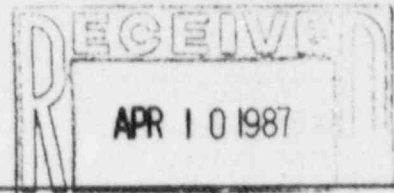


## EXHIBIT A



FORM NRC-313M (8-78) 10 CFR 35	U.S. NUCLEAR REGULATORY COMMISSION APPLICATION FOR MATERIALS LICENSE - MEDICAL	Approved: GAO R0557
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**INSTRUCTIONS** - Complete Items 1 through 26 if this is an initial application or an application for renewal of a license. Use supplemental sheets where necessary. Item 26 must be completed on all applications and signed. Retain one copy. Submit original and one copy of entire application to: Director, Office of Nuclear Materials Safety and Safeguards, U.S. Nuclear Regulatory Commission, Washington, D.C. 20555. Upon approval of this application, the applicant will receive a Materials License. An NRC Materials License is issued in accordance with the general requirements contained in Title 10, Code of Federal Regulations, Part 30, and the Licensee is subject to Title 10, Code of Federal Regulations, Parts 19, 20 and 35 and the license fee provision of Title 10, Code of Federal Regulations, Part 170. The license fee category should be stated in Item 26 and the appropriate fee enclosed.

1.a. NAME AND MAILING ADDRESS OF APPLICANT (institution, firm, clinic, physician, etc.) INCLUDE ZIP CODE  Cushing Regional Hospital P.O. Box 1409 Cushing, Ok. 74023 TELEPHONE NO.: AREA CODE 918 225-2915	1.b. STREET ADDRESS(ES) AT WHICH RADIOACTIVE MATERIAL WILL BE USED (If different from 1.a.) INCLUDE ZIP CODE  1022 E. Cherry Cushing, Ok
2. PERSON TO CONTACT REGARDING THIS APPLICATION  Michael Morris TELEPHONE NO.: AREA CODE 918 372-4229	3. THIS IS AN APPLICATION FOR: (Check appropriate item) a. <input type="checkbox"/> NEW LICENSE b. <input type="checkbox"/> AMENDMENT TO LICENSE NO. 35-17041-01 c. <input checked="" type="checkbox"/> RENEWAL OF LICENSE NO.
4. INDIVIDUAL USERS (Name individuals who will use or directly supervise use of radioactive material. Complete Supplements A and B for each individual.)  Alcaf Husain, M.D.	5. RADIATION SAFETY OFFICER (RSO) (Name of person designated as radiation safety officer. If other than individual user, complete resume of training and experience as in Supplement A.)  Same

## 6.a. RADIOACTIVE MATERIAL FOR MEDICAL USE

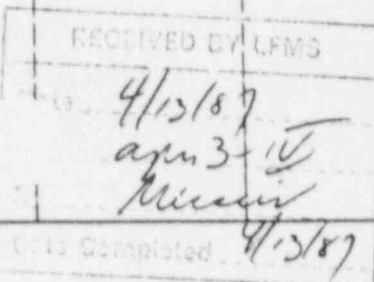
RADIOACTIVE MATERIAL LISTED IN:	ITEMS DESIRED "X"	MAXIMUM POSSESSION LIMITS (In millicuries)	ADDITIONAL ITEMS:	MARK ITEMS DESIRED "X"	MAXIMUM POSSESSION LIMITS (In millicuries)
10 CFR 31.11 FOR IN VITRO STUDIES	X	2.0	IODINE-131 AS IODIDE FOR TREATMENT OF HYPERTHYROIDISM		
10 CFR 35.100, SCHEDULE A, GROUP I	X	AS NEEDED	PHOSPHORUS-32 AS SOLUBLE PHOSPHATE FOR TREATMENT OF POLYCYTHEMIA VERA, LEUKEMIA AND BONE METASTASES		
10 CFR 35.100, SCHEDULE A, GROUP II	X	AS NEEDED	PHOSPHORUS-32 AS COLLOIDAL CHROMIC PHOSPHATE FOR INTRACAVITARY TREATMENT OF MALIGNANT EFFUSIONS.		
10 CFR 35.100, SCHEDULE A, GROUP III	X	2000	GOLD-198 AS COLLOID FOR INTRACAVITARY TREATMENT OF MALIGNANT EFFUSIONS.		
10 CFR 35.100, SCHEDULE A, GROUP IV		AS NEEDED	IODINE-131 AS IODIDE FOR TREATMENT OF THYROID CARCINOMA		
10 CFR 35.100, SCHEDULE A, GROUP V		AS NEEDED	XENON-133 AS GAS OR GAS IN SALINE FOR BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES.		
10 CFR 35.100, SCHEDULE A, GROUP VI					

## 6.b. RADIOACTIVE MATERIAL FOR USES NOT LISTED IN ITEM 6.a. (Sealed sources up to 3 mCi used for calibration and reference standards are authorized under Section 35.14(d), 10 CFR Part 35, and NEED NOT BE LISTED.)

ELEMENT AND MASS NUMBER	CHEMICAL AND/OR PHYSICAL FORM	MAXIMUM NUMBER OF MILLICURIES OF EACH FORM	DESCRIBE PURPOSE OF USE
None			

8806170148 871028  
REG4 LIC30  
35-17040-01 PDR

FORM NRC-313M  
(8-78)



**FEE EXEMPT**  
170.116(b) Encl 14

REC'D LFMB 4/13/87

11.1467

# INFORMATION REQUIRED FOR ITEMS 7 THROUGH 23

For Items 7 through 23, check the appropriate box(es) and submit a detailed description of all the requested information. Begin each item on a separate sheet. Identify the item number and the date of the application in the lower right corner of each page. If you indicate that an appendix to the medical licensing guide will be followed, do not submit the pages, but specify the revision number and date of the referenced guide: Regulatory Guide 10.8 Rev. 1 Date: 1980

7. MEDICAL ISOTOPES COMMITTEE		15. GENERAL RULES FOR THE SAFE USE OF RADIOACTIVE MATERIAL (Check One)	
X	Names and Specialties Attached; and Add. 1, p1	X	Appendix G Rules Followed; or
X	Duties as in Appendix B; or (Check One)		Equivalent Rules Attached
	Equivalent Duties Attached	16. EMERGENCY PROCEDURES (Check One)	
8. TRAINING AND EXPERIENCE		X	Appendix H Procedures Followed; or Same as lic.
X	Supplements A & B Attached for Each Individual User; and Same as license		Equivalent Procedures Attached
	Supplement A Attached for RSO.	17. AREA SURVEY PROCEDURES (Check One)	
9. INSTRUMENTATION (Check One)		X	Appendix I Procedures Followed; or
X	Appendix C Form Attached; or Add 1, P-2		Equivalent Procedures Attached
	List by Name and Model Number	18. WASTE DISPOSAL (Check One)	
10. CALIBRATION OF INSTRUMENTS		X	Appendix J Form Attached; or Same as lic.
X	Appendix D Procedures Followed for Survey Instruments; or Same as license (Check One)		Equivalent Information Attached
	Equivalent Procedures Attached; and	19. THERAPEUTIC USE OF RADIOPHARMACEUTICALS (Check One)	
X	Appendix D Procedures Followed for Dose Calibrator; or Same as license (Check One)	N/A	Appendix K Procedures Followed; or
	Equivalent Procedures Attached		Equivalent Procedures Attached
11. FACILITIES AND EQUIPMENT		20. THERAPEUTIC USE OF SEALED SOURCES	
X	Description and Diagram Attached Same as lic.	N/A	Detailed Information Attached; and
12. PERSONNEL TRAINING PROGRAM			Appendix L Procedures Followed; or (Check One)
X	Description of Training Attached Same as lic.		Equivalent Procedures Attached
13. PROCEDURES FOR ORDERING AND RECEIVING RADIOACTIVE MATERIAL		21. PROCEDURES AND PRECAUTIONS FOR USE OF RADIOACTIVE GASES (e.g., Xenon - 133)	
X	Detailed Information Attached Same as lic.	N/A	Detailed Information Attached
14. PROCEDURES FOR SAFELY OPENING PACKAGES CONTAINING RADIOACTIVE MATERIALS (Check One)		22. PROCEDURES AND PRECAUTIONS FOR USE OF RADIOACTIVE MATERIAL IN ANIMALS	
		N/A	Detailed Information Attached
X	Appendix F Procedures Followed; or	23. PROCEDURES AND PRECAUTIONS FOR USE OF RADIOACTIVE MATERIAL SPECIFIED IN ITEM 6.b	
	Equivalent Procedures Attached	N/A	Detailed Information Attached

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## 24. PERSONNEL MONITORING DEVICES

TYPE (Check appropriate box)		SUPPLIER	EXCHANGE FREQUENCY
a. WHOLE BODY	<input checked="" type="checkbox"/> FILM	Landauer	Monthly
	<input type="checkbox"/> TLD		
	<input type="checkbox"/> OTHER (Specify)		
b. FINGER	<input type="checkbox"/> FILM		
	<input checked="" type="checkbox"/> TLD	Landauer	Monthly
	<input type="checkbox"/> OTHER (Specify)		
c. WRIST	<input type="checkbox"/> FILM		
	<input type="checkbox"/> TLD		
	<input type="checkbox"/> OTHER (Specify)		

d. OTHER (Specify)

## 25. FOR PRIVATE PRACTICE APPLICANTS ONLY

a. HOSPITAL AGREEING TO ACCEPT PATIENTS CONTAINING RADIOACTIVE MATERIAL		b. ATTACH A COPY OF THE AGREEMENT LETTER SIGNED BY THE HOSPITAL ADMINISTRATOR.
NAME OF HOSPITAL		
MAILING ADDRESS		
CITY	STATE	ZIP CODE
c. WHEN REQUESTING THERAPY PROCEDURES, ATTACH A COPY OF RADIATION SAFETY PRECAUTIONS TO BE TAKEN AND LIST AVAILABLE RADIATION DETECTION INSTRUMENTS.		

## 26. CERTIFICATE

(This item must be completed by applicant)

The applicant and any official executing this certificate on behalf of the applicant named in Item 1a certify that this application is prepared in conformity with Title 10, Code of Federal Regulations, Parts 30 and 35, and that all information contained herein, including any supplements attached hereto, is true and correct to the best of our knowledge and belief.

a. LICENSE FEE REQUIRED (See Section 170.31, 10 CFR 170)	b. APPLICANT OR CERTIFYING OFFICIAL (Signature) <i>Ron Cackler</i>
	(1) NAME (Type of Print) Ron Cackler
(1) LICENSE FEE CATEGORY: Exempt per 170.11.9	(2) TITLE Administrator
(2) LICENSE FEE ENCLOSED: \$ Regional Hospital	c. DATE April 1, 1987

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1. Altaf Husain, M.D., Radiation Safety Officer
2. Administrator, Ron Cackler
3. Radiation Physicist, Michael MORRIS, NRC License #35-19631-01
4. Lead Nuclear Medicine Tech, Michael Bateman
5. Director of Nursing, Clem Bird
6. Director of Radiology, Carol Berger

Pysicians specializing in other areas are not interested in serving on this committee at this time.

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## APPENDIX C

## INSTRUMENTATION

## 1. Survey meters

- a. Manufacturer's name: Picker
- Manufacturer's model number: 655-186
- Number of instruments available: one
- Minimum range: 0 mR/hr to 0.2 mR/hr
- Maximum range: 0 mR/hr to 2000 mR/hr
- b. Manufacturer's name: \_\_\_\_\_
- Manufacturer's model number: \_\_\_\_\_
- Number of instruments available: \_\_\_\_\_
- Minimum range: \_\_\_\_\_ mR/hr to \_\_\_\_\_ mR/hr
- Maximum range: \_\_\_\_\_ mR/hr to \_\_\_\_\_ mR/hr

## 2. Dose calibrator

- Manufacturer's name: Picker
- Manufacturer's model number: Isotope Calibrator
- Number of instruments available: ONE

## 3. Instruments used for diagnostic procedures

Type of Instrument	Manufacturer's Name	Model No.
Gamma Camera	Toshiba	EMA-404

## 4. Other (e.g., liquid scintillation counter, area monitor, velometer)

NOTE TO: License Fee Management Branch, ADM

FROM: Region 4

SUBJECT: VOIDED APPLICATION

Control Number 461608

Applicant Cushing Regional Hospital

Date Voided 8/27/87

Reason for Void Correspondence is response  
to resubmittal request instead of  
request for action. (ms 16 for inc # 461467)

Signature

Jay A. Marshall

Attachment:  
Application

DL40

OK LFM/B



BETWEEN: LICENSE FEE MANAGEMENT BRANCH, ARM  
AND  
REGIONAL LICENSING SECTIONS

03012097

(FOR  
INFORMA  
23 MAR 82 15 12 08

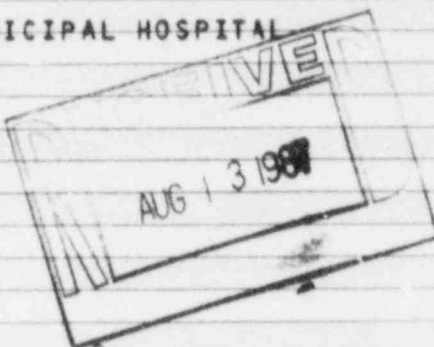
PROGRAM CODE:  
STATUS CODE:  
FEE CATEGORY:  
EXP. DATE: 15  
FEE COMMENTS:  
\*\*\*\*\*

LICENSE FEE TRANSMITTAL

A. REGION *IV*

1. APPLICATION ATTACHED

APPLICANT/LICENSEE: CUSHING MUNICIPAL HOSPITAL  
APPLICATION DATE: 870806  
CONTROL NO.: 461608  
LICENSE NO.: 35-17040-01  
ACTION TYPE: AMENDMENT



2. FEE ATTACHED

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

3. COMMENTS

SIGNED  
DATE

*George Hurler*  
*8/16/87*

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

1. FEE CATEGORY AND AMOUNT: *EX7C*

**FEE EXEMPT**

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

AMENDMENT *---*  
RENEWAL *---*  
LICENSE *---*

*170, 114, 16)*

3. OTHER *---*

SIGNED  
DATE

*Ms. Messer*  
*8/20/87*