

JOHN T. VUCUREVICH
 REGIONAL
CANCER CARE INSTITUTE

353 Fairmont Boulevard Rapid City, SD 57701 (605) 719-2300 FAX (605) 719-2310

RECEIVED
AUG 18 2017

8/16/17


DNMS

United States Nuclear Regulatory Commission Region IV
License Division
611 Ryan Plaza Dr.
Suite 400
Arlington, TX 76011

Subject: To add an AU to the license.
This letter is a request to change our license #40-00238-04

This is a request under 35.13(b) to add Garrett Cox, MD as an authorized user for 35.100, 35.200, 35.300 for Iodine 131 therapies. Included is a copy of Dr. Cox's ABR certification, ABR Program Director Attestation, and Resident Summary Report from the Southern Illinois University School of Medicine Diagnostic Radiology Residency.

If you have any further questions concerning this amendment request, please contact James Mckee at 6052-755-2339 or Lowell Husman at 605-755-8427.


James S. Mckee Jr.
Radiation Safety officer
Rapid City Regional Hospital

PUBLIC

- Immediate Release
 Normal Release

NON-PUBLIC

- A.3 Sensitive-Security Related
 A.7 Sensitive Internal
 Other: _____

Reviewer: RTZ Date: 8-23-17

No PII information found ✓

No 6 0 0 4 7 4



American Board of Radiology — Program Director Attestation

COMPLIANCE WITH NRC TRAINING AND EXPERIENCE REQUIREMENTS

Forms A and B must be submitted after completion of your NRC training and experience.

More information can be found at the following link:

<http://www.nrc.gov/reading-rm/doc-collections/cfr/part035/part035-0290.html>

Garrett Cox, MD
Resident Name

SIU School of
Medicine
Program

14-09-19-2
Program #

	YES	NO
By the time of the ABR oral/certifying examination, this applicant will have successfully completed the hours of training and experience as outlined in 10 CFR 35.290, 35.392, and 35.394.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
This applicant has taken part in ≥ 3 cases of oral administration of I-131 therapy ≤ 33mCi.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
This applicant has taken part in ≥ 3 cases of oral administration of I-131 therapy >33 mCi.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
The resident's log of these therapy experiences (date, dose, and preceptor attestation) is attached.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
I attest that the work experience cited above for § 35.290 was completed under the supervision of an Authorized User (AU) who meets the requirements under relevant sections of § 35.290 or equivalent Agreement State requirements.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
I attest that the work experience cited above for § 35.392 was completed under the supervision of an Authorized User (AU) who meets the requirements under § 35.390, 35.392 or 35.394, or equivalent Agreement State requirements.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
I attest that the work experience cited above for § 35.394 was completed under the supervision of an Authorized User (AU) who meets the requirements under § 35.390 or 35.394, or equivalent Agreement State requirements.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>


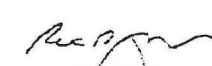

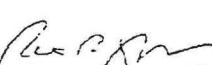
John Becker MD
Residency Program Director
(Print Name)


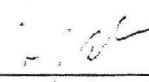
John Becker
Program Director
(Signature)

12/19/13
Date

Nuclear Medicine I-131 Procedure Report

Radiology-Diagnostic

Resident Last Name	Resident First Name	Resident Log Status	Date of Log	Procedure	Role	Location	Resident Comment	Supervisor Last Name	Supervisor First Name	Pass	Attending Supervisor Signature / Date
Cox	Garrett	PGY2	12/16/2010 12:00:00 AM	I-131 Low Dose Consult- Must include preceptor name & dose administered in comments	Observe	Memorial Radiology	Knudson 27.9 mCi of I-131 nodule	Knudson	Robert	Passed	 12/31/13
Cox	Garrett	PGY2	12/17/2010 12:00:00 AM	I-131 Dose (High) Consult - Please include preceptor and dose administered in comments	Assist	Memorial Radiology	High dose I 131 179.4 mCi given	Knudson	Robert	Passed	 12/31/13
Cox	Garrett	PGY2	12/16/2010 12:00:00 AM	I-131 Low Dose Consult- Must include preceptor name & dose administered in comments	Observe	Memorial Radiology	Knudson 28.1 mCi of I-131 hyperfunctioning nodule	Knudson	Robert	Passed	 12/31/13
Cox	Garrett	PGY2	12/16/2010 12:00:00 AM	I-131 Low Dose Consult- Must include preceptor name & dose administered	Assist	Memorial Radiology	Knudson 15.65 mCi of I-131 Graves	Knudson	Robert	Passed	 12/31/13

Cox	Garrett	PGY2	6/20/2011 12:00:00 AM	in comments I-131 Dose (High) Consult - Please include preceptor and dose administered in comments I-131 Dose (High) Consult - Please include preceptor and dose administered in comments	Assist	Memorial Dose was 156 of Radiology I-131	Ayoub	David	Passed	 Attending Supervisor Signature / Date	12-10-2013
Cox	Garrett	PGY2	12/27/2010 12:00:00 AM	in comments I-131 Dose (High) Consult - Please include preceptor and dose administered in comments	Observe	Memorial High dose I131- Radiology 157mCi given	Ayoub	David	Passed	 Attending Supervisor Signature / Date	12-10-2013

Export to Excel

Count: 6

Monday, December 09, 2013 12:25:46 PM

Notes:

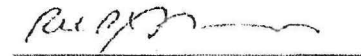
- Data being returned is limited by the filters that have been selected. If no data is returned please check your filters.
- Custom Reports automatically filters most reports to departments in which the report viewer has access.

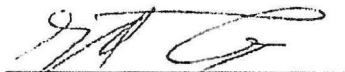
This report was produced using the New Innovations Residency Management Suite (RMS)
© 1995-2013 New Innovations, Inc.

Eluting Generator Systems

On December 16, 2013, Garrett Cox, MD was present at Zevacor -- Decatur Memorial Hospital, 2300 N Edward Street Decatur, IL. The experience involved eluting generator systems appropriate for 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.


Zevacor Representative


Nuclear Medicine Preceptor


Resident

12/16/2013
Date

No. 600474

Southern Illinois University

Radiology-Diagnostic

Stacie Skelton

Help

Resident Summary Report

Export to PDF

Resident Summary Report

Garrett Raymond Cox

Radiology-Diagnostic

Date Range: All Dates

Created: 5/20/2014 11:53:18 AM

[Change Filters](#) | [Return to Report Listing](#)

Procedure Name	CPT [®] Code	Independent Target	Total Logged	% of Total Logged	Confirmed (Passed)	Confirmed (Not Passed)	% for Independent (Confirmed/Passed)	Total Refused
Abcess Drainage (Radiology-Diagnostic)		10	13	100%	13	0	100%	0
AIF (Radiology-Diagnostic)		10	0	0%	0	0	0%	0
Angioplasty (Radiology-Diagnostic)		10	0	0%	0	0	0%	0
Arthrogram (Radiology-Diagnostic)		10	10	100%	10	0	100%	0
Ash (Radiology-Diagnostic)		10	3	30%	3	0	30%	0
Aspiration (Radiology-Diagnostic)		10	5	50%	5	0	50%	0
Barium Enema (Radiology-Diagnostic)		10	10	100%	10	0	100%	0
Biliary Stone Removal (Radiology-Diagnostic)		10	0	0%	0	0	0%	0
Biopsy (Radiology-Diagnostic)		25	47	100%	47	0	100%	0
Bleeding Study (Radiology-Diagnostic)		10	0	0%	0	0	0%	0
Bone Scan (Radiology-Diagnostic)		10	0	0%	0	0	0%	0
Breast Cyst Aspiration (Radiology-Diagnostic)		10	9	90%	9	0	90%	0
Breast MRI (Radiology-Diagnostic)		75	78	100%	78	0	100%	0
Breast Needle Loc (Radiology-Diagnostic)		10	8	80%	8	0	80%	0
Breast Stereotactic Blopsey (Radiology-Diagnostic)		10	7	70%	7	0	70%	0
Breast Ultrasound (Radiology-Diagnostic)		10	0	0%	0	0	0%	0

Breast Ultrasound Guided Biopsy (Radiology-Diagnostic)	10	6	60%	6	0	60%	0
Breast Ultrasound Localization (Radiology-Diagnostic)	10	0	0%	0	0	0%	0
Cardiac CT (Radiology-Diagnostic)	75	76	100%	76	0	100%	0
Cardiac MRI (Radiology-Diagnostic)	75	75	100%	75	0	100%	0
Carotid Angio (Radiology-Diagnostic)	10	1	10%	1	0	10%	0
Catheter Directed Chemotherapy (Radiology-Diagnostic)	10	1	10%	1	0	10%	0
Central Line (Radiology-Diagnostic)	10	5	50%	5	0	50%	0
Cerebral Angio (Radiology-Diagnostic)	10	1	10%	1	0	10%	0
Cholangiogram (Radiology-Diagnostic)	10	0	0%	0	0	0%	0
Cisternogram (Radiology-Diagnostic)	10	0	0%	0	0	0%	0
CME for Breast Imaging (Radiology-Diagnostic)	0	0	0%	0	0	0%	0
CME for cardiac imaging (Radiology-Diagnostic)	30	30	100%	30	0	100%	0
CT Colonography (Radiology-Diagnostic)	10	0	0%	0	0	0%	0
Cystogram (Radiology-Diagnostic)	10	0	0%	0	0	0%	0
Defecography (Radiology-Diagnostic)	10	1	10%	1	0	10%	0
Diagnostic Mammogram (Radiology-Diagnostic)	50	50	100%	50	0	100%	0
Discogram (Radiology-Diagnostic)	10	0	0%	0	0	0%	0
Embolization (Radiology-Diagnostic)	10	0	0%	0	0	0%	0
Enteroclysis (Radiology-Diagnostic)	10	0	0%	0	0	0%	0
Epidural Injection (Radiology-Diagnostic)	10	0	0%	0	0	0%	0
Esophagram (Radiology-Diagnostic)	10	11	100%	11	0	100%	0
Esophagram UGI (Radiology-Diagnostic)	10	16	100%	16	0	100%	0
Extremity Angio (Radiology-Diagnostic)	10	2	20%	2	0	20%	0
Feeding Tube (Radiology-Diagnostic)	10	10	100%	10	0	100%	0

NEW INNOVATIONS...LOGGER

Fistulogram (Radiology-Diagnostic)	10	3	30%	3	0	30%	0
Fluoroscopy (Radiology-Diagnostic)	10	0	0%	0	0	0%	0
Gallium (Radiology-Diagnostic)	10	0	0%	0	0	0%	0
Gastric Emptying (Radiology-Diagnostic)	10	0	0%	0	0	0%	0
Gastrograffin Enema (Radiology-Diagnostic)	10	10	100%	10	0	100%	0
GI Bleed (Radiology-Diagnostic)	10	0	0%	0	0	0%	0
Hepatobiliary (Radiology-Diagnostic)	10	0	0%	0	0	0%	0
Hysterosalpingogram (Radiology-Diagnostic)	10	0	0%	0	0	0%	0
I-131 Dose (High) Consult - Please include preceptor and dose administered in comments (Radiology-Diagnostic)	3	3	100%	3	0	100%	0
I-131 Low Dose Consult- Must include preceptor name & dose administered in comments (Radiology-Diagnostic)	3	3	100%	3	0	100%	0
Indium (Radiology-Diagnostic)	10	0	0%	0	0	0%	0
Infusaport (Radiology-Diagnostic)	10	18	100%	18	0	100%	0
Injection of Joint or Bursa (Radiology-Diagnostic)	10	0	0%	0	0	0%	0
Injection of Tube (Radiology-Diagnostic)	10	2	20%	2	0	20%	0
IVC Filter Placement (Radiology-Diagnostic)	10	2	20%	2	0	20%	0
IVP (Radiology-Diagnostic)	10	0	0%	0	0	0%	0
Joint Aspiration (Radiology-Diagnostic)	10	0	0%	0	0	0%	0
Keofeed (Radiology-Diagnostic)	10	0	0%	0	0	0%	0
Loopogram (Radiology-Diagnostic)	10	0	0%	0	0	0%	0
Lumbar Puncture (Radiology-Diagnostic)	10	10	100%	10	0	100%	0
Lymph Node Mapping (Radiology-Diagnostic)	10	0	0%	0	0	0%	0
Lymphoscintigraphy (Radiology-Diagnostic)	10	0	0%	0	0	0%	0
Mesenteric Angio (Radiology-Diagnostic)	10	1	10%	1	0	10%	0

Vascular Ultrasound (Radiology-Diagnostic)	10	0	0%	0	0	0%	0
VCUG (Radiology-Diagnostic)	10	10	100%	10	0	100%	0
Veno Extremity (Radiology-Diagnostic)	10	0	0%	0	0	0%	0
Veno Other (Radiology-Diagnostic)	10	0	0%	0	0	0%	0
Vertebroplasty (Radiology-Diagnostic)	10	1	10%	1	0	10%	0
Video Esophagram (Radiology-Diagnostic)	10	10	100%	10	0	100%	0
WBC Scan (Radiology-Diagnostic)	10	0	0%	0	0	0%	0
Whole Body Thyroid Scan (Radiology-Diagnostic)	10	0	0%	0	0	0%	0

Export to Excel

Overall Totals:

Overall Total Logged	Overall % of Total Logged	Overall Total Passed	Overall Total Not Passed	Overall % for Independent	Overall Total Refused
957	57.44%	957	0	51.50%	0

Comments:

Department Administrator: *Raney* Attending Supervisor: *[Signature]*
 Date: 5/20/14 Date: _____

Notes:

- 'Overall % of Total Logged' = 'Total Logged' total / 'Independent Target' total.
- 'Overall % for Independent' = 'Confirmed (Passed)' total / 'Independent Target' total. If the Confirmed (Passed) number equals or exceeds the Independent Target, the Independent Target is used so that the result does not exceed 100%.
- '% for Independent' column does not reflect that personnel are privileged in the system, only that the target number has been reached. It does not account for all necessary configuration settings for privileging such as role and manual privileging.

The American Board of Radiology

Organized through the cooperation of the
 American College of Radiology, the American Roentgen Ray Society,
 the American Pediatric Society, the Radiological Society of North America,
 the Section on Radiology of the American Medical Association,
 the American Society for Radiation Oncology, the Association of University Radiologists,
 the American Association of Physicians in Medicine, and the Society of Interventional Radiology,
 the American Board of Radiology hereby certifies that

Garrett Raymond Cox, M.D.

Has pursued an accepted course of graduate study and clinical work, has met certain standards
 and qualifications, including passing the examinations conducted under the authority of
 the American Board of Radiology, demonstrating to the satisfaction of the Board qualification
 to practice, and is therefore awarded the Board's certification in

Diagnostic Radiology

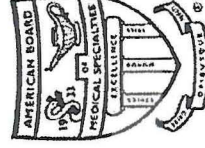
Ongoing validity of this certificate is contingent upon
 meeting the requirements of Maintenance of Certification.

This diploma of the American Board of Radiology
 is permitted to use the **ABR** mark to signify this certification.

William J. Dickerson, M.D.
 President

Walter J. Johnson
 Executive Director

C. P. ...
 Secretary-Treasurer



600474

Certificate No. 66252

Effective: October 02, 2015



Verification of Certification and Maintenance of Certification (MOC)

August 8, 2017

Name: Dr. Garrett Raymond Cox
Practice Locations: Yankton, SD
Participating in MOC

Certificate	Status	Valid Through	Maintenance	MOC Requirements
Diagnostic Radiology	Valid	03/02/2019*	Maintained	Meeting

The information provided in this letter is considered the primary source verification. The most current certificate and MOC public reporting status information can be accessed at any time for Dr. Garrett Raymond Cox by entering the required information in the 'Verify board certification status' search on the ABR website at www.theabr.org.

For questions regarding the ABR MOC Program or its participation requirements, please contact the board office at (520) 519-2152 or information@theabr.org.

Sincerely,

Valerie Jackson, MD
Executive Director
American Board of Radiology

*Validity of certification is contingent upon participation in Maintenance of Certification. The ABR recommends verification of certification be repeated annually, three business days after the ABR's March 2nd annual review.

1600474



ACKNOWLEDGEMENT - RECEIPT OF CORRESPONDENCE

Name and Address of Applicant and/or Licensee Mr. James S. McKee, Jr. Radiation Safety Officer Rapid City Regional Hospital, Inc. 353 Fairmont Blvd. Rapid City, SD 57701	Date 08/21/2017
	License Number(s) 40-00238-04
	Mail Control Number(s) 600474
	Licensing and/or Technical Reviewer or Branch C. Hill, Licensing Assistant

This is to acknowledge receipt of your: Letter and/or Application Dated: 08/16/2017

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 complete and submit NRC Form 531, Request for Taxpayer Identification Number, located at the following link: <http://www.nrc.gov/reading-rm/doc-collections/forms/nrc531.pdf>
 Follow the instructions on the form for submission.

The following administrative omissions have been identified:

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

Region IV
U. S. Nuclear Regulatory Commission
DNMS/NMSB - B
1600 E. Lamar Boulevard
Arlington, TX 76011-4511
(817) 200-1209 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: 03/31/2021
Fee Comments:
Decom Fin Assur Reqd: N

License Fee Worksheet - License Fee Transmittal

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: Rapid City Regional Hospital, Inc.
Received Date: 08/21/2017
Docket Number: 3003231
Mail Control Number: 600474
License Number: 40-00238-04
Action Type: Amendment

2. FEE ATTACHED

Amount: _____

Check No.: _____

3. COMMENTS

Signed: _____

Date: _____

Carol L. Heine
8/21/17

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: _____