



UNITED STATES
 NUCLEAR REGULATORY COMMISSION
 WASHINGTON, D. C. 20555

Sioux Valley Hospital
 ATTN: Mr. Richard L. Bohy
 19th & Euclid Avenue
 Sioux Falls, SD 57105

REFUND OF APPLICATION FEE

1. BACKGROUND:

Check Received July 11, 1988
 Application Dated June 29, 1988
 Check Number 70688
 Check Amount \$120

2. REFUND:

Amount \$120

This refund is now being processed and will be sent as soon as possible.

3. REASON FOR REFUND:

June 29, 1988 request for an amendment to License 40-12378-01 was combined, prior to review, with March 28, 1988 request, for which the fee was paid.

Glenda Jackson
 Glenda Jackson
 License Fee Management Branch
 Division of Accounting and Finance
 Office of Administration and
 Resources Management

9405060109 880926
 PDR ADOCK 03003249
 C PDR

030193

ML40

MATERIALS LICENSE

Amendment No. 35

Pursuant to the Atomic Energy Act of 1954, as amended, the Energy Reorganization Act of 1974 (Public Law 93-438), and Title 10, Code of Federal Regulations, Chapter I, Parts 30, 31, 32, 33, 34, 35, 40 and 70, and in reliance on statements and representations heretofore made by the licensee, a license is hereby issued authorizing the licensee to receive, acquire, possess, and transfer byproduct, source, and special nuclear material designated below; to use such material for the purpose(s) and at the place(s) designated below; to deliver or transfer such material to persons authorized to receive it in accordance with the regulations of the applicable Part(s). This license shall be deemed to contain the conditions specified in Section 183 of the Atomic Energy Act of 1954, as amended, and is subject to all applicable rules, regulations and orders of the Nuclear Regulatory Commission now or hereafter in effect and to any conditions specified below.

Licensee 1. Sioux Valley Hospital Department of Pathology 2. 19th and Euclid Avenue Sioux Falls, South Dakota 57105		In accordance with letter dated June 24, 1988, and application dated June 29, 1988 3. License number 40-12378-01 is amended in its entirety to read as follows:	
		4. Expiration date March 31, 1989	
		5. Docket or Reference No. 030-03249	
6. Byproduct, source, and/or special nuclear material	7. Chemical and/or physical form	8. Maximum amount that licensee may possess at any one time under this license	
A. Any byproduct material identified in 10 CFR 35.100	A. Any radiopharmaceutical identified in 10 CFR 35.100	A. As needed	
B. Any byproduct material identified in 10 CFR 35.200	B. Any radiopharmaceutical identified in 10 CFR 35.200	B. As needed	
C. Any byproduct material identified in 10 CFR 35.300	C. Any radiopharmaceutical identified in 10 CFR 35.300	C. As needed	
D. Any byproduct material identified in 10 CFR 35.400	D. Any brachytherapy source identified in 10 CFR 35.400	D. As needed	
E. Any byproduct material identified in 10 CFR 35.500	E. Sealed sources for diagnostic devices identified in 10 CFR 35.500	E. 1.5 curies per source	

**MATERIALS LICENSE
SUPPLEMENTARY SHEET**

License number
40-12378-01

Docket or Reference number
030-03249

Amendment No. 35

- | | | |
|---|----------------------------------|--|
| 6. Byproduct, source, and/or special nuclear material | 7. Chemical and/or physical form | 8. Maximum amount that licensee may possess at any one time under this license |
| F. Any byproduct material identified in 10 CFR 31.11 | F. Prepackaged Kits | F. As needed |

9. Authorized Use:

- A. Medical use described in 10 CFR 35.100.
- B. Medical use described in 10 CFR 35.200.
- C. Medical use described in 10 CFR 35.300.
- D. Medical use described in 10 CFR 35.400 and, for Cesium-137, calibration of licensee's survey meters and personnel dosimeters.
- E. Medical use described in 10 CFR 35.500.
- F. In vitro studies.

CONDITIONS

- 10. Location of use: 19th and Euclid Avenue, Sioux Falls, South Dakota.
- 11. Radiation Safety Officer: W. A. Boade, M.D.
- 12. Authorized Users:
 - A. W. Allan Boade, M.D., for material identified in 10 CFR 35.100, 35.200, 35.300, 35.500, and 31.11.
 - B. Thomas M. Cink, M.D., for material identified in 10 CFR 35.100, 35.200, 35.300, 35.500, and 31.11.
 - C. Richard A. Jaqua, M.D., for material identified in 10 CFR 35.100, 35.200, 35.300, 35.500, and 31.11.

MATERIALS LICENSE
SUPPLEMENTARY SHEETLicense number
40-12378-01Docket or Reference number
030-03249

Amendment No. 35

12. (continued)

- D. Karl H. Wegner, M.D., for material identified in 10 CFR 35.100, 35.200, 35.500, and 31.11; Iodine-131 for treatment of hyperthyroidism and cardiac dysfunction.
- E. B. T. Pitt-Hart, M.D., for material identified in 10 CFR 31.11.
- F. Donald G. Nordstrom, M.D., for material identified in 35.400, 35.500, and 31.11; Phosphorus-32 as soluble phosphate for treatment of polycythemia vera, leukemia, and bone metastases.
- G. Robert P. DeClark, M.D., for material identified in 35.300 and 31.11.
- H. Andrew I. Soye, M.D., for material identified in 35.100, 35.200, 35.300, 35.500, and 31.11.
- I. Thomas A. Schultz, M.D., for material identified in 35.100, 35.200, 35.300, 35.500, and 31.11.
- J. Bert W. Larson, M.D., for material identified in 35.100, 35.200, 35.300, 35.500, and 31.11.
- K. Michael A. Burke, M.D., for material identified in 10 CFR 35.400.
- L. David P. Dolan, M.D., for material identified in 10 CFR 35.400.
13. Notwithstanding the requirements of Section 35.49 of Title 10, Code of Federal Regulations, Part 35, the licensee may receive licensed material in prepared individual doses and as technetium-99m eluate or as mixed with reagent kits from W. A. Boade, M.D., Ltd. (License No. 40-26908-01).
14. The licensee may use the Calicheck device for doing linearity tests of its dose calibrator provided it follows the procedures in the Calcorp, Inc., Manual dated March 2, 1982.

NOTE TO: License Fee Management Branch, ADM
FROM: Region IV
SUBJECT: VOIDED APPLICATION

Control Number 462052

Applicant Sioux Valley Hospital Assoc.

Date Voided 7/20/88

Reason for Void Action combined

with mc # 462049.

Signature Jay A. Marshall

Attachment:
Application

mc 49

BETWEEN:

LICENSE FEE MANAGEMENT BRANCH, ARM
AND
REGIONAL LICENSING SECTIONS

(FOR LFMS USE)
INFORMATION FROM LTS

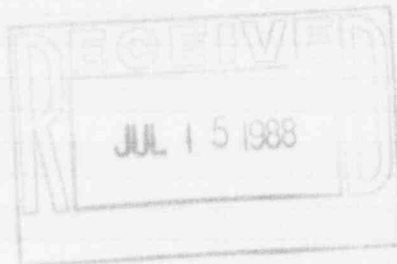
PROGRAM CODE: 02120
STATUS CODE: 0
FEE CATEGORY: 7C
EXP. DATE: 19890331
FEE COMMENTS: CODE_23

LICENSE FEE TRANSMITTAL

A. REGION TV

1. APPLICATION ATTACHED

APPLICANT/LICENSEE: SIOUX VALLEY HOSPITAL ASSOC.
RECEIVED DATE: 880706
DOCKET NO: 3003249
CONTROL NO.: 462052
LICENSE NO.: 40-12378-01
ACTION TYPE: AMENDMENT



2. FEE ATTACHED

AMOUNT: \$120
CHECK NO.: 70688

3. COMMENTS

SIGNED [Signature]
DATE 7/6/88

B. LICENSE FEE MANAGEMENT BRANCH (CHECK WHEN MILESTONE 03 IS ENTERED)

1. FEE CATEGORY AND AMOUNT: 7C (\$120)

2. CORRECT FEE PAID. APPLICATION MAY BE PROCESSED FOR:

AMENDMENT
RENEWAL
LICENSE

3. OTHER

SIGNED [Signature]
DATE 7/17/88

CONVERSATION RECORD

TIME *pm*

DATE *7/20/88*

TYPE VISIT CONFERENCE TELEPHONE
 INCOMING OUTGOING

ROUTING	
NAME/SYMBOL	INT

Location of Visit/Conference:

NAME OF PERSON(S) CONTACTED OR IN CONTACT WITH YOU

Cori Kuhse

ORGANIZATION (Office, dept., bureau, etc.)

Sioux Valley Hosp.

TELEPHONE NO.

605 - 333-1000

SUBJECT

Amend. Application dated 6/29/88

SUMMARY

1) 31.11 authorization will be left as is

2) Dr. Erickson cannot be authorized w/o indication of 500 hrs. clinical experience. Licensee wants amendment now for Burke & Dolan. Will send additional info on Erickson later.

ACTION REQUIRED

NAME OF PERSON DOCUMENTING CONVERSATION

SIGNATURE

AK Cain

DATE

7/20/88

ACTION TAKEN

SIGNATURE

TITLE

DATE

CLYMBLN2

(FOR LIMS USE)
INFORMATION FROM LTS

LICENSE FEE MANAGEMENT BRANCH/ ARM
AND
REGIONAL LICENSING SECTIONS

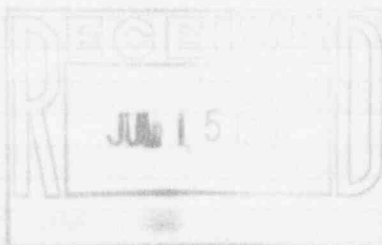
PROGRAM CODE: 02120
STATUS CODE: 0
FEE CATEGORY: 70
CXP. DATE: 19890331
FEE COMMENTS: CODE_23

LICENSE FEE TRANSMITTAL

A. REGION *IV*

1. APPLICATION ATTACHED

APPLICANT/LICENSER: SIOUX VALLEY HOSPITAL ASSOC.
RECEIVED DATE: 820701
POCKET NO: 203269
CONTROL NO.: 462049
LICENSE NO.: 4C-12378-01
ACTION TYPE: AMENDMENT



2. FEE ATTACHED

AMOUNT: -----
CHECK NO.: -----

3. COMMENTS

Continuation of mc 461918

SIGNED *L. Huby*
DATE *7/5/88*

B. LICENSE FEE MANAGEMENT BRANCH (CHECK WHEN MILESTONE 03 IS ENTERED *1/1*)

1. FEE CATEGORY AND AMOUNT: -----

2. CORRECT FEE PAID. APPLICATION MAY BE PROCESSED FOR:
AMENDMENT -----
RENEWAL -----
LICENSE -----

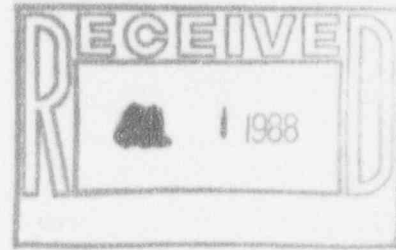
3. OTHER -----

SIGNED *M. Hynes*
DATE *7/1/88*



SIoux VALLEY HOSPITAL

P.O. Box 5039
1100 South Euclid Avenue
Sioux Falls, South Dakota 57117-5039
(605) 333-1000



June 24, 1988

Jack Whitten, Health Physicist
U. S. Nuclear Regulatory Commission
Regional Licensing Section
Region IV
611 Ryan Plaza Dr., Suite 1000
Arlington, Texas 76012

RECEIVED
JUL 11 1988
SIoux VALLEY HOSPITAL

Re: Control Number 461918

Dear Mr. Whitten:

This letter is in response to your correspondence dated April 26, 1988 pertaining to issuance of Amendment #34 for Sioux Valley Hospital and a request for information pertaining to a decontamination survey report for a cardiac imaging room.

Enclosed please find a facility diagram which includes the decommissioned cardiac imaging room. A wipe test was conducted of all areas surveyed with a G-M meter. This wipe test was evaluated in a well detector. Results obtained were essentially background.

I trust that the enclosed information satisfies all of the constraints in order to amend the Byproduct Materials License eliminating the cardiac imaging room as an authorized location of use.

If you should have further questions or comments regarding this response, please do not hesitate to contact me.

Sincerely,

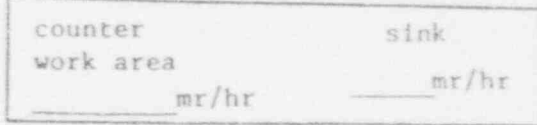
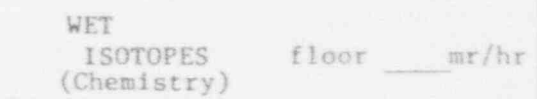
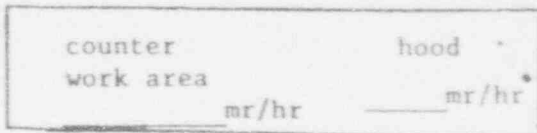
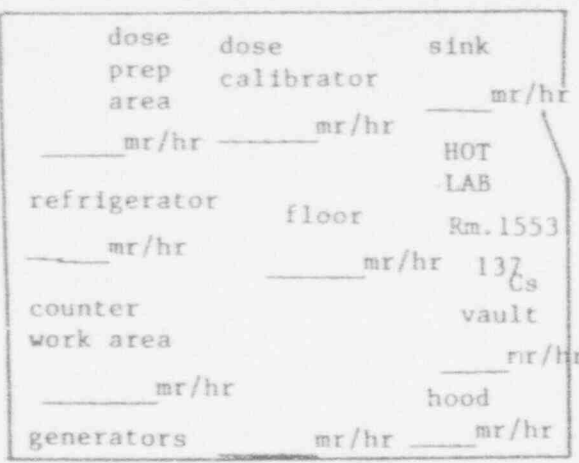
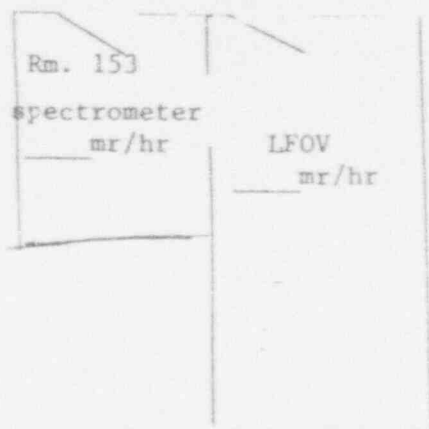
Dick Bohy, Vice President Professional Services
Sioux Valley Hospital

DB/mg

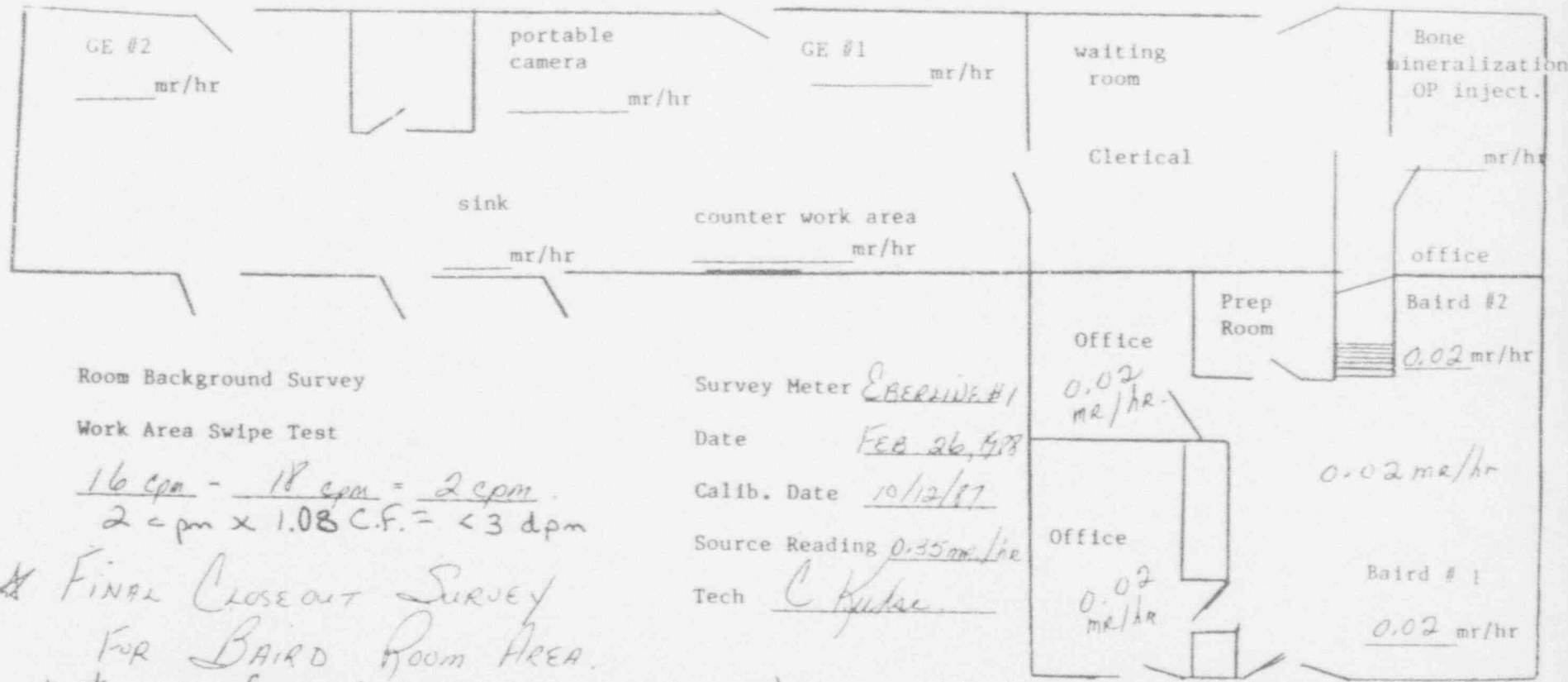
7/12/88
Jul-2-88
Mursin
7/12/88

NOT REQUIRED
cont of 461918

462049



HALLWAY mr/hr



Room Background Survey

Work Area Swipe Test

$16 \text{ cpm} - 18 \text{ cpm} = 2 \text{ cpm}$
 $2 \text{ cpm} \times 1.08 \text{ C.F.} = < 3 \text{ dpm}$

* FINAL CLOSEOUT SURVEY FOR BAIRD ROOM AREA.

1 WIPE TEST USED FOR ALL AREAS SURVEYED WITH A G-M METER

Survey Meter EBERLINE #1
 Date FEB 26, 1978
 Calib. Date 10/12/77
 Source Reading 0.35 mr/hr
 Tech C. K. [unclear]

462049



**SIoux VALLEY
HOSPITAL**

P.O. Box 5039
1100 South Euclid Avenue
Sioux Falls, South Dakota 57117-5039
(605) 333-1000

July 8, 1988

Mr. Jack Whitten
Nuclear Regulatory Commission - Region IV
611 Ryan Plaza Drive, Suite 1000
Arlington, Texas 76011

Dear Mr. Whitten:

I am writing in reference to an application for ammendment to our N.R.C. license #40-12378-01.

Two of the physicians, Dr. Michael Burke and Dr. David Dolan, applying for addition to our license inadvertently omitted the materials license number under which they are currently studying.

The license number is Kansas 18-C054-02.

Thank You,

Cori
Cori Kuhse, CNMT
Nuclear Medicine Supervisor
Sioux Valley Hospital

CK/mg
cc:

APPLICATION FOR MATERIAL LICENSE

INSTRUCTIONS: SEE THE APPROPRIATE LICENSE APPLICATION GUIDE FOR DETAILED INSTRUCTIONS FOR COMPLETING APPLICATION. SEND TWO COPIES OF THE ENTIRE COMPLETED APPLICATION TO THE NRC OFFICE SPECIFIED BELOW.

FEDERAL AGENCIES FILE APPLICATIONS WITH:

U.S. NUCLEAR REGULATORY COMMISSION
DIVISION OF FUEL CYCLE AND MATERIAL SAFETY, NMSS
WASHINGTON, DC 20555

ALL OTHER PERSONS FILE APPLICATIONS AS FOLLOWS, IF YOU ARE LOCATED IN:

CONNECTICUT, DELAWARE, DISTRICT OF COLUMBIA, MAINE, MARYLAND, MASSACHUSETTS, NEW JERSEY, NEW YORK, PENNSYLVANIA, RHODE ISLAND, OR VERMONT, SEND APPLICATIONS TO:

U.S. NUCLEAR REGULATORY COMMISSION, REGION I
NUCLEAR MATERIAL SECTION B
631 PARK AVENUE
KING OF PRUSSIA, PA 19406

ALABAMA, FLORIDA, GEORGIA, KENTUCKY, MISSISSIPPI, NORTH CAROLINA, PUERTO RICO, SOUTH CAROLINA, TENNESSEE, VIRGINIA, VIRGIN ISLANDS, OR WEST VIRGINIA, SEND APPLICATIONS TO:

U.S. NUCLEAR REGULATORY COMMISSION, REGION II
MATERIAL RADIATION PROTECTION SECTION
101 MARIETTA STREET, SUITE 2900
ATLANTA, GA 30323

IF YOU ARE LOCATED IN:

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

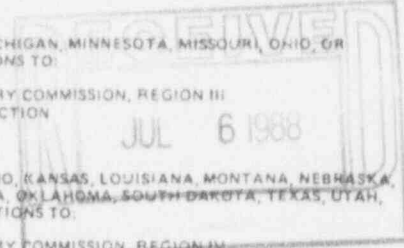
U.S. NUCLEAR REGULATORY COMMISSION, REGION III
MATERIALS LICENSING SECTION
799 ROOSEVELT ROAD
GLEN ELLYN, IL 60137

ARKANSAS, COLORADO, IDAHO, KANSAS, LOUISIANA, MONTANA, NEBRASKA, NEW MEXICO, NORTH DAKOTA, OKLAHOMA, SOUTH DAKOTA, TEXAS, UTAH, OR WYOMING, SEND APPLICATIONS TO:

U.S. NUCLEAR REGULATORY COMMISSION, REGION IV
MATERIAL RADIATION PROTECTION SECTION
611 RYAN PLAZA DRIVE, SUITE 1000
ARLINGTON, TX 76011

ALASKA, ARIZONA, CALIFORNIA, HAWAII, NEVADA, OREGON, WASHINGTON, AND U.S. TERRITORIES AND POSSESSIONS IN THE PACIFIC, SEND APPLICATIONS TO:

U.S. NUCLEAR REGULATORY COMMISSION, REGION V
MATERIAL RADIATION PROTECTION SECTION
1450 MARIA LANE, SUITE 210
WALNUT CREEK, CA 94596



PERSONS LOCATED IN AGREEMENT STATES SEND APPLICATIONS TO THE U.S. NUCLEAR REGULATORY COMMISSION ONLY IF THEY WISH TO POSSESS AND USE LICENSED MATERIAL IN STATES SUBJECT TO U.S. NUCLEAR REGULATORY COMMISSION JURISDICTION.

1. THIS IS AN APPLICATION FOR (Check appropriate item)

- A. NEW LICENSE
- B. AMENDMENT TO LICENSE NUMBER 40-12378-01
- C. RENEWAL OF LICENSE NUMBER _____

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

Sioux Valley Hospital
19th & Euclid Ave
Sioux Falls, South Dakota 57105

3. ADDRESS(ES) WHERE LICENSED MATERIAL WILL BE USED OR POSSESSED.

Same as 2.

4. NAME OF PERSON TO BE CONTACTED ABOUT THIS APPLICATION

Corrine Kuhse, Supervisor, Nuclear Medicine

TELEPHONE NUMBER

(605) 333-1000

SUBMIT ITEMS 5 THROUGH 11 ON 8 1/2 x 11" PAPER. THE TYPE AND SCOPE OF INFORMATION TO BE PROVIDED IS DESCRIBED IN THE LICENSE APPLICATION GUIDE.

5. RADIOACTIVE MATERIAL

a. Element and mass number, b. chemical and/or physical form, and c. maximum amount which will be possessed at any one time.

6. PURPOSE(S) FOR WHICH LICENSED MATERIAL WILL BE USED.

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

Refer to attached Item #7.1

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

9. FACILITIES AND EQUIPMENT.

10. RADIATION SAFETY PROGRAM.

11. WASTE MANAGEMENT.

12. LICENSEE FEES (See 10 CFR 170 and Section 170.31)

FEE CATEGORY 7C AMOUNT ENCLOSED \$ 120.00

13. CERTIFICATION (Must be completed by applicant) THE APPLICANT UNDERSTANDS THAT ALL STATEMENTS AND REPRESENTATIONS MADE IN THIS APPLICATION ARE BINDING UPON THE APPLICANT.

THE APPLICANT AND ANY OFFICIAL EXECUTING THIS CERTIFICATION ON BEHALF OF THE APPLICANT, NAMED IN ITEM 2, CERTIFY THAT THIS APPLICATION IS PREPARED IN CONFORMITY WITH TITLE 10, CODE OF FEDERAL REGULATIONS, PARTS 30, 32, 33, 34, 35, AND 40 AND THAT ALL INFORMATION CONTAINED HEREIN, IS TRUE AND CORRECT TO THE BEST OF THEIR KNOWLEDGE AND BELIEF.

WARNING: 18 U.S.C. SECTION 1001 ACT OF JUNE 25, 1948, 62 STAT. 749 MAKES IT A CRIMINAL OFFENSE TO MAKE A WILLFULLY FALSE STATEMENT OR REPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION.

SIGNATURE - CERTIFYING OFFICER

TYPED/PRINTED NAME

TITLE

DATE

Richard L. Bohy

Richard L. Bohy

Vice President/Prof. Services 6-29-88

14. VOLUNTARY ECONOMIC DATA

a. ANNUAL RECEIPTS

< \$250K	\$1M - 3.5M
\$250K - 500K	\$3.5M - 7M
\$500K - 750K	\$7M - 10M
\$750K - 1M	> \$10M

b. NUMBER OF EMPLOYEES (Total for entire facility excluding outside contractors)

c. NUMBER OF BEDS

d. WOULD YOU BE WILLING TO FURNISH COST INFORMATION (Dollar and/or staff hours) ON THE ECONOMIC IMPACT OF CURRENT NRC REGULATIONS OR ANY FUTURE PROPOSED NRC REGULATIONS THAT MAY AFFECT YOU? (NRC regulations permit it to protect confidential commercial or financial - proprietary - information furnished to the agency in confidence)

YES NO

FOR NRC USE ONLY

TYPE OF FEE

FEE LOG

FEE CATEGORY

COMMENTS

APPROVED BY

And Jul 2 - 1988 7c

Mr. [Signature]

AMOUNT RECEIVED

CHECK NUMBER

\$120 refunded
Committed by 4/6/1988

DATE 7/12/88
462052

PRIVACY ACT STATEMENT

Pursuant to 5 U.S.C. 552a(e)(3), enacted into law by section 3 of the Privacy Act of 1974 (Public Law 93-579), the following statement is furnished to individuals who supply information to the Nuclear Regulatory Commission on NRC Form 313. This information is maintained in a system of records designated as NRC-3 and described at 40 Federal Register 45334 (October 1, 1975).

1. **AUTHORITY:** Sections 81 and 161(b) of the Atomic Energy Act of 1954, as amended (42 U.S.C. 2111 and 2201(b)).
2. **PRINCIPAL PURPOSE(S):** The information is evaluated by the NRC staff pursuant to the criteria set forth in 10 CFR Parts 30, 32, 33, 34, 35 and 40 to determine whether the application meets the requirements of the Atomic Energy Act of 1954, as amended, and the Commission's regulations, for the issuance of a radioactive material license or amendment thereof.
3. **ROUTINE USES:** The information may be (a) provided to State health departments for their information and use; and (b) provided to Federal, State, and local health officials and other persons in the event of incident or exposure, for their information, investigation, and protection of the public health and safety. The information may also be disclosed to appropriate Federal, State, and local agencies in the event that the information indicates a violation or potential violation of law and in the course of an administrative or judicial proceeding. In addition, this information may be transferred to an appropriate Federal, State, or local agency to the extent relevant and necessary for an NRC decision or to an appropriate Federal agency to the extent relevant and necessary for that agency's decision about you.
4. **WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION:** Disclosure of the requested information is voluntary. If the requested information is not furnished, however, the application for radioactive material license, or amendment thereof, will not be processed. A request that information be held from public inspection must be in accordance with the provisions of 10 CFR 2.790. Withholding from public inspection shall not affect the right, if any, of persons properly and directly concerned need to inspect the document.
5. **SYSTEM MANAGER(S) AND ADDRESS:** U.S. Nuclear Regulatory Commission
Director, Division of Fuel Cycle and Material Safety
Office of Nuclear Material Safety and Safeguards
Washington, D.C. 20555

SUPPLEMENT

U.S. NUCLEAR REGULATORY COMMISSION

TRAINING AND EXPERIENCE
AUTHORIZED USER OR RADIATION SAFETY OFFICER

1. NAME OF PROPOSED AUTHORIZED USER OR RADIATION SAFETY OFFICER MICHAEL A. BURKE, M.D.	2. FOR PHYSICIANS, STATE OR TERRITORY WHERE LICENSED SOUTH DAKOTA / KANSAS
---	---

3. CERTIFICATION		
SPECIALTY BOARD A	CATEGORY B	MONTH AND YEAR CERTIFIED C
AMERICAN BOARD OF Radiology	RADIATION Oncology (RADIATION Therapy)	PENDING

4. TRAINING RECEIVED IN BASIC RADIOISOTOPE HANDLING TECHNIQUES			
FIELD OF TRAINING A	LOCATION AND DATE(S) OF TRAINING B	TYPE AND LENGTH OF TRAINING	
		CLOCK HOURS IN LECTURE OR LABORATORY	CLOCK HOURS OF SUPERVISED ON-THE-JOB EXPERIENCE
a. RADIATION PHYSICS AND INSTRUMENTATION	UNIVERSITY OF KANSAS MEDICAL CENTER KANSAS CITY, KANSAS JULY 1, 1985 → JUNE 30, 1988	160	50
b. RADIATION PROTECTION	UNIV. KANSAS MED CENTER KANSAS CITY, KANSAS July 1, 1985 → JUNE 30, 1988	60	50
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY	UNIV. KANSAS MED CENTER KANSAS CITY, KANSAS JULY 1, 1985 → JUNE 30, 1988	40	40
d. RADIATION BIOLOGY	UNIV. KANSAS MED CENTER KANSAS CITY, KANSAS July 1, 1985 → JUNE 30, 1988	130	50
e. RADIOPHARMACEUTICAL CHEMISTRY	N/A		

5. EXPERIENCE WITH RADIATION, (Actual use of Radioisotopes or Equivalent Experience)				
ISOTOPE	mCi USED AT ONE TIME	LOCATION	CLOCK HOURS	TYPE OF USE
Cs-137	200 mCi	UNIV. KANSAS MED CENTER	180 hrs	INTRACAVITARY
Ir-192	72 mCi	UNIV. KANSAS MED CENTER	360 hrs	INTERSTITIAL
I-125	30 mCi	UNIVERSITY OF KANSAS "	50 hrs	INTERSTITIAL
P-32	15 mCi	UNIVERSITY OF KANSAS "	30 hrs	INTRACAVITARY
Sr-90	30 mCi	UNIV. OF KANSAS " +	10 hrs	Appluicator
Co-60	11000 Ci	UNIV. OF KANSAS " +	700 hrs	Teletherapy

EXHIBIT 3 (Continued)

PROPOSED PHYSICIAN USER
 MICHAEL A. BURKS M.D.

PRECEPTOR STATEMENT (Continued)

2. CLINICAL TRAINING AND EXPERIENCE OF ABOVE NAMED PHYSICIAN (Continued)

ISOTOPE A	CONDITIONS DIAGNOSED OR TREATED B	NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION C	COMMENTS (Additional information or comments may be submitted in duplicate on separate sheets.) D
P-32 (Sodium)	TREATMENT OF POLYCYTHEMIA VERA, LEUKEMIA, AND BONE METASTASES	N/A	
P-32 (Cadmium)	INTRACAVITARY TREATMENT	3	
I-131	TREATMENT OF THYROID CARCINOMA	N/A	
	TREATMENT OF HYPERTHYROIDISM	N/A	
Au-198	INTRACAVITARY TREATMENT	N/A	
Co-60 or Cs-137	INTERSTITIAL TREATMENT	N/A	
	INTRACAVITARY TREATMENT	20	
I-125 or Ir-192 or Co-60 or Cs-137	INTERSTITIAL TREATMENT	48	
	TELE THERAPY TREATMENT	200	
Sr-90	TREATMENT OF EYE DISEASE	2	
	RADIOPHARMACEUTICAL PREPARATION	N/A	
Mo-99/ Tc-99m	GENERATOR	N/A	
Sr-90/ In-113m	GENERATOR	N/A	
Tc-99m	REAGENT KITS	N/A	
Other			

3. DATES AND TOTAL NUMBER OF HOURS RECEIVED IN CLINICAL RADIOISOTOPE TRAINING

LOCATION	DATES	CLOCK HOURS OF EXPERIENCE
UNIVERSITY OF KANSAS MEDICAL CENTER	July 29 - July 28	310

4. THE TRAINING AND EXPERIENCE INDICATED ABOVE WAS OBTAINED UNDER THE SUPERVISION OF:

a. NAME OF SUPERVISOR
 Richard C. Evans, Ph.D., M.D.

b. NAME OF INSTITUTION
 University of Kansas Medical Center

c. MAILING ADDRESS
 39th & Rainbow

d. CITY
 Kansas City, KS 66103

5. PRECEPTOR'S SIGNATURE

7. PRECEPTOR'S NAME (Please type or print)

Richard C. Evans, Ph.D., M.D.

8. DATE

6. MATERIALS LICENSE NUMBER(S)

TRAINING AND EXPERIENCE
AUTHORIZED USER OR RADIATION SAFETY OFFICER

1. NAME OF PROPOSED AUTHORIZED USER OR RADIATION SAFETY OFFICER David Patrick Dolan, M.D.		2. FOR PHYSICIANS, STATE OR TERRITORY WHERE LICENSED South Dakota Kansas
3. CERTIFICATION		
SPECIALTY BOARD A	CATEGORY B	MONTH AND YEAR CERTIFIED C
American Board of Radiology	Therapeutic	Eligible 10/88

4. TRAINING RECEIVED IN BASIC RADIOISOTOPE HANDLING TECHNIQUES

FIELD OF TRAINING A	LOCATION AND DATE(S) OF TRAINING B	TYPE AND LENGTH OF TRAINING	
		CLOCK HOURS IN LECTURE OR LABORATORY	CLOCK HOURS OF SUPERVISED ON-THE-JOB EXPERIENCE
a. RADIATION PHYSICS AND INSTRUMENTATION	University of Kansas Medical Ctr.	180 hrs	40 hrs
b. RADIATION PROTECTION	Univ. of Kansas Med. Ctr.	20 hrs	10 hrs.
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY	Univ. of Kansas Med. Ctr.	10 hrs.	10 hrs.
d. RADIATION BIOLOGY	Univ of Kansas Med Ctr.	120 hrs	N.A.
e. RADIOPHARMACEUTICAL CHEMISTRY			

5. EXPERIENCE WITH RADIATION. (Actual use of Radioisotopes or Equivalent Experience)

ISOTOPE	mCi USED AT ONE TIME	LOCATION	CLOCK HOURS	TYPE OF USE
Cs-137	212 mCi	Univ. of Kansas	121 hr.	Intracavitary
Ir-192	90 mCi	Univ. of Kansas	387 hrs.	Brachytherapy
P-32	15 mCi	Univ of Kansas	31 hr.	Intra-cavitary
Co ⁶⁰	10,000 x 10 ³ mCi	Univ of Kansas	700 hrs	Teletherapy

EXHIBIT 3
SUPPLEMENT B

SUPPLEMENT		U. S. NUCLEAR REGULATORY COMMISSION	
PRECEPTOR STATEMENT			
Supplement B must be completed by the applicant physician's preceptor. If more than one preceptor is necessary to document experience, obtain a separate statement from each.			
1. PROPOSED PHYSICIAN USER'S NAME AND ADDRESS		KEY TO COLUMN C	
FULL NAME	PERSONAL PARTICIPATION SHOULD CONSIST OF: 1-Supervised examination of patients to determine the suitability for radioisotope diagnosis and/or treatment and recommendation for prescribed dosage. 2-Collaboration in dose calibration and actual administration of dose to the patient including calculation of the radiation dose, related measurements and plotting of data. 3-Adequate period of training to enable physician to manage radioactive patients and follow patients through diagnosis and/or course of treatment.		
STREET ADDRESS			
CITY STATE ZIP CODE			
David Patrick Dolan, M.D. 240 Regency Ct. Sioux Falls S.D. 57106			
2. CLINICAL TRAINING AND EXPERIENCE OF ABOVE NAMED PHYSICIAN			
ISOTOPE A	CONDITIONS DIAGNOSED OR TREATED B	NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION C	COMMENTS <small>(Additional information or comments may be submitted in duplicate on separate sheets.)</small> D
	Thyroid scan	—	Not Applicable
	Thyroid uptake	—	
	Lung perfusion scan	—	
	Xenon ventilation study	—	
	Aerosol ventilation scan	—	
	Renal flow scan	—	
	Brain scan	—	
	Liver/spleen scan	—	
	Bone scan	—	
	Gastroesophageal study	—	
	Leveer shunt study	—	
	Cystogram	—	
	Dacryocystogram	—	
	Cardiac perfusion scan	—	
	Cardiac stress ventriculogram	—	
Cardiac rest ventriculogram	—		
Gallium scan	—		

EXHIBIT 3 (Continued)

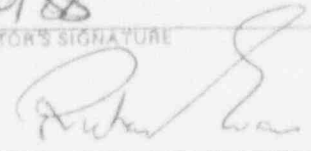
PROPOSED PHYSICIAN (SEE) David P. Dolan, M.D.			
PRECEPTOR STATEMENT (Continued)			
2. CLINICAL TRAINING AND EXPERIENCE OF ABOVE NAMED PHYSICIAN (Continued)			
ISOTOPE	CONDITIONS DIAGNOSED OR TREATED	NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION	COMMENTS <small>(Additional information or comments may be submitted in duplicate on separate sheets.)</small>
A	B	C	D
P-32 <small>(P-32) C-170-940</small>	TREATMENT OF POLYCYTHEMIA VERA, LEUKEMIA, AND BONE METASTASES		
P-32 <small>C-170-940</small>	INTRACAVITARY TREATMENT	2	
P-32	TREATMENT OF THYROID ASCINOPIA		
P-32	TREATMENT OF HYPERthyROIDISM		
Au-198	INTRACAVITARY TREATMENT		
Co-60	INTERSTITIAL TREATMENT		
Ca-137	INTRACAVITARY TREATMENT	10	
I-125 or Ir-192 or Co-60 or Ca-137	INTERSTITIAL TREATMENT	35	
Ca-137	TELE THERAPY TREATMENT	150	
Sr-90	TREATMENT OF EYE DISEASE		
	RADIOPHARMACEUTICAL PREPARATION		
Mo-99/ Tc-99m	GENERATOR		
Sr-113/ In-113m	GENERATOR		
Tc-99m	REAGENT KITS		
Other			
3. DATES AND TOTAL NUMBER OF HOURS RECEIVED IN CLINICAL RADIOISOTOPE TRAINING			
LOCATION		DATES	CLOCK HOURS OF EXPERIENCE
University of Kansas Medical Center		7/1/85 thru 6/30/88	240 hrs.
4. THE TRAINING AND EXPERIENCE INDICATED ABOVE WAS OBTAINED UNDER THE SUPERVISION OF:		6. PRECEPTOR'S SIGNATURE	
a. NAME OF SUPERVISOR Richard G. Evans, Ph.D., M.D.			
b. NAME OF INSTITUTION Univ. of Kansas Med Ctr.		7. PRECEPTOR'S NAME (Please type or print)	
c. MAILING ADDRESS 39th & Rainbow Blvd			
d. CITY Kansas City, KS 66103		8. DATE 26 May 88	
e. MATERIALS LICENSE NUMBER (RIS)			

EXHIBIT 2
SUPPLEMENT A

SUPPLEMENT

U.S. NUCLEAR REGULATORY COMMISSION

TRAINING AND EXPERIENCE
AUTHORIZED USER OR RADIATION SAFETY OFFICER

1. NAME OF PROPOSED AUTHORIZED USER OR RADIATION SAFETY OFFICER

Kirsten R. Erickson, M.D.

2. FOR PHYSICIANS, STATE OR TERRITORY WHERE LICENSED

South Dakota, New Mexico

3. CERTIFICATION

SPECIALTY BOARD A	CATEGORY B	MONTH AND YEAR CERTIFIED C
American Board of Radiology	Therapeutic Radiology	Board Eligible Written Boards Oct. '88

4. TRAINING RECEIVED IN BASIC RADIOISOTOPE HANDLING TECHNIQUES

FIELD OF TRAINING A	LOCATION AND DATE(S) OF TRAINING B	TYPE AND LENGTH OF TRAINING	
		CLOCK HOURS IN LECTURE OR LABORATORY	CLOCK HOURS OF SUPERVISED ON-THE-JOB EXPERIENCE
a. RADIATION PHYSICS AND INSTRUMENTATION	University of New Mexico Cancer Center (7/85-6/88) Albuquerque, New Mexico	60	24
b. RADIATION PROTECTION	University of New Mexico Cancer Center (7/85-6/88) Albuquerque, New Mexico	60	30
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY	University of New Mexico Cancer Center (7/85-6/88) Albuquerque, New Mexico	60	18
d. RADIATION BIOLOGY	University of New Mexico Cancer Center (7/85-6/88) Albuquerque, New Mexico	175	
e. RADIOPHARMACEUTICAL CHEMISTRY		N/A	N/A

5. EXPERIENCE WITH RADIATION. (Actual use of Radioisotopes or Equivalent Experience)

ISOTOPE	mCi USED AT ONE TIME	LOCATION	CLOCK HOURS	TYPE OF USE
Co-60	9000 Ci	UNM Cancer Ctr., Albq, NM	60 hrs.	Radiation Therapy (external beam)
Cs-137	57 mCi	UNM Cancer Ctr., Albq, NM	42 hrs.	Radiation Therapy
Ir-192	45 mCi	UNM Cancer Ctr., Albq, NM	60 hrs.	Radiation Therapy
Sr-90	37 mCi	UNM Cancer Ctr., Albq, NM	2 hrs.	Radiation Therapy
Au-198	30 mCi	UNM Cancer Ctr., Albq, NM	15 hrs.	Radiation Therapy

EXHIBIT 3
SUPPLEMENT B

SUPPLEMENT	U. S. NUCLEAR REGULATORY COMMISSION
PRECEPTOR STATEMENT	

Supplement B must be completed by the applicant physician's preceptor. If more than one preceptor is necessary to document experience, obtain a separate statement from each.

1. PROPOSED PHYSICIAN USER'S NAME AND ADDRESS FULL NAME Kirsten R. Erickson, M.D. <hr/> STREET ADDRESS Medical X-Ray Center 1417 S. Minnesota <hr/> CITY STATE ZIP CODE Sioux Falls, South Dakota 57105	KEY TO COLUMN C PERSONAL PARTICIPATION SHOULD CONSIST OF: 1-Supervised examination of patients to determine the suitability for radioisotope diagnosis and/or treatment and recommendation for prescribed dosage. 2-Collaboration in dose calibration and actual administration of dose to the patient including calculation of the radiation dose, related measurements and plotting of data. 3-Adequate period of training to enable physician to manage radioactive patients and follow patients through diagnosis and/or course of treatment.
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2. CLINICAL TRAINING AND EXPERIENCE OF ABOVE NAMED PHYSICIAN

ISOTOPE A	CONDITIONS DIAGNOSED OR TREATED B	NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION C	COMMENTS <i>(Additional information or comments may be submitted in duplicate on separate sheets.)</i> D
	Thyroid scan	N/A	N/A
	Thyroid uptake	N/A	
	Lung perfusion scan	N/A	
	Xenon ventilation study	N/A	
	Aerosol ventilation scan	N/A	
	Renal flow scan	N/A	
	Brain scan	N/A	
	Liver/spleen scan	N/A	
	Bone scan	N/A	
	Gastroesophageal study	N/A	
	LeVein shunt study	N/A	
	Cystogram	N/A	
	Dacryocystogram	N/A	
	Cardiac perfusion scan.	N/A	
	Cardiac stress ventriculogram	N/A	
	Cardiac rest ventriculogram	N/A	
	Gallium scan	N/A	

EXHIBIT 3 (Continued)

PROPOSED PHYSICIAN USER Kirsten R. Erickson, M.D.			
PRECEPTOR STATEMENT (Continued)			
2. CLINICAL TRAINING AND EXPERIENCE OF ABOVE NAMED PHYSICIAN (Continued)			
ISOTOPE	CONDITIONS DIAGNOSED OR TREATED	NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION	COMMENTS <small>(Additional information or comments may be submitted in duplicate on separate sheets.)</small>
A	B	C	D
P-32 <i>(Soluble)</i>	TREATMENT OF POLYCYTHEMIA VERA, LEUKEMIA, AND BONE METASTASES	-	
P-32 <i>(Colloidal)</i>	INTRACAVITARY TREATMENT	-	
I-131	TREATMENT OF THYROID CARCINOMA	-	
	TREATMENT OF HYPERTHYROIDISM	-	
Au-198	INTRACAVITARY TREATMENT	-	
Co-60 or Cs-137	INTERSTITIAL TREATMENT	-	
	INTRACAVITARY TREATMENT	28	
I-125 or Ir-192	INTERSTITIAL TREATMENT	39	
	TELE THERAPY TREATMENT	120	
Sr-90	TREATMENT OF EYE DISEASE	3	
	RADIOPHARMACEUTICAL PREPARATION	-	
Mo-99/ Tc-99m	GENERATOR	-	
Sn-113/ In-113m	GENERATOR	-	
Tc-99m	REAGENT KITS	-	
Other Au-198	 Interstitial Treatment	 10	
3. DATES AND TOTAL NUMBER OF HOURS RECEIVED IN CLINICAL RADIOISOTOPE TRAINING			
	LOCATION	DATES	CLOCK HOURS OF EXPERIENCE
	University of New Mexico Cancer Center Radiation Oncology Dept. 900 Camino de Salud, N.E. Albuquerque, New Mexico 87131	7/85-6/88	179 hrs.
4. THE TRAINING AND EXPERIENCE INDICATED ABOVE WAS OBTAINED UNDER THE SUPERVISION OF:		5. PRECEPTOR'S SIGNATURE 	
a. NAME OF SUPERVISOR Kutub Khan, M.D.	7. PRECEPTOR'S NAME <small>(Please type or print)</small> Kutub Khan, M.D.		
b. NAME OF INSTITUTION Univ. of New Mexico Cancer Center	8. DATE 6/2/88		
c. MAILING ADDRESS 900 Camino de Salud, N.E.	6. MATERIALS LICENSE NUMBER(S) NM UNM BM-33		
d. CITY Albuquerque, NM 87131			

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