

February 18, 2011

Materials Licensing Branch  
Attn: Colleen Carol Casey  
U.S. Nuclear Regulatory Commission, Region III  
2443 Warrenville Road, Suite 210  
Lisle, IL 60532-4352

Re: Additional information to control number 573297

Dear Ms. Casey,

Thank you for your recent review of the license renewal submission for Centerpoint Medical Center of Independence, LLC, license number 24-18655-01. The enclosed documentation is in response to your request for additional information.

I request the removal of the "old" documents in Condition No. 15 as referenced in your letter dated January 30, 2011. Please consider the inclusion of the current documents attached to this letter for condition 15.

The enclosed information includes the following:

"Delegation of Authority" document for the Radiation Safety Officer signed by senior management.

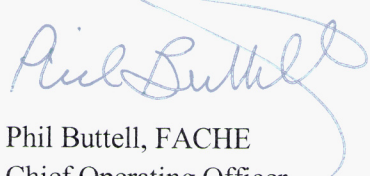
Appendix C, pages C-9 through C-16.

A list of authorized users and their current uses. The authorized users and their uses are to be retained as currently listed on the license.

Documents included specify Robert F. Thompson, M.D. as the Radiation Safety Officer as listed on the current license.

Please let us know if you require any additional information. Thank you for your consideration of the additional documentation.

Sincerely,



Phil Buttell, FACHE  
Chief Operating Officer

Enclosures: Appendix C Pages C-9 to C-16, Authorized Users/Uses, Delegation of Authority

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**Item 7: RSO and Authorized Users**

Please retain each authorized users and their uses as currently listed on the license and as specified in the table below. The Radiation Safety Officer, Robert F. Thompson, M.D., is to be retained as the RSO as listed on the current license.

The Radiation Safety Officer is as listed on the Current License: Robert F. Thompson, M.D.

Authorized Users	Material and Use	As Listed on Current License
David E. Hazuka, M.D.	10 CFR 35.100, 35.200, and 35.300 (for iodine-131, oral administration of sodium iodide-131 in quantities greater than, less than or equal to 33 millicuries).	Yes
Stephen R. Kunz, M.D.	10 CFR 35.100, 35.200, and 35.300 (for iodine-131, oral administration of sodium iodide-131 in quantities greater than, less than or equal to 33 millicuries).	Yes
George William Pogson, M.D.	10 CFR 35.200	Yes
Gwendolyn Ramsey Arnett, M.D.	10 CFR 35.100, 35.200, and 35.300	Yes
Robert F. Thompson, M.D.	10 CFR 35.100, 35.200, and 35.300 (oral administration of sodium iodide-131).	Yes
Richard L. Cronemeyer, M.D.	10 CFR 35.100, 35.200, and 35.300 (for iodine-131, oral administration of sodium iodide-131 in quantities less than or equal to 33 millicuries).	Yes
Paul Ren Chu, M.D.	10 CFR 35.200	Yes
Stephen A. Bloom, M.D.	10 CFR 35.200	Yes
James P. McGraw, M.D.	10 CFR 35.200	Yes
Thomas L. Rosamond, M.D.	10 CFR 35.200	Yes
Alan Schneider, M.D.	10 CFR 35.200	Yes

## Item 7: RSO and Authorized Users

Mark J. Lavin, M.D.	10 CFR 35.100, 35.200 and 35.300	Yes
Kenneth M. Alfieri, M.D.	10 CFR 35.100, 35.200 and 35.300	Yes
Matthew R. Caterine, M.D.	10 CFR 35.100 and 35.200	Yes
Dipak Shah, M.D.	10 CFR 35.100, 35.200 and 35.300 (limited to iodine-131, strontium-89 and samarium-153)	Yes
Bob Green, M.D.	10 CFR 35.200	Yes
Jeffrey W. Bissing, D.O.	10 CFR 35.200	Yes
Christopher McKinney, M.D.	10 CFR 35.100, 35.200, and 35.300 (for iodine-131, oral administration of sodium iodide-131 in quantities less than or equal to 33 millicuries).	Yes
Ramesh Avva, M.D.	10 CFR 35.100, 35.200 and 35.300	Yes
Ira Cox, M.D.	10 CFR 35.100, 35.200 and 35.300	Yes



**Table C.3 Items 7 through 11 on NRC Form 313: Training & Experience, Facilities & Equipment, Radiation Protection Program, and Waste Disposal**

*(If using this checklist, check applicable rows and fill in details, and Attach copy of checklist to the application)*

Item Number and Title	Suggested Response	Check box to indicate material included in Application
Item 7: Radiation Safety Officer Name:  Robert F. Thompson, MD	<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 <b>Current License: 24-18655-01-01, amendment 52</b>	<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).  <p style="text-align: center;"><b>AND</b></p>	<input type="checkbox"/>
	Description of the training and experience specified in 10 CFR 35.50(e)(3) 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 style="text-align: center;"><b>AND</b></p>	<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.  <p style="text-align: center;"><b>AND</b></p>	<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

**Table C.3 Items 7 through 11 on NRC Form 313: Training & Experience, Facilities & Equipment, Radiation Protection Program, and Waste Disposal**

*(If using this checklist, check applicable rows and fill in details, and Attach copy of checklist to the application)*

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 35.509(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 a 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>.

<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>(If using this checklist, check applicable rows and fill in details, and Attach copy of checklist to the application)</i>		
Item Number and Title	Suggested Response	Check box to indicate material included in Application
	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.  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 35.509(c)(2):</i>		
	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.  AND	<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.  AND	<input type="checkbox"/>
	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.  AND	<input type="checkbox"/>
	If applicable, description of recent related continuing education and experience as required by 10 CFR 35.59.	<input type="checkbox"/>



APPENDIX C

**Table C.3 Items 7 through 11 on NRC Form 313: Training & Experience, Facilities & Equipment, Radiation Protection Program, and Waste Disposal**

*(If using this checklist, check applicable rows and fill in details, and Attach copy of checklist to the application)*

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 no 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. <b>Please see attached list of requested Authorized Users and Uses</b>	<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)).  <b>AND</b>	<input type="checkbox"/>
	A preceptor attestation, if required (e.g., attestation is required to meet the requirements in 10 CFR 35.396(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.  <b>AND</b>	<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/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**

*(If using this checklist, check applicable rows and fill in details, and Attach copy of checklist to the application)*

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 35.90(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;"><b>AND</b></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 generators systems required in 10 CFR 35.90(b)(1)(ii)(G) demonstrating the proposed AU is also qualified for imaging and localization medical uses;</p> <p style="text-align: center;"><b>AND</b></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;"><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 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;"><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"/>

**Table C.3 Items 7 through 11 on NRC Form 313: Training & Experience, Facilities & Equipment, Radiation Protection Program, and Waste Disposal**

*(If using this checklist, check applicable rows and fill in details, and Attach copy of checklist to the application)*

Item Number and Title	Suggested Response	Check box to indicate material included in Application
	<i>For an individual qualifying under 10 CFR Part 35, subparts D, E, F, G, and/or H, who is not board-certified:</i>	
	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.  <b>AND</b>	<input type="checkbox"/>
	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.  <b>AND</b>	<input type="checkbox"/>
	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.  <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"/>
Item 7: Authorized Nuclear Pharmacists Name and license to practice pharmacy:	<i>For an individual previously identified as an ANP on an NRC or Agreement State license or permit:</i>	<input type="checkbox"/>
	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 NRCZ Master Materials License broad-scope permittee on which the individual was specifically name ANP.	
	<i>For an individual qualifying under 10 CFR 35.57(a)(3):</i>  Documentation that the nuclear pharmacist:  <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"/>



**Table C.3 Items 7 through 11 on NRC Form 313: Training & Experience, Facilities & Equipment, Radiation Protection Program, and Waste Disposal**

*(If using this checklist, check applicable rows and fill in details, and Attach copy of checklist to the application)*

Item Number and Title	Suggested Response	Check box to indicate material included in Application
	<i>For an individual qualifying under 10 CFR 35.559(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).	<input type="checkbox"/>
	<b>AND</b>	
	Written attestation, signed by a preceptor ANP, that training and experience require for certification have been satisfactorily completed and that a level of competency sufficient to function independently as an ANP has been achieved.	<input type="checkbox"/>
	<b>AND</b>	
	If applicable, description of recent related continuing education and experience as required by 10 CFR 35.59.	<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.	<input type="checkbox"/>
	<b>AND</b>	
	Written attestation, signed by a preceptor NAP, 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.	<input type="checkbox"/>
	<b>AND</b>	
	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 Name(s):	<i>For an individual previously identified as an AMP on an NRC or Agreement State license or permit:</i>  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>.



**Table C.3 Items 7 through 11 on NRC Form 313: Training & Experience, Facilities & Equipment, Radiation Protection Program, and Waste Disposal**

*(If using this checklist, check applicable rows and fill in details, and Attach copy of checklist to the application)*

Item Number and Title	Suggested Response	Check box to indicate material included in Application
	<p><i>For an individual qualifying under 10 CFR 35.57(A)(3):</i></p> <p>Documentation that the medical physicist:</p> <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"/>
	<p><i>For an individual qualifying under 10 CFR 35.51(a):</i></p> <p>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).</p> <p style="text-align: center;"><b>AND</b></p>	<input type="checkbox"/>
	<p>Description of the training and experience specified in 10 CFR 35.51(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.</p> <p style="text-align: center;"><b>AND</b></p>	<input type="checkbox"/>
	<p>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.</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 35.51(b):</i></p> <p>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.</p> <p style="text-align: center;"><b>AND</b></p>	<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>.

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Memo To: Radiation Safety Officer

From: Phil Buttell, FACHE  
Chief Operating Officer

Subject: RSO Delegation of Authority

You, Robert F. Thompson, M.D., have been appointed Radiation Safety Officer and are responsible for ensuring the safe use of radiation. You are responsible for managing the radiation protection program; identifying radiation protection problems; initiating, recommending, or providing corrective actions; verifying implementation of corrective actions; stopping unsafe activities; and ensuring compliance with regulations. You are hereby delegated the authority necessary to meet those responsibilities, including prohibiting the use of byproduct material by employees who do not meet the necessary requirements and shutting down operations where justified by radiation safety. You are required to notify management of situations where staff are not cooperating and not addressing radiation safety issues. In addition, you are free to raise issues with the Nuclear Regulatory Commission at anytime. It is estimated that you will spend one to two hours per week conducting radiation protection activities.



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Phil Buttell, FACHE  
Chief Operating Officer

I accept the above responsibilities,



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Robert F. Thompson, M.D.

cc: Carolyn Caldwell, CEO  
Medical Executive Committee  
Radiation Safety Committee



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ATTN: Colleen Carol Casey

