration of I-131 sodium iodide.
YES	Byproduct material permitted by 10 CFR 35.400 (Radionuclide _____)	Sealed source or device (Manufacturer Theragenics Corp Model No. _____) Theraseed Model 200	_____ millicuries 1000	Any brachytherapy procedure permitted by 10 CFR 35.400.
	Byproduct material permitted by 10 CFR 35.400 (Radionuclide _____)	Sealed source or device (Manufacturer _____ Model No. _____)	_____ millicuries	Any brachytherapy procedure permitted by 10 CFR 35.400.
	Byproduct material permitted by 10 CFR 35.400 (Radionuclide _____)	Sealed source or device (Manufacturer _____ Model No. _____)	_____ millicuries	Any brachytherapy procedure permitted by 10 CFR 35.400.
	Byproduct material permitted by 10 CFR 35.400 (Radionuclide _____)	Sealed source or device (Manufacturer _____ Model No. _____)	_____ millicuries	Any brachytherapy procedure permitted by 10 CFR 35.400.

APPENDIX C

<b>Table C.2 Items 5 and 6 on NRC Form 313: Radioactive Material and Use</b> <i>(If using this checklist, check applicable rows and fill in details, and attach copy of checklist to the application.)</i>				
Yes	Radionuclide	Form or Manufacturer/ Model No.	Maximum Quantity	Purpose of Use
NO	Strontium-90	Sealed source or device (Manufacturer _____, Model No. _____)	___ millicuries	Treatment of superficial eye conditions using an applicator distributed pursuant to 10 CFR 32.74 and permitted by 10 CFR 35.400.
NO	Byproduct material permitted by 10 CFR 35.500 Check all that apply: <input type="checkbox"/> Gd-153; <input type="checkbox"/> I-125; <input type="checkbox"/> Other, describe	Sealed source or device (Manufacturer _____, Model No. _____)	___ curies per source and ___ curies total	Diagnostic medical use of sealed sources permitted by 10 CFR 35.500 in compatible devices registered pursuant to 10 CFR 30.32(g).
NO	Iridium-192	Sealed source or device (Manufacturer _____, Model No. _____)	___ curies per source and ___ curies total	One source for medical use permitted by 10 CFR 35.600, in a Manufacturer _____, Model No. _____ remote afterloading brachytherapy device. One source in its shipping container as necessary for replacement of the source in the remote afterloader device.
NO	Cobalt-60	Sealed source or device (Manufacturer _____, Model No. _____)	___ curies per source and ___ curies total	One source for medical use permitted by 10 CFR 35.600, in a Manufacturer _____, Model No. _____ teletherapy unit. One source in its shipping container as necessary for replacement of the source in the teletherapy unit.
NO	Cobalt-60	Sealed source or device (Manufacturer _____, Model No. _____)	___ curies per source and ___ curies total	For medical use permitted by 10 CFR 35.600, in a Manufacturer _____, Model No. _____ stereotactic radiosurgery device. Sources in the shipping container as necessary for replacement of the sources in the stereotactic



Table C.2 Items 5 and 6 on NRC Form 313: Radioactive Material and Use (If using this checklist, check applicable rows and fill in details, and attach copy of checklist to the application.)				
Yes	Radionuclide	Form or Manufacturer/ Model No.	Maximum Quantity	Purpose of Use
				radiosurgery device.
NO	Any byproduct material under 10 CFR 31.11	Prepackaged kits	___ millicuries	<i>In vitro</i> studies.
NO	Depleted uranium	Metal	___ kilograms	Shielding in a teletherapy unit.
NO	Depleted uranium	Metal	___ kilograms	Shielding in a linear accelerator.
NO	Any radionuclide in excess of 30 millicuries for use in calibration, transmission, and reference sources. (List radionuclide: _____)	Sealed source or device (Manufacturer _____ Model No. _____)	___ millicuries	For use in a Manufacturer _____ Model No. _____ for calibration and checking of licensee's survey instruments.
NO	Americium-241	Sealed source or device (Manufacturer _____ Model No. _____)	___ millicuries per source and ___ millicuries total	Use as an anatomical marker.
NO	Plutonium (principal radionuclide Pu-238)	Sealed sources	___ millicuries per source and ___ grams total	As a component of. Manufacturer _____ Model No. _____ nuclear-powered cardiac pacemakers for clinical evaluation in accordance with manufacturer's protocol dated _____. This authorization includes: follow-up, explantation, recovery, disposal, and implantation.
NO	Other	Form or Manufacturer/Model No. _____	___ millicuries	Purpose of use _____

APPENDIX C

Table C.3 contains a checklist that may be used to identify the attached documents that the applicant is supplying for items for which a response is required. For example, an applicant may fill in the name of the Radiation Safety Officer in Table C.3 and then check the boxes indicating which documents pertaining to the RSO are being included in the license application. An applicant may copy the checklist and include it in the license application.



**Table C.3 Items 7 through 11 on NRC Form 313: Training & Experience, Facilities & Equipment, Radiation Protection Program, and Waste Disposal**  
*(Check all applicable rows and fill in details and attach a copy of the checklist to the application or provide information separately.)*

Item Number and Title	Suggested Response	Check box to indicate material included in application
Item 7: Radiation Safety Officer  Name: Christopher Moore  NRC 24-16178-01	<i>For an individual previously identified as an RSO on an NRC or Agreement State license or permit:</i>  Previous license number (if issued by the NRC), or a copy of a license (if issued by an Agreement State), or a copy of a permit (if issued by an NRC master materials licensee) on which the individual was specifically named as the RSO.	<input checked="" type="checkbox"/>
	<i>For an individual qualifying under 10 CFR 35.57(a)(3):</i>  Documentation that the individual was: <ul style="list-style-type: none"> <li>• the RSO for only the medical uses of accelerator-produced radioactive material or discrete sources of Ra-226 included in the definition of byproduct material as a result of the EPA Act;</li> <li>• the RSO for the medical uses of these materials before or during the effective period of NRC's waiver of August 31, 2005.</li> </ul>	<input type="checkbox"/>
	<i>For an individual qualifying under 10 CFR 35.50(a):</i>  Copy of certification by a specialty board whose certification process has been recognized <sup>10</sup> by NRC or an Agreement State under 10 CFR 35.50(a).  <b>AND</b>	<input type="checkbox"/>
	Description of the training and experience specified in 10 CFR 35.50(e) demonstrating that the proposed RSO is qualified by training in radiation safety, regulatory issues, and emergency procedures as applicable to the types of use for which the applicant seeks approval of an individual to serve as RSO.  <b>AND</b>	<input type="checkbox"/>
	Written attestation, signed by a preceptor RSO, that the individual has satisfactorily completed training in and experience required for certification, as well as training in radiation safety, regulatory issues, and emergency procedures for the types of use for which the licensee seeks approval, and has achieved a level of radiation safety knowledge sufficient to function independently as an RSO.  <b>AND</b>	<input type="checkbox"/>
	If applicable, description of recent related continuing education and experience as required by 10 CFR 35.59.	<input type="checkbox"/>

<sup>10</sup>The names of board certifications that have been recognized by the NRC or an Agreement State are posted on the NRC's Web site <http://www.nrc.gov/materials/miau/med-use-toolkit.html>.

APPENDIX C

<b>Table C.3 Items 7 through 11 on NRC Form 313: Training &amp; Experience, Facilities &amp; Equipment, Radiation Protection Program, and Waste Disposal</b> <i>(Check all applicable rows and fill in details and attach a copy of the checklist to the application or provide information separately.)</i>		
Item Number and Title	Suggested Response	Check box to indicate material included in application
	<p><i>For an individual qualifying under 10 CFR 35.50(b):</i></p> <p>Description of the training and experience specified in 10 CFR 35.50(b) demonstrating that the proposed RSO is qualified by training and experience as applicable to the types of use for which the applicant seeks approval of an individual to serve as RSO.</p> <p style="text-align: center;"><b>AND</b></p>	<input type="checkbox"/>
	<p>Description of the training and experience specified in 10 CFR 35.50(e) demonstrating that the proposed RSO is qualified by training in radiation safety, regulatory issues, and emergency procedures as applicable to the types of use for which the applicant seeks approval of an individual to serve as RSO.</p> <p style="text-align: center;"><b>AND</b></p>	<input type="checkbox"/>
	<p>Written attestation, signed by a preceptor RSO, that the individual has satisfactorily completed the required training and experience specified in 10 CFR 35.50(b), as well as the training in radiation safety, regulatory issues, and emergency procedures for the types of use for which the licensee seeks approval, and has achieved a level of radiation safety knowledge sufficient to function independently as an RSO.</p> <p style="text-align: center;"><b>AND</b></p>	<input type="checkbox"/>
	<p>If applicable, description of recent related continuing education and experience as required by 10 CFR 35.59.</p>	<input type="checkbox"/>
	<p><i>For an individual qualifying under 10 CFR 35.50(c)(1):</i></p> <p>Copy of the certification(s) as a medical physicist by a board whose certification process has been recognized<sup>11</sup> by the NRC or an Agreement State under 10 CFR 35.51(a) and description of the experience specified in 10 CFR 35.50(c)(1) demonstrating that the proposed RSO is qualified by experience as applicable to the types of use for which the applicant seeks approval of an individual to serve as RSO.</p> <p style="text-align: center;"><b>AND</b></p>	<input type="checkbox"/>
	<p>Description of the training and experience specified in 10 CFR 35.50(e) demonstrating that the proposed RSO is qualified by training in radiation safety, regulatory issues, and emergency procedures as applicable to the types of use for which the applicant seeks approval of an individual to serve as RSO.</p> <p style="text-align: center;"><b>AND</b></p>	<input type="checkbox"/>

<sup>11</sup>The names of board certifications that have been recognized by the NRC or an Agreement State are posted on the NRC's Web site <http://www.nrc.gov/materials/miau/med-use-toolkit.html>.



**Table C.3 Items 7 through 11 on NRC Form 313: Training & Experience, Facilities & Equipment, Radiation Protection Program, and Waste Disposal**  
*(Check all applicable rows and fill in details and attach a copy of the checklist to the application or provide information separately.)*

Item Number and Title	Suggested Response	Check box to indicate material included in application
	<p>Written attestation, signed by a preceptor RSO, that the individual has satisfactorily completed the required training and experience specified for certification, as well as training in radiation safety, regulatory issues, and emergency procedures for the types of use for which the licensee seeks approval, and has achieved a level of radiation safety knowledge sufficient to function independently as an RSO.</p> <p style="text-align: center;"><b>AND</b></p>	<input type="checkbox"/>
	<p>If applicable, description of recent related continuing education and experience as required by 10 CFR 35.59.</p>	<input type="checkbox"/>
	<p><i>For an individual qualifying under 10 CFR 35.50(c)(2):</i></p>	
	<p>Copy of the licensee's license indicating that the individual is an AU, AMP, or ANP identified on the licensee's license and has experience with radiation safety aspects of similar types of use of byproduct material for which the applicant seeks approval of an individual to serve as RSO.</p> <p style="text-align: center;"><b>AND</b></p>	<input type="checkbox"/>
	<p>Description of the training and experience specified in 10 CFR 35.50(e) demonstrating that the proposed RSO is qualified by training in radiation safety, regulatory issues, and emergency procedures as applicable to the types of use for which the applicant seeks approval of an individual to serve as RSO.</p> <p style="text-align: center;"><b>AND</b></p>	<input type="checkbox"/>
	<p>Written attestation, signed by a preceptor RSO, that the individual has satisfactorily completed the requirements in 10 CFR 35.50(c)(2), as well as training in radiation safety, regulatory issues, and emergency procedures for the types of use for which the licensee seeks approval, and has achieved a level of radiation safety knowledge sufficient to function independently as an RSO.</p> <p style="text-align: center;"><b>AND</b></p>	<input type="checkbox"/>
	<p>If applicable, description of recent related continuing education and experience as required by 10 CFR 35.59.</p>	<input type="checkbox"/>



<b>Table C.3 Items 7 through 11 on NRC Form 313: Training &amp; Experience, Facilities &amp; Equipment, Radiation Protection Program, and Waste Disposal</b> <i>(Check all applicable rows and fill in details and attach a copy of the checklist to the application or provide information separately.)</i>		
Item Number and Title	Suggested Response	Check box to indicate material included in application
Item 7: Authorized Users for medical uses:	<i>For an individual previously identified as an AU on an NRC or Agreement State license or permit:</i>	
Name(s), (including license number authorizing practice of medicine, podiatry, or dentistry if not provided previously or in attachment); Requested uses for each individual	Previous license number (if issued by the NRC), or a copy of the license (if issued by an Agreement State), or a copy of a permit issued by an NRC master materials licensee, or a copy of a permit issued by an NRC or Agreement State broad-scope licensee, or a copy of a permit issued by an NRC Master Materials License broad-scope permittee on which the physician, dentist, or podiatrist was specifically named as an AU for the uses requested.  See Attachment 7b.	<input checked="" type="checkbox"/>
	<i>For an AU requesting authorization for an additional medical use:</i>	
	Description of the additional training and experience to demonstrate the AU is also qualified for the new medical uses requested (e.g., training and experience needed to meet the requirements in 10 CFR 35.290 (b), 35.396, 35.390(b)(1)(ii)(G), or 35.690(c)).  AND	<input type="checkbox"/>
	A preceptor attestation, if required (e.g., attestation is required to meet the requirements in 10 CFR 35.396, 35.390(b)(1)(ii)(G), or 35.690(c)).	
	<i>For an individual qualifying under 10 CFR 35.57(b)(3):</i>	
	Documentation that the physician, podiatrist, or dentist: <ul style="list-style-type: none"> <li>• used only accelerator-produced radioactive materials, or discrete sources of Ra-226, or both, for medical uses before or during the effective period of NRC's waiver of August 31, 2005; and</li> <li>• used these materials for the same medical uses requested.</li> </ul>	<input type="checkbox"/>
	<i>For an individual qualifying under 10 CFR Part 35, Subparts D, E, F, G, and/or H, who is board-certified:</i>	
	Copy of the certification(s) by a specialty board(s) whose certification process has been recognized <sup>12</sup> by the NRC under 10 CFR Part 35, Subpart D, E, F, G, or H, as applicable to the use requested.  AND	<input type="checkbox"/>

<sup>12</sup>The names of board certifications that have been recognized by the NRC or an Agreement State are posted on the NRC's Web site <http://www.nrc.gov/materials/mjau/mcd-use-toolkit.html>.

**Table C.3 Items 7 through 11 on NRC Form 313: Training & Experience, Facilities & Equipment, Radiation Protection Program, and Waste Disposal**  
*(Check all applicable rows and fill in details and attach a copy of the checklist to the application or provide information separately.)*

Item Number and Title	Suggested Response	Check box to indicate material included in application
	<p>For an individual with a board certification recognized under 10 CFR 35.390, a description of the supervised work experience administering dosages of radioactive drugs required in 10 CFR 35.390(b)(1)(ii)(G) demonstrating that the proposed AU is qualified for the types of administrations for which authorization is sought;</p> <p style="text-align: center;">AND</p>	<input type="checkbox"/>
	<p>For an individual with a board certification recognized under 10 CFR 35.390 for medical uses described in 10 CFR 35.200, a description of the supervised work experience eluting generator systems required in 10 CFR 35.290(c)(1)(ii)(G) demonstrating the proposed AU is also qualified for imaging and localization medical uses;</p> <p style="text-align: center;">AND</p>	<input type="checkbox"/>
	<p>For an individual with a board certification recognized under 10 CFR 35.490 or 35.690 seeking authorization under 10 CFR 35.396(d), a description of the classroom and laboratory training and supervised work experience required to demonstrate qualifications for administering parenteral administrations of unsealed byproduct material requiring a written directive;</p> <p style="text-align: center;">AND</p>	<input type="checkbox"/>
	<p>For an individual seeking authorization under 10 CFR Part 35, Subpart H, description of the training specified in 10 CFR 35.690(c) demonstrating that the proposed AU is qualified for the type(s) of use for which authorization is sought;</p> <p style="text-align: center;">AND</p>	<input type="checkbox"/>
	<p>Written attestation, signed by a preceptor physician AU, that the training and experience specified for certification, as well as the clinical casework, or training and experience required by 10 CFR 35.396(d); or training for 10 CFR 35.600 types of use, if appropriate, have been satisfactorily completed and that a level of competency sufficient to function independently as an AU for the medical uses authorized has been achieved;</p> <p style="text-align: center;">AND</p>	<input type="checkbox"/>
	<p>If applicable, description of recent related continuing education and experience as required by 10 CFR 35.59.</p>	<input type="checkbox"/>



APPENDIX C

<b>Table C.3 Items 7 through 11 on NRC Form 313: Training &amp; Experience, Facilities &amp; Equipment, Radiation Protection Program, and Waste Disposal</b> <i>(Check all applicable rows and fill in details and attach a copy of the checklist to the application or provide information separately.)</i>		
Item Number and Title	Suggested Response	Check box to indicate material included in application
	<p><i>For an individual qualifying under 10 CFR Part 35, Subparts D, E, F, G, and/or H, who is not board-certified:</i></p> <p>A description of the training and experience identified in 10 CFR Part 35, Subparts D, E, F, G, and H, demonstrating that the proposed AU is qualified by training and experience for the use(s) requested.</p> <p style="text-align: center;"><b>AND</b></p>	<input type="checkbox"/>
	<p>For an individual seeking authorization under 10 CFR Part 35, Subpart H, description of the training specified in 10 CFR 35.690 (c) demonstrating that the proposed AU is qualified for the type(s) of use for which authorization is sought.</p> <p style="text-align: center;"><b>AND</b></p>	<input type="checkbox"/>
	<p>Written attestation, signed by a preceptor physician AU, that the above training and experience have been satisfactorily completed and that a level of competency sufficient to function independently as an AU for the medical uses authorized has been achieved.</p> <p style="text-align: center;"><b>AND</b></p>	<input type="checkbox"/>
	<p>If applicable, description of recent related continuing education and experience as required by 10 CFR 35.59.</p>	<input type="checkbox"/>
Item 7: Authorized Nuclear Pharmacists	<p><i>For an individual previously identified as an ANP on an NRC or Agreement State license or permit:</i></p>	
Name(s) and license to practice pharmacy:	<p>Previous license number (if issued by the NRC), or a copy of the license (if issued by an Agreement State), or a copy of a permit issued by an NRC master materials licensee, or a copy of a permit issued by an NRC or Agreement State broad-scope licensee, or a copy of a permit issued by an NRC Master Materials License broad-scope permittee on which the individual was specifically named ANP.</p>	<input type="checkbox"/>
	<p><i>For an individual qualifying under 10 CFR 35.57(a)(3):</i></p> <p>Documentation that the nuclear pharmacist:</p> <ul style="list-style-type: none"> <li>• used only accelerator-produced radioactive materials or discrete sources of Ra-226, or both, in the practice of nuclear pharmacy before or during the effective period of NRC's waiver of August 31, 2005; and</li> <li>• used these materials for the same uses requested.</li> </ul>	<input type="checkbox"/>



<b>Table C.3 Items 7 through 11 on NRC Form 313: Training &amp; Experience, Facilities &amp; Equipment, Radiation Protection Program, and Waste Disposal</b> <i>(Check all applicable rows and fill in details and attach a copy of the checklist to the application or provide information separately.)</i>		
Item Number and Title	Suggested Response	Check box to indicate material included in application
	<i>For an individual qualifying under 10 CFR 35.55(a):</i> Copy of the certification(s) of the specialty board whose certification process has been recognized <sup>13</sup> under 10 CFR 35.55(a). AND	<input type="checkbox"/>
	Written attestation, signed by a preceptor ANP, that training and experience required for certification have been satisfactorily completed and that a level of competency sufficient to function independently as an ANP has been achieved. AND	<input type="checkbox"/>
	If applicable, description of recent related continuing education and experience as required by 10 CFR 35.59.	<input type="checkbox"/>
	<i>For an individual qualifying under 10 CFR 35.55(b):</i> Description of the training and experience specified in 10 CFR 35.55(b) demonstrating that the proposed ANP is qualified by training and experience. AND	<input type="checkbox"/>
	Written attestation, signed by a preceptor ANP, that the above training and experience have been satisfactorily completed and that a level of competency sufficient to function independently as an ANP has been achieved. AND	<input type="checkbox"/>
	If applicable, description of recent related continuing education and experience as required by 10 CFR 35.59.	<input type="checkbox"/>
Item 7: Authorized Medical Physicists	<i>For an individual previously identified as an AMP on an NRC or Agreement State license or permit:</i> Name(s): Previous license number (if issued by the NRC), or a copy of the license (if issued by an Agreement State), or a copy of a permit issued by an NRC master materials licensee, or a copy of a permit issued by an NRC or Agreement State broad-scope licensee, or a copy of a permit issued by an NRC Master Materials License broad-scope permittee on which the individual was specifically named an AMP for the uses requested.	<input type="checkbox"/>

<sup>13</sup>The names of board certifications that have been recognized by the NRC or an Agreement State are posted on the NRC's Web site <http://www.nrc.gov/materials/miau/med-use-toolkit.html>.

APPENDIX C

<b>Table C.3 Items 7 through 11 on NRC Form 313: Training &amp; Experience, Facilities &amp; Equipment, Radiation Protection Program, and Waste Disposal</b> <i>(Check all applicable rows and fill in details and attach a copy of the checklist to the application or provide information separately.)</i>		
Item Number and Title	Suggested Response	Check box to indicate material included in application
	<i>For an individual qualifying under 10 CFR 35.57(a)(3):</i> Documentation that the medical physicist: <ul style="list-style-type: none"> <li>• used only accelerator-produced radioactive material, discrete sources of Ra-226, or both, for medical uses before or during the effective period of NRC's waiver of August 31, 2005; and</li> <li>• used these materials for the same medical uses requested.</li> </ul>	<input type="checkbox"/>
	<i>For an individual qualifying under 10 CFR 35.51(a):</i> Copy of the certification(s) of the specialty board(s) whose certification process has been recognized <sup>14</sup> under 10 CFR 35.51(a). AND	<input type="checkbox"/>
	Description of the training and experience specified in 10 CFR 35.51(c) demonstrating that the proposed AMP is qualified by training in the types of use for which he or she is requesting AMP status, including hands-on device operation, safety procedures, clinical use, and operation of a treatment planning system. AND	<input type="checkbox"/>
	Written attestation, signed by a preceptor AMP, that the required training and experience required for certification, as well as the training and experience specified in 10 CFR 35.51(c) have been satisfactorily completed, and that a level of competency sufficient to function independently as an AMP has been achieved. AND	<input type="checkbox"/>
	If applicable, description of recent related continuing education and experience as required by 10 CFR 35.59.	<input type="checkbox"/>
	<i>For an individual qualifying under 10 CFR 35.51(b):</i> Description of the training and experience demonstrating that the proposed AMP is qualified by training and experience identified in 10 CFR 35.51(b)(1) for the uses requested. AND	<input type="checkbox"/>

<sup>14</sup>The names of board certifications that have been recognized by the NRC or an Agreement State are posted on the NRC's Web site <http://www.nrc.gov/materials/miau/med-use-toolkit.html>.



**Table C.3 Items 7 through 11 on NRC Form 313: Training & Experience, Facilities & Equipment, Radiation Protection Program, and Waste Disposal**  
*(Check all applicable rows and fill in details and attach a copy of the checklist to the application or provide information separately.)*

Item Number and Title	Suggested Response	Check box to indicate material included in application
	Description of the training and experience specified in 10 CFR 35.51(c) demonstrating that the proposed AMP is qualified by training in the types of use for which he or she is requesting AMP status, including hands-on device operation, safety procedures, clinical use, and operation of a treatment planning system.  AND	<input type="checkbox"/>
	Written attestation, signed by a preceptor AMP, that the required training and experience have been satisfactorily completed and that a level of competency sufficient to function independently as an AMP has been achieved.  AND	<input type="checkbox"/>
	If applicable, description of recent related continuing education and experience as required by 10 CFR 35.59.	<input type="checkbox"/>
Item 7: Authorized User for nonmedical uses  Name(s): Requested types, quantities, and nonmedical uses for each individual	<p><i>Note:</i> For purposes of this section of the table, the term "authorized user" is used to mean individuals authorized for the nonmedical uses described. See Sections 8.11 and 8.12.</p> <p><i>For an individual previously authorized for nonmedical use on an NRC or Agreement State license or permit:</i></p> <p>Previous license number (if issued by the NRC), or a copy of the license (if issued by an Agreement State), or a copy of a permit issued by an NRC master materials licensee, or a copy of a permit issued by an NRC or Agreement State broad-scope licensee, or a copy of a permit issued by an NRC Master Materials License broad-scope permittee on which the individual was specifically named an AU for the types, quantities, and uses requested.</p>	<input type="checkbox"/>
Item 9: Facility Diagram	<p><i>For individuals qualifying under 10 CFR 30.33(a)(3):</i></p> <p>Documentation of the individual's training and experience demonstrating that the individual is qualified to use the types and quantities of licensed materials for the requested uses.</p> <p>A diagram is enclosed that describes the facilities and identifies activities conducted in all contiguous areas surrounding the area(s) of use. The following information is included:</p>	<input checked="" type="checkbox"/>
	<ul style="list-style-type: none"> <li>• Guidance in Section 5.2 was reviewed and security-related sensitive information provided is marked accordingly.</li> <li>• Drawings should be to scale, indicating the scale used.</li> </ul>	<input type="checkbox"/>  <input checked="" type="checkbox"/>









<b>Table C.3 Items 7 through 11 on NRC Form 313: Training &amp; Experience, Facilities &amp; Equipment, Radiation Protection Program, and Waste Disposal</b> <i>(Check all applicable rows and fill in details and attach a copy of the checklist to the application or provide information separately.)</i>		
Item Number and Title	Suggested Response	Check box to indicate material included in application
Item 10: Safety Procedures and Instructions	Attached are procedures required by 10 CFR 35.610.	<input type="checkbox"/>
	Guidance in Section 5.2 was reviewed and security-related sensitive information provided is marked accordingly.	<input type="checkbox"/>
Item 10: Occupational Dose	A statement that: "Either we will perform a prospective evaluation demonstrating that unmonitored individuals are not likely to receive, in 1 year, a radiation dose in excess of 10% of the allowable limits in 10 CFR Part 20 or we will provide dosimetry that meets the requirements listed under 'Criteria' in NUREG-1556, Vol. 9, Rev. 1, 'Consolidated Guidance About Materials Licenses: Program-Specific Guidance About Medical Use Licenses.' "	<input checked="" type="checkbox"/>
	<b>OR</b>	
	A description of an alternative method for demonstrating compliance with the referenced regulations.	<input type="checkbox"/>
Item 10: Area Surveys	A statement that: "We have developed and will implement and maintain written procedures for area surveys in accordance with 10 CFR 20.1101 that meet the requirements of 10 CFR 20.1501 and 10 CFR 35.70."	<input checked="" type="checkbox"/>
Item 10: Safe Use of Unsealed Licensed Material	A statement that: "We have developed and will implement and maintain procedures for safe use of unsealed byproduct material that meet the requirements of 10 CFR 20.1101 and 10 CFR 20.1301."	<input checked="" type="checkbox"/>
Item 10: Spill/Contamination Procedures	A statement that: "We have developed and will implement and maintain written procedures for safe response to spills of licensed material in accordance with 10 CFR 20.1101."	<input checked="" type="checkbox"/>
Item 10: Installation, Maintenance, Adjustment, Repair, and Inspection of Therapy Devices Containing Sealed Sources	Name of the proposed employee and types of activities requested:  _____	<input type="checkbox"/>
	<b>AND</b>	
	Description of the training and experience demonstrating that the proposed employee is qualified by training and experience for the use requested.	<input type="checkbox"/>
	<b>AND</b>	
	Copy of the manufacturer's training certification and an outline of the training in procedures to be followed.	<input type="checkbox"/>
Item 10: Minimization of Contamination	A response is not required under the following condition: the NRC will consider that the above criteria have been met if the information provided in applicant's responses satisfy the criteria in Sections 8.15, 8.16, 8.21, 8.25, 8.27, and 8.29, on the topics: facilities and equipment, facility diagram, Radiation Protection Program, safety program, and waste management.	N/A



**Table C.3 Items 7 through 11 on NRC Form 313: Training & Experience, Facilities & Equipment, Radiation Protection Program, and Waste Disposal**  
*(Check all applicable rows and fill in details and attach a copy of the checklist to the application or provide information separately.)*

Item Number and Title	Suggested Response	Check box to indicate material included in application
Item 11: Waste Management	A statement that: "We have developed and will implement and maintain written waste disposal procedures for licensed material in accordance with 10 CFR 20.1101, that also meet the requirements of the applicable section of 10 CFR Part 20, Subpart K, and of 10 CFR 35.92."	<input checked="" type="checkbox"/>
	Attached is a description of the radioactive waste incinerator facility and related portions of the Radiation Safety Program (10 CFR 20.2004).	<input type="checkbox"/>
	Attached is a request to receive potentially contaminated radiation transport shields from consortium members receiving PET radioactive drugs noncommercially transferred under 10 CFR 30.32(j) authorization.	<input type="checkbox"/>

Attachment 7a

**Radiation Safety Officer**

Christopher Moore - Currently listed as RSO on NRC License # 24-16178-01

Attachment 7b

**Authorized Users**

Authorized User	Previous License	Material and Use
Robert C. Newth, M.D.	NRC 24-16178-01	10 CFR 35.100, 35.200, 35.300
Robert A. MacNaughton, II, M.D.	NRC 24-16178-01	10 CFR 35.100, 35.200, 35.300
Larry Nussbaum, M.D.	NRC 24-16178-01	10 CFR 35.100, 35.200, 35.300
Venkat Pasnoori, M.D.	NRC 24-16178-01	10 CFR 35.100, 35.200, 35.300
Richard A Morrison, M.D.	NRC 24-16178-01	10 CFR 35.400
Gordon D. Stille, M.D.	NRC 24-16178-01	10 CFR 35.400
Scott C. Cozad, M.D.	NRC 24-16178-01	10 CFR 35.400
John I. Holloran, M.D.	NRC 24-16178-01	10 CFR 35.100, 35.200, 35.300
Christine Keesling, M.D.	NRC 24-16178-01	10 CFR 35.100, 35.200, 35.300
Timothy G. Raveill, M.D.	NRC 24-16178-01	10 CFR 35.100, 35.200
Randall C. Newth, M.D.	NRC 24-16178-01	10 CFR 35.100, 35.200
Michael P. Green, D.O.	NRC 24-16178-01	10 CFR 35.100, 35.200
Rajendran Sabapathy, M.D.	NRC 24-16178-01	10 CFR 35.100, 35.200
John Brian Pope, M.D.	NRC 24-16178-01	10 CFR 35.100, 35.200, 35.300 limited to oral administration of I-131 in quantities less than or equal to 33 millicuries



Christopher Moore  
Nuclear Medicine Dept.  
Liberty Hospital  
Liberty, MO. 64068



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