

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

**Fourth Section**

**For 35.396:**

**Current 35.490 or 35.690 authorized user:**

I attest that Joseph Brooks is an authorized user under 10 CFR 35.490 or 35.690  
Name of Proposed Authorized User

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

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

**OR**

**Board Certification:**

I attest that \_\_\_\_\_ has satisfactorily completed the board certification  
Name of Proposed Authorized User

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

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

**Fifth Section**

Complete the following for preceptor attestation and signature:

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

- 35.390       35.392       35.394       35.396

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

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

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

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

Parenteral administration of any other radionuclide requiring a written directive

Name of Preceptor <u>LINDSAY SALES</u>	Signature 	Telephone Number <u>208-347-3119</u>	Date <u>3-15-17</u>
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License/Permit Number/Facility Name  
LICENSE # 11-35315-01 IDAHO UROLOGICAL INSTITUTE

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

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

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

Supervising Individual

*Lindsey Selles*

License/Permit Number listing supervising individual as an authorized user

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

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

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

**c. Supervised Clinical Case Experience**

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

Description of Experience	Number of Cases Involving Personal Participation	Location of Experience/License or Permit Number of Facility	Dates of Experience*
Oral administration of sodium iodide I-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)			
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	3	LICENSE # 11-35315-01 " " 11-35315-01 " " 11-35315-01	12-14-16 1-11-17 1-11-17
Parenteral administration of any other radionuclide for which a written directive is required			
<div style="border: 1px solid black; height: 40px; width: 100%;"></div> (List radionuclides)			



IDAHO  
UROLOGIC  
INSTITUTE

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Meridian, ID 83642  
Main: (208) 639-4900  
Fax: (208) 639-4901

Confidential

**Fax**

<b>To:</b> <u>LATISCHA HANSON</u>	<b>From:</b> <u>KEN NOTE</u>
<b>Fax:</b> <u>817-200-1188</u>	<b>Pages:</b> <u>2</u>
<b>Phone:</b> <u>208-900-8083</u>	<b>Date:</b> <u>3-23-17</u>
<b>Re:</b> <u>RAI</u>	<b>cc:</b>

Urgent  For Review  Please Comment  Please Reply  Please Recycle

● **Comments:**

*THANKS FOR YOUR HELP !*  
*KEN*

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## Hanson, Latischa

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**From:** Hanson, Latischa  
**Sent:** Wednesday, March 22, 2017 10:36 AM  
**To:** 'Ken Nute'  
**Subject:** RE: RE: Request for Additional Information (RAI): Idaho Urologic Institute  
**Importance:** High

I received the updated NRC 313A (AUT) dated 3/15/2017, for Joseph Brooks, M.D. I still need additional information requested on this form:

1. **Page 3** → fill in items #3.c. (**Supervised Clinical Case Experience**) → **be sure to include at least 3 cases under the Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy of less than 150 keV requiring a written directive row and complete all boxes in the columns for this category**
2. **Page 6** → **Fifth Section (preceptor signature line)** → complete the information for: **License/Permit Number /Facility Name**

You can scan in the completed pages & submit them via email to me by **COB, March 29, 2017**, so that I can continue with the amendment request review. Feel free to contact me for any questions you may have.

Thank you for your prompt assistance with this request.

Latischa

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**From:** Ken Nute [mailto:knute@idurology.com]  
**Sent:** Tuesday, March 21, 2017 12:28 PM  
**To:** Hanson, Latischa <Latischa.Hanson@nrc.gov>  
**Subject:** [External\_Sender] RE: Request for Additional Information (RAI): Idaho Urologic Institute

Dear Latischa,

I have sent to you by way of FedEx, the requested information. If you have any questions or require additional information please feel free to contact me. The envelope should arrive today. Thank you for your help in this matter.

Ken

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**From:** Hanson, Latischa [mailto:Latischa.Hanson@nrc.gov]  
**Sent:** Tuesday, March 07, 2017 4:09 PM  
**To:** Ken Nute  
**Subject:** Request for Additional Information (RAI): Idaho Urologic Institute  
**Importance:** High

Ken,

**Idaho Urologic Institute**

2855 East Magic View Drive  
Meridian, ID 83642  
NRC License No.: 11-35315-01isha,  
Docket No.: 030-38933  
Mail Control No.: 592905

isha

I am assigned the review of your amendment request dated January 26, 2017, and need to request additional information:

Is matter

**Joseph P. Brooks, M.D., NRC Form 313A (AedUT):**

- **Page 1 → Requested Authorization(s) (check all that apply) → Please check the box that has the same authorization on your license that is granted to Lindsay R. Sales, M.D.:**  
  
*35.300 Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy of less than 150 keV requiring a written directive*
- **Training and Experience (Select one of three methods below) → Check item #2, since Dr. Brooks has 35.400 and 35.600 authorization as documented on NRC License for Saint Alphonsus Health System:**  
  
**2. Current 35.300, or 35.400, or 35.600 Authorized User Seeking Additional Authorization** → you will write in **35.396** and submit the required information under letter "c".
- **Page 2 → fill in items #3.a. (Classroom and Laboratory Training) and 3.b. (Supervised Work Experience)**
- **Page 3 → fill in items #3.b. (Supervised Work Experience Continued) and 3.c. (Supervised Clinical Case Experience) → be sure to include at least 3 cases**
- **Page 4 → fill in item #3.c. Training and Experience for Proposed Authorized User (continued), *Supervised Clinical Case Experience (continued)***
- **Page 5 → PRECEPTOR ATTESTATION (continued) → First, Second & Third Sections:** complete the information in the First Section and in the Second and Third Sections, check the box:  
  
*35.300 Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy of less than 150 keV requiring a written directive*
- **Page 6 → Fourth Section → complete the information in the first part: For 35.490 or 35.690 authorized user, since Dr. Brooks is authorized already for 35.400 and 35.600 uses.**  
  
→ **Fifth Section → complete the information for: *License/Permit Number /Facility Name***

I have attached the corresponding NRC 313A forms for your convenience. Submit the RAI by **COB, March 22, 2017**, so that I can continue with the amendment request review. Feel free to contact me for any questions you may have.

Thank you for your prompt assistance with this.

Latischa



Latischa Hanson, M.Sc., Health Physicist  
USNRC/DNMS Region IV

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