

Hill, Carol

From: Andre Vanterpool [AVanterpool@krmc.org]
Sent: Friday, September 30, 2011 3:12 PM
To: Hill, Carol
Cc: Lisa Bosworth; Knute Lund; Aune, Jo Anne; Benjamin Pomerantz, MD; Debra L. Wade, MD; mkhenson@hotmail.com
Subject: Amendment for Kalispell Regional Medical Center (License number 25-15463-01)
Attachments: NRC Y90 Sphere and Breast Seed Amendment Packet.pdf

Carol

Please see attached Amendment Request.

Please expedite this request as we currently have patients in need of these services.

Thank you for your time.

Andre Vanterpool BS, RT(N)(R)
Lead Nuclear Medicine/PET CT/Mobile Technologist
Nuclear Medicine Department
Kalispell Regional Medical Center
(406)752-1770 F (406)756-4715 C (406)-212-6642
avanterpool@krmc.org

RECEIVED

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DNMS

September 28, 2011

Nuclear Materials Licensing Branch
U.S. Nuclear Regulatory Commission, Region IV
612 Lamar Boulevard, Suite 400
Arlington, TX 76011-4125

RE: **Kalispell Regional Medical Center (License number 25-15463-01)**
Amendment request to:
Remove Authorized User
Add Authorized User
Update Authorized User – name change and authorization
Add byproduct material permitted by 10 CFR 35.1000
Add Y90-TheraSphere and Y90-SiR-Spheres

Dear Carol Hill:

We are planning to add Microsphere Brachytherapy and Low Dose Rate Brachytherapy Seeds used for Localization of Non-Palpable Lesions to our variety of options for our patients. Enclosed you will find our information for this request.

If you require additional information or have questions concerning this amendment request please contact one of the following:

Andre Vanterpool, Lead Nuclear Medicine Technician
Office phone (406)752-1770 cell (406) 212-6642
Email: AVanterpool@krmc.org

Lisa Bosworth, medical Health Physicist, MPC Inc.
Office phone: (208)-860-6260
Email: LNbosworth@msn.com

Please expedite this request as we currently have patients in need of these services.

Thank you for your cooperation and attention in this matter.

Sincerely,

A handwritten signature in cursive script, appearing to read "Tate Kreitinger".

Tate Kreitinger
The HealthCenter CEO
KRMC Nuclear Medicine Dept.

576108

REMOVE AUTHORIZED USER

I am requesting the removal of the following physician (Retired):

Michael B. Wickersham, M.D. 35.100; 35.200; Oral administration of sodium iodide
I-131, in quantities less than or equal to 33 millicuries

ADD AUTHORIZED USER

I am requesting the addition of the following physician:

Benjamin Pomerantz, M.D. 35.100; 35.200; 35.1000 NRC form 313A Attached

Benjamin Pomerantz, MD will also be the Authorized user for Y-90 microspheres (35.1000) (AU), meets the training and experience requirements of 10 CFR 35.390 or 10 CFR 35.490 or the guidelines for interventional radiologists as follows:

- Three years supervised clinical experience in diagnostic radiology and one additional year of supervised clinical experience in interventional radiology
- Has 80 hours of classroom and laboratory training for byproduct material, including Y-90 microspheres, which may be concurrent with training received in accordance with American Board of Radiology Certification in diagnostic radiology.
- Has work experience under the supervision of an AU for Y-90 microspheres or a Y-90 microsphere manufacturer representative involving:
 - Ordering, receiving, and unpacking radioactive materials safely and performing the related radiation surveys
 - Performing quality control procedures on instruments used to determine the activity of Y-90 microspheres and performing checks for proper operation of survey meters
 - Evaluation of each patient or human research subject for the dose/activity of Y-90 microspheres to be administered to each treatment site
 - Calculating and measuring the activity and safely preparing the Y-90 microspheres to be delivered to the patient or human research subject
 - Using administrative controls to prevent a medical event involving the use of byproduct material
 - Using procedures to control and to contain spilled byproduct material, including Y-90 microspheres, safely and using proper decontamination procedures
 - Follow up and review of each patient's or human research subject's case history for Y-90 microspheres
- Has successfully completed training in the operation of the delivery system, safety procedures, and clinical use for each type of Y-90 microspheres. Additional Y-90 microsphere specific training and experience requirements may be satisfied by satisfactory completion of a training program provided by Pathway #2: Y-90 microsphere manufacturer. (See Attached Documentation)

Benjamin Pomerantz, MD will complete at least the first three hands-on patient cases supervised in the physical presence of a manufacturer representative for each type of Y-90 microsphere for which authorization is sought.

Benjamin Pomerantz, MD will submit documentation from the manufacturer to NRC Regional Office IV within 30 days of when these three patient cases have been satisfactorily completed.

Benjamin Pomerantz, MD will provide training in the licensee's procedures to all individuals involved in Y-90 microsphere use, commensurate with the individual's duties to be performed. This training must be provided to all individuals preparing, measuring, performing dosimetry calculations, or administering Y-90 microspheres.

Leak Tests

Leak tests are not required for Y-90 microspheres based on the criteria in 10 CFR 35.67(f).

License Commitments - Written Directives, Inventory, Patient Release, Labeling, & Medical Event Reporting

-
- Follow all the requirements in 10 CFR Part 35 for brachytherapy sources and manual brachytherapy use, except where replaced by the following licensing commitments:
 - The written directive will include the patient or human research subject's name; the date; the signature of an AU for Y-90 microspheres; the treatment site; the radionuclide (including the physical form [Y-90 microspheres]); the prescribed dose/activity; the manufacturer; and, if appropriate for the type of microsphere used, the statement "or dose/activity delivered at stasis."
 - The written directive will specify the maximum dose(s)/activity(ies) that would be acceptable to the specified site(s) outside the primary treatment site due to shunting (e.g. lung and gastrointestinal tract).
 - Administration of Y-90 microspheres must be performed in accordance with the written directive.
 - Record the administered dose/activity delivered to the primary treatment site and to the other specified site(s). If the administration was terminated because of stasis, then the total dose/activity to the treatment site is the value of the total dose/activity administered when stasis occurred and the administration was terminated. The record should be prepared within 24 hours after the completion or termination of the administration and must include the name of the individual who made the assessment, the date, and the signature of an AU for Y-90 microspheres, if terminated due to stasis.
 - The licensee shall commit to following the manufacturer's procedures for calculating/documenting the dose to the treatment and other sites, preparing the dose for administration, and performing pre/post vial dose measurements; or submit alternative methods.

- The semi-annual physical inventory of microsphere aggregates (e.g. vials) should include:
 - 1) the radionuclide and physical form; and
 - 2) Unique identification of each vial in which the microspheres are contained; and
 - 3) The total activity contained in each of the vial(s); and
 - 4) The location(s) of the vial(s).

- Retain each semi-annual physical inventory record for three years.

- Develop procedures that describe measures taken to ensure that radiation emissions, which may include bremsstrahlung, from each patient or human research subject permits his/her release in accordance with 10 CFR 35.75.

- Y-90 microspheres are placed in vials, syringes, or radiation shields that are not labeled by the manufacturer:
 - 1) Label vials and vial radiation shields with radionuclide and form (e.g., Y-90 microspheres);
 - 2) Label syringes and syringe radiation shields with the radionuclide, form, and therapeutic procedure (e.g., Y-90 microspheres, brachytherapy).

- Report any event, except for an event that results from intervention of a patient or human research subject, in which:
 - 1) The administration of byproduct material results in a dose that exceeds 0.05 Sv (5 rem) effective dose equivalent or 0.5 Sv (50 rem) to an organ or tissue from the use of the wrong radionuclide; or
 - 2) The administration of Y-90 microspheres results in a dose that differs from the prescribed dose or the dose that would have resulted from the prescribed activity, as documented in the written directive, by more than 0.05 Sv (5 rem) effective dose equivalent or 0.5 Sv (50 rem) to an organ or tissue, and the total dose/activity administered differs from the prescribed dose/activity, as documented in the written directive, by 20 percent or more; or that exceeds 0.05 Sv (5 rem) effective dose equivalent or 0.5 Sv (50 rem) to an organ or tissue from an administration to the wrong individual or human research subject, via the wrong route, or by the wrong mode of treatment; or to an organ or tissue other than the treatment site that exceeds by 0.5 Sv (50 rem) to an organ or tissue and by 50 percent or more of the prescribed dose/activity expected to that site from the administration of Y-90 microspheres, if carried out as specified in the written directive

- Comply with the medical event reporting and notification requirements as described in 10 CFR 35.3045(b)-(g).

- Institutional Review Board documentation for Y90-TheraSphere – upon final approval a copy can be requested

ADD BYPRODUCT MATERIAL

Any byproduct material permitted by 10 CFR 35.1000

- Nordion (Canada) Inc, Y90-TheraSphere, As Required
Total Possession limit: As Required
- Sirtex Medical Limited, Y90-SIR-Spheres, As Required
Total Possession limit: As required

UPDATE AUTHORIZED USER

I am requesting the following physician name change and authorization update:

Currently:

Debra Acord, M.D. 35.100; 35.200; 35.300

Update to (name change):

Debra L. Wade, M.D. 35.100; 35.200; 35.300, **35.1000**

NRC form 313A Attached

Debra L. Wade, M.D. would also like to be considered an Authorized User for 35.1000 for the Iodine-125 low dose rate brachytherapy seeds used for localization of non-palpable lesions.

RADIONUCLIDES, FORM, POSSESSION LIMITS

Authorization 6: Iodine-125

Authorization 7: Medi-Physics, Inc. Model 6711 Oncoseed (currently on the license)

Authorization 8: 1.5 millicuries maximum per treatment and 15 millicuries total;

PURPOSE OF USE

Authorization 9: For use as temporary implants to localize non-palpable lesions.

FACILITY ADDRESS AND DESCRIPTION

Facility of use and storage are currently on existing license.

AUTHORIZED USER

General surgeons, working under the supervision of Debra L. Wade, M.D who locate and remove the tissue containing the seed(s) will complete radiation safety training that includes:

- Performing the related radiation surveys using appropriate instrumentation;
- Preparing, implanting, and safely removing brachytherapy sources;
- Performing routine monitoring before, during, and after all uses of the seeds to ensure rapid identification and remediation of a broken or leaking source; and
- Emergency procedures, including how to respond to a leaking source.

Training will be provided by Debra L. Wade, M.D

- Pathology personnel will not be handling specimens containing radioactive material. The radioactive material will be removed from the tissue in the operating room before it is sent to pathology.

WRITTEN DIRECTIVE

Written directive will be used and meet the requirements in 10 CFR 35.40 (a) and (b)(6)

WRITTEN DIRECTIVE SAFETY PRECAUTIONS AND INSTRUCTIONS FOR IODINE-125 SEED LOCALIZATION FOR NON-PALPABLE LESIONS

- An area survey with a low energy survey detector (such as a NaI detector) will be conducted before seed implant, and after seed implant removal in all areas of use.
- EMERGENCY RESPONSE PROCEDURES:

In the event of a seed rupture during surgical removal the area will be closed off and the I-125 seed will be immediately sealed in a lead container. All personnel movement will be restricted to avoid spread of contamination. Stable iodine will be administered to the patient and all personnel in the area at the time of the seed rupture. An area survey using an appropriate survey meter will be conducted to determine areas of contamination. Any necessary decontamination will be conducted and all associated materials held for decay. A final survey will be conducted to ensure no residual contamination. Within 24-48 hours a thyroid survey will be conducted on involved personnel as well as the patient to determine any uptake. Telephone numbers of the Authorized User and Radiation Safety Officer will be provided to the patient for follow-up questions.

All departments involved in the RSL procedure, including surgery will commit to the following actions:

Emergency response equipment will be available near each surgery suite during specimen handling

The activity of sealed sources will be verified prior to each patient implant using an instrument calibrated in accordance with nationally recognized standards or the manufacturer's instructions and retain a record that includes: (i) the radioisotope; (ii) the patient's name or identification number; (iii) the measured activity; and (iv) the name of the individual who measured the activity;

Procedures will be conducted under the supervision of the authorized user, who should consult with the surgeon prior to implanting the sources

Surveys will be performed and records will be maintained as described in 10 CFR 35.404

All sources will be accounted for and all records maintain as described in 10 CFR 35.406

Procedures will be developed, implemented, and maintained for source accountability from implantation to explanation and final disposal

September 30, 2011

Written waste disposal procedures will be developed, implemented, and maintained for licensed material in accordance with 10 CFR 20.1101, or the equivalent Agreement State regulation, that meet the requirements of the applicable section of Subpart K to 10 CFR 20 and 10 CFR 35.92, or the equivalent Agreement State regulations;

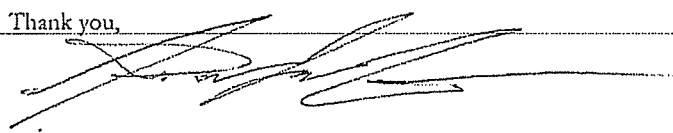
Patients will be instructed in writing before implantation and agree in writing to return for removal of the radioactive seeds;

Training will be provided at least annually and covering the topics described in 10 CFR 35.410 and records described in 10 CFR 35.410

All personnel involved with the RSL procedure, including the Radiation Safety Officer, will be trained on routine monitoring and emergency procedures.

If you have any questions please contact:

Thank you,



Andre Vanterpool BS, RT (N) (R)
Lead Nuclear Medicine/PET CT/Mobile Technologist
Nuclear Medicine Department
Kalispell Regional Medical Center
(406)752-1770 F (406)756-4715 C (406) 212-6642
avanterpool@krmc.org

NRC FORM 313
(3-2009)
10 CFR 30, 32, 33,
34, 35, 36, 39, and 40

U.S. NUCLEAR REGULATORY COMMISSION

APPROVED BY OMB: NO. 3150-0120

EXPIRES: 3/31/2012

APPLICATION FOR MATERIALS LICENSE

Estimated burden per response to comply with this mandatory collection request: 4.3 hours. Submittal of the application is necessary to determine that the applicant is qualified and that adequate procedures exist to protect the public health and safety. Send comments regarding burden estimate to the Records and FOIA/Privacy Services Branch (T-5 F53), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to infocollects.resource@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0120), Office of Management and Budget, Washington, DC 20503. If a means used to impose an information collection does not display a currently valid OMB control number, the NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.

INSTRUCTIONS: SEE THE APPROPRIATE LICENSE APPLICATION GUIDE FOR DETAILED INSTRUCTIONS FOR COMPLETING APPLICATION. SEND TWO COPIES OF THE ENTIRE COMPLETED APPLICATION TO THE NRC OFFICE SPECIFIED BELOW.

APPLICATION FOR DISTRIBUTION OF EXEMPT PRODUCTS FILE APPLICATIONS WITH:

OFFICE OF FEDERAL & STATE MATERIALS AND ENVIRONMENTAL MANAGEMENT PROGRAMS
DIVISION OF MATERIALS SAFETY AND STATE AGREEMENTS
U.S. NUCLEAR REGULATORY COMMISSION
WASHINGTON, DC 20555-0001

ALL OTHER PERSONS FILE APPLICATIONS AS FOLLOWS:

IF YOU ARE LOCATED IN:

ALABAMA, CONNECTICUT, DELAWARE, DISTRICT OF COLUMBIA, FLORIDA, GEORGIA, KENTUCKY, MAINE, MARYLAND, MASSACHUSETTS, NEW HAMPSHIRE, NEW JERSEY, NEW YORK, NORTH CAROLINA, PENNSYLVANIA, PUERTO RICO, RHODE ISLAND, SOUTH CAROLINA, TENNESSEE, VERMONT, VIRGINIA, VIRGIN ISLANDS, OR WEST VIRGINIA, SEND APPLICATIONS TO:

LICENSING ASSISTANCE TEAM
DIVISION OF NUCLEAR MATERIALS SAFETY
U.S. NUCLEAR REGULATORY COMMISSION, REGION I
475 ALLENDALE ROAD
KING OF PRUSSIA, PA 19406-1415

IF YOU ARE LOCATED IN:

ILLINOIS, INDIANA, IOWA, MICHIGAN, MINNESOTA, MISSOURI, OHIO, OR WISCONSIN, SEND APPLICATIONS TO:

MATERIALS LICENSING BRANCH
U.S. NUCLEAR REGULATORY COMMISSION, REGION III
2443 WARRENVILLE ROAD, SUITE 210
LISLE, IL 60532-4352

ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, COLORADO, HAWAII, IDAHO, KANSAS, LOUISIANA, MISSISSIPPI, MONTANA, NEBRASKA, NEVADA, NEW MEXICO, NORTH DAKOTA, OKLAHOMA, OREGON, PACIFIC TRUST TERRITORIES, SOUTH DAKOTA, TEXAS, UTAH, WASHINGTON, OR WYOMING, SEND APPLICATIONS TO:

NUCLEAR MATERIALS LICENSING BRANCH
U.S. NUCLEAR REGULATORY COMMISSION, REGION IV
812-E LAMAR BOULEVARD, SUITE 400
ARLINGTON, TX 76011-4125

PERSONS LOCATED IN AGREEMENT STATES SEND APPLICATIONS TO THE U.S. NUCLEAR REGULATORY COMMISSION ONLY IF THEY WISH TO POSSESS AND USE LICENSED MATERIAL IN STATES SUBJECT TO U.S. NUCLEAR REGULATORY COMMISSION JURISDICTIONS.

1. THIS IS AN APPLICATION FOR (Check appropriate item)

- A. NEW LICENSE
- B. AMENDMENT TO LICENSE NUMBER 25-15463-01
- C. RENEWAL OF LICENSE NUMBER _____

2. NAME AND MAILING ADDRESS OF APPLICANT (Include ZIP code)

Kalispell Regional Medical Center
310 Sunnyview Lane
Kalispell, Montana 59901

3. ADDRESS WHERE LICENSED MATERIAL WILL BE USED OR POSSESSED

Kalispell Regional Medical Center
310 Sunnyview Lane
Kalispell, Montana 59901

4. NAME OF PERSON TO BE CONTACTED ABOUT THIS APPLICATION

Andre Vanterpool BS, RT (N,R)

TELEPHONE NUMBER

(406) 212-6642

SUBMIT ITEMS 5 THROUGH 11 ON 8-1/2 X 11" PAPER. THE TYPE AND SCOPE OF INFORMATION TO BE PROVIDED IS DESCRIBED IN THE LICENSE APPLICATION GUIDE.

5. RADIOACTIVE MATERIAL
a. Element and mass number; b. chemical and/or physical form; and c. maximum amount which will be possessed at any one time.

6. PURPOSE(S) FOR WHICH LICENSED MATERIAL WILL BE USED.

7. INDIVIDUAL(S) RESPONSIBLE FOR RADIATION SAFETY PROGRAM AND THEIR TRAINING EXPERIENCE.

8. TRAINING FOR INDIVIDUALS WORKING IN OR FREQUENTING RESTRICTED AREAS.

9. FACILITIES AND EQUIPMENT.

10. RADIATION SAFETY PROGRAM.

11. WASTE MANAGEMENT.

12. LICENSE FEES (See 10 CFR 170 and Section 170.31)

FEE CATEGORY AMOUNT ENCLOSED \$

13. CERTIFICATION. (Must be completed by applicant) THE APPLICANT UNDERSTANDS THAT ALL STATEMENTS AND REPRESENTATIONS MADE IN THIS APPLICATION ARE BINDING UPON THE APPLICANT.

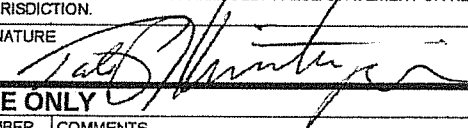
THE APPLICANT AND ANY OFFICIAL EXECUTING THIS CERTIFICATION ON BEHALF OF THE APPLICANT, NAMED IN ITEM 2, CERTIFY THAT THIS APPLICATION IS PREPARED IN CONFORMITY WITH TITLE 10, CODE OF FEDERAL REGULATIONS, PARTS 30, 32, 33, 34, 35, 36, 39, AND 40, AND THAT ALL INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF THEIR KNOWLEDGE AND BELIEF.

WARNING: 18 U.S.C. SECTION 1001 ACT OF JUNE 25, 1948 62 STAT. 749 MAKES IT A CRIMINAL OFFENSE TO MAKE A WILLEFULLY FALSE STATEMENT OR REPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION.

CERTIFYING OFFICER - TYPED/PRINTED NAME AND TITLE

Tate Kreitinger, HealthCenter CEO, KRMC Nuclear Med

SIGNATURE



DATE

9/30/11

FOR NRC USE ONLY

TYPE OF FEE	FEE LOG	FEE CATEGORY	AMOUNT RECEIVED	CHECK NUMBER	COMMENTS
			\$		
APPROVED BY				DATE	

576108

**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: 3/31/2012

Name of Proposed Authorized User

State or Territory Where Licensed

Benjamin J. Pomerantz

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			
Total Hours of Training:			

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)

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 BENJAMIN J POMERANTZ 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 BENJAMIN J POMERANTZ 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
EDWIN L PALMER MD	<i>Edwin L Palmer</i>	617-726-8350	4/28/11
License/Permit Number/Facility Name			
MA 60-0055 MASSACHUSETTS GENERAL HOSPITAL, BOSTON MA 02114			

American Board of Radiology

Organized through the cooperation of the
American College of Radiology, the American Roentgen Ray Society,
American Radium Society, the Radiological Society of North America,
the Section on Radiology of the American Medical Association,
American Society for Therapeutic Radiology and Oncology, the Association of
University Radiologists, and American Association of Physicians in Medicine

Hereby certifies that

Benjamin John Hammerantz, 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, 2008

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

.....



MASSACHUSETTS GENERAL HOSPITAL

Human Use - Specialized Users

Permit is hereby issued authorizing the individual(s) named herein to receive, acquire, own, possess, transfer and import radioisotopes listed below and to use such radioisotopes for the purpose(s) and at the place(s) designated below. This permit is subject to all applicable rules and regulations of the Hospital and in particular to the Rules and Regulations to Control the Radiation Hazards of Radioactive Materials and of Machines which Emit Ionizing Radiation in Chapter 105 Code of Massachusetts Regulations Part 120.00 [105 CMR 120.00] adopted by the Department of Public Health, Commonwealth of Massachusetts. Radioisotopes specified herein shall be used only on the Hospital premises and by, or under the supervision of, the named individuals. Radioisotopes for use in humans shall be acquired from a supplier who certifies the pharmaceutical quality and assay of such material. If radioisotopes are prepared within the Hospital for human use, the methods of establishing pharmaceutical quality shall be approved by the Pharmacy Committee.

1. Permit Holder		3. Permit Number
Thomas J. Brady, M.D.		07-611
2. Department or Laboratory	Location(s)	4. Expiration Date
Nuclear Medicine/ Molecular Imaging	White 2, ACC-2 Mammography Emergency Room Blake 9, Cardiac Cath. Lab. Ellison 12 Gray 2 Interventional Radiology	09-30-09
Radioisotopes (element and mass number)	6. Chemical and/or physical form	7. Maximum possession amount at any one time
a. Tc-99m	a. sulfur colloid	a. per main permits
b. Tc-99m	b. sestamibi	b. per main permits
c. Tc-99m	c. bicisate	c. per main permits
d. H-3	d. tritiated water	d. 50 μ Ci
e. Tc-99m	e. MAA	e. per main permits
f. Tc-99m	f. exametazime	f. per main permits

8. **Authorized Users (see Page 2):** Authorized users on this permit are non-nuclear medicine personnel who have been specifically trained and approved to perform specific and limited procedures as described below:

Procedure (a): Sentinel lymph node mapping in melanoma and breast cancer.
Procedure (b): Myocardial perfusion imaging in a clinical trial of a novel new drug to limit myocardial damage following acute myocardial infarction
Procedure (c): Ictal Scans
Procedure (d): total body water
Procedure (e): intra-arterial injection of Tc-99m MAA
Procedure (f): Ictal scans

Condition: Tc-99m: Finger rings will be worn by individuals handling single doses of 10 mCi or more of Tc-99m. Syringe shields shall be used whenever 1 mCi or more is dispensed using a syringe.

Approved by: _____

Paul J. Collier
 Chairman, RSC/RDRC Committees

[Signature]
 Director, Corporate Compliance

Date Issued: September 21, 2007

Thomas J. Brady, M.D.

MASSACHUSETTS GENERAL HOSPITAL

SPECIALIZED USERS

Permit No. 09-611

^{99m}Tc Sulfur Colloid Sentinel Lymph Node Mapping

Jennifer Belmonte, PA	Deborah Hall, MD	Margo Moskos, MD	Antonia Stephens
Susan Briggs, MD	Rachel Hitt, MD	Bethany Niell, MD	Kenneth Tanabe, MD
Manjii Chatterji	Marissa Howard-McNatt, MD	Misty Norman, MD	Deborah Termeulen, MD
A. Benedict Cosimi, MD	Kevin Hughes, MD	Trishna Patel	Marcos Vidal Melo, MD
Sara Chen, MD	Julie Jones, MD	Jancy Pratt, MD	Jessica Yuen, MD
Helen D'Alessandro, MD	Laurie Kirstein	Elizabeth Rafferty, MD	
Barbara Fee, R.N.	Dan Kopans, MD	> Connie Roche	
Efrem Flores, MD	Janie Lec, MD	Cameron Saber	
Phoebe Freer, MD	Grace Lin	Barbara Smith, MD	
Michele Gadd, MD	Kathleen McCarthy, MD	Michelle Specht, MD	
Krista Goodwin, NP	Michael Margolies, MD	Mary Staffa, MD	

(b) ^{99m}Tc Sestamibi Myocardial Perfusion Imaging (Accession #2003P 000500)

Michael Caulfield, MD	Iris McNulty, RN
Denise De Joseph Gauthier, RN	Ik-Kyung Jang, MD
Brian MacNeill, MD	

(c) Ictal Scans

Keith Chiappa, MD	Beth Leeman, MD
Catharine Chu-Shore	Jay Pathmanathan, MD, PhD
Andrew Cole, MD	Ron Thibert, MD
Tara Jennings, NP	Naymee Velez-Ruiz
Ioannis Karakis, MD	
Roman Kilbride	

(d) Total Body Water (50 μ Ci tritiated water)

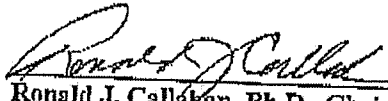
K. Cummings, RN	D. Elahi, PhD
-----------------	---------------

(e) Intra-Arterial Injection of ^{99m}Tc-MAA in Interventional Radiology Suite

Sanjeeva Kalva, MD	Stephan Wicky, MD
Benjamin Pomerantz, MD	Shams Iqbal, MD

>latest revision

Approved by:


 Ronald J. Callahan, Ph.D., Chairman
 MGH Radiation Safety Committee

Date: May 31, 2010

PHYSICIAN PARTICIPANT CERTIFICATE OF CONTINUING EDUCATION

SIR certifies that

Benjamin J. Pomerantz, MD

attended the 2011 Y90: Are yoU ready? Meeting
Thursday, February 10, 2011 - Sunday, February 13, 2011
Scottsdale, Arizona

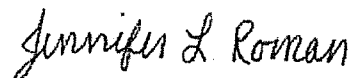
Benjamin J. Pomerantz, MD received a total of
26.50 AMA PRA Category 1 Credit(s)TM

The Society of Interventional Radiology is accredited by the
Accreditation Council for Continuing Medical Education (ACCME) to provide Continuing Medical Education for physicians.

The Society of Interventional Radiology designates this
educational activity for a maximum of 26.50 AMA PRA Category 1 Credit(s)TM.

Physicians should only claim credit commensurate with the extent of their participation in the activity

Date of Completion: February 13, 2011



Jennifer Roman
Professional Education Manager

Note: If the recipient of this CME Certificate is not a physician (MD or DO), this certificate is null and void. SIR can only provide AMA PRA Category 1 CreditTM CME Certificates to physicians.

Society of Interventional Radiology | 3975 Fair Ridge Drive, Suite 400 North | Fairfax, VA 22033
Tel: 703.691.1805 | Fax: 703.691.1855 | E-mail: CME@SIRweb.org | www.SIRweb.org

CertificateNumber: 322899C_U3538_A3195_O1_T1



nordion
SCIENCE ADVANCING HEALTH

February 21, 2011

BY E-MAIL

Benjamin J. Pomerantz, MD
Kallispell Regional Medical Center
Interventional Radiology
310 Sunnyview Lane
Nuclear Medicine
Kallispell, MT 59901-3129

Dear Dr. Pomerantz:

RE: **TheraSphere® Training Record**
Kallispell Regional Medical Center

This letter will confirm that you received training from Nordion in the operation of the delivery system, safety procedures, and clinical use for TheraSphere microspheres.

This training was provided to you in the physical presence of Marvin Akers, Clinical Specialist. The training experience included three supervised hands-on *in-vitro* simulated cases for TheraSphere microspheres. The *in-vitro* simulated cases demonstrated issues that are encountered during Y-90 microsphere administration procedures.

Training focused on:

- Safe handling practices;
- TheraSphere Administration Set and TheraSphere Administration Accessory Kit overview;
- Preparation of TheraSphere dose vial;
- Assembly and priming of TheraSphere tubing lines and needle injectors;
- TheraSphere administration;
- Disassembly and disposal of the Administration Accessory Kit and TheraSphere dose vial.


Jackie Groff
Global Brand Manager

/s/
c.c.: Jo Anne Aune, Clinical Account Manager



SIRTEX MEDICAL, INC.
16 Upton Drive, #2-4
Wilmington, MA 01887
Tel: 978 642 3000

June 10, 2011

Dr. Benjamin Pomerantz, MD
Interventional Radiology
Kalispell Regional Medical Center
310 Sunnyview Lane
Kalispell, MT 59901

Dear Dr. Pomerantz:

Re: SIR-Spheres® Microspheres Authorized User Training and Certification

This letter certifies that on 6/1/2009, you successfully completed training in the operation of the delivery system, safety procedures and clinical use of SIR-Spheres yttrium-90 microspheres that are to be injected via the hepatic artery to treat patients with unresectable liver tumors in accordance with the September 2008 NRC guidance. This training included three (3) supervised hands-on *in-vitro* simulated set-up and delivery procedures that demonstrate possible issues encountered during the yttrium-90 microsphere administration.

Following the license amendment that names you as an AU for SIR-Spheres yttrium-90 microspheres use, Sirtex will arrange for the first three (3) *in-vivo* patient cases to be performed in the physical presence of a Sirtex proctor.

Sirtex would like to thank you for your support in this process.

Yours sincerely,

Knute J. Lund
Regional Sales Manager

® SIR-Spheres is a Registered Trademark of Sirtex SIR-Spheres Pty Ltd

No. 5 7 6 1 0 8



320 Sunny View Lane
Kalispell, MT 59901
Ph: 406-751-7519
Fax: 406-751-7529

April 20, 2011

To Whom It May Concern:

I would like to let you all know that I have changed my name from Dr. Debra L. Acord to Dr. Debra L. Wade.

Sincerely,

Debra L. Wade, MD

NRC FORM 313A (AUD)
(3-2009)

U.S. NUCLEAR REGULATORY COMMISSION

**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: 3/31/2012

Name of Proposed Authorized User

Debra L. Wade (Acord)

State or Territory Where Licensed

Montana

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)

NRC FORM 313A (AUD)
(3-2009)

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 <i>(not required for 35.590)</i>			
Radiation biology			
Total Hours of Training:			

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	

NRC FORM 313A (AUD)
(3-2009)

U.S. NUCLEAR REGULATORY COMMISSION

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 35.580 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)

U.S. NUCLEAR REGULATORY COMMISSION

(3-2009)

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 _____ 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 DEBRA L. WADE 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 DEBRA L. WADE 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 <u>Daniel F. Housholder, MD</u>	Signature <u>Daniel F. Housholder</u>	Telephone Number <u>316-962-2900</u>	Date <u>14 JUN 11</u>
License/Permit Number/Facility Name <u>19-CO41-01 KANSAS</u>			

STATE OF MONTANA
Department of Labor and Industry
Board of Medical Examiners

This verifies the below named is currently licensed
as a Medical Doctor

License #: 11277 Active
Expires: 03/31/2013 Duplicate

DEBRA LYNN WADE

KALISPELL

MT 59904

license.labor.mt.gov

licenserenewal.mt.gov

To use license as a Wall License, cut off excess paper and affix the above to wall for display.

**To use the license as a Pocket Card, cut to the size of a business card or drivers license
(either single or double-wide to fold), laminate if desired.**

Remember to renew online if possible. Benefits of renewing online include:

The ability to change an address (for most professions)

The ability to print license(s) the same day as the renewal

The ability to print multiple licenses including one for a pocket card if desired

The ability to print in color (if you have a color printer)

The ability to print additional licenses for no additional charge up to 45 days following the end of the renewal cycle

To renew online: <https://app.mt.gov/renewal>

WADE, DEBRA LYNN, MD
 NORTHWEST IMAGING, PC
 320 SUNNYVIEW LANE
 P.O. BOX 9110
 KALISPELL, MT 59901-0000-000

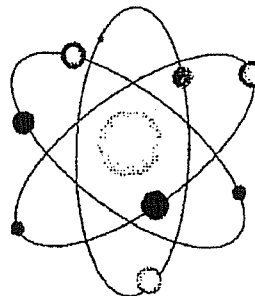


DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID	CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE UNITED STATES DEPARTMENT OF JUSTICE DRUG ENFORCEMENT ADMINISTRATION WASHINGTON D.C. 20537
FW2507828	05-31-2013	\$551	
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE	
2,2N, 3,3N,4,5,	PRACTITIONER	05-06-2010	Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance. THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.
WADE, DEBRA LYNN, MD NORTHWEST IMAGING, PC 320 SUNNYVIEW LANE P.O. BOX 9110 KALISPELL, MT 59901-0000			

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE UNITED STATES DEPARTMENT OF JUSTICE DRUG ENFORCEMENT ADMINISTRATION WASHINGTON D.C. 20537			
DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID	
FW2507828	05-31-2013	\$551	
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE	
2,2N, 3,3N,4,5,	PRACTITIONER	05-06-2010	
WADE, DEBRA LYNN, MD NORTHWEST IMAGING, PC 320 SUNNYVIEW LANE P.O. BOX 9110 KALISPELL, MT 59901-0000			Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.
THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.			

Form DEA-223 (4/07)

Wesley Medical Center
Radiation Oncology
550 N Hillside
Wichita, KS 67214
316-962-2920
316-962-2620 FAX



Fax

To: Teresa, Northwest Imaging	From: Chris Hearn, Radiation Safety Officer
Fax: 406-751-7529	Pages: 3
Phone:	Date: 6-12-07
Re: Debra Accord, MD	CC:

Urgent For Review Please Comment Please Reply Please Recycle

• **Comments:**

Teresa:

Debra Accord, MD was a radiology resident at Wesley Medical Center from July 1, 1999 to June 30, 2003. Her radioisotope training and experience was obtained under the guidance of Daniel Housholder, MD. Wesley has a broad scope license issued by the State of Kansas and residents are not listed specifically on that license. I have attached copies of Dr. Accord's documentation of her training and experience at Wesley. These documents should provide the necessary information to get her listed on your license. If you have any further questions, please feel free to contact me.

Sincerely,

Chris Hearn, Radiation Safety Officer

NRC Form 313A U.S. Nuclear Regulatory Commission

TRAINING AND EXPERIENCE

Note: Descriptions of training and experience must contain sufficient detail to match the training and experience criteria in the applicable regulations.

1. Name of Individual, Proposed Authorization (e.g., Radiation Safety Officer), and Applicable Training Requirements
 Dr Debra Accord, Authorized User for Uptake, dilution & excretion studies; imaging and localization studies, hyperthyroidism treatment and treatment of Thyroid cancer

2. For Physicians and Pharmacists, State or Territory Where Licensed: Kansas

3. Certification

Specialty Board	Category	Month and Year Certified
American Board of Radiology	Diagnostic Radiology	June 2003

4. Didactic Training

Description of Training	Location	Clock Hours	Dates of Training
Radiation Physics and Instrumentation	Univ of Kansas School of Medicine	130	July 1999-June 2003
Radiation Protection	Wichita Kansas Branch	25	" "
Mathematics Pertaining to the Use and Measurement of Radioactivity	Wesley Medical Center	10	" "
Radiation Biology		20	" "
Chemistry of Byproduct Material for Medical Use		15	" "
Other			

5. Practical Experience with Radiation. (Actual use of radionuclides or equivalent experience)

Description of Experience	Name of Supervising Individual(s)	Location and Corresponding Materials License Number	Clock Hours and Dates	Related Radiation Safety Exam Score
Medical Diagnosis and treatment	Daniel Housholder, MD John Lohnes, MD	Wesley Medical Center Wichita, KS 19-C041-01 (Kansas)	960hr, July 1999 through June 2003	N/A

6. Formal Training

Degree, Area of Study	Name of Program and Location with Corresponding Materials License Number	Dates	Name of Organization that Approved the Program (e.g., Accreditation Council for Graduate Medical Education) and the Applicable Regulation (e.g., 10 CFR 35.294)
Diagnostic Radiology Residency	University of Kansas School of Medicine, Wichita, KS Wesley Med Ctr 19-C041-01	July 1999 thru June 2003	Accreditation Council for Graduate Medical Education 10CFR 35.91, 35.92, 35.932, 35.934

7. The individual named in item 1 of this form is competent to function independently as an authorized user.

Yes No

Note: Response to Item 7 is applicable to proposed authorized users, medical physicists, or radiation safety officer for the type of medical use requested.

8. The training and experience indicated above was obtained under the supervision of:

a. Name of Supervisor
Charles McGuire, MD

Radiology Department
550 N Hillside
Wichita, KS 67214

9. Materials License Number 19-C041-01

10. Preceptor's Signature

Daniel F. Housholder MD

11. Preceptor's Name: Daniel Housholder, MD

12. Date June 5, 2003

NRC Form 313B U.S. Nuclear Regulatory Commission
PRECEPTOR STATEMENT

Note: Descriptions of training and experience must contain sufficient detail to match the training and experience criteria in the applicable regulations.

Supplement B must be completed by the individual's preceptor. If more than one is necessary to document experience, obtain a separate preceptor statement from each.

1. Name of Individual, Proposed Authorization (e.g., Authorized User), and Applicable Training Requirements (e.g., 10 CFR 35.490):

Debra Accord., MD, Authorized User for Uptake, dilution & excretion studies; imaging and localization studies; treatment of hyperthyroidism; treatment of Thyroid Cancer. 10CFR 35.91, 35.92, 35.932, 35.934

Street Address:

City State Zip Code:

2. Supervised Experience of Above Named Individual

Radionuclide	Type of Use	Number of Cases Involving Personal Participation	Location and Corresponding Materials License Number, Dates, and Clock Hours of Experience
I-125, I-131	Diagnosis of Thyroid Function	100	Wesley Medical Center
I-125, I-131	Kidney Function Studies	100	Wichita, KS
Xe-133	Blood flow studies and Pulmonary function studies	200	19-C041-01 (Kansas)
Tc-99m	Brain Imaging	60	960 hours, July 1999-June 2003
Tc-99m	Cardiac Imaging	100	
Tc-99m	Liver and Spleen Imaging	60	
Tc-99m	Lung Imaging	200	
Tc-99m	Bone Imaging	500	
I-123	Thyroid Imaging	80	
In-111	Cisternography	20	
F-18, as FDG	Cardiac Viability and Oncology Imaging	30	
I-131	Treatment of Throid Cancer	5	
I-131	Treatment of Hyperthyroidism	15	

3. The individual named in item 1 of this form is competent to independently operate a nuclear pharmacy.

Yes No *Note:* Response to Item 3 is only applicable to proposed authorized nuclear pharmacists

4. The training and experience indicated above was obtained under the supervision of:

a. Name of Supervisor
Charles McGuire, MD

Radiology Department
550 N Hillside

Wichita, KS 67214

6. Preceptor's Signature

Daniel F. Housholder

**7. Preceptor's Name:
Daniel Housholder, MD**
5. Materials License Number: 19-C041-01 (Kansas)
8. Date: June 5, 2003

SEP 30 2011

DATE

This is to acknowledge the receipt of your letter/application dated SEP 30 2011, and to inform you that the initial processing, which includes an administrative review, has been performed.

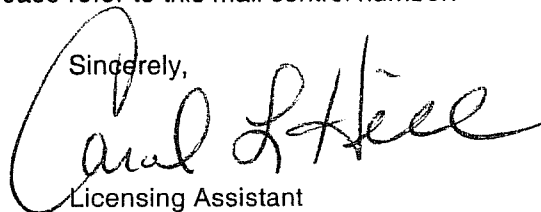
- There were no administrative omissions. Your application will be assigned to a technical reviewer. Please note that the technical review may identify additional omissions or require additional information.
- Please provide to this office within 30 days of your receipt of this card:

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 576108.
When calling to inquire about this action, please refer to this mail control number.
You may call me at 817-860-8103.

Sincerely,



Carol L. Hill
Licensing Assistant

BETWEEN:

Accounts Receivable/Payable
and
Regional Licensing Branches

[FOR ARPB USE]
INFORMATION FROM LTS

Program Code: 02120
Status Code: Pending Amendment
Fee Category: 7C
Exp. Date: 03/31/2015
Fee Comments: CODE 23
Decom Fin Assur Reqd: N

License Fee Worksheet - License Fee Transmittal

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: KALISPELL REGIONAL MEDICAL CENTER
Received Date: 09/30/2011
Docket Number: 3009152
Mail Control Number: 576108
License Number: 25-15463-01
Action Type: Amendment

2. FEE ATTACHED

Amount: _____
Check No.: _____

3. COMMENTS

Signed: Carl R. Heise
Date: 9/30/11

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: _____