

# Hill, Carol

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**From:** Fairbanks, Jeff PhD [fairbanj@slhs.org]  
**Sent:** Wednesday, July 31, 2013 10:22 AM  
**To:** Hill, Carol  
**Cc:** Murnahan, Colleen; Hanson, Latischa; Vasquez, Michael  
**Subject:** Amendment Request: St Lukes - add Dr. Tonya Kuhn  
**Attachments:** StLukes31July2013.pdf; Tonya Kuhn 313a(aut).pdf

Carol, please find the attached amendment request with supporting documentation to add additional authorization (35.300) for Dr. Tonya Kuhn. I have provided Form 313a(aut) which outlines her supervised training. I have not included her board certification and previous attestation from 2006 because I submitted these originally to put her on the license for 35.400 and 35.600. Please let me know if you need these documents again, and I will send them.

Thank you,

Jeff

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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PUBLIC

- Immediate Release  
 Normal Release

NON-PUBLIC

- A.3 Sensitive-Security Related  
 A.7 Sensitive Internal  
 Other: \_\_\_\_\_

Reviewer: Jul Date: 08/29/13

## Murnahan, Colleen

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**From:** Hanson, Latischa  
**Sent:** Wednesday, July 31, 2013 10:37 AM  
**To:** Simmons, Michelle; Hill, Carol; Murnahan, Colleen  
**Cc:** Vasquez, Michael  
**Subject:** FW: Amendment Request: St Lukes - add Dr. Tonya Kuhn  
**Attachments:** StLukes31July2013.pdf; Tonya Kuhn 313a(aut).pdf

**Importance:** High

**Follow Up Flag:** Follow up  
**Flag Status:** Flagged



All,

This is in response to an inspection I conducted last week at their facility. The last inspection in 9/2011, noted that Dr. Kuhn was administering i-131 requiring a WD & was not on the license. Upon my inspection on 7/22/13, I reviewed several i-131 WD administrations by Dr. Kuhn & asked about her authorization. I was told by the RSO that she was under the supervision of Dr. Dorn, who is authorized on the license for 35.300, 400, 600 & 1000. The WDs were signed only by Dr. Kuhn.

During the preliminary exit debriefing, the RSO committed to sending the attestation documentation for licensing review to add Dr. Kuhn for 35.300 authorization. Currently she holds 35.400 & 600.

I know you have a workload, but would like to see if we can get this request expedited. She is performing a great number of these. I will refresh with Michael our discussion about the possible violation.

Thanx,

Latischa

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**From:** Fairbanks, Jeff PhD [<mailto:fairbanj@slhs.org>]  
**Sent:** Wednesday, July 31, 2013 10:22 AM  
**To:** Hill, Carol  
**Cc:** Murnahan, Colleen; Hanson, Latischa; Vasquez, Michael  
**Subject:** Amendment Request: St Lukes - add Dr. Tonya Kuhn

Carol, please find the attached amendment request with supporting documentation to add additional authorization (35.300) for Dr. Tonya Kuhn. I have provided Form 313a(aut) which outlines her supervised training. I have not included her board certification and previous attestation from 2006 because I submitted these originally to put her on the license for 35.400 and 35.600. Please let me know if you need these documents again, and I will send them.

Thank you,

Jeff

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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,



100 E. Idaho Street  
Boise, Idaho 83712  
P (208) 381-2711 F (208) 381-4675  
(800) 845-4624

1118 NW 16th Street, Suite D  
Fruitland, Idaho 83619 P (208) 452-  
7677 F (208) 452-8681  
(800) 473-9618

520 S. Eagle Road  
Meridian, Idaho 83642  
P (208) 706-5651 F (208) 706-5344  
(800) 473-0331

308 E. Hawaii Avenue  
Nampa, Idaho 83686  
P (208) 467-6700 F (208) 463-6001  
(800) 553-6415

725 Pole Line Road W.  
Twin Falls, Idaho 83301  
P (208) 814-1600 F (208) 814-1910  
(800) 947-4852

July 31, 2013

Carol Hill, Licensing Assistant  
US Nuclear Regulatory Commission Region IV  
Nuclear Materials Licensing Branch  
1600 E Lamar Blvd  
Arlington, Texas 76011-4511

**RE: Amendment of License #11-27312-01**

Dear Carol Hill:

I am requesting that Tonya Kuhn, M.D. be granted additional authorization for 35.300. She is currently listed on the license for 35.400 and 35.600. I have attached form 313a(aut), signed by Ronald Dorn, M.D. who is listed on the license.

Thank you,

Jefferson Fairbanks, PhD

Radiation Safety Officer

[fairbani@slhs.org](mailto:fairbani@slhs.org)



Service provided by St. Luke's Boise  
[stlukesonline.org](http://stlukesonline.org)

581574

**AUTHORIZED USER TRAINING AND EXPERIENCE  
AND PRECEPTOR ATTESTATION**  
(for uses defined under 35.300)  
**[10 CFR 35.390, 35.392, 35.394, and 35.396]**

APPROVED BY OMB: NO. 3150-0120  
EXPIRES: (05/31/2015)

Name of Proposed Authorized User

Tonya Kuhn, M.D.

State or Territory Where Licensed

Idaho

Requested Authorization(s) (check all that apply):

35.300 Use of unsealed byproduct material for which a written directive is required

**OR**

35.300 Oral administration of sodium iodide I-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)

35.300 Oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 1.22 gigabecquerels (33 millicuries)

35.300 Parenteral administration of any beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV for which a written directive is required

35.300 Parenteral administration of any other radionuclide for which a written directive is required

**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 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. For 35.390, provide documentation on supervised clinical case experience. The table in section 3.c. may be used to document this experience.

c. For 35.396, provide documentation on classroom and laboratory training, supervised work experience, and supervised clinical case experience. The tables in sections 3.a., 3.b., and 3.c. may be used to document this experience.

d. Skip to and complete Part II Preceptor Attestation.

**2. Current 35.300, 35.400, or 35.600 Authorized User Seeking Additional Authorization**

a. Authorized User on Materials License 11-27312-01 under the requirements below or equivalent Agreement State requirements (check all that apply):

35.390     35.392     35.394     35.490     35.690

b. If currently authorized for a subset of clinical uses under 35.300, provide documentation on additional required supervised case experience. The table in section 3.c. may be used to document this experience. Also provide completed Part II Preceptor Attestation.

c. If currently authorized under 35.490 or 35.690 and requesting authorization for 35.396, provide documentation on classroom and laboratory training, supervised work experience, and supervised clinical case experience. The tables in sections 3.a., 3.b., and 3.c. may be used to document this experience. Also provide completed Part II Preceptor Attestation.

**AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)**

**3. Training and Experience for Proposed Authorized User**

a. Classroom and Laboratory Training  35.390  35.392  35.394  35.396

Description of Training	Location of Training	Clock Hours	Dates of Training*
Radiation physics and instrumentation	Yale University	60	7/1/02 - 9/15/06
Radiation protection	Yale University	20	7/1/02 - 9/15/06
Mathematics pertaining to the use and measurement of radioactivity	Yale University	20	7/1/02 - 9/15/06
Chemistry of byproduct material for medical use	Yale University	1	7/1/02 - 9/15/06
Radiation biology & other	Yale University	109	7/1/02 - 9/15/06
<b>Total Hours of Training:</b>		210	

b. Supervised Work Experience  35.390  35.392  35.394  35.396

*If more than one supervising individual is necessary to document supervised training, provide multiple copies of this page.*

Supervised Work Experience		Total Hours of Experience: 840	
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	St. Luke's Health System, Boise, Idaho NRC Radioactive Materials License: 11-27312-01	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Nov 2006 - July 2013
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters	St. Luke's Health System, Boise, Idaho NRC Radioactive Materials License: 11-27312-01	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Nov 2006 - July 2013
Calculating, measuring, and safely preparing patient or human research subject dosages	St. Luke's Health System, Boise, Idaho NRC Radioactive Materials License: 11-27312-01	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Nov 2006 - July 2013
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material	St. Luke's Health System, Boise, Idaho NRC Radioactive Materials License: 11-27312-01	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Nov 2006 - July 2013
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures	St. Luke's Health System, Boise, Idaho NRC Radioactive Materials License: 11-27312-01	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Nov 2006 - July 2013

**AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)**

**3. Training and Experience for Proposed Authorized User (continued)**

**b. Supervised Work Experience (continued)**

Supervising Individual  Ronald Dorn, M.D.	License/Permit Number listing supervising individual as an authorized user  11-27312-01
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Supervising individual meets the requirements below, or equivalent Agreement State requirements (*check all that apply*)\*\*:

- 35.390 With experience administering dosages of:
- 35.392  Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)
- 35.394  Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)
- 35.396  Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required
- Parenteral administration of any other radionuclide requiring a written directive

\*\* Supervising Authorized User must have experience in administering dosages in the same dosage category or categories as the individual requesting authorized user status.

**c. Supervised Clinical Case Experience**

*If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this page.*

Description of Experience	Number of Cases Involving Personal Participation	Location of Experience/License or Permit Number of Facility	Dates of Experience*
Oral administration of sodium iodide I-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)	44	St. Luke's Health System, Boise, Idaho NRC Radioactive Materials License: 11-27312-01	Nov 2006 - July 2013
Oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 1.22 gigabecquerels (33 millicuries)	35	St. Luke's Health System, Boise, Idaho NRC Radioactive Materials License: 11-27312-01	Nov 2006 - July 2013
Parenteral administration of any beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV for which a written directive is required	3	St. Luke's Health System, Boise, Idaho NRC Radioactive Materials License: 11-27312-01	Nov 2006 - July 2013
Parenteral administration of any other radionuclide for which a written directive is required  <div style="border: 1px solid black; padding: 2px; width: fit-content;">Y-90, Sr-89, Sm-153</div> <p style="font-size: small; margin-top: 5px;">(List radionuclides)</p>	11	St. Luke's Health System, Boise, Idaho NRC Radioactive Materials License: 11-27312-01	Nov 2006 - July 2013

**AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)**

**3. Training and Experience for Proposed Authorized User (continued)**

**c. Supervised Clinical Case Experience (continued)**

Supervising Individual	License/Permit Number listing supervising individual as an authorized user
Ronald Dorn, M.D.	11-27312-01

Supervising individual meets the requirements below, or equivalent Agreement State requirements (*check all that apply*)\*\*:

- 35.390 With experience administering dosages of:
  - 35.392  Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)
  - 35.394  Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)
  - 35.396  Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required
  - Parenteral administration of any other radionuclide requiring a written directive

\*\* Supervising Authorized User must have experience in administering dosages in the same dosage category or categories as the individual requesting authorized user status.

**d. Provide completed Part II Preceptor Attestation.**

**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.

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 requested authorization:

For 35.390:

Board Certification

I attest that \_\_\_\_\_ has satisfactorily completed the training and experience requirements in 35.390(a)(1).  
Name of Proposed Authorized User

**OR**

Training and Experience

I attest that Tonya Kuhn, M.D. has satisfactorily completed the 700 hours of training and experience, including a minimum of 200 hours of classroom and laboratory training, as required by 10 CFR 35.390 (b)(1).  
Name of Proposed Authorized User

581574

**AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)**

**Preceptor Attestation (continued)**

**First Section (continued)**

**For 35.392 (Identical Attestation Statement Regardless of Training and Experience Pathway):**

I attest that Tonya Kuhn, M.D. has satisfactorily completed the 80 hours of classroom  
Name of Proposed Authorized User

and laboratory training, as required by 10 CFR 35.392(c)(1), and the supervised work and clinical case experience required in 35.392(c)(2).

**For 35.394 (Identical Attestation Statement Regardless of Training and Experience Pathway):**

I attest that Tonya Kuhn, M.D. has satisfactorily completed the 80 hours of classroom  
Name of Proposed Authorized User

and laboratory training, as required by 10 CFR 35.394 (c)(1), and the supervised work and clinical case experience required in 35.394(c)(2).

**Second Section**

I attest that Tonya Kuhn, M.D. has satisfactorily completed the required clinical case  
Name of Proposed Authorized User

experience required in 35.390(b)(1)(ii)G listed below:

- Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)
- Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)
- Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required
- Parenteral administration of any other radionuclide requiring a written directive

**Third Section**

I attest that Tonya Kuhn, M.D. has satisfactorily achieved a level of competency to  
Name of Proposed Authorized User

function independently as an authorized user for:

- Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)
- Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)
- Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required
- Parenteral administration of any other radionuclide requiring a written directive



**AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)**

**Fourth Section**

**For 35.396:**

**Current 35.490 or 35.690 authorized user:**

I attest that \_\_\_\_\_ is an authorized user under 10 CFR 35.490 or 35.690

Name of Proposed Authorized User

or equivalent Agreement State requirements, has satisfactorily completed the 80 hours of classroom and laboratory training, as required by 10 CFR 35.396 (d)(1), and the supervised work and clinical case experience required by 35.396(d)(2), and has achieved a level of competency sufficient to function independently as an authorized user for:

Parenteral administration of any beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV for which a written directive is required

Parenteral administration of any other radionuclide for which a written directive is required

**OR**

**Board Certification:**

I attest that Tonya Kuhn, M.D. has satisfactorily completed the board certification

Name of Proposed Authorized User

requirements of 35.396(c), has satisfactorily completed the 80 hours of classroom and laboratory training required by 10 CFR 35.396 (d)(1) and the supervised work and clinical case experience required by 35.396(d)(2), and has achieved a level of competency sufficient to function independently as an authorized user for:

Parenteral administration of any beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV for which a written directive is required

Parenteral administration of any other radionuclide for which a written directive is required

**Fifth Section**

**Complete the following for preceptor attestation and signature:**

I meet the requirements below, or equivalent Agreement State requirements, as an authorized user for:

35.390       35.392       35.394       35.396


I have experience administering dosages in the following categories for which the proposed Authorized User is requesting authorization.

Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)

Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)

Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required

Parenteral administration of any other radionuclide requiring a written directive

Name of Preceptor Ronald Dom, M.D.	Signature 	Telephone Number (208) 381-2720	Date 7/31/13
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License/Permit Number/Facility Name  
St. Luke's Health System, NRC Radioactive Materials License: 11-27312-01

581574

BETWEEN:

Accounts Receivable/Payable  
and  
Regional Licensing Branches

[ FOR ARPB USE ]  
INFORMATION FROM WBL

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

### License Fee Worksheet - License Fee Transmittal

#### A. REGION

##### 1. APPLICATION ATTACHED

Applicant/Licensee: ST. LUKE'S REGIONAL MEDICAL CENTER  
Received Date: 07/31/2013  
Docket Number: 3032196  
Mail Control Number: 581574  
License Number: 11-27312-01  
Action Type: Amendment

##### 2. FEE ATTACHED

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

##### 3. COMMENTS

Signed: Carol L. Heie  
Date: 8/19/13

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



DATE  
08/19/2013

NAME AND ADDRESS OF APPLICANT AND/OR LICENSEE  St. Luke's Regional Medical Center ATTN: E. Jefferson Fairbanks, Ph.D. Radiation Safety Officer 190 E. Bannock Boise, Idaho 83712	LICENSE NUMBER 11-27312-01
	MAIL CONTROL NUMBER 581574
	LICENSING AND/OR TECHNICAL REVIEWER ch

This is to acknowledge the receipt of your:

LETTER and/or  APPLICATION      DATED: 07/31/2013

The initial processing, which included an administrative review, has been performed.

AMENDMENT     TERMINATION     NEW LICENSE     RENEWAL

- There were no administrative omissions identified during our initial review.
- This is to acknowledge receipt of your application for renewal of the material(s) license identified above. Your application is deemed timely filed, and accordingly, the license will not expire until final action has been taken by this office.
- Your application for a new NRC license did not include your taxpayer identification number. Please fill out NRC Form 531, located at the following link:

<http://www.nrc.gov/reading-rm/doc-collections/forms/nrc531.pdf>

Send the completed NRC Form 531, by facsimile, to the following number: (301) 415-5387

A copy of your action has been emailed to our License Fee and Accounts Receivable Branch, in our Headquarters office in Rockville, MD. You will be contacted separately if there is a fee issue involved.

Your application has been assigned the above listed **MAIL CONTROL NUMBER**. When calling to inquire about this action, please refer to this control number. Your application has been forwarded to a technical reviewer. Please note that the technical review, which is normally completed within 180 days for a renewal application (90 days for all other requests), may identify additional omissions or require additional information. If you have any questions concerning the processing of your application, our contact information is listed below:

Region IV  
U. S. Nuclear Regulatory Commission  
DNMS/NMSB - B  
1600 E. Lamar Boulevard  
Arlington, TX 76011-4511  
(817) 200-1103 or (817) 200-1140

✓ 8/20/13