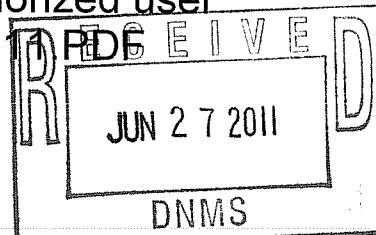


# Hill, Carol

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**From:** Torres, RobertoJ  
**Sent:** Monday, June 27, 2011 8:28 AM  
**To:** Hill, Carol  
**Subject:** FW: Request to add authorized user  
**Attachments:** AOS NRC Request 6.23.



Carol:

I am going through old emails and found this email dated June 23, 2011, containing an amendment request. Please review it and determine if it needs to be set up or if it has already been set up. Thank you.

Roberto

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**From:** Rachel Pugmire [<mailto:rachelp@idahocardiology.com>]  
**Sent:** Thursday, June 23, 2011 11:04 AM  
**To:** Torres, RobertoJ  
**Cc:** [fairbanj@slhs.org](mailto:fairbanj@slhs.org)  
**Subject:** Request to add authorized user

Roberto,  
Please review the attached request form 313. Please contact me if you need any additional information.  
Thank you!

Rachel Pugmire RT(R) CNMT NCT  
Nuclear Medicine Supervisor  
St Luke's Idaho Cardiology  
208-685-2186  
[rachelp@idahocardiology.com](mailto:rachelp@idahocardiology.com)



mg.slrnc.org made the following annotations

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"This message is intended for the use of the person or entity to which it is addressed and may contain information that is confidential or privileged, the disclosure of which is governed by applicable law. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this information is strictly prohibited. If you have received this message by error, please notify us immediately and destroy

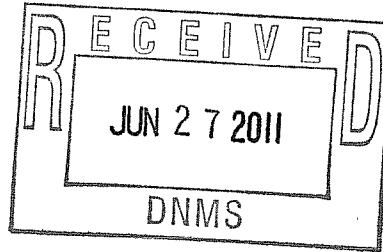
the related message."

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A handwritten signature in black ink, appearing to be "RTR", is located below the logo.



Samual P. Bass, MD, FACC  
Murali N. Bathina, MD, FACC  
Christopher S. Cadman, MD, FACC  
Andrew U. Chai, MD, FACC  
Frederick M. Costello, MD  
Robert L. Duerr, MD, FACC  
Charles E. Eiriksson, MD, FACC  
James C. Field, MD, FACC  
Stefanie J. Fry, MD, FACC  
David A. Hinchman, MD, FACC  
Colin D. Lee, MD, FACC  
Melinda L. Marks, MD, FACC  
Marshall F. Priest, MD, FACC  
Karl P. Undesser, MD, PhD, FACC  
Anna McCreath, NP  
Dana Peachey, NP  
Shannon Vaughn, NP

June 23, 2011

Dear Roberto Torres,

Please see attached form 313 requesting the addition of Adam O Strunk, MD to NRC license 11-27312-01. He will be joining our group in August 2011. Thank you for your assistance on this matter and feel free to contact me should you need any additional information.

Regards,

A handwritten signature in black ink, appearing to be "Rachel Pugmire", is located below the text.

Rachel Pugmire  
Nuclear Medicine Supervisor  
St Luke's Idaho Cardiology Associates  
208-685-2186  
rachelp@idahocardiology.com

**AUTHORIZED USER TRAINING AND EXPERIENCE  
AND PRECEPTOR ATTESTATION**  
(for uses defined under 35.100, 35.200, and 35.500)  
[10 CFR 35.190, 35.290, and 35.590]

APPROVED BY OMB: NO. 3150-0120  
EXPIRES: 10/31/2008

Name of Proposed Authorized User

Adam O. Strunk, MD

State or Territory Where Licensed

Idaho

Requested Authorization(s) (check all that apply)

35.100 Uptake, dilution, and excretion studies

35.200 Imaging and localization studies

35.500 Sealed sources for diagnosis (specify device \_\_\_\_\_)

**PART I -- TRAINING AND EXPERIENCE**  
(Select one of the three methods below)

\* Training and Experience, including board certification, must have been obtained within the 7 years preceding the date of application or the individual must have 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.

**1. Board Certification**

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, skip to and complete Part II Preceptor Attestation.

**2. Current 35.390 Authorized User Seeking Additional 35.290 Authorization**

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.)

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			

**Total Hours of Experience:**

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).

35.290

35.390 + generator experience in 32.290(c)(1)(ii)(G)

**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 <i>(not required for 35.590)</i>			
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	

**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.**

**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)

**First Section**

Check one of the following for each use requested:

For 35.190

Board Certification

I attest that Adam O Strunk, MD has satisfactorily completed the requirements in  
Name of Proposed Authorized User

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 \_\_\_\_\_ has satisfactorily completed the 60 hours of training and  
Name of Proposed Authorized User

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 Adam O Stunk, MD has satisfactorily completed the requirements in  
Name of Proposed Authorized User

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 \_\_\_\_\_ has satisfactorily completed the 700 hours of training  
Name of Proposed Authorized User

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

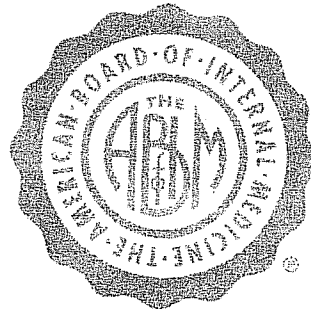
Name of Preceptor	Signature	Telephone Number	Date
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License/Permit Number/Facility Name

THE  
AMERICAN BOARD OF INTERNAL MEDICINE  
INCORPORATED 1936  
ATTESTS THAT

**Adam O. Strunk**

HAS MET THE REQUIREMENTS OF THIS BOARD AND IS HEREBY  
CERTIFIED FOR THE PERIOD 2010 THROUGH 2020  
AS A DIPLOMATE IN  
CARDIOVASCULAR DISEASE



*D. J. B. G.*  
CHAIR  
AMERICAN BOARD OF INTERNAL MEDICINE

*Catherine R. McCoy*  
CHAIR-ELECT  
AMERICAN BOARD OF INTERNAL MEDICINE

*Talvady S. Ky*  
SECRETARY/TREASURER  
AMERICAN BOARD OF INTERNAL MEDICINE

*Charles*  
PRESIDENT  
AMERICAN BOARD OF INTERNAL MEDICINE

SUBSPECIALTY BOARD ON CARDIOVASCULAR DISEASE

*Michael R. Zile*  
CHAIR

*W. C. Fuchs*

*Elizabeth O. Ofek*

*Anna B. Curtis*

*F. Jeffrey Whill*

*Joe Kuen Oh*

*H. William DeZ Jr.*

*Ernest M. Miller*

*Andrea M. Russo*

NUMBER 285450

*John J. ...*

*Paul D. Plamondon*

*Kevin A. Miller*

2010



# Certification Board of Nuclear Cardiology

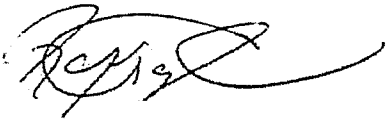
Incorporated 1996

Certifies that

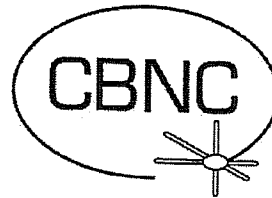
## Adam O. Strunk, MD

HAVING MET THE REQUIREMENTS PRESCRIBED BY THIS BOARD  
FOR PHYSICIANS TRAINED IN THE UNITED STATES  
AND HAVING SATISFACTORILY PASSED THE REQUIRED EXAMINATION,  
IS HEREBY DESIGNATED  
A DIPLOMATE CERTIFIED IN THE SUBSPECIALTY OF  
**NUCLEAR CARDIOLOGY**

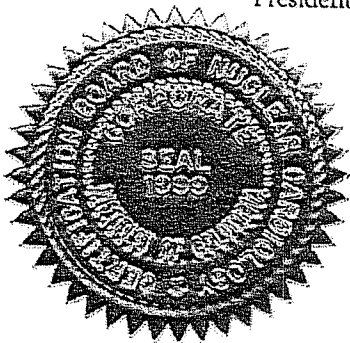
FOR THE PERIOD 2009 - 2019



President



Secretary



CERTIFICATE NUMBER: 7371

BETWEEN:

Accounts Receivable/Payable  
and  
Regional Licensing Branches

[ FOR ARPB USE ]  
INFORMATION FROM LTS

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

## License Fee Worksheet - License Fee Transmittal

### A. REGION

#### 1. APPLICATION ATTACHED

Applicant/Licensee: ST. LUKE'S REGIONAL MEDICAL CENTER  
Received Date: 06/27/2011  
Docket Number: 3032196  
Mail Control Number: 575506  
License Number: 11-27312-01  
Action Type: Amendment

#### 2. FEE ATTACHED

Amount: \_\_\_\_\_

Check No.: \_\_\_\_\_

#### 3. COMMENTS

Signed: Colleen Murnahan

Date: 6-30-2011

### 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: \_\_\_\_\_

JUL - 5 2011

DATE

This is to acknowledge the receipt of your letter/application dated 6/23/11, 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 additional omissions or require additional information.
- Please provide to this office within 30 days of your receipt of this card:

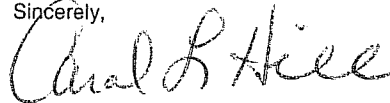
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The action you requested is normally processed within 90 days.

- 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** 575506.  
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