

Dec. 17, 2010

U.S. Nuclear Regulatory  
Material Licensing Branch  
2343 Warrenville Road  
Suite 210  
Lisle IL. 60532-4652

RE:  
Amendment Request  
License # 24-24660-01

Dear Sirs,

We would like to add the following physician to our license.

Joseph Philip Kory M.D. for 10 CFR 35.100, 35.200 and 35.500. Enclosed is a copy of his American Board of Radiology and Authorized user Training, Experience and Preceptor Attestation form.

If you have any questions concerning this, please do not hesitate to contact the Nuclear Medicine department 816-282-5624.

Sincerely,



Tracy Thellman  
Director of Imaging Services

RECEIVED DEC 30 2010

<b>NRC FORM 313A (AUD)</b> <small>(3-2009)</small>		<b>U.S. NUCLEAR REGULATORY COMMISSION</b>		<b>APPROVED BY OMB: NO. 3180-0120</b> <b>EXPIRES: 3/31/2012</b>								
<b>AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION</b> <b>(for uses defined under 35.100, 35.200, and 35.500)</b> <b>[10 CFR 35.190, 35.290, and 35.590]</b>												
Name of Proposed Authorized User <b>JOSEPH KOURY, MD</b>			State or Territory Where Licensed <b>MISSOURI</b>									
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 checked="" type="checkbox"/> 35.500 Sealed sources for diagnosis (specify device _____)												
<b>PART I -- TRAINING AND EXPERIENCE</b> <b>(Select one of the three methods below)</b>												
* 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"/> <b>1. Board Certification</b>												
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, <u>skip to and complete Part II</u> Preceptor Attestation.												
<input type="checkbox"/> <b>2. Current 35.390 Authorized User Seeking Additional 35.290 Authorization</b>												
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: 35%;">Description of Experience</th><th style="width: 35%;">Location of Experience/License or Permit Number of Facility</th><th style="width: 15%;">Clock Hours</th><th style="width: 15%;">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			
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												
<b>Total Hours of Experience:</b>												
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)												

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(3-2008)

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.

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			
<b>Total Hours of Training:</b>			

- 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	



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(3-2009)

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**AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)****3. Training and Experience for Proposed Authorized User (continued)****b. Supervised Work Experience. (continued)**

Description of Experience Must Include:	Location of Experience/License or Permit Number of Facility	Confirm	Dates of Experience*
Calculating, measuring, and safely preparing patient or human research subject dosages		<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)  
(3-2009)

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## 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

JOE KOWALY, MD  
Name of Proposed Authorized User

has satisfactorily completed the requirements in

10 CFR 35.190(a)(1) and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100.

OR

## Training and Experience

☒ I attest that

JOE KOWALY, MD  
Name of Proposed Authorized User

has satisfactorily completed the 60 hours of training and

experience, including a minimum of 8 hours of classroom and laboratory training, required by 10 CFR 35.190(c)(1), and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100.

## For 35.290

## Board Certification

☒ I attest that

JOE KOWALY, MD  
Name of Proposed Authorized User

has satisfactorily completed the requirements in

10 CFR 35.290(a)(1) and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100 and 35.200.

OR

## Training and Experience

☒ I attest that

JOE KOWALY, MD  
Name of Proposed Authorized User

has satisfactorily completed the 700 hours of training

and experience, including a minimum of 80 hours of classroom and laboratory training, required by 10 CFR 35.290(c)(1), and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100 and 35.200.

## Second Section

Complete the following for preceptor attestation and signature:

☒ I meet the requirements below, or equivalent Agreement State requirements, as an authorized user for:

☒ 35.190☒ 35.290☒ 35.390☐ 35.390 + generator experience

Name of Preceptor

ANDLAK SINGH

Signature

Andlak Singh, MD

Telephone Number

573-582-7955

Date

11/11/10

License/Permit Number/Facility Name

University of Missouri - Columbia Lic # 24-00513-32

# 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*

**Joseph Philip Koury, MD**

*Has pursued an accepted course of graduate study  
and clinical work, has met certain standards and qualifications, including  
passing the examinations conducted under the authority of  
The American Board of Radiology,  
demonstrating to the satisfaction of the Board that he is qualified to practice,  
and is therefore awarded the Board's certification in the specialty of*

**AB Eligible**

**Diagnostic Radiology**

*Effective June 30, 2010*



**Certificate No. 56860**

*Sam J. Harris*  
President

*Richard L. Morin*  
Secretary-Treasurer

*Harry P. Schmitt*  
Executive Director



**Valid through 2020**

Received Time Dec. 8. 1:28PM





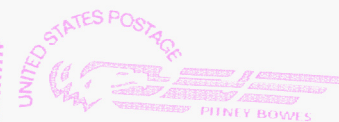
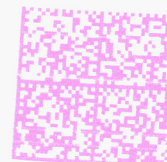
**Lee's Summit**  
MEDICAL CENTER

HCA Midwest HEALTH SYSTEM\*

2100 SE Blue Parkway, Lee's Summit, MO 64063

(Nuclear Medicine Dept)

PRESORTED  
FIRST CLASS



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2012/22/2010 KCHD 640  
U.S. Nuclear Regulatory  
Material Licensing Branch  
2343 Warrenville Road  
Suite 210  
Lisle IL 60532-4652

60532

