# Castle Medical Center

-Adventist Health 640 Ulukahiki Street Kailua, Hawai'i 96734-4498 Tel (808) 263-5500 Castlemed.org

DEC - 6

DNMS

2013

December 06, 2013

Nuclear Materials Licensing Branch U.S. Nuclear Regulatory Commission, Region IV 1600 E. Lamar Blvd. Arlington, TX 76011-4511

Subject: Notification NRC License No. 53-16929-01 Docket No. 030-11883

Dear License Reviewer:

We have approved the following physicians as Authorized Users:

Marco Philip Floridia, M.D. for use of byproduct materials listed in 10 CFR 35.100 and 35.200 and oral administration of sodium iodide I-131. Dr. Floridia was certified in Diagnostic Radiology by the American Board of Radiology in November 2012. A copy of his certification and completed 313A(AUD) and 313A(AUT) forms are enclosed.

Vineet Kiran Chib, M.D. for use of byproduct materials listed in 10 CFR 35.100 and 35.200 and oral administration of sodium iodide I-131. Dr. Chib was certified in Diagnostic Radiology by the American Board of Radiology in June 2009. A copy of her certification and completed 313A(AUD) and 313A(AUT) forms are enclosed.

In addition, please remove the following physicians from the list of authorized users:

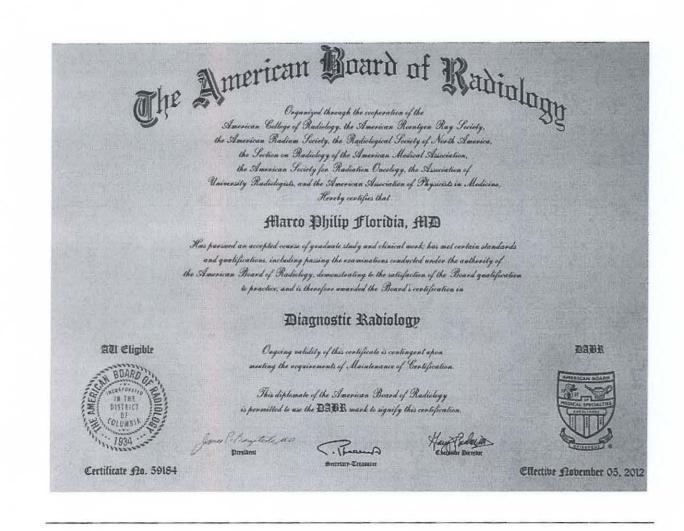
Ian Robert Cunningham, M.D. Robert M. DiMauro, M.D.

If you require any additional information please contact our Radiation Safety Officer, Ronald Frick at 808-373-7009.

Sincerely,

Travis Clegg Vice-President, Operations

PUBLIC Immediate Release Hormal Release NON-PUBLIC LI A.3 Sensitive-Security Related ELA 7 Sensitive Internal I ther: Date:12 -10 -1 TIV 82627



NRC FORM 313A (AUD) (05-2012)	U.S. NUCLEAR REGULATORY COMMISSIO	IN	and a second
AND PRECEPT (for uses defined under	AINING AND EXPERIENCE OR ATTESTATION 35.100, 35.200, and 35.500) 35.290, and 35.590]	APPROVED B EXPIRES: (05	Y OMB: NO. 3150-0120 //31/2015)
Name of Proposed Authorized User	State or Territory Where Lice	nsed	
Marco Philip Floridia, M.D.	Hawaii		
Requested Authorization(s) (check all that	apply)		-(
35.100 Uptake, dilution, and excretion	studies		
✓ 35.200 Imaging and localization studies	8		
35.500 Sealed sources for diagnosis (s	pecify device)		
	RT I TRAINING AND EXPERIENCE elect one of the three methods below)	despenses and all some and all some	
the date of application or the individual r	d certification, must have been obtained with nust have obtained related continuing educa s completed. Provide dates, duration, and d uses checked above.	tion and experie	ence since
✓ 1. Board Certification			
a. Provide a copy of the board certifica	ation.		
b. If using only 35.500 materials, stop Preceptor Attestation.	here. If using 35.100 and 35.200 materials,	skip to and con	nplete Part II
2. Current 35.390 Authorized User S	eeking Additional 35.290 Authorization		
a. Authorized user on Materials Licen	se meeting 10 CFR 3	5.390 or equiva	lent Agreement
State requirements seeking authori	zation for 35.290.		
<ul> <li>b. Supervised Work Experience. (If more than one supervising indivi- copies of this section.)</li> </ul>	dual is necessary to document supervised w	vork experience	, provide multiple
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 listin authorized user	g supervising ind	ividual as an
	ow, or equivalent Agreement State requirem rator experience in 32.290(c)(1)(ii)(G)	ents (check all	that apply).

	AND EXPERIENCE AND PRECEPTOR AT	TESTATION (C	ontinued)
3. Training and Experience for Propo			
a. Classroom and Laboratory Training	l		-1
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</i> 35.590)			
Radiation biology			
I	Total Hours of Training:		1
	letion of this table is not required for 35.590 dual is necessary to document supervised won.)		
Supervised Work Experience	Total Hours of Experience:	1977 A. (1979 A. (197	
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		Yes	
Performing quality control procedures on instruments used to letermine the activity of dosages and performing checks for proper operation of survey meters		Yes	

Training and Experience for Pr	oposed Authoriz	ed User (continued)		
b. Supervised Work Experience.	(continued)			
Description of Experience Must Include:		ion of Experience/License or ermit Number of Facility	Confirm	Dates of Experience
Calculating, measuring, and safe preparing patient or human resea subject dosages			Yes	
Using administrative controls to prevent a medical event involving use of unsealed byproduct mater			Yes No	
Using procedures to contain spille byproduct material safely and usi proper decontamination procedur	ng		Yes	
Administering dosages of radioac drugs to patients or human resea subjects			Yes	
Eluting generator systems approp for the preparation of radioactive drugs for imaging and localization studies, measuring and testing the eluate for radionuclidic purity, and processing the eluate with reagen kits to prepare labeled radioactive drugs	e t		☐ Yes ☐ No	
Supervising Individual		License/Permit Number list authorized user	ting supervising indiv	idual as an
Supervisor meets the requirement	s below, or equiva	alent Agreement State require		
b. For 35.590 only, provide docum	entation of training	g on use of the device.		
Device	Type of Tr	aining	Location and Dat	es

d. For 35.500 uses only, stop here. For 35.100 and 35.200 uses, skip to and complete 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 that 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 Neck one of the following for each use requested: For 35.190 Board Certification					ENCE AND PRECER		sommaday
Individual as long as the preceptor provides, directs, or verifies training and experience required. If more that 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 altesting that the individual has knowledge to fulfill the duties of the position sought and not altesting to the individual's "general clinical competency."         First Section         Sheek one of the following for each use requested:         For 35.190         Board Certification         I attest that       Marco Philip Floridia, M.D. has satisfactorily completed the requirements in Name of Proposed Authotized User         10 CFR 35.190(g)(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 altest that         Name of Proposed Authotized 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 and 35.200.         For 35.290         Board Certification         I altest that       Marco Philip Floridia, M.D. has satisfactorily completed the requirements in Name of Proposed Authotized User         10 CFR 35.200(a)(1) and has achieved a level of competency sufficient t	Note: Th	nie nart must h					the europyieing
of the position sought and not attesting to the individual's "general clinical competency."         Sitest Section         Sheck one of the following for each use requested:         For 35.190         Board Certification         I attest that       Marco Philip Floridia, M.D.         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         I attest that       Marco Philip Floridia, M.D.         Name of Proposed Authorized User         OR         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       Marco Philip Floridia, M.D.         Name of Proposed Authorized User       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.         I attest that       Mare of Proposed Authorized	ino	dividual as long the preceptor is	g as the precep necessary to d	tor provides, dire ocument experie	ects, or verifies trainin nce, obtain a separat	g and experience require	ed. If more than
Sheck one of the following for each use requested:         For 35.190         Board Certification         I attest that       Marco Philip Floridia, M.D. 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         Name of Proposed Authorized User         experience, including a minimum of 8 hours of classroom and laboratory training, required by 10 CFR 35.100.         For 35.290         Board Certification         I attest that         Name of Proposed Authorized User         experience, including a minimum of 8 hours of classroom and laboratory training, required by 10 CFR 35.100.         For 35.290         Board Certification         I attest that       Marce 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.         Training and Experience       OR         I attest that       has satisfactorily completed the 700 hours of training         Maree of Proposed Authorized User       of hours of classroom and laboratory training, required by 10 CFR 35.100 and 35.200.         Training and Experie							Ifill the duties
For 35.190         Board Certification         □ I attest that       Marce Philip Floridia, M.D.       has satisfactorily completed the requirements in         Name of Proposed Authorized user       OR         Training and Experience       has satisfactorily completed the 60 hours of training and							
Board Certification			ving for each u	se requested:			
I attest that       Marco Philip Floridia, M.D.       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       OR         Training and Experience       has satisfactorily completed the 60 hours of training and Name of Proposed Authorized User         Name of Proposed Authorized User       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 35.280       Board Certification         ✓ I attest that       Marco Philip Floridia, M.D.         Name of Proposed Authorized User       has satisfactorily completed the requirements in Name of Proposed Authorized User         10 CFR 35.280(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       OR         Training and Experience       OR         I attest that       has satisfactorily completed the 700 hours of training and usthorized user for the medical uses authorized user of competency sufficient to function independently as an authorized user for the medical u	For 35.	<u>190</u>					
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	Bo	oard Certification	<u>on</u>				
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 35.100(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       Marco Philip Floridia, M.D. 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 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 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 User         and experience       has satisfactorily completed the 700 hours of training maintown 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 User         and experience         ☐ I attest that       has satisfactorily completed the 700 hours of training	$\checkmark$	] I attest that	and the second s		has satisfactorily	completed the requireme	ents in
Training and Experience       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         Image: a complete the medical uses authorized User       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       OR         Training and Experience       OR         I attest that       has satisfactorily completed the 700 hours of training         Name of Proposed Authorized User       or R         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.         read Scattor       OR         I attest that       has satisfactorily completed the 700 hours of training networks an authorized user for the medical uses authorized under 10 CFR 35.100 and 35.200.         read Scattor       Satisfactorily completed the following for preceptor attestation and signature:							idently as an
□ 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       Marco Philip Floridia, M.D.         Name of Proposed Authorized User       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       OR         Training and Experience       OR         □ 1 attest that       has satisfactorily completed the 700 hours of training         Name of Proposed Authorized User       OR         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.         record Section       Name of Proposed Authorized User         and experience, including a minimum of 80 hours of classroom and laboratory training, required by 10 CFR 35.190 and 35.200.         record Section       Signature         opplete t					OR		
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         Image 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         Name of Proposed Authorized User         and experience, including a minimum of 80 hours of classroom and laboratory training, required by 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, 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.         record Section       Name of Proposed Authorized User         and experience, including a minimum of 80 hours of classroom and laboratory training, required by 10 CFR 35.100 and 35.200.         record Section       Somplete the following for preceptor attestation and signature:         <	Tra	aining and Exp	erience				
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 Marco Philip Floridia, M.D. 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. 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. Broond Section Domplete the following for preceptor attestation and signature: I meet the requirements below, or equivalent Agreement State requirements, as an authorized user for: I attest for the requirements below, or equivalent Agreement State requirements, as an authorized user for: I attend of Preceptor Joel OlKataki MD ense/Permit Number/Facility Name		I attest that	Name of Propos	ed Authorized User	has satisfactorily	completed the 60 hours of	of training and
Board Certification         ✓ I attest that       Marco Philip Floridia, M.D. Name of Proposed Authorized User       has satisfactorily completed the requirements in         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       OR         I attest that       has satisfactorily completed the 700 hours of training         Name of Proposed Authorized User       OR         and experience       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.         scond Section       Standard for preceptor attestation and signature:         ✓ I meet the requirements below, or equivalent Agreement State requirements, as an authorized user for:         ✓ 35.190       ✓ 35.390       ☐ 35.390       ☐ 35.390       ☐ 26.0/0/0/0/0/0/0/0/0/0/0/0/0/0/0/0/0/0/0/		35.190(c)(1),	and has achiev	ed a level of com	petency sufficient to	function independently a	
I attest that       Marco Philip Floridia, M.D. Name of Proposed Authorized User       has satisfactorily completed the requirements in         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       Name of Proposed Authorized User       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.         record Section       Section         pomplete the following for preceptor attestation and signature:         I meet the requirements below, or equivalent Agreement State requirements, as an authorized user for:         35.190       35.390       35.390 + generator experience         me of Preceptor       Signature       Telephone Number       10/30/15         me of Preceptor	For 35.2	290					
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         Or proceptor attestation and signature:         I meet the requirements below, or equivalent Agreement State requirements, as an authorized user for:         I as 5.190       35.290       35.390       35.390 + generator experience         me of Preceptor       Signature       Telephone Number       Telephone Number         JDEI OKALAKI MD       Signature       Telephone Number       Telephone Number       Telephone Number         JDE/ Permit Number/Facility Name       Signature       Telephone Number       To/Bo/ID       To/Bo/ID	Bo	ard Certificatio	n				
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         International medical uses authorized under 10 CFR 35.100 and 35.200.         OR       OR         International medical uses authorized user       has satisfactorily completed the 700 hours of training         Name of Proposed Authorized User       nad 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.         scond Section         Domplete the following for preceptor attestation and signature:         Image of Preceptor       35.390         Image of Preceptor       35.390         Image of Preceptor       35.390         Image of Preceptor       Signature	$\checkmark$	I attest that			has satisfactorily o	completed the requireme	nts in
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.         Become Section         omplete the following for preceptor attestation and signature:         I meet the requirements below, or equivalent Agreement State requirements, as an authorized user for:         I 35.190       35.290       35.390       35.390 + generator experience         Telephone Number         Jotel OKAWAK MD         Telephone Number         Jotel Permit Number/Facility Name							
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         pomplete 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         Signature       Telephone Number         Joel OKazaKi MD       Jamue							dently as an
□ 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.         econd Section         pmplete 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         Isignature       Telephone Number         Joel OKazaKi MD       Jam Mark My June         ense/Permit Number/Facility Name       Signature	-				OR		
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.         cond 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         35.190       35.390         Signature       Telephone Number         Joel OKazaKi MD       Jam Mark Myrum         ense/Permit Number/Facility Name       Yearth Agreement State			erience				
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. authorized user for the medical uses authorized under 10 CFR 35.100 and 35.200. authorized user for preceptor attestation and signature: I meet the requirements below, or equivalent Agreement State requirements, as an authorized user for:		l attest that	Nome of Deser	Authorized time	has satisfactorily c	ompleted the 700 hours	of training
Proceeding       Section         Implete the following for preceptor attestation and signature:         Implete the requirements below, or equivalent Agreement State requirements, as an authorized user for:         Implete the requirements below, or equivalent Agreement State requirements, as an authorized user for:         Implete the requirements below, or equivalent Agreement State requirements, as an authorized user for:         Implete the requirements below, or equivalent Agreement State requirements, as an authorized user for:         Implete the requirements below, or equivalent Agreement State requirements, as an authorized user for:         Implete the requirements below, or equivalent Agreement State requirements, as an authorized user for:         Implete the requirements below, or equivalent Agreement State requirements, as an authorized user for:         Implete the requirements below, or equivalent Agreement State requirements, as an authorized user for:         Implete the requirements below, or equivalent Agreement State requirements, as an authorized user for:         Implete the requirements below, or equivalent Agreement State requirements, as an authorized user for:         Implete the requirements         Implete the requirement         Implete t		CFR 35.290(c	e, including a m )(1), and has ac	ninimum of 80 ho chieved a level of	competency sufficie	nt to function independer	
Implete the following for preceptor attestation and signature:         Implete the requirements below, or equivalent Agreement State requirements, as an authorized user for:         Implete the requirements below, or equivalent Agreement State requirements, as an authorized user for:         Implete the requirements below, or equivalent Agreement State requirements, as an authorized user for:         Implete the requirements below, or equivalent Agreement State requirements, as an authorized user for:         Implete the requirements below, or equivalent Agreement State requirements, as an authorized user for:         Implete the requirements below, or equivalent Agreement State requirements, as an authorized user for:         Implete the requirements below, or equivalent Agreement State requirements, as an authorized user for:         Implete the requirements below, or equivalent Agreement State requirements, as an authorized user for:         Implete the requirements below, or equivalent Agreement State requirements, as an authorized user for:         Implete the requirements below, or equivalent Agreement State requirements the requirements of the requirements of the requirements of the requirements of the requirement o						UU anu 35.200.	
✓ 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 me of Preceptor Toel OKazaKi MD Facility Name			or preceptor a	ttestation and s	ignature:		
me of Preceptor Joel OKaraki MD Signature Joel OKaraki MD Jourbe June ense/Permit Number/Facility Name					-	irements, as an authoriz	ed user for:
JOEI OKAzaKi MD Jack Juger 454-5200 10/30/13 ense/Permit Number/Facility Name	[	✓ 35.190	✓ 35.290	35.390	35.390 + gener	ator experience	
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NRC FO	RM 313	A (AUD)	(05-2012

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	C F	ORM 313A	(AUT)		U.S. NUCLI	EAR REGULATORY	COMMISSION	
				AND PRI (for use	ER TRAINING A ECEPTOR ATTE es defined under 90, 35.392, 35.39	STATION 35.300)		APPROVED BY OMB: NO. 3150-0120 EXPIRES: (05/31/2015)
Na	me	of Propos	ed Autho	orized User	An a share toport	State or Territory	Where License	ed
M	arco	o Philip Flo	oridia, N	1.D.		Hawaiii		
Re	qu	ested Aut	horizati	on(s) (check all t	hat apply):	and the second		
		35.300	Use o	f unsealed bypro	duct material for whi	ch a written direc	tive is require	ed
	OF	R						
	1	35.300		dministration of s igabecquerels (3		equiring a written	directive in o	quantities less than or equal to
	1	35.300		dministration of s cquerels (33 mil		equiring a written	directive in o	quantities greater than 1.22
		35.300	Parent than 1	eral administration 50 keV for which	on of any beta-emitte a written directive is	er, or photon-emit required	ting radionuc	lide with a photon energy less
		35.300	Parent	eral administration	on of any other radio	nuclide for which	a written dire	ective is required
						NING AND EXPE		
,	da tra	ate of app aining and	lication d experi	or the individual	must have related c eted. Provide dates,	ontinuing education	on and exper	n the 7 years preceding the ience since the required ontinuing education and
$\overline{\mathbf{V}}$		Board C						
	a.	Provide	a copy	of the board cert	ification.			
				vide documentat		nical case experie	ence. The ta	ble in section 3.c. may
	ar		ised clin	nical case experi	on on classroom and ence. The tables in			
	d.	Skip to a	nd com	plete Part II Pred	ceptor Attestation.			
	2.	Current	35.300	35.400, or 35.6	00 Authorized User	Seeking Addition	onal Authori	zation
	a.	Authorize	ed User	on Materials Lic	ense		under I	he requirements below or
		equivale	nt Agre	ement State req	uirements (check all	that apply):		
		35.3	90	35.392	35.394	35.490	35.690	
	rec	juired sup	ervised	l case experienc	t of clinical uses unc e. The table in secti I Part II Preceptor Al	on 3.c. may be us		
	do ca	cumentat se experi	ion on o ence. 1	classroom and la The tables in sec	90 or 35.690 and red boratory training, su tions 3.a., 3.b., and 3 eptor Attestation.	pervised work exp	perience, and	supervised clinical

					and the second secon
3. <u>Training and Experience for</u> a. Classroom and Laboratory Tr		<u>d User</u> 35.392	35.39	4	] 35.396
Description of Training	Locatio	on 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					
Radiation biology					
	Total Hours of Traini	ng:			***
If more than one supervising of this page.	individual is necessary	35.392 to document super	35.394 vised training		35.396 multiple copies
If more than one supervising of this page. Supervised Wo	individual is necessary	to document super		g, provide i	
of this page.	individual is necessary rk Experience Location of Exp	to document super	rvised training	g, provide i	multiple copies
of this page. Supervised Wo Description of Experience	individual is necessary rk Experience Location of Exp	Total Hour	rvised training	g, provide i nce:	multiple copies
of this page. Supervised Wo Description of Experience Must Include: 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 dosages and performing checks for proper operation of	individual is necessary rk Experience Location of Exp	Total Hour	rvised training	g, provide i nce: Confirm	multiple copies
of this page. Supervised Wo Description of Experience Must Include: Ordering, receiving, and unpacking radioactive materials safely and performing the	individual is necessary rk Experience Location of Exp	Total Hour	rvised training	g, provide i nce: Confirm Yes No	multiple copies
of this page. Supervised Wo Description of Experience Must Include: 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 dosages and performing checks for proper operation of survey meters Calculating, measuring, and afely preparing patient or numan research subject	individual is necessary rk Experience Location of Exp	Total Hour	rvised training	g, provide i nce: Confirm ] Yes ] No ] Yes ] No ] Yes	multiple copies

C FORM 313A (AUT) 012)		U.S. NUCLEAR REGULA	
	INING AND EXPERIE	ENCE AND PRECEPTOR ATTESTATION (co	ontinued)
Training and Experience for F		<u>d User</u> (continued)	
b. Supervised Work Experience	e (continued)		
Supervising Individual		License/Permit Number listing supervising ind authorized user	lividual as an
Supervising individual meets the apply)**:	e requirements below	, or equivalent Agreement State requirements	(check all tha
35.390 With experience	administering dosage	is of:	
	requiring a written dir els (33 millicuries)	rective in quantities less than or equal to 1.22	
☐ 35.396 ☐ Oral Nal-131 ☐ 25.396 ☐ Parenteral ad energy less th	Iministration of beta-e nan 150 keV requiring	than 1.22 gigabecquerels (33 millicuries) mitter, or photon-emitting radionuclide with a a written directive is required her radionuclide requiring a written directive	photon
** Supervising Authorized User must h requesting authorized user status.	nave experience in adminis	tering dosages in the same dosage category or categorie	s as the individua
<ul> <li>c. Supervised Clinical Case Exp <i>If more than one supervising</i> <i>multiple copies of this page.</i> </li> <li>Description of Experience</li> </ul>		ry to document supervised work experience, p 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)			
Oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 1.22 gigabecquerels (33 millicuries)			
Parenteral administration of any beta-emitter, or ohoton-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 vritten directive is required			
(List radionuclides)			

NRC FORM 313A (AUT) (05-2012)

NRC FORM 313A (AUT)	U.S. NUCLEAR REGULATORY COMMISSION
(05-2012)	PERIENCE AND PRECEPTOR ATTESTATION (continued)
<ol> <li><u>Training and Experience for Proposed Autho</u></li> <li>c. Supervised Clinical Case Experience (contin</li> </ol>	
Supervising Individual	License/Permit Number listing supervising individual as an authorized user
apply)**:       35.390       With experience administering do         35.392       Oral Nal-131 requiring a writter gigabecquerels (33 millicuries)         35.394       Oral Nal-131 in quantities greater and the second	en directive in quantities less than or equal to 1.22
requesting authorized user status. d. Provide completed Part II Preceptor Attestation	
PART II – PR	RECEPTOR ATTESTATION
individual as long as the preceptor provides, o	I's preceptor. The preceptor does not have to be the supervising directs, or verifies training and experience required. If more than erience, obtain a separate preceptor statement from each.
By checking the boxes below, the preceptor is the position sought and not attesting to the inc	s attesting that the individual has knowledge to fulfill the duties of dividual's "general clinical competency."
irst Section Check one of the following for each requested aut	horization:
For 35.390:	
Board Certification	
I attest that	has satisfactorily completed the training and experience
Name of Proposed Authorized L	Jser
requirements in 35.390(a)(1).	
	OR
Training and Experience	
I attest that	has satisfactorily completed the 700 hours of training
Name of Proposed Authorized U	
and experience, including a minimum of 20 10 CFR 35.390 (b)(1).	00 hours of classroom and laboratory training, as required by

RC FORM 313A (AUT) 5-2012)	U.S. NUCLEAR REGULATORY COMMIS
	D USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)
receptor Attestation	n (continued)
First Section (con	tinued)
For 35.392 (Identi	ical Attestation Statement Regardless of Training and Experience Pathway):
	Marco Philip Floridia, M.D. has satisfactorily completed the 80 hours of classroom
✓ I attest that	Marco Philip Floridia, M.D. has satisfactorily completed the 80 hours of classroom           Name of Proposed Authorized User
	bry training, as required by 10 CFR 35.392(c)(1), and the supervised work and clinical case required in 35.392(c)(2).
For 35.394 (Identi	cal Attestation Statement Regardless of Training and Experience Pathway):
✓ I attest that	Marco Philip Floridia, M.D. has satisfactorily completed the 80 hours of classroom
	Name of Proposed Authorized User
	ry training, as required by 10 CFR 35.394 (c)(1), and the supervised work and clinical case equired in 35.394(c)(2).
Second Section	
✓ I attest that	Marco Philip Floridia, M.D. has satisfactorily completed the required clinical case
	Name of Proposed Authorized User
experience re	equired in 35.390(b)(1)(ii)G listed below:
	131 requiring a written directive in quantities less than or equal to 1.22 uerels (33 millicuries)
🗹 Oral Nal-	131 in quantities greater than 1.22 gigabecquerels (33 millicuries)
	al administration of beta-emitter, or photon-emitting radionuclide with a photon ss than 150 keV requiring a written directive is required
Parentera	I administration of any other radionuclide requiring a written directive
Third Section	
✓ I attest that	Marco Philip Floridia, M.D. has satisfactorily achieved a level of competency to Name of Proposed Authorized User
function indep	pendently as an authorized user for:
	31 requiring a written directive in quantities less than or equal to 1.22 lerels (33 millicuries)
✓ Oral Nal-1	31 in quantities greater than 1.22 gigabecquerels (33 millicuries)
	administration of beta-emitter, or photon-emitting radionuclide with a photon s than 150 keV requiring a written directive is required
Parenteral	administration of any other radionuclide requiring a written directive

RC FORM 313A (AUT) 5-2012)	U.S. NUCLEAR REGULATO	DRY COMMISSI
	AND EXPERIENCE AND PRECEPTOR ATTESTATION (con	tinued)
Fourth Section		
For 35.396:		
Current 35.490 or 35.690 authorize	<u>d user:</u>	
I attest that	is an authorized user under 10 CFR 35.490	) or 35.690
laboratory training, as required by	quirements, has satisfactorily completed the 80 hours of classr (10 CFR 35.396 (d)(1), and the supervised work and clinical ca (2), and has achieved a level of competency sufficient to function ser for:	ase
Parenteral administration of ar than 150 keV for which a writte	ny beta-emitter, or photon-emitting radionuclide with a photon e en directive is required	energy less
Parenteral administration of ar	ny other radionuclide for which a written directive is required	
	OR	
Board Certification:		
I attest that	has satisfactorily completed the board certif	fication
than 150 keV for which a writte		energy less
Parenteral administration of an	y other radionuclide for which a written directive is required	
ith Section In Section Section Section Action Section Action Section S	station and signature:	
$\checkmark$ I meet the requirements below, or equ	uivalent Agreement State requirements, as an authorized user	for:
35.390 🗹 35.392 🗸	35.394 35.396	
<ul> <li>I have experience administering dosa requesting authorization.</li> </ul>	ges in the following categories for which the proposed Authoriz	zed User is
<ul> <li>Oral NaI-131 requiring a written dir millicuries)</li> </ul>	rective in quantities less than or equal to 1.22 gigabecquerels (	(33
✓ Oral NaI-131 in quantities greater t	than 1.22 gigabecquerels (33 millicuries)	
Parenteral administration of beta-e 150 keV requiring a written directiv	mitter, or photon-emitting radionuclide with a photon energy le e is required	ess than
Parenteral administration of any ot	her radionuclide requiring a written directive	
me of Preceptor Signa		Date la 13
Joel OKAzaKi MD	Jail 20 mgali 454-5200	(1) وال
ense/Permit Number/Facility Name		
The Kadiology (Broup Inc		

Malid through 2019 and the second sec 1987. 1987. And States Area University Rudiologists, and the American Association of Physicists in Medicine the American Radium Society, the Radiological Society of North America, The American Board of Radin American College of Radiology, the American Roentyen Ray Society, the American Scriety for Radiation Oncology, the Association of the Section on Radiology of the American Medical Association, und chinical work, has mot contain standards and qualifications and has passed the examinations conducted under the authority of A hereby demonstrating to the satisfaction of the Board Hus pursued an uccepted course of graduate study that she is qualified to practice the speciality of Organized through the cochenation of the The American Board of Radiology Vincet Kiran Chih, Md On this third day of June, 2009 Diagmetic Radiology Hereby certifies that W. Reed Rensiels, W. Richard J. Monin Deckned Constant Certificate No. 59170 1. 501.05 N All Aligible 1773 ( 1773 ( • • • • · · · ·

NRC FORM 313A (AUD) 05-2012)	U.S. NUCLEAR REGULATORY COMMISS	ION	
AND PRECEPT (for uses defined under	AINING AND EXPERIENCE OR ATTESTATION 35.100, 35.200, and 35.500) 35.290, and 35.590]	APPROVED B EXPIRES: (05	Y OMB: NO. 3150-012 /31/2015)
Name of Proposed Authorized User	State or Territory Where Lid	censed	al na second a single second a second se
Vineet K. Chib, M.D.	Hawaii		
Requested Authorization(s) (check all that	apply)		
✓ 35.100 Uptake, dilution, and excretion s			
✓ 35.200 Imaging and localization studies	3		
35.500 Sealed sources for diagnosis (s	pecify device)		
	RT I TRAINING AND EXPERIENCE lect one of the three methods below)	di manana di sekon di	adına məhfəri Abradı əktəritti əzərə — şərəə — Asəndəli ilə
Training and Experience, including board the date of application or the individual n	d certification, must have been obtained who nust have obtained related continuing educes completed. Provide dates, duration, and	cation and experi	ence since
✓ 1. Board Certification			
a. Provide a copy of the board certifica	tion.		
<ul> <li>b. If using only 35.500 materials, stop the Preceptor Attestation.</li> </ul>	nere. If using 35.100 and 35.200 materials	s, skip to and con	nplete Part II
2. Current 35.390 Authorized User S	eeking Additional 35.290 Authorization		
<ul> <li>Authorized user on Materials Licens</li> <li>State requirements seeking authorized</li> </ul>	And and a second se	35.390 or equiva	lent Agreement
b. Supervised Work Experience. (If more than one supervising individ copies of this section.)	dual is necessary to document supervised	work experience	, provide multiple
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 list authorized user	ing supervising ind	ividual as an
	i. ow, or equivalent Agreement State require rator experience in 32.290(c)(1)(ii)(G)	ments (check all	that apply).

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FORM 313A (AUD) AUTHORIZED USER TRAINING A	AND EXPERIENCE AND PRECEPTOR A	NUCLEAR REGUL	
3. Training and Experience for Prop	osed Authorized User		in second and second and second and second
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</i> 35.590)			
Radiation biology			
	Total Hours of Training:	. <u> </u>	
b. Supervised Work Experience (comp (If more than one supervising individ provide multiple copies of this section	letion of this table is not required for 35.590 dual is necessary to document supervised v on.)	)). vork experience,	
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 adioactive materials safely and performing the related radiation surveys		Yes	
Performing quality control procedures on instruments used to letermine the activity of dosages and performing checks for proper operation of survey meters		Yes	

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Training and Experience for Propos	sed Authorize	d User (continued)			
b. Supervised Work Experience. (co	ntinued)				
Description of Experience Must Include:		on of Experience/Licens ermit Number of Facility	e or	Confirm	Dates of Experience
Calculating, measuring, and safely preparing patient or human research subject dosages				Yes	
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material				Yes	
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures				Yes No	
Administering dosages of radioactive drugs to patients or human research subjects				Yes	
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				☐ Yes ☐ No	
Supervising Individual	I	License/Permit Numb authorized user	er listing sup	pervising Indiv	idual as an
Supervisor meets the requirements be	35.390 [	35.390 + generator e			
Device	Type of Tra	ining	Locat	ion and Dat	es
			×		

				маалынынаа сооруулуу аларылуу калары жара тараатын колдооруу каларын бастар. Хелек жолуу уларындан жа
NRC FO (05-2012)	RM 313A (AUD) AUTHORIZED	USER TRAINING AND EXPERIE	NCE AND PRECEP	U.S. NUCLEAR REGULATORY COMMISSIO TOR ATTESTATION (continued)
		PART II – PRECE	PTOR ATTESTATIO	N
Note:	individual as lon one preceptor is	g as the preceptor provides, direc	ts, or verifies training	tor does not have to be the supervising and experience required. If more than preceptor statement from each. (Not
		boxes below, the preceptor is atte ought and not attesting to the indiv		ual has knowledge to fulfill the duties cal competency."
First S Check		ving for each use requested:		
For	35.190			
	Board Certification	on		
	✓ I attest that	Vineet K. Chib, M.D.	has satisfactorily c	ompleted the requirements in
	I allost that	Name of Proposed Authorized User	nuo ounonaotoniny o	
				sient to function independently as an 00.
			OR	
	Training and Exp	perience		
	I attest that		has satisfactorily c	ompleted the 60 hours of training and
		Name of Proposed Authorized User		1
	35.190(c)(1),	ncluding a minimum of 8 hours of and has achieved a level of comp ser for the medical uses authorized	etency sufficient to f	
For	35.290			
	Board Certificatio	on		
	I attest that	Vineet K. Chib, M.D.	has satisfactorily co	ompleted the requirements in
		Name of Proposed Authorized User	,	· · · · · · · · · · · · · · · · · · ·
		00(a)(1) and has achieved a level er for the medical uses authorized		ient to function independently as an 00 and 35.200.
			OR	
	Training and Exp			
	I attest that		has satisfactorily co	empleted the 700 hours of training
		Name of Proposed Authorized User		
	CFR 35.290(c	ce, including a minimum of 80 hou c)(1), and has achieved a level of c er for the medical uses authorized	competency sufficien	
Second	Section	방법 문 은 별 별 별 별 별 별 별 별 별 별 별 별 별 일 일 일 일 일 일	9 8 3 8 5 8 6 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	» # 2 4 5 5 5 5 4 2 8 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
		for preceptor attestation and sig	gnature:	
			greement State requi	rements, as an authorized user for:
	35.190	✓ 35.290 □ 35.390	35.390 + genera	ator experience
lame of I	Preceptor	Signature	1 Misis	Telephone Number Date
Ryar	n Albrith	M MD. Chand	. (btth	454-5200 11/1/13
	Permit Number/Facil			
License 5	53-16929-01/Castle	Medical Center		
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NRC FORM 313A	(AUT) U.S. NUCLE	EAR REGULATORY COMMISSION		
(05-2012)	AUTHORIZED USER TRAINING A AND PRECEPTOR ATTE (for uses defined under [10 CFR 35.390, 35.392, 35.39	STATION · 35.300)	APPROVED BY OMB: NO. 3150-0120 EXPIRES: (05/31/2015)	
Name of Propos	ed Authorized User	State or Territory Where License	ed	
Vineet K. Chib,	M.D.	Hawaiii		
Requested Aut	horization(s) (check all that apply):			
35.300	Use of unsealed byproduct material for white	ch a written directive is require	ed	
OR				
<b>√</b> 35.300	Oral administration of sodium iodide I-131 r 1.22 gigabecquerels (33 millicuries)	equiring a written directive in o	quantities less than or equal to	
☑ 35.300	Oral administration of sodium iodide I-131 r gigabecquerels (33 millicuries)	equiring a written directive in o	quantities greater than 1.22	
35.300	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 radio	nuclide for which a written dire	ective is required	
		NING AND EXPERIENCE the three methods below)		
date of app training and experience	d Experience, including board certification, n lication or the individual must have related co l experience was completed. Provide dates, related to the uses checked above. certification	ontinuing education and exper	ience since the required	
	a copy of the board certification.			
b. For 35.3	90, provide documentation on supervised cli document this experience.	nical case experience. The ta	ble in section 3.c. may	
and superv	96, provide documentation on classroom and ised clinical case experience. The tables in his experience.			
d. Skip to a	nd complete Part II Preceptor Attestation.			
2. Current	2. Current 35.300, 35.400, or 35.600 Authorized User Seeking Additional Authorization			
a. Authorize	ed User on Materials License	under	he requirements below or	
equivalent Agreement State requirements (check all that apply):				
35.3	90 35.392 35.394	35.490 35.690		
required sup	y authorized for a subset of clinical uses und pervised case experience. The table in section Also provide completed Part II Preceptor At	on 3.c. may be used to docum		
documentat case experi	y authorized under 35.490 or 35.690 and rec ion on classroom and laboratory training, sup ence. The tables in sections 3.a., 3.b., and 3 e completed Part II Preceptor Attestation.	pervised work experience, and	I supervised clinical	

			TOR ATTESTAT	ION (continued)
3. Training and Experience for				
a. Classroom and Laboratory Tra	ining 🗌 35.390	35.392	35.394	35.396
Description of Training	Locatic	on of Training		ock Dates of urs Training*
Radiation physics and instrumentation				
Radiation protection				
Mathematics pertaining to the use and measurement of radioactivity				
Chemistry of byproduct material for medical use				
Radiation biology				
	Total Hours of Traini	ing:		
If more than one supervising in of this page. Supervised Worl		······································	rs of Experience:	
Description of Experience Must Include:	Location of Exp Permit Nur	perience/License o	r Conf	
Ordering, receiving, and unpacking radioactive materials		nuel of racinty	Oom	irm Dates of Experience*
safely and performing the related radiation surveys				Experience*
related radiation surveys Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of				Irm Experience*
related radiation surveys Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters Calculating, measuring, and safely preparing patient or human research subject				Irm Experience*
safely and performing the related radiation surveys Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters Calculating, measuring, and safely preparing patient or human research subject dosages Using administrative controls to prevent a medical event nvolving the use of unsealed pyproduct material				Irm Experience*

an a	an and a second s	ENCE AND PRECEPTOR ATTESTATION (co	ontinued)
<ul> <li><u>Training and Experience for F</u></li> <li>b. Supervised Work Experience</li> </ul>		User (continued)	
Supervising Individual		License/Permit Number listing supervising ind authorized user	ividual as an
apply)**: 35.390 With experience 35.392 Oral Nal-131 gigabecquere 35.394 Oral Nal-131 gigabecquere Oral Nal-131 Parenteral ac energy less th	administering dosage requiring a written dir els (33 millicuries) in quantities greater t Iministration of beta-e han 150 keV requiring	, or equivalent Agreement State requirements s of: rective in quantities less than or equal to 1.22 han 1.22 gigabecquerels (33 millicuries) mitter, or photon-emitting radionuclide with a a written directive is required her radionuclide requiring a written directive	
c. Supervised Clinical Case Exp If more than one supervising multiple copies of this page.		ry to document supervised work experience, p	orovide
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)			
Oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 1.22 gigabecquerels (33 millicuries)			
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			

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Training and Experience for D	
Training and Experience IOF P	roposed Authorized User (continued)
c. Supervised Clinical Case Ex	perience (continued)
Supervising Individual	License/Permit Number listing supervising individual as an authorized user
Supervising individual meets the apply)**:	e requirements below, or equivalent Agreement State requirements (check all th
35.390 With experience	administering dosages of:
gigabecquere	requiring a written directive in quantities less than or equal to 1.22 Is (33 millicuries)
	in quantities greater than 1.22 gigabecquerels (33 millicuries)
	ministration of beta-emitter, or photon-emitting radionuclide with a photon nan 150 keV requiring a written directive is required
Parenteral ad	ministration of any other radionuclide requiring a written directive
** Supervising Authorized User must h requesting authorized user status.	ave experience in administering dosages in the same dosage category or categories as the individu
d. Provide completed Part II Pre	eceptor Attestation.
	PART II – PRECEPTOR ATTESTATION
individual as long as the prec	by the individual's preceptor. The preceptor does not have to be the supervising eptor provides, directs, or verifies training and experience required. If more that o document experience, obtain a separate preceptor statement from each.
	the preceptor is attesting that the individual has knowledge to fulfill the duties of testing to the individual's "general clinical competency."
Section k one of the following for eacl	requested authorization:
For 35.390:	
<b>Board Certification</b>	
Lattest that	has satisfactorily completed the training and experience
I attest that	has satisfactorily completed the training and experient
	Proposed Authorized User
Name of	Proposed Authorized User
Name of	Proposed Authorized User
Name of	Proposed Authorized User (1).
Name of Na	(1).

RC FORM 313A (AUT)		U.S. NUCLEAR REGULATORY COMMISSI
AUTHORIZE	D USER TRAINING AND EX	<b>KPERIENCE AND PRECEPTOR ATTESTATION (continued)</b>
receptor Attestation	(continued)	
First Section (con	tinued)	
For 35.392 (Identi	cal Attestation Statement	Regardless of Training and Experience Pathway):
✓ I attest that	Vineet K. Chib, M.D. Name of Proposed Authorized	has satisfactorily completed the 80 hours of classroom
	ry training, as required by 10 equired in 35.392(c)(2).	OCFR 35.392(c)(1), and the supervised work and clinical case
For 35.394 (Idention	cal Attestation Statement I	Regardless of Training and Experience Pathway):
I attest that	Name of Proposed Authorized	has satisfactorily completed the 80 hours of classroom
	ry training, as required by 10 equired in 35.394(c)(2).	CFR 35.394 (c)(1), and the supervised work and clinical case
Second Section		
✓ I attest that	Vineet K. Chib, M.D. Name of Proposed Authorized	has satisfactorily completed the required clinical case
experience re	equired in 35.390(b)(1)(ii)G li	sted below:
	131 requiring a written direct uerels (33 millicuries)	ive in quantities less than or equal to 1.22
Oral Nal-1	131 in quantities greater thar	1.22 gigabecquerels (33 millicuries)
	I administration of beta-emities than 150 keV requiring a v	ter, or photon-emitting radionuclide with a photon written directive is required
Parentera	I administration of any other	radionuclide requiring a written directive
Third Section		
✓ I attest that	Vineet K. Chib, M.D. Name of Proposed Authorized	has satisfactorily achieved a level of competency to
function indep	endently as an authorized u	ser for:
	31 requiring a written directiverels (33 millicuries)	ve in quantities less than or equal to 1.22
Oral Nal-1	31 in quantities greater than	1.22 gigabecquerels (33 millicuries)
	administration of beta-emitte s than 150 keV requiring a w	er, or photon-emitting radionuclide with a photon ritten directive is required
Gildig) ioo		

RC FORM 313A (AUT) -2012)			U.S. NUCLEAR REGU	LATORY COMMISS
AUTHORIZED U	SER TRAINING AND EXPERIE	NCE AND PRECEPT	OR ATTESTATION (	continued)
ourth Section				
For 35.396:				
Current 35.490 or 3	35.690 authorized user:			
I attest that		is an authorized u	ser under 10 CFR 35	.490 or 35.690
_	Name of Proposed Authorized User			
laboratory trainir experience requ	preement State requirements, ha ng, as required by 10 CFR 35.39 prired by 35.396(d)(2), and has ac s an authorized user for:	6 (d)(1), and the supe	rvised work and clinic	cal case
	dministration of any beta-emitter / for which a written directive is r		dionuclide with a pho	ton energy less
Parenteral ad	dministration of any other radion	uclide for which a writt	en directive is require	ed
	C	R		
<b>Board Certification</b>				
I attest that		has satisfactorily of	completed the board	certification
	Name of Proposed Authorized User			
Derenteral				
	Iministration of any beta-emitter, for which a written directive is re		dionuclide with a pho	ton energy less
than 150 keV		equired		
than 150 keV	for which a written directive is re-	equired		
than 150 keV	for which a written directive is re-	equired		
than 150 keV Parenteral ad th Section mplete the following fo	for which a written directive is realized in the second seco	equired uclide for which a writte see see see see see gnature:	en directive is require	:d
than 150 keV Parenteral ad th Section mplete the following fo	for which a written directive is reading the second se	equired uclide for which a writte see see see see see gnature:	en directive is require	:d
than 150 keV Parenteral ad th Section mplete the following for if I meet the requireme 35.390	for which a written directive is reading Iministration of any other radion. For preceptor attestation and sign ents below, or equivalent Agreer 35.392 35.394 dministering dosages in the follo	equired uclide for which a writte gnature: ment State requiremen	en directive is require	user for:
than 150 keV Parenteral ad th Section mplete the following for I meet the requireme 35.390 I have experience ac requesting authoriza	for which a written directive is reading Iministration of any other radion. For preceptor attestation and sign ents below, or equivalent Agreer 35.392 35.394 dministering dosages in the follo	equired uclide for which a writte gnature: nent State requiremen 35.396 wing categories for wh	en directive is require	user for:
than 150 keV Parenteral ad th Section mplete the following fo I meet the requireme 35.390 I have experience ad requesting authoriza Oral NaI-131 requirement millicuries)	for which a written directive is reading Iministration of any other radion. For preceptor attestation and signature or preceptor attestation and signature attest below, or equivalent Agreer 35.392 35.394 Idministering dosages in the follow atton.	equired Iclide for which a writte gnature: ment State requiremen 35.396 wing categories for wh	en directive is require ts, as an authorized the proposed Aut	user for:
than 150 keV Parenteral ad Th Section Section The following for I meet the requiremed 35.390 The experience ad requesting authoriza Oral Nal-131 requesting Oral Nal-131 in q Parenteral admin	for which a written directive is reading Iministration of any other radional or preceptor attestation and sign ents below, or equivalent Agreer 35.392 35.394 dministering dosages in the follo- ation. uiring a written directive in quant	equired uclide for which a writte gnature: ment State requiremen 35.396 wing categories for wh tities less than or equa	en directive is require ts, as an authorized lich the proposed Aut to 1.22 gigabecque	user for: thorized User is rels (33
than 150 keV  Parenteral ad  th Section poplete the following for  I meet the requiremed  S5.390  I have experience ad requesting authorizat  Oral NaI-131 requesting  Oral NaI-131 in q  Parenteral admin 150 keV requiring Parenteral admin	for which a written directive is readininistration of any other radional for preceptor attestation and sign ents below, or equivalent Agreer 35.392 35.394 dministering dosages in the follow ation. uiring a written directive in quant guantities greater than 1.22 gigat	equired uclide for which a writte gnature: ment State requiremen [] 35.396 wing categories for whi tities less than or equa becquerels (33 millicur on-emitting radionuclio	en directive is require ts, as an authorized lich the proposed Aut to 1.22 gigabecque lies) le with a photon ener	user for: thorized User is rels (33
than 150 keV Parenteral ad th Section mplete the following for I meet the requireme 35.390 I have experience ad requesting authoriza Oral Nal-131 requiring Oral Nal-131 in q Parenteral admin 150 keV requiring Parenteral admin Rym Albrithm	for which a written directive is real ministration of any other radion. For preceptor attestation and sign ents below, or equivalent Agreer 35.392 35.394 dministering dosages in the follow ation. uiring a written directive in quant guantities greater than 1.22 gigat istration of beta-emitter, or photo g a written directive is required istration of any other radionuclid istration of any other radionuclid	equired uclide for which a writte gnature: ment State requiremen 35.396 wing categories for wh tities less than or equa becquerels (33 millicur on-emitting radionuclid e requiring a written d	en directive is require ts, as an authorized lich the proposed Aut to 1.22 gigabecque lies) le with a photon ener	user for: thorized User is rels (33
than 150 keV  The parenteral ad  The Section  The section  The following for  The section  The following for  The section  The section	for which a written directive is real ministration of any other radion. or preceptor attestation and sign ents below, or equivalent Agreer 35.392 35.394 dministering dosages in the follow ation. uiring a written directive in quant guantities greater than 1.22 gigat istration of beta-emitter, or photo g a written directive is required istration of any other radionuclid M.D. Name	equired uclide for which a writte gnature: ment State requiremen 35.396 wing categories for wh tities less than or equa becquerels (33 millicur on-emitting radionuclid e requiring a written d	en directive is require its, as an authorized ich the proposed Aut it to 1.22 gigabecque ies) le with a photon ener irective Felephone Number	d user for: thorized User is rels (33 gy less than

## BETWEEN:

Accounts Receivable/Payable and Regional Licensing Branches

## [FOR ARPB USE ] INFORMATION FROM WBL

Program Code: 02120 Status Code: Pending Amendment Fee Category: 7C Exp. Date: 06/30/2012 Fee Comments: C0DE 21 Decom Fin Assur Reqd: N

)

## License Fee Worksheet - License Fee Transmittal

#### A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee:	Castle Medical Center
Received Date:	
Docket Number:	3011883
Mail Control Number:	582627
License Number:	53-16929-01
Action Type:	Notifications

#### 2. FEE ATTACHED

Amount:	
Check No .:	
	(
3. COMMENTS	

	Signed:	
	Date:	
B. LICENSE FEE MAN	GEMENT BRANCH (Check when mile	estone 03 is entered / /
1. Fee Category and A	mount:	
A	plication may be processed for:	
Renewal:		
License:		
3. OTHER		-
		-
	Signed:	
	Date:	

NRC FORM 532 (1-2012)	U. S. NUCLEAR REGULATORY COMMISS
SUCLEAR REGULAS	DATE
A COM	12/10/2013
9 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
NAME AND ADDRESS OF APPLICANT AND/OR LICENSEE	LICENSE NUMBER
Castle Medical Center ATTN: Ron Frick Radiation Safety Officer 640 Ulukahiki Street Kailua, HI 96734-4498	53-16929-01
	MAIL CONTROL NUMBER
	582627
	LICENSING AND/OR TECHNICAL REVIEWER
	cmurnahan Om
This is to acknowledge the receipt of yo	ur:
✓ LETTER and/or	APPLICATION DATED: 12/06/2013
The initial processing, which included a	n administrative review, has been performed.
AMENDMENT TERMIN	ATION NEW LICENSE RENEWAL
✓ There were no administrative omission	ns identified during our initial review.
	application for renewal of the material(s) license identified nely filed, and accordingly, the license will not expire until ce.
Your application for a new NRC license Please fill out NRC Form 531, located	e did not include your taxpayer identification number. at the following link:
http://www.nrc.gov/r	reading-rm/doc-collections/forms/nrc531.pdf
Send the completed NRC Form 531, b	by facsimile, to the following number: (301) 415-5387
	ed to our License Fee and Accounts Receivable Branch, in ID. You will be contacted separately if there is a fee issue
calling to inquire about this action, plea been forwarded to a technical reviewer normally completed within 180 days fo may identify additional omissions or re	the above listed <b>MAIL CONTROL NUMBER.</b> When ase refer to this control number. Your application has r. Please note that the technical review, which is or a renewal application (90 days for all other requests), equire additional information. If you have any questions dication, our contact information is listed below:
DNMS/NMSB - B 1600 E. Lamar Blv Arlington, TX_760	

12-10-13

# Murnahan, Colleen

From: Sent: To: Subject: Attachments: Ronald Frick <rfrick@gammacorp.com> Friday, December 06, 2013 9:39 PM Murnahan, Colleen Castle Medical Center - Authorized user notification castle\_nrc\_notif.pdf



Colleen,

I have attached a license notification from Castle Medical Center, Lic #53-16929-01. Please contact me if you need additional information.

Thank you, Ronald Frick Gamma Corporation 808-282-0169 rfrick@gammacorp.com