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AUG 31 2011

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www.eirmc.com

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

8/23/11

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

Re: License 11-27346-01

Dear Sir or Madam:

1. This is a request to add Christopher O. Harker, M.D. to our license as an authorized user for use under 10 CFR 35.100, 10 CFR 200 and 10 CFR 300, oral administration of $1-131_{\leq 33}$ mCi and ≥ 33 mCi.

Attached are copies of:

- a. Authorization to Use Radiation issued by the University of Utah (Utah Broad Scope License UT – 1800001)
 - b. ABR Board Certificate
2. Please remove Iodine -125 permitted by 10 CFR 35.1000 (Iortex™) from this license. We will not perform any procedures under 10 CFR 35.1000.

If you require any additional information, please call.

Sincerely,

James Neeley, M.D.
Radiation Safety Officer

Enclosures

No. 5 7 5 9 0 9



Harker, Christopher O.
RADIOLOGY - DIAGNOSTIC
SOM RM 1A071

Permit # 782.0
May 31, 2011

Authorization to Use Radiation

Dear Dr. Harker

You are authorized by the Radiation Safety Committee to acquire and use the radioactive materials and radiation generating machines required for the research or clinical use categories listed below and to supervise such use by others.

Listed below are the radionuclides, quantities (millicuries), and physical forms you are authorized to purchase on a single order without notification to, or clearance from, this office. A quantity of zero indicates you are not currently authorized to purchase this radionuclide. Also listed are the radionuclides and the physical form you are allowed to possess in your laboratory(s). Ordering, acquiring larger quantities or other nuclides, or differing physical forms will require prior notification and approval from this office.

Our records show no authorization for purchasing radioactive materials.

Listed below are the categories for the application of radioactive materials to humans and the use of radiation generating machines on humans for which you are authorized.

Category	Source Type
Treatment of thyroid carcinoma (over 33 mCi)	Radioactive Isotopes
Uptake, elution & excretion studies	Radioactive Isotopes
Imaging and localization studies	Radioactive Isotopes
Treatment of hyperthyroidism	Radioactive Isotopes
Treatment of thyroid carcinoma (under 33 mCi)	Radioactive Isotopes

All radiation use is subject to the conditions stated in your application and the rules and procedures specified by the Committee. You must notify this office promptly of any changes in your radiation use or among personnel for whom you are responsible.

This authorization is valid indefinitely, subject to periodic review and verification of your needs and actual use.

Please do not hesitate to contact this office for assistance on any question or problem related to radiation protection.

Sincerely,

Karen S. Langley, M. S.
Radiation Safety Officer



5441 E. Williams Boulevard, Suite 200 • Tucson, Arizona 85711-4493
Phone (520) 790-2900 • Fax (520) 790-3200 • www.theabr.org

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Royal Oak, Michigan
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New York, New York

Radiation Oncology

- K. Kan Ang, M.D., Ph.D.
Houston, Texas
- Beth A. Erickson, M.D.
Milwaukee, Wisconsin
- Bruce G. Haffty, M.D.
New Brunswick, New Jersey
- Lisa A. Kachnic, M.D.
Boston, Massachusetts
- Dennis C. Snelva, M.D., Ph.D.
Salt Lake City, Utah
- Anthony L. Zielman, M.D.
Boston, Massachusetts

Radiologic Physics

- G. Donald Frey, Ph.D.
Charleston, South Carolina
- C Geoffrey S. Ibbott, Ph.D.
Houston, Texas
- Richard L. Morin, Ph.D.
Jacksonville, Florida

May 26, 2010

ABRID 58788 / DR / 12 / 32

Christopher Owen Harker, MD

Confirmation # 87239F88

Dear Dr. Harker:

I am pleased to inform you that you passed the oral examination held on May 23-26, 2010. The American Board of Radiology grants you its Certificate in Diagnostic Radiology. This ten-year time-limited certificate is valid through 2020.

Your certificate will be sent by our professional printing vendor, Jim Henry, Inc. to the above address in approximately four months. 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 June 25, 2010. 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. Please remember to notify the board immediately of any change of address.

Personally, and on behalf of the Board of Trustees of the American Board of Radiology, I wish to congratulate you for this distinguished achievement.

Sincerely,

Gary J. Becker, MD
Executive Director

Enclosures

Gary J. Becker, M.D., Executive Director

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

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Assistant Executive Directors: Maintenance of Certification
Diagnostic Radiology: James P. Borgstede, M.D.
Radiation Oncology: Anthony L. Zielman, M.D.
Radiologic Physics: G. Donald Frey, Ph.D.
Subspecialty Certification: Milton J. Gulbertau, M.D.

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 Radiologic Technology, the Association of
University Radiologists, and the American Association of Physicians in Medicine
Nuclear Medicine

Christopher Owen Marker, PhD

*Has pursued an accepted course of graduate study
and clinical work that 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*

Diagnostic Radiology

Effective June 30, 2010

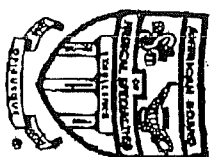
Chris Owen Marker

Richard A. Kovic
Secretary

Christopher Owen Marker

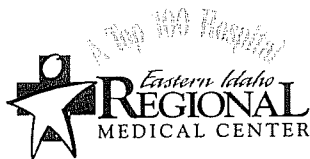


Certificate No. 58788



Maintained through 2020

14575909



P.O. Box 2077 • Idaho Falls, ID 83403-2077
www.eirmc.com

Address Service Requested

United States
Nuclear Regulatory Commission
Region IV/Medical Licensing

Nuclear Materials Safety Branch
612 E. Lamar Boulevard/Suite
Arlington, TX 76011-4125

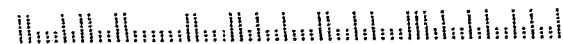
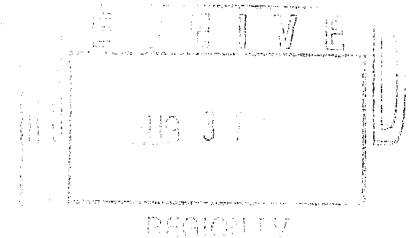
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2198 83403



AUG 31 2011

DATE

This is to acknowledge the receipt of your letter/application dated 8/23/11, 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:

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** No. 575909.
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 Req: N

License Fee Worksheet - License Fee Transmittal

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: EASTERN IDAHO HEALTH SERVICES, INC.
Received Date: 08/31/2011
Docket Number: 3032290
Mail Control Number: 575909
License Number: 11-27346-01
Action Type: Amendment

2. FEE ATTACHED

Amount: _____

Check No.: _____

3. COMMENTS

Signed: Carol L. Heise

Date: 8/31/11

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: _____