

Telephone
208.529.6111

Campus Address
3100 Channing Way
Idaho Falls, ID 83404

Mailing Address
P.O. Box 2077
Idaho Falls, ID 83403-2077

Off-Campus Locations:

Behavioral Health Center
2280 25th Street
208.227.2100

The Cancer Center
3245 Channing Way
208.227.2700

The Imaging Center
1670 John Adams Pkwy
208.535.4555

Physical Therapy Specialties
2840 Channing Way
208.529.7999



March 9, 2011

United States Nuclear Regulatory Commission
Region IV
Nuclear Materials Safety Branch
612 E. Lamar Boulevard, Suite 400
Arlington, TX 76011-4125

Re: License 11-27346-01

Dear Sir or Madam:

This is a request to add Richard Monroe Penney, M.D. to our license as an authorized user for use under 10 CFR 35.100, 10 CFR 300.

Attached are copies of:

1. ACR Board Certificate
2. I-131 Therapy Experience (Stroger Hospital of Cook County, Illinois)
3. ABR Program director Attestation.

↳ request clarification

If you require additional information, please call Mr. Brent Davis, Coordinator, Nuclear Medicine Eastern Idaho Regional Medical Center (208) 227-2684.

Sincerely,



James Neeley, M.D.
Radiation Safety Officer

Enclosures

RECEIVED

MAR 14 2011

DNMS

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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

Richard Monroe Henney, M.D.

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

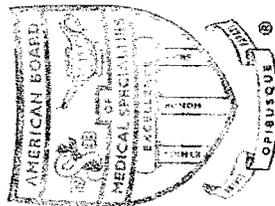
Thereby demonstrating to the satisfaction of the Board that he is qualified to practice the speciality of

Diagnostic Radiology

W. Reed Spinnick, M.D.
President

Richard J. Morin
Secretary-Treasurer

Ray Schuyler
Executive Director



Certificate No. 57814

Valid through 2019



ABR⁷⁵ YEARS

THE AMERICAN BOARD OF RADIOLOGY
SERVING THE PUBLIC TRUST



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TRUSTEES

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President-Elect
Richard L. Morin, Ph.D.
Secretary-Treasurer

June 3, 2009

ABRID 57814 / DR / 1 / 31

Richard Monroe Penney, MD

Confirmation # 190C16E5

Dear Dr. Penney:

I am pleased to inform you that you passed the oral examination held on May 31 to June 3, 2009. The American Board of Radiology grants you its Certificate in Diagnostic Radiology. This is a ten-year time-limited certificate. In addition, because you received the appropriate training to make you AU-Eligible and passed the NRC-related portions of the nuclear radiology section, you will receive the AU-Eligible designation on your certificate.

The certificate will be sent to the above address in approximately three months from our printer, Jim Henry, Inc. Your name will appear on the certificate as shown above. If you wish your name to appear differently or you have an address change, please notify the Board office in writing by July 03, 2009. Your name and demographic information will be included in a Directory published by the American Board of Medical Specialties. It is your responsibility to notify other local and state or national organizations of your certification.

Important information about your Maintenance of Certification process is enclosed. Please review it and respond as requested.

Personally and on behalf of the Board of Trustees of The American Board of Radiology, I wish to congratulate you for this distinguished achievement. You have accomplished one of the most significant milestones in your career.

Sincerely,

Gary J. Becker, MD

Enclosures

Executive Director: Gary J. Becker, M.D.
Robert R. Hattery, M.D., Senior Advisor to the Executive Director

Assistant Executive Directors: Primary Certification
Diagnostic Radiology: Dennis M. Balfe, M.D.
Radiation Oncology: Beth A. Erickson, M.D.
Radiologic Physics: Richard L. Morin, Ph.D.

Associate Executive Directors
Diagnostic Radiology: Kay H. Vydereny, M.D.
Radiation Oncology: Lawrence W. Davis, M.D.
Radiologic Physics: Stephen R. Thomas, Ph.D.
Administration: Jennifer Bosma, Ph.D.

Assistant Executive Directors: Maintenance of Certification
Diagnostic Radiology: James P. Borgstede, M.D.
Radiation Oncology: Larry E. Kun, M.D.
Radiologic Physics: G. Donald Frey, Ph.D.
Subspecialty Certification: George S. Eiser, M.D.

Form A

American Board of Radiology – Program Director Attestation

COMPLIANCE WITH NRC TRAINING AND EXPERIENCE REQUIREMENTS

More information can be found at the following link:

<http://www.nrc.gov/read.nrc-rm/doc-collections/cfr/part035/part035-0290.html>

Richard Penney
Resident Name

Strayer Hospital
of Cook County
Program

14-01-03-2
Program #

YES NO

By the time of the ABR oral examination, this applicant will have successfully completed the hours of training and experience as outlined in 10 CFR 35.290 and 35.392.....

This applicant has taken part in ≥ 3 cases of oral administration of I-131 therapy (≤ 33mCi).....

The resident's logbook of these therapy experiences (date, dose, and preceptor) is attached.....

The work and experience cited above for § 35.290 was obtained under the supervision of an Authorized User (AU) who meets the requirements under relevant sections of § 35.290 or equivalent Agreement State requirements.....

The work and experience cited above for § 35.392 was obtained under the supervision of an Authorized User (AU) who meets the requirements under § 35.390, 35.392 or 35.394 or equivalent Agreement State requirements.....

Patrick Dunne, MD
Residency Program Director
(Print Name)

Patrick Dunne, MD
Program Director
(Signature)

2/19/09
Date

Form B

I-131 Therapy Experience

Richard Penney
Resident Name

Stager Hospital of Cook County
Program & Number
14-01-03-2

	<u>Date</u>	<u>Dose Administered</u>	<u>Preceptor (AU) Print & Sign Name</u>
1.	<u>7/11/07</u>	<u>15.7 mCi</u>	<u>Donald W. Trepashek</u> Print Name <u>[Signature]</u> Sign Name
2.	<u>7/11/07</u>	<u>22.9 mCi</u>	<u>Donald W. Trepashek</u> Print Name <u>[Signature]</u> Sign Name
3.	<u>7/18/7</u>	<u>15.1 mCi</u>	<u>Donald W. Trepashek</u> Print Name <u>[Signature]</u> Sign Name
4.	<u>7/18/7</u>	<u>29.5</u>	<u>Donald W. Trepashek</u> Print Name <u>[Signature]</u> Sign Name

3-25-2011

DATE

This is to acknowledge the receipt of your letter/application dated 3-09-2011, 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** 574667.
When calling to inquire about this action, please refer to this mail control number.
You may call me at (817) 860-8103.

Sincerely,



Licensing Assistant

BETWEEN:

Accounts Receivable/Payable
and
Regional Licensing Branches

[FOR ARPB USE]
INFORMATION FROM LTS

Program Code: 02240
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: EASTERN IDAHO HEALTH SERVICES, INC.
Received Date: 03/14/2011
Docket Number: 3032290
Mail Control Number: 574667
License Number: 11-27346-01
Action Type: Amendment

2. FEE ATTACHED

Amount: _____

Check No.: _____

3. COMMENTS

Signed: Colleen Murnahan

Date: 3-16-2011

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: _____