

## APPLICATION FOR MATERIAL 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 Information Services Branch (T-5 F53), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to [InfoCollects.Resource@nrc.gov](mailto: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. \*AMENDMENTS/RENEWALS THAT INCREASE THE SCOPE OF THE EXISTING LICENSE TO A NEW OR HIGHER FEE CATEGORY WILL REQUIRE A FEE.

### 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  
2100 RENAISSANCE BOULEVARD, SUITE 100  
KING OF PRUSSIA, PA 19406-2713

#### IF YOU ARE LOCATED IN:

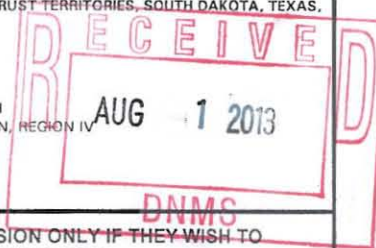
ILLINOIS, INDIANA, IOWA, MICHIGAN, MINNESOTA, MISSOURI, OHIO, OR WISCONSIN,  
SEND APPLICATIONS TO:

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  
1600 E. LAMAR BOULEVARD  
ARLINGTON, TX 76011-4511



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 40-15633-01
- ☐ C. RENEWAL OF LICENSE NUMBER \_\_\_\_\_

#### 2. NAME AND MAILING ADDRESS OF APPLICANT (Include Zip Code)

Avera Queen of Peace Hospital  
525 North Foster  
Mitchell, South Dakota 57301

#### 3. ADDRESS WHERE LICENSED MATERIAL WILL BE USED OR POSSESSED

#### 4. NAME OF PERSON TO BE CONTACTED ABOUT THIS APPLICATION

John Wood, Associates in Medical Physics, LLC

BUSINESS TELEPHONE NUMBER  
(216) 663-7000

BUSINESS CELLULAR TELEPHONE NUMBER  
(216) 496-7829

BUSINESS EMAIL ADDRESS  
[j.wood@ampmedicalphysics.com](mailto:j.wood@ampmedicalphysics.com)

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 AND EXPERIENCE. (See Attached)

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

#### 9. FACILITIES AND EQUIPMENT.

#### 10. RADIATION SAFETY PROGRAM.

#### 11. WASTE MANAGEMENT.

#### 12. LICENSE FEES (Fees required only for new applications, with few exceptions\*) (See 10 CFR 170 and Section 170.31)

FEE CATEGORY

7C

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 WILLFULLY 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

☒ Thomas A. Clark, Regional President CEO

SIGNATURE

☒ Thomas A. Clark

DATE

☒ 7-26-13

#### FOR NRC USE ONLY

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

ITEM #7

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

AUTHORIZED USERS FOR MEDICAL USE

AUTHORIZED USER	AUTHORIZATION
Alan J. Walton, M.D.	35.100, 35.200, 31.11
John P. Haas, M.D.	35.100, 35.200, 31.11

For Dr. Walton's training and experience see the attached Wisconsin RAM license #027-1085-01.

For Dr. Haas' training and experience see the attached NRC form 313A (AUD).

**PUBLIC**

- ☐ Immediate Release  
☒ Normal Release

**NON-PUBLIC**

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

Reviewer: MS

Date: 8/28/13



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Mitchell, South Dakota 57301

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4. NAME OF PERSON TO BE CONTACTED ABOUT THIS APPLICATION  
John Wood, Associates in Medical Physics, LLC

BUSINESS TELEPHONE NUMBER  
(216) 663-7000

BUSINESS CELLULAR TELEPHONE NUMBER  
(216) 496-7829

BUSINESS EMAIL ADDRESS  
[j.wood@ampmedicalphysics.com](mailto:j.wood@ampmedicalphysics.com)

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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 AND EXPERIENCE. (See Attached)

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

9. FACILITIES AND EQUIPMENT.

10. RADIATION SAFETY PROGRAM.

11. WASTE MANAGEMENT.

12. LICENSE FEES (Fees required only for new applications, with few exceptions\*)  
(See 10 CFR 170 and Section 170.31)

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CERTIFYING OFFICER--TYPED/PRINTED NAME AND TITLE

SIGNATURE

DATE

X

X

X

### FOR NRC USE ONLY

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

DATE

**ITEM #7**

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

**AUTHORIZED USERS FOR MEDICAL USE**

AUTHORIZED USER	AUTHORIZATION
Alan J. Walton, M.D.	35.100, 35.200, 31.11
John P. Haas, M.D.	35.100, 35.200, 31.11

For Dr. Walton's training and experience see the attached Wisconsin RAM license #027-1085-01.

For Dr. Haas' training and experience see the attached NRC form 313A (AUD).



STATE OF WISCONSIN  
DEPARTMENT OF HEALTH SERVICES

RADIOACTIVE MATERIALS LICENSE

Under s.254.365, Wisconsin Statutes and Chapter DHS 157, Wisconsin Administrative Code, and in reliance on statements and representations made by the licensee, a license is issued authorizing the licensee to receive, acquire, possess and transfer radioactive material designated below; to use the material for the purpose(s) and at the place(s) designated below; and to deliver or transfer the material to persons authorized to receive it in accordance with Chapter DHS 157, Wisconsin Administrative Code. This license is subject to all applicable rules and orders of the Wisconsin Department of Health Services (DHS) including Chapter DHS 157, Wisconsin Administrative Code now or hereafter in effect, and to any conditions specified below.

<p>Licensee Name and Address</p> <p>1. Beaver Dam Community Hospital, Inc.</p> <p>2. 707 South University Avenue Beaver Dam, WI 53916</p>	<p>In accordance with letter dated August 24, 2009, 3. License Number: 027-1085-01 is amended in its entirety to read as follows:</p> <p>4. Amendment No.: 09</p> <p>5. Expiration Date: November 30, 2011</p>
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6. Radioactive material:	7. Chemical and/or physical form:	8. Maximum amount of radioactive materials that the licensee may possess at any one time under this license:	9. Authorized Use:
A. Any radioactive material permitted by DHS 157.63(1)	A. Any radiopharmaceutical permitted by DHS 157.63(1)	A. As needed	A. Any uptake, dilution and excretion procedure permitted by DHS 157.63(1).
B. Any radioactive material permitted by DHS 157.63(2)	B. Any radiopharmaceutical permitted by DHS 157.63(2)	B. As needed	B. Any imaging and localization procedure permitted by DHS 157.63(2).

CONDITIONS

10. Licensed material may only be used or stored at the licensee's facilities located at 707 South University Avenue, Beaver Dam, Wisconsin.
11. The Radiation Safety Officer for this license is Daniel J. Miron.
12. Licensed material is only authorized for use by, or under the supervision of:
- A. Individuals permitted to work as an authorized user in accordance with DHS 157.13(5)(b) and DHS 157.13(5)(c).
  - B. The following individuals are authorized users for medical use as indicated:



**RADIOACTIVE MATERIALS  
LICENSE  
SUPPLEMENTARY SHEET**

License Number: 027-1085-01

Amendment No: 09

Authorized UsersMaterial and Use

Douglas P. Amato, M.D.

DHS 157.63(1) and DHS 157.63(2).

Brian G. Bachhuber, M.D.

DHS 157.63(2) (limited to cardiovascular procedures).

Douglas Bricker, M.D.

DHS 157.63(1) and DHS 157.63(2).

SuMin Chang, M.D.

DHS 157.63(2) (limited to cardiovascular procedures).

Sheng-Jing Dong, M.D.

DHS 157.63(2) (limited to cardiovascular procedures).

Roberta Kurtz, M.D.

DHS 157.63(2) (limited to cardiovascular procedures).

Peter J. Lee, M.D.

DHS 157.63(2) (limited to cardiovascular clinical procedures).

Charles Stone, M.D.

DHS 157.63(2) (limited to cardiovascular procedures).

Alan J. Walton, M.D.

DHS 157.63(1) and DHS 157.63(2).

Mary Zasadil, M.D.

DHS 157.63(2) (limited to cardiovascular clinical procedures).

13. The licensee is authorized to transport licensed material in accordance with the provisions of Chapter DHS 157, 'Radiation Protection', Subchapter XIII, 'Transportation'.
14. In addition to the possession limits in Item 8, the licensee shall further restrict the possession of licensed material to quantities below the minimum limit specified in DHS 157.15 for establishing decommissioning financial assurance.
15. Except as specifically provided otherwise in this license, the licensee shall conduct its program in accordance with the statements, representations, and procedures contained in the documents, including any enclosures, listed below, except for minor changes in the medical use radiation safety procedures as provided in DHS 157.61. Chapter DHS 157, 'Radiation Protection' shall govern unless the statements, representations, and procedures in the licensee's application and correspondence are more restrictive than the rule.
- A. Letter dated August 9, 2006 and signed by John R. Landdeck.
  - B. Application, with attached documents, dated October 23, 2006 and signed by Patricia J. Tuckwell.
  - C. Letter, with attachment dated March 27, 2007 and signed by Donald Alexander.
  - D. Letter with attachment dated April 25, 2007 and signed by Donald Alexander.
  - E. Letter with attachments dated June 5, 2007 and signed by John P. Sweeney.

FOR THE WISCONSIN DEPARTMENT OF HEALTH SERVICES

SIGNATURE

Cheryl K Rogers

Materials Program Supervisor

DATE

9/16/09

**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: (05/31/2015)

Name of Proposed Authorized User

John P. Haas, MD

State or Territory Where Licensed

SD

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	Mayo Clinic, Rochester, MN	110	6/29/2008 - 6/30/2012
Radiation protection	Mayo Clinic, Rochester, MN	30	6/29/2008 - 6/30/2012
Mathematics pertaining to the use and measurement of radioactivity	Mayo Clinic, Rochester, MN	35	6/29/2008 - 6/30/2012
Chemistry of byproduct material for medical use ( <i>not required for 35.590</i> )	Mayo Clinic, Rochester, MN	20	6/29/2008 - 6/30/2012
Radiation biology	Mayo Clinic, Rochester, MN	40	6/29/2008 - 6/30/2012

Total Hours of Training: 235

- 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	Mayo Clinic, Rochester, MN MN license: 1047-205-55 NRC 22-00519-03	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6/29/2008 - 6/30/2012
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters	Mayo Clinic, Rochester, MN MN license: 1047-205-55 NRC 22-00519-03	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6/29/2008 - 6/30/2012



## 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	Mayo Clinic, Rochester, MN MN license: 1047-205-55 NRC 22-00519-03	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6/29/2008 - 6/30/2012
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material	Mayo Clinic, Rochester, MN MN license: 1047-205-55 NRC 22-00519-03	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6/29/2008 - 6/30/2012
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures	Mayo Clinic, Rochester, MN MN license: 1047-205-55 NRC 22-00519-03	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6/29/2008 - 6/30/2012
Administering dosages of radioactive drugs to patients or human research subjects	Mayo Clinic, Rochester, MN MN license: 1047-205-55 NRC 22-00519-03	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6/29/2008 - 6/30/2012
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	Mayo Clinic, Rochester, MN MN license: 1047-205-55 NRC 22-00519-03	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6/29/2008 - 6/30/2012
Supervising Individual  Patrick Peller, MD		License/Permit Number listing supervising individual as an authorized user  MN 1047-205-55, NRC 22-00519-03	
Supervisor meets the requirements below, or equivalent Agreement State requirements ( <i>check one</i> ). <input type="checkbox"/> 35.190 <input type="checkbox"/> 35.290 <input type="checkbox"/> 35.390 <input checked="" type="checkbox"/> 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 \_\_\_\_\_ 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 John P. Haas, MD 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 John P. Haas, MD 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

Patrick J. Peller, MD

Signature



Telephone Number

(507) 284-4104

Date

07/17/2013

License/Permit Number/Facility Name

MN 1047-205-55, NRC 22-00519-03



**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: (05/31/2015)

Name of Proposed Authorized User

John P. Haas, MD

State or Territory Where Licensed

SD

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	Mayo Clinic, Rochester, MN	110	6/29/2008 - 6/30/2012
Radiation protection	Mayo Clinic, Rochester, MN	30	6/29/2008 - 6/30/2012
Mathematics pertaining to the use and measurement of radioactivity	Mayo Clinic, Rochester, MN	35	6/29/2008 - 6/30/2012
Chemistry of byproduct material for medical use (not required for 35.590)	Mayo Clinic, Rochester, MN	20	6/29/2008 - 6/30/2012
Radiation biology	Mayo Clinic, Rochester, MN	40	6/29/2008 - 6/30/2012

Total Hours of Training: 235

- 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	Mayo Clinic, Rochester, MN MN license: 1047-205-55 NRC 22-00519-03	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6/29/2008 - 6/30/2012
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters	Mayo Clinic, Rochester, MN MN license: 1047-205-55 NRC 22-00519-03	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6/29/2008 - 6/30/2012



## 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	Mayo Clinic, Rochester, MN MN license: 1047-205-55 NRC 22-00519-03	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6/29/2008 - 6/30/2012
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material	Mayo Clinic, Rochester, MN MN license: 1047-205-55 NRC 22-00519-03	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6/29/2008 - 6/30/2012
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures	Mayo Clinic, Rochester, MN MN license: 1047-205-55 NRC 22-00519-03	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6/29/2008 - 6/30/2012
Administering dosages of radioactive drugs to patients or human research subjects	Mayo Clinic, Rochester, MN MN license: 1047-205-55 NRC 22-00519-03	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6/29/2008 - 6/30/2012
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	Mayo Clinic, Rochester, MN MN license: 1047-205-55 NRC 22-00519-03	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6/29/2008 - 6/30/2012

Supervising Individual

License/Permit Number listing supervising individual as an authorized user

Patrick Peller, MD

MN 1047-205-55, NRC 22-00519-03

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 \_\_\_\_\_ 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 John P. Haas, MD 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 John P. Haas, MD 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

Patrick J. Peller, MD

(507) 284-4104

07/17/2013

License/Permit Number/Facility Name

MN 1047-205-55, NRC 22-00519-03





DATE

08/14/2013

NAME AND ADDRESS OF APPLICANT AND/OR LICENSEE

Avera Queen of Peace Health Services  
ATTN: John Wood, Associates in Medical  
Physics, LLC  
525 North Foster  
Mitchell, SD 57301

LICENSE NUMBER

40-15633-01

MAIL CONTROL NUMBER

581525

LICENSING AND/OR TECHNICAL REVIEWER

cmurnahan

This is to acknowledge the receipt of your:

☒ LETTER and/or ☐ APPLICATION

DATED: 07/26/2013

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 Blvd.  
Arlington, TX 76011-4511  
(817) 200-1103 or (817) 200-1140

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 Req'd: N

## License Fee Worksheet - License Fee Transmittal

### A. REGION

#### 1. APPLICATION ATTACHED

Applicant/Licensee: AVERA QUEEN OF PEACE HEALTH SERV.  
Received Date: 08/01/2013  
Docket Number: 3009486  
Mail Control Number: 581525  
License Number: 40-15633-01  
Action Type: Amendment

#### 2. FEE ATTACHED

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

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

#### 3. COMMENTS

Signed: \_\_\_\_\_

*Colleen Murnahan*

Date: \_\_\_\_\_

*8-12-13*

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



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**Avera**   
Queen of Peace Hospital

525 N Foster St  
Mitchell SD 57301-2999

U. S. Nuclear Regulatory  
Commission Region IV  
1600 East Lamar Blvd  
Arlington, TX 76011-4511

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