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190 E. Bannock Street
Boise, Idaho 83712
P (208) 381-2222

January 7, 2021

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Nlegpug'P wo dgt '233/49534/23"
Nlegpugg'P co g'2U0Nwng'u'T gi kqpcrIO gf kecrIEgpvgt "

Carol L. Hill, Licensing Assistant
US Nuclear Regulatory Commission Region IV
Nuclear Materials Licensing Branch
1600 East Lamar Boulevard
Arlington, Texas 76011-4511

RE: Amendment of License #11-27312-01

Dear Carol Hill:

We would like to request the addition of the following Authorized User to our Radioactive Materials License for 35.100 and 35.200 uses:

- **Lee Linstroth, MD**

Attached you will find a copy of NRC Form 313AUD and a copy of Dr. Linstroth's board certificate for your review.

Should you need additional information regarding this request, please feel to call me at 208-381-3192, or by email at fullersc@slhs.org.

Sincerely,

A handwritten signature in black ink that reads "Scott Fuller".

Scott Fuller, MS, DABR
Radiation Safety Officer



AUTHORIZED USER TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION
(for uses defined under 35.100, 35.200, and 35.500)
[10 CFR 35.57, 35.190, 35.290, and 35.590]

Name of Proposed Authorized User Lee Anthony Linstroth, MD	State or Territory Where Licensed IDAHO
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Requested Authorization(s) *(check all that apply)*

35.100 Uptake, dilution, and excretion studies 35.200 Imaging and localization studies

35.500 Sealed sources for diagnosis (specify device) _____

PART I – TRAINING AND EXPERIENCE
(Select one of the three methods below)

* Training and Experience, including board certification, must have been obtained within the 7 years preceding the date of application or the individual must have obtained related continuing education and experience since the required training and experience was completed. Provide dates, duration, and description of continuing education and experience related to the uses checked above.

- 1. Board Certification**
- a. Provide a copy of the board certification.
 - b. For a board certification issued on or before October 24, 2005 that is listed in 10 CFR 35.57(b)(2)(i), provide the following:
 - (i) Documentation that the individual performed each use checked above on or before October 24, 2005.
 - (ii) Dates, duration, and description of continuing education and experience within the past seven years for each use checked above.
 - c. Stop here.
- 2. Current 35.390 Authorized User Seeking Additional 35.290 Authorization**
- a. Authorized user on Materials License _____ meeting 10 CFR 35.390, 10 CFR 35.57 for 35.300 uses, or equivalent Agreement State requirements seeking authorization for 35.290.
 - b. Supervised Work Experience.
(If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this section.)

Description of Experience	Location of Experience/License or Permit Number of Facility	Clock Hours	Dates of Experience*
Eluting generator systems appropriate for the 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			

Total Hours of Experience:

Supervising Individual	License/Permit Number listing supervising individual as an authorized user or authorized nuclear pharmacist
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Supervisor meets the requirements below, or equivalent Agreement State requirements *(check all that apply)*.

35.290 35.390 + generator experience in 32.290(c)(1)(ii)(G) 35.55 35.57 for 35.200 uses

c. If board certified, provide a copy of the certificate and stop here. If not board certified, skip to and complete Part II Preceptor Attestation.

AUTHORIZED USER TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION
(for uses defined under 35.100, 35.200, and 35.500)
[10 CFR 35.57, 35.190, 35.290, and 35.590](continued)

3. Training and Experience for Proposed Authorized User

a. Classroom and Laboratory Training.

Description of Training	Location of Training	Clock Hours	Dates of Training*
Radiation physics and instrumentation			
Radiation protection			
Mathematics pertaining to the use and measurement of radioactivity			
Chemistry of byproduct material for medical use (not required for 35.590)			
Radiation biology			
Total Hours of Training: <input type="text"/>			

b. Supervised Work Experience (completion of this table is not required for 35.590).
(If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this section.)

Supervised Work Experience		Total Hours of Experience:	<input type="text"/>
Description of Experience Must Include:	Location of Experience/License or Permit Number of Facility	Confirm	Dates of Experience*
Ordering, receiving, and unpacking radioactive materials safely and performing the related radiation surveys		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters		<input type="checkbox"/> Yes <input type="checkbox"/> No	

AUTHORIZED USER TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION
(for uses defined under 35.100, 35.200, and 35.500)
[10 CFR 35.57, 35.190, 35.290, and 35.590](continued)

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

b. Supervised Work Experience. (continued)

Description of Experience Must include:	Location of Experience/License or Permit Number of Facility	Confirm	Dates of Experience*
Calculating, measuring, and safely preparing patient or human research subject dosages		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Administering dosages of radioactive drugs to patients or human research subjects		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Eluting generator systems appropriate for the 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		<input type="checkbox"/> Yes <input type="checkbox"/> No*	

Supervising Individual	License/Permit Number listing supervising individual as an authorized user or an authorized nuclear pharmacist for generator training
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Supervisor meets the requirements below, or equivalent Agreement State requirements (*check one*).

35.190 35.290 35.390 35.390 + generator experience in 35.290(c)(1)(ii)(G)

35.55 35.57 for 35.200 uses

*Not required for 10 CFR 35.100 use.

c. For 35.590 only, provide documentation of training on use of the device.

Device	Type of Training	Location and Dates

d. For 35.500 uses only, stop here. For 35.100 and 35.200 uses, skip to and complete Part II Preceptor Attestation.

AUTHORIZED USER TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION
(for uses defined under 35.100, 35.200, and 35.500)
[10 CFR 35.57, 35.190, 35.290, and 35.590](continued)

PART II – PRECEPTOR ATTESTATION

Note: This part must be completed by the individual's preceptor. The preceptor does not have to be the supervising individual as long as the preceptor provides, directs, or verifies training and experience required. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each. (Not required to meet training requirements in 35.590)

By checking the boxes below, the preceptor is not attesting to the individual's "general clinical competency."

First Section

Check one of the following for each use requested:

For 35.190

I attest that _____ has satisfactorily completed the 60 hours of training and
Name of Proposed Authorized User
experience, including a minimum of 8 hours of classroom and laboratory training, required by 10 CFR 35.190(c)(1), and is able to independently fulfill the radiation safety-related duties as an authorized user for the medical uses authorized under 10 CFR 35.100.

For 35.290

I attest that _____ has satisfactorily completed the 700 hours of training
Name of Proposed Authorized User
and experience, including a minimum of 80 hours of classroom and laboratory training, required by 10 CFR 35.290(c)(1), and is able to independently fulfill the radiation safety-related duties as an authorized user for the medical uses under 10 CFR 35.100 and 35.200.

Second Section

Complete one of the following for attestation and signature:

Authorized User:

I meet the requirements below, or equivalent Agreement State requirements, as an authorized user for:
 35.190 35.290 35.390 35.390 + generator experience 35.57 for 35.200 uses

OR

Residency Program Director:

I affirm that the attestation represents the consensus of the residency program faculty where at least one faculty member is an authorized user who meets the requirements below or equivalent Agreement State requirements for:

35.190 35.290 35.390 35.390 + generator experience 35.57 for 35.200 uses

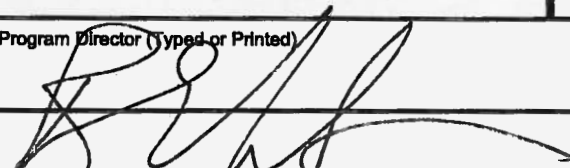
I affirm that this facility member concurs with the attestation I am providing as program director.

I affirm that the residency training program is approved by the:

- Residency Review Committee of the Accreditation Council for Graduate Medical Education
- Royal College of Physicians and Surgeons of Canada
- Council on Post-Graduate Training of the American Osteopathic Association

I affirm that the residency training program includes training and experience specified in:

35.190 35.290

Name of Facility: ST Luke's Idaho Cardiology Associates		License/Permit Number: 11-27312-01	
Name of Preceptor or Residency Program Director (Typed or Printed) Brian P. Nolan, DO		Telephone Number 2083221680	Date 08/25/2020
Signature 			

Certification Board of Nuclear Cardiology

Incorporated 1996

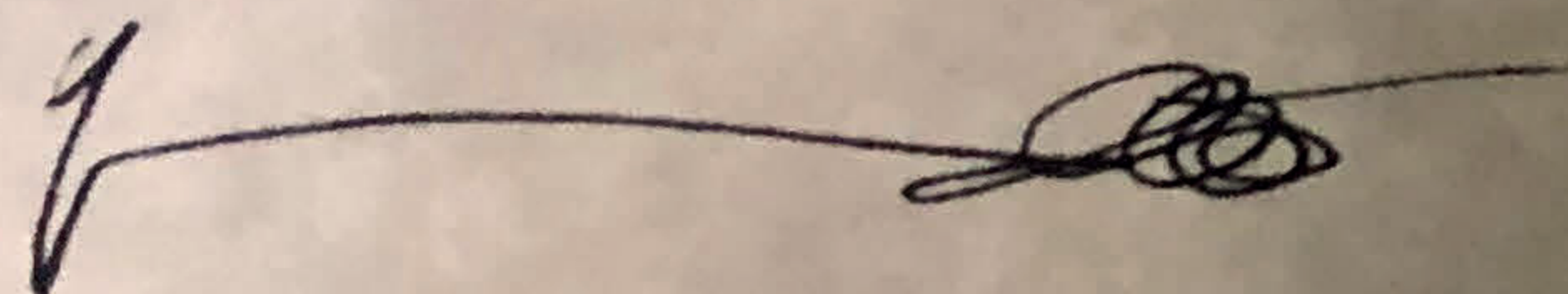
Part of the Alliance for Physician Certification & Advancement™ Medical Specialty Boards and Certification programs

Certifies That

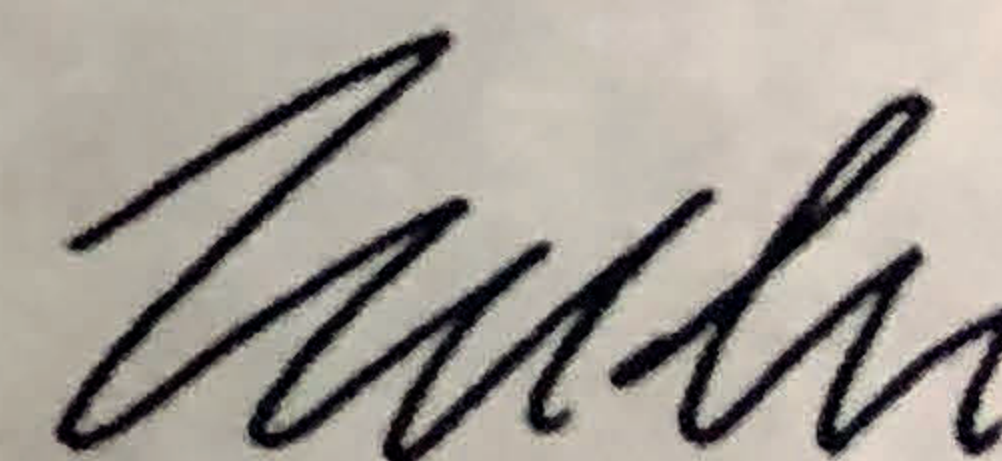
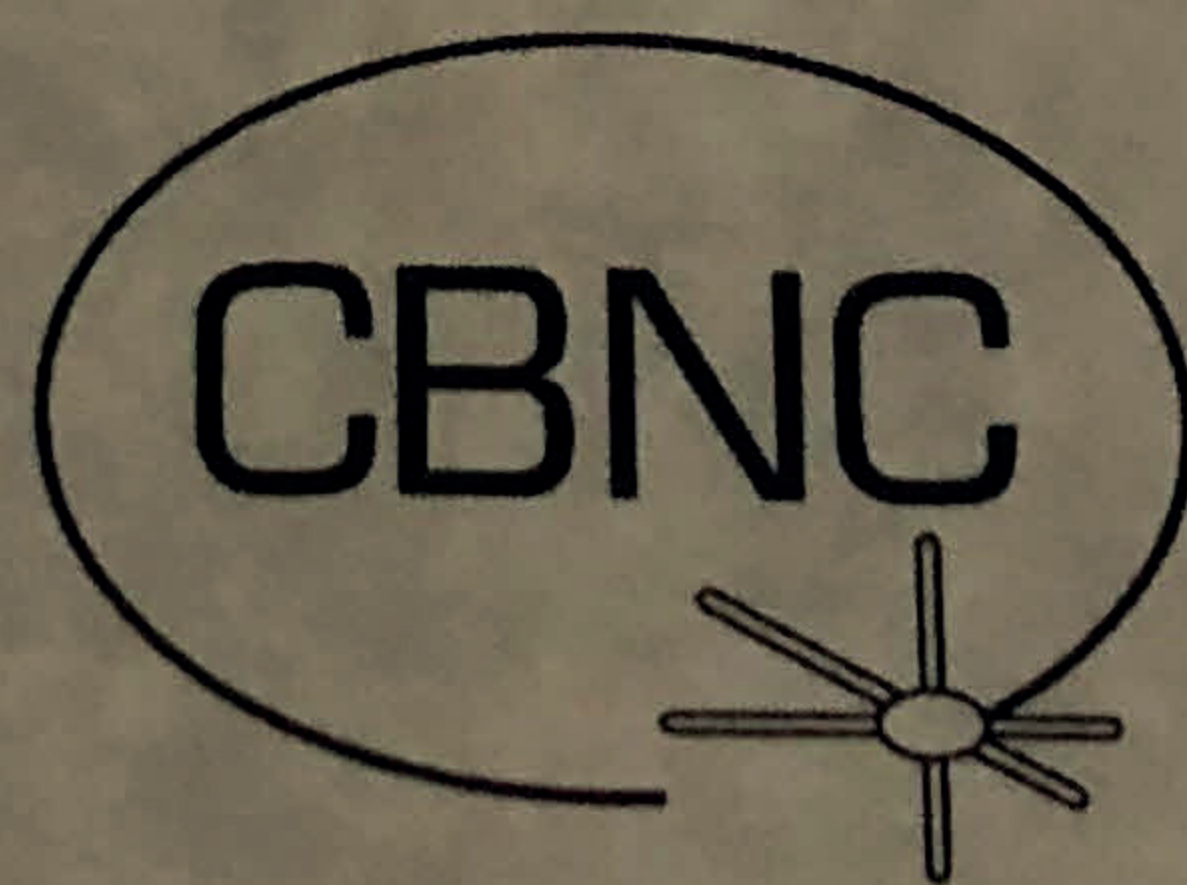
Lee Linstroth

HAVING MET THE REQUIREMENTS PRESCRIBED BY THIS BOARD FOR PHYSICIANS
TRAINED IN THE UNITED STATES AND HAVING SATISFACTORILY PASSED
THE REQUIRED EXAMINATION, IS HEREBY DESIGNATED
A DIPLOMATE CERTIFIED IN THE SUBSPECIALTY OF
NUCLEAR CARDIOLOGY

VALID: JANUARY 1, 2019 – MARCH 1, 2029



Chairman



Vice-Chairman



CERTIFICATE NUMBER: 12638

From: [Scott Fuller](#)
To: [Hill, Carol](#)
Cc: [Jodi Vanderpool](#); [James Blacker](#); [Beth Hoffman](#)
Subject: [External_Sender] Authorized User Addition Request (11-27312-01)
Date: Thursday, January 7, 2021 2:40:11 PM
Attachments: [image003.png](#)
[01-07-2021 Add AU Linstroth.pdf](#)
[Linstroth Certificate.pdf](#)

Good afternoon Ms. Hill,

We would like to request the addition of Dr. Lee Linstroth as an Authorized User on our Radioactive Materials License (11-27312-01). We are requesting that Dr. Linstroth be added for 35.100 and 35.200 uses at this time.

Please review the attached request letter, NRC Form 313AUD, and board certificate for Dr. Linstroth.

Should you require additional information, please do not hesitate to contact me at your convenience.

Sincerely,
Scott Fuller



Scott Fuller, MS, DABR
Director of Radiation Safety
St. Luke's Health System

208-381-3192
 fullersc@slhs.org

"This message is intended for the use of the person or entity to which it is addressed and may contain information that is confidential or privileged, the disclosure of which is governed by applicable law. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this information is strictly prohibited. If you have received this message by error, please notify us immediately and destroy the related message."



ACKNOWLEDGEMENT - RECEIPT OF CORRESPONDENCE

Name and Address of Applicant and/or Licensee

Scott Fuller, M.S., DABR
Radiation Safety Officer
St. Luke's Regional Medical Center
190 E Bannock St
Boise, ID 83712

Date

01/07/2021

License Number(s)

11-27312-01

Mail Control Number(s)

624207

Licensing and/or Technical Reviewer or Branch

C. Hill

This is to acknowledge receipt of your: Letter and/or Application Dated: 01/07/2021

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:

[Empty box for administrative omissions]

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) 200-1103 or (817) 200-1140**

Agency: NRC

WBL WORKSHEET

DOCKET NUMBER: 3032196 LICENSE NUMBER: 11-27312-01 STATUS: Pending Amendment

MAIL CONTROL NUMBER: 624207 RECEIPT DATE: 01/07/2021 ACTION TYPE: Amendment

DUE DATE: 04/07/2021 INST. CODE: 27312 LICENSE REGION: Region 4

LICENSE TYPE: 30 ENTITY TYPE: C LICENSE GROUP: Medical

ISSUE DATE: ORIGINAL DATE: 05/16/1994 EXPIRATION DATE: 04/30/2030

DECOMMISSIONING CATEGORY: Group 1 LAST ISSUE DATE:

LICENSEE NAME: St. Luke's Regional Medical Center DECOM FIN ASSUR REQD: N
SUBM: N

MAILING ADDRESS LINE1: 190 East Bannock Street CONT PLAN REQD: N APPRV: N

MAILING ADDRESS LINE 2:

CITY: Boise STATE: ID ZIP: 83712

CONTACT PERSON: PREFIX: Ms. FIRST NAME: Jodi MIDDLE INITIAL: L.

LAST NAME: Vanderpool SUFFIX: MBA

JOB TITLE: System Vice President, Quality PHONE: 208-381-8999 FAX: 208-381-8711 EMAIL: vanderpj@slhs.org

BILLING ADDRESS LINE 1:

BILLING ADDRESS LINE 2:

CITY: STATE: Idaho ZIP:

BILLING CONTACT PERSON: FIRST NAME: MIDDLE INITIAL: LAST NAME:

PHONE: EMAIL: FAX:

PRIMARY PGM CODE: 04822 SECONDARY PGM CODE: 04810,04826

INSPECTION REGION: Region 4 PRIORITY: 2

RSO: PREFIX: FIRST NAME: Scott MIDDLE INITIAL: LAST NAME Fuller

SUFFIX: M.S., DABR RSO JOB TITLE: Radiation Safety Officer

RSO PHONE: 208-381-2222 RSO FAX: 208-381-8711 RSO EMAIL: fullersc@slhs.org

STATES WHERE USE IS AUTHORIZED: 1
0- ALL LISTED STATES
1- SAME AS STATE IN ADDRESS
2- ALL STATES
3- NON-AGREEMENT-STATES

AUTHORIZED STATES (USE ONLY IF ABOVE IS ZERO):