



Elkhart
General
Hospital

P.O. BOX 1329 • ELKHART, INDIANA • 46515 • TELEPHONE (219) 294-2621

May 18, 1988

Region III, Licensing Section
Material Licensing Branch
U.S Nuclear Regulatory Commission
799 Roosevelt Road
Glen Ellyn, IL 60137

RE: Amendment to License #13-188879-01.

Gentlemen:

Please amend our license to include the name of Mark Hurt, M.D. List Dr. Hurt as a user of all groups listed in Part 35 for which he is deemed qualified. It is our understanding that proof of Dr. Hurt's certification in diagnostic radiology will be sufficient to obtain approval to perform diagnostic nuclear medicine. We have included Supplement A with Sections 1, 2, and 3 filled out along with a copy of his board certification in diagnostic radiology.

Since Dr. Hurt would also like to treat hyperthyroid patients with Iodine-131, we have included a preceptor statement application from the State of Texas showing his participation in eight such cases. Since the NRC asks for participation in ten cases for licensure, we have submitted a second preceptor statement with an additional five cases.

If you have any questions concerning this amendment request, please contact John D. Scheu, Ph.D. at (219) 287-4146 or (219) 237-7287. A check of \$120.00 is enclosed for the amendment fee.

Yours Very Truly,

Kevin Britt
Vice President of Operations

Enclosure

MAY 31 1988

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13-18879-01
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REGION III

CONTROL NO. 85507

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 Mark Hurt, M.D.		2. FOR PHYSICIANS, STATE OR TERRITORY WHERE LICENSED Indiana		
3. CERTIFICATION				
SPECIALTY BOARD A	CATEGORY B	MONTH AND YEAR CERTIFIED C		
Diagnostic Radiology	American Board of Radiology	6/1/86		
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	Parkland Hospital/ Southwestern Medical Center, Dallas, Tx July 1983-June 1986			
b. RADIATION PROTECTION				
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY				
d. RADIATION BIOLOGY				
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

The American Board of Radiology

Organized through the cooperation of the
American College of Radiology, the American Roentgen Ray Society,
the American Radium Society, the Radiological Society of North America,
the Section on Radiology of the American Medical Association
and the American Society of Therapeutic Radiologists

Hereby certifies that

Mark R. Hurt, M.D.

Has pursued an accepted course of graduate study
and clinical work, has met certain standards and qualifications and
has passed the examinations conducted under the authority of

The American Board of Radiology

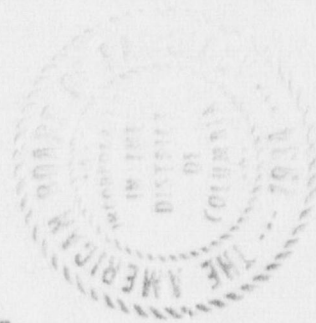
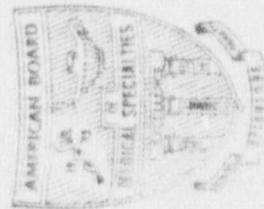
On this sixth day of June, 1986

Thereby demonstrating to the satisfaction of the Board
that he is qualified to practice the specialty of

Diagnostic Radiology

Lucretia W. Brady, M.D.
President

James H. R. Zuckerman, M.D.
Secretary



The back of this page must be signed by the physician's nuclear medicine preceptor.

Name And Address of Applicant Physician	Inclusive Dates Training Received
Mark Hurt, MD.	September 1985
	June 1986

Clinical Training And Experience Of Physician Who Will Use Radioactive Material

[illegible]

Therapy Procedures

[illegible]

(Continued on Page Four)

Isotope	Type Of Study Or Therapy	Number of Cases Observed *	Number Of Cases Involving Active Participation **
Imaging And Tumor Localization Studies			
^{99m} Tc	Liver-Spleen Scan	80	80
"	Biliary Imaging	12	12
"	Biliary Imaging Delay	2	2
"	Salivary Gland Imaging		
Co-57 & Co-58	Schilling Test I & II	2	2
^{99m} Tc	GI Bleed Localization	10	10
"	Meckel's		
"	Gastric Emptying	2	2
"	GE Reflux	2	2
"	Bone Imaging Ltd Area	2	2
"	Bone Total Body	160	160
"	Joint Imaging	1	1
"	Inflammatory Examination - Osteo	5	5
"	Avascular Infarct	11	11
"	Muscle Scan	2	2
"	RNVG/Rest	155	155
"	RNVG/Stress	44	44
"	Acute Infarct Imaging	70	70
Tl-201	Stress Redistribution	4	4
^{99m} Tc	RN Venography	8	8
"	Perfusion Lung Scan	51	51
Xe-133	Ventilation Lung Scan	4	4
^{99m} Tc	Brain Scan with Flow	7	7
Indium-111	CSF Space Puncture	1	1
"	Cisternography	1	1
^{99m} Tc	CSF Shunt Patency	1	1
Indium-111	CSF Leak Detection	1	1
^{99m} Tc	Renal Imaging	67	67
"	Testicular	8	8
Ga-67	Gallium Imaging	15	15
^{99m} Tc	Metastatic Calcification		
"	Tomographic Imaging	3	3

* Observation should consist of observing radioisotope administration techniques and discussion with preceptor of case histories.

** Active participation should include (a) examination of the patient, (b) recommendation of dosage, (c) collaboration in the calibration and administration of the dose, and (d) followup of patient through treatment period.

TOTAL NUMBER OF HOURS OF PARTICIPATION IN CLINICAL TRAINING: 200 HOURS.
 TOTAL NUMBER OF HOURS OF CLASSROOM AND LABORATORY TRAINING: 500 HOURS.

I CERTIFY THE ABOVE NAMED PHYSICIAN SUCCESSFULLY COMPLETED THE TRAINING AS SPECIFIED ABOVE.

Robert W. Parkey, M.D.

Name of physician (preceptor)

AT

Parkland Memorial Hospital
 Dallas, Texas 75235

Institution


 Signature

**EXHIBIT 3
SUPPLEMENT B**

SUPPLEMENT		U. S. NUCLEAR REGULATORY COMMISSION	
PRECEPTOR STATEMENT			
<i>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.</i>			
1. PROPOSED PHYSICIAN USER'S NAME AND ADDRESS <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"> FULL NAME <p align="center">Mark Hurt, M.D.</p> </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"> STREET ADDRESS <p align="center">30110 Foxrun Trail</p> </div> <div style="display: flex; justify-content: space-between; border: 1px solid black; padding: 2px;"> <div style="width: 30%;">CITY Granger</div> <div style="width: 20%;">STATE IN</div> <div style="width: 40%;">ZIP CODE 46530</div> </div>		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.	
2. CLINICAL TRAINING AND EXPERIENCE OF ABOVE NAMED PHYSICIAN			
ISOTOPE <small>A</small>	CONDITIONS DIAGNOSED OR TREATED <small>B</small>	NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION <small>C</small>	COMMENTS <small>(Additional information or comments may be submitted in duplicate on separate sheets.) D</small>
	Thyroid scan		
	Thyroid uptake		
	Lung perfusion scan		
	Xenon ventilation study		
	Aerosol ventilation scan		
	Renal flow scan		
	Brain scan		
	Liver/spleen scan		
	Bone scan		
	Gastroesophageal study		
	LeVeen shunt study		
	Cystogram		
	Dacryocystogram		
	Cardiac perfusion scan.		
	Cardiac stress ventriculogram		
	Cardiac rest ventriculogram		
Gallium scan			

EXHIBIT 3 (Continued)

PROPOSED PHYSICIAN USER			
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 (Soluble)	TREATMENT OF POLYCYTHEMIA VERA, LEUKEMIA, AND BONE METASTASES		
P-32 (Colloid)	INTRACAVITARY TREATMENT		
I-131	TREATMENT OF THYROID CARCINOMA		
	TREATMENT OF HYPERTHYROIDISM	5	
Au-198	INTRACAVITARY TREATMENT		
Co-60 or Cs-137	INTERSTITIAL TREATMENT		
	INTRACAVITARY TREATMENT		
I-125 or Ir-192	INTERSTITIAL TREATMENT		
	TELETHERAPY TREATMENT		
Cs-137	TELETHERAPY TREATMENT		
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
Elkhart General Hospital P.O. Box 1329 Elkhart, Indiana 46615		11/87 to 4/88	5
4. THE TRAINING AND EXPERIENCE INDICATED ABOVE WAS OBTAINED UNDER THE SUPERVISION OF:		5. PRECEPTOR'S SIGNATURE	
a. NAME OF SUPERVISOR Daniel A. Boll, M.D.		Daniel A. Boll M.D.	
b. NAME OF INSTITUTION Elkhart General Hospital			
c. MAILING ADDRESS P.O. Box 1329		7. PRECEPTOR'S NAME (Please type or print)	
d. CITY Elkhart, Indiana 46615		Daniel A. Boll M.D.	
5. MATERIALS LICENSE NUMBERS: 13-18879-01		8. DATE 4/25/88	