



**Saint Alphonsus
Medical Center**

NAMPA

November 22, 2011

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DNMS

Nuclear Regulatory
Region IV
611 Ryan Plaza Drive, Suite 400
Arlington, TX 76011-8064

RE: License Number 11-27089-01
Region Number IV

To Whom It May Concern:

Saint Alphonsus Medical Center – Nampa would like to amend license number 11-27089-01 to add a physician to our current license. The individual is a diplomat of the American Board of Radiology.

Add as user: Michael A. Codina, MD
Authorized user for materials identified in 10 CFR 35.100, 35.200 and 35.300.
Please see attachments.

If additional information is needed, please feel free to contact Saint Alphonsus Medical Center – Nampa at 208.463.5533.

Sincerely,

Karl Keeler
President &
Chief Executive Officer

Attachments

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

Michael A. Codina, M.D.

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)

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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	University of Cincinnati	40	2002-04
Radiation protection	University of Cincinnati	10	2002-04
Mathematics pertaining to the use and measurement of radioactivity	University of Cincinnati	20	2002-04
Chemistry of byproduct material for medical use (not required for 35.590)	University of Cincinnati	10	2002-04
Radiation biology	University of Cincinnati	10	2002-04
Total Hours of Training: 90			

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	University of Cincinnati	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	2002-04
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters	University of Cincinnati	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	2002-04

NRC FORM 313A (AUD) **U.S. NUCLEAR REGULATORY COMMISSION**
(3-2009) **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	University of Cincinnati	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	2002-04
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material	University of Cincinnati	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	2002-04
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures	University of Cincinnati	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	2002-04
Administering dosages of radioactive drugs to patients or human research subjects	University of Cincinnati	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	2002-04
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	University of Cincinnati	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	2002-04

Supervising Individual: **Myron C. Gerson, M.D.** License/Permit Number listing supervising individual as an authorized user: **0410 02110310001**

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.

NRC FORM 313A (AUD) U.S. NUCLEAR REGULATORY COMMISSION
 (2-2009) **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 _____ 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 Michael A. Codina, M.D. 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>MYRON E. GERSON MD</u>	Signature <u>[Signature]</u>	Telephone Number <u>513 558 3074</u>	Date <u>8/21/09</u>
License/Permit Number/Facility Name <u>OHIO 02110310001 UNIVERSITY HOSPITAL, CINCINNATI, OHIO</u>			

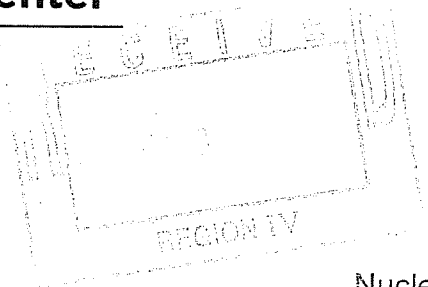
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Saint Alphonsus Medical Center

NAMPA

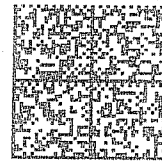
1512 12th Avenue Road
Nampa, ID 83686



Nuclear Regulatory
Region IV
611 Ryan Plaza Drive, Suite 400
Arlington, TX 76011-8064

7601184003

PRESORTED
FIRST CLASS

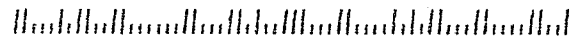


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NOV 30 2011

DNMS



DEC - 1 2011

DATE

This is to acknowledge the receipt of your letter/application dated NOV 22 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** No 5 7 6 4 5 4

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: 02120
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: MERCY MEDICAL CENTER
Received Date: 11/29/2011
Docket Number: 3032246
Mail Control Number: 576454
License Number: 11-27089-01
Action Type: Amendment

2. FEE ATTACHED

Amount: _____

Check No.: _____

3. COMMENTS

Signed: Carol L. Heise
Date: 12/01/11

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: _____