



RECEIVED

02/04/2021

February 5, 2021

Mail Control Number: 624551

Docket Number : 3014720

License Number : 50-18244-01

Licensee Name : Galen Hospital Alaska, Inc.

U.S. NRC Region IV
ATTN: DNMS Licensing Assistant
1600 East Lamar Boulevard
Arlington, TX 76011-4511

RE: Amendment Request for Radioactive Materials License 50-18244-01.

Dear Licensing Personnel:

Please amend the radioactive license listed above for the changes outlined below.

1. Please change the Radiation Safety Officer from Peter Stokinger to Ryan Shea. Please see the attached Form 313 in support of this request. Mr. Shea has extensive experience in radiation safety, radioactive materials handling and patient care surrounding the administration and imaging of nuclear medicine patients.
2. Please add the authorization for Group 300, oral administration of any quantity of sodium iodide I-131, for William Perry, M.D. Dr. Perry is currently included on our radioactive materials license for Group 1000 and has previous experience in authorization, handling, administration and patient care regarding sodium iodide I-131. Please see the attached paperwork from his previous employer.
3. Please delete Bradley Cruz, Lester Lewis, Mark Poag, David Mills and Glenn Stewart as Authorized Users on the license.

Please contact our consultant, Kory Kodimer, at 818-421-8614 or the Director of Imaging Services for the hospital, Tosha Stewart, at 907-223-8821 with any questions regarding this request.



Sincerely,

Peter A Stokinger, CNMT
Radiation Safety Officer

Delegation of Authority – Radiation Safety Officer

To: Ryan Shea, CNMT
From: Management Representative
Subject: Delegation of Authority

You, Ryan Shea, have been appointed Radiation Safety Officer and are responsible for ensuring the safe use of radiation. You are responsible for managing the Radiation Protection Program; identifying radiation protection problems; initiating, recommending, or providing corrective actions; verifying implementation of corrective actions; stopping unsafe activities; and ensuring compliance with regulations. You are hereby delegated the authority necessary to meet those responsibilities, including prohibiting the use of byproduct material by employees who do not meet the necessary requirements and shutting down operations where justified to maintain radiation safety. You are required to notify management if staff does not cooperate and does not address radiation safety issues. In addition, you are free to raise issues with the Nuclear Regulatory Commission at any time.

 Management Representative	 Signature
<u>Interim, CEO</u> Title	<u>2/5/2021</u> Date

I accept the above responsibilities,

 Signature of Radiation Safety Officer	<u>Ryan Shea</u> Name	<u>2-5-2021</u> Date
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**RADIATION SAFETY OFFICER OR
ASSOCIATE RADIATION SAFETY OFFICER
TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION [10 CFR 35.57, 35.50] (continued)**

4. Individuals applying simultaneously to be the RSO and AU on a new license

- a. Documentation of training and experience to be a new AU is attached
- b. The new license application is attached.
- c. Stop here.

OR

5. Structured Educational Program for Proposed RSO or ARSO

a. Classroom and Laboratory Training

Description of Training	Location of Training	Clock Hours	Dates of Training*
Radiation physics and instrumentation	The University of Vermont	80	2007-2011
Radiation protection	The University of Vermont	15	2007-2011
Mathematics pertaining to the use and measurement of radioactivity	The University of Vermont	80	2007-2011
Radiation biology	The University of Vermont	20	2007-2011
Radiation dosimetry	The University of Vermont	20	2007-2011
Total Hours of Training:		215	



**RADIATION SAFETY OFFICER OR
ASSOCIATE RADIATION SAFETY OFFICER
TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION
[10 CFR 35.57, 35.50]**

Name of Individual

RSO

ARSO

Ryan Shea

Requested Authorization(s) *The license authorizes the following medical uses (check all that apply):*

- 35.100 35.200 35.300 35.400 35.500 35.600 (remote afterloader)
- 35.600 (teletherapy) 35.600 (gamma stereotactic radiosurgery) 35.1000 (Y-90 microspheres)

PART I -- TRAINING AND EXPERIENCE
(Select one of the five 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. If the board certification process has been recognized by the Commission or an Agreement State under 10 CFR 35.50;
 - (i) Go to the table in 5c and describe training provider and dates of training for each type of use for which authorization is sought.
 - (ii) Stop here
- c. If the board certification was issued on or before October 24, 2005 and is listed in 10 CFR 35.57 (a)(2);
 - (i) Provide documentation demonstrating that the individual was using the requested materials and uses on or before October 24, 2005;
 - (ii) Stop here

OR

2. Current Radiation Safety Officer (RSO) or Associate Radiation Safety Officer (ARSO) Seeking Authorization to Be Recognized as a RSO or ARSO for the Additional Medical Uses Checked Above

- a. Use the table in section 5.c. to describe training in radiation safety, regulatory issues, and emergency procedures for the additional types of medical use for which recognition as RSO or ARSO is sought.
- b. If board certified, provide a copy of the certificate and stop here. If not board certified, skip to and complete Part II Preceptor Attestation.

OR

3. Authorized User (AU), Authorized Medical Physicist (AMP), or Authorized Nuclear Pharmacist (ANP) identified on a license or permit in accordance with 10 CFR 35.50 (c)(2)

- a. Provide license number.
- b. Use the table in section 5.c. to describe training in radiation safety, regulatory issues, and emergency procedures for all types of medical use on the license.
- 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.

OR

**RADIATION SAFETY OFFICER OR
ASSOCIATE RADIATION SAFETY OFFICER
TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION [10 CFR 35.57, 35.50] (continued)**

5. Structured Educational Program for Proposed RSO or ARSO (continued)

b. Supervised Radiation Safety 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 Training/ License or Permit Number of Facility	Dates of Training*
Shipping, receiving, and performing related radiation surveys	Alaska Regional Hospital NRC RAML 50-18244-01	Nov 2012 to present
Using and performing checks for proper operation of instruments used to determine the activity of dosages, survey meters, and instruments used to measure radionuclides	Alaska Regional Hospital NRC RAML 50-18244-01	Nov 2012 to present
Securing and controlling byproduct material	Alaska Regional Hospital NRC RAML 50-18244-01	Nov 2012 to present
Using administrative controls to avoid mistakes in administration of byproduct material	Alaska Regional Hospital NRC RAML 50-18244-01	Nov 2012 to present
Using procedures to prevent or minimize radioactive contamination and using proper decontamination procedures	Alaska Regional Hospital NRC RAML 50-18244-01	Nov 2012 to present
Using emergency procedures to control byproduct material	Alaska Regional Hospital NRC RAML 50-18244-01	Nov 2012 to present
Disposing of byproduct material	Alaska Regional Hospital NRC RAML 50-18244-01	Nov 2012 to present
Licensed Material Used (e.g., 35.100, 35.200, etc.)+ <div style="border: 1px solid black; padding: 2px;">35.300, 35.400 & 35.1000</div>	Alaska Regional Hospital NRC RAML 50-18244-01	Nov 2012 to present (35.300 & 400). Sep 2020 to present (35.1000)

+ Choose all applicable sections of 10 CFR Part 35 to describe radioisotopes and quantities used: 35.100, 35.200, 35.300, 35.400, 35.500, 35.600 remote afterloader units, 35.600 teletherapy units, 35.600 gamma stereotactic radiosurgery units, emerging technologies (provide list of devices).

**RADIATION SAFETY OFFICER OR
ASSOCIATE RADIATION SAFETY OFFICER
TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION [10 CFR 35.57, 35.50] (continued)**

5. Structured Educational Program for Proposed RSO or ARSO (continued)

b. Supervised Radiation Safety Experience (continued)

(If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this section.)

Supervising Individual Peter Stokinger, CNMT, RSO	License/Permit Number listing supervising individual as a Radiation Safety Officer or Associate Radiation Safety Officer NRC RAML 50-18244-01
The supervising individual is authorized as the for the following medical uses:	
<input type="checkbox"/> Radiation Safety Officer or the <input type="checkbox"/> Associate Radiation Safety Officer	
<input checked="" type="checkbox"/> 35.100	<input checked="" type="checkbox"/> 35.200
<input type="checkbox"/> 35.500	<input type="checkbox"/> 35.600 (remote afterloader)
<input type="checkbox"/> 35.600 (gamma stereotactic radiosurgery)	<input checked="" type="checkbox"/> 35.1000 (Y-90 microspheres)
<input type="checkbox"/> 35.300	<input checked="" type="checkbox"/> 35.400
	<input type="checkbox"/> 35.600 (teletherapy)

c. Describe training in radiation safety, regulatory issues, and emergency procedures for all types of medical use on the license for the RSO or types of use for which the ARSO will be listed on the license.

Description of Training	Training Provided By	Dates of Training*
Radiation safety, regulatory issues, and emergency procedures for 35.100, 35.200, and 35.500 uses	Peter Stokinger	May 2016 to present
Radiation safety, regulatory issues, and emergency procedures for 35.300 uses	Peter Stokinger	May 2016 to present
Radiation safety, regulatory issues, and emergency procedures for 35.400 uses	Peter Stokinger	May 2016 to present
Radiation safety, regulatory issues, and emergency procedures for 35.600 - teletherapy uses	not applicable	n/a
Radiation safety, regulatory issues, and emergency procedures for 35.600 - remote afterloader uses	not applicable	n/a
Radiation safety, regulatory issues, and emergency procedures for 35.600 - gamma stereotactic radiosurgery uses	not applicable	n/a
Radiation safety, regulatory issues, and emergency procedures for 35.1000, specify use(s):	Peter Stokinger	Sept 2020 to present

**RADIATION SAFETY OFFICER OR
ASSOCIATE RADIATION SAFETY OFFICER
TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION [10 CFR 35.57, 35.50] (continued)**

5. Structured Educational Program for Proposed RSO or ARSO (continued)

c. Training in radiation safety, regulatory issues, and emergency procedures for all types of medical use on the license (continued)

Supervising Individual <i>If training was provided by supervising RSO, ARSO, AU, AMP, or ANP. (If more than one supervising individual is necessary to document supervised training, provide multiple copies of this page.)</i> Peter Stokinger, CNMT, RSO	License/Permit Number listing supervising individual NRC RAML 50-18244-01
License/Permit lists supervising individual as: <input checked="" type="checkbox"/> Radiation Safety Officer <input type="checkbox"/> Associate Radiation Safety Officer <input type="checkbox"/> Authorized User <input type="checkbox"/> Authorized Nuclear Pharmacist <input type="checkbox"/> Authorized Medical Physicist Authorized as RSO, ARSO, AU, ANP, or AMP for the following medical uses: <input checked="" type="checkbox"/> 35.100 <input checked="" type="checkbox"/> 35.200 <input checked="" type="checkbox"/> 35.300 <input checked="" type="checkbox"/> 35.400 <input type="checkbox"/> 35.500 <input type="checkbox"/> 35.600 (remote afterloader) <input type="checkbox"/> 35.600 (teletherapy) <input type="checkbox"/> 35.600 (gamma stereotactic radiosurgery) <input checked="" type="checkbox"/> 35.1000 (<u>Y-90 microspheres</u>)	

d. Skip to and complete Part II Preceptor Attestation.

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.

First Section

Structured Educational Program for Proposed RSO or ARSO

I attest that Ryan Shea has satisfactorily completed
Name of Proposed RSO/ARSO
 a structural educational program consisting of both 200 hours of classroom and laboratory training and one year of full-time radiation safety experience as required by 10 CFR 35.50(b)(1).

AND

Second Section

I attest that Ryan Shea has training in
Name of Proposed RSO/ARSO
 radiation safety, regulatory issues, and emergency procedures for the following types of use:

Check all that apply:

- 35.100 35.200
- 35.300 oral administration of less than or equal to 33 millicuries of sodium iodide I-131, for which a written directive is required
- 35.300 oral administration of greater than 33 millicuries of sodium iodide I-131
- 35.300 Parenteral administration of any radioactive drug that contains a radionuclide that is primarily used for its electron emission, beta radiation characteristics, alpha radiation characteristics, or photon energy of less than 150 keV, for which a written directive is required

**RADIATION SAFETY OFFICER OR
ASSOCIATE RADIATION SAFETY OFFICER
TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION [10 CFR 35.57, 35.50] (continued)**

PART II – PRECEPTOR ATTESTATION (continued)

Check all that apply:

- 35.400
- 35.500
- 35.600 remote afterloader units
- 35.600 teletherapy units
- 35.600 gamma stereotactic radiosurgery units
- 35.1000 emerging technologies, including:

Y-90 microspheres

Third Section

AND

I attest that Ryan Shea
Name of Proposed Radiation Safety Officer or Associate Radiation Safety Officer

is able to independently fulfill the radiation safety-related duties as:

A Radiation Safety Officer for a medical use licensee.

OR

An Associate Radiation Safety Officer for a medical use licensee.

Fourth Section

Complete the following for Preceptor Attestation and signature

I am the Radiation Safety Officer for I am the Associate Radiation Safety Officer for

Name of Facility: Alaska Regional Hospital

License/Permit Number: NRC RAML 50-18244-01

Name of Preceptor (Typed or printed)

Peter Stokinger

Telephone Number

9072641290

Date

02/05/2021

Signature



Duke University Medical Center
DURHAM, NORTH CAROLINA

27710

Occupational and Environmental Safety Office

RADIATION SAFETY DIVISION

03 November 2020

Peter A. Stokinger AS, RT (R)(N), CNMT
Supervisor, Nuclear Medicine Dept.
Radiation Safety Officer
Alaska Regional Hospital
2801 Debarr Road
Anchorage, Alaska 99508

Dear Mr. Stokinger:

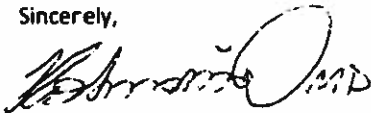
I am writing to confirm the status of Dr. William Perry (Interventional Radiology) as an Authorized User (AU) of yttrium-90 microspheres in humans for therapeutic purposes at Duke University Medical Center.

Condition 12 of Duke University's Medical License of Broad Scope with the State of North Carolina (NC 032-0247-4; expires January 31, 2027) stipulates that AUs be approved by vote of the Duke University Medical Center Radiation Control and Radioactive Drug Research Committee.

Dr. Perry was recommended for AU status by the Duke Human Use Subcommittee on or about 6 January 2020, and approved as an Authorized User of by vote of the Duke University Medical Center Radiation Control and Radioactive Drug Research Committee at their meeting on 18 March 2020.

Please contact me if you need further information or clarification.

Sincerely,



Robert E. Reiman, MSPH, MD
Associate Professor of Radiology
Secretary, Duke University Medical Center Radiation Control and Radioactive Drug Research Committee
Box 3155 Medical Center
Durham, NC 27710
robert.reiman@duke.edu



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>

William Perry
Resident Name

Duke
Program

'34-02-02-2
Program #

	YES	NO
By the time of the ABR 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 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"/>

Karen S. Johnson, MD
Residency Program Director
(Print Name)

Karen S. Johnson, MD
Program Director
(Signature)

5/24/18
Date

Form B

I-131 Therapy Experience Log

William Perry
Resident Name

Duke 34-0202-2
Program & Number

<u>Date</u>	<u>Dose Administered</u>	<u>Preceptor (AU) Print & Sign Name</u>
<p>≤ 33mCi</p> <p>1. <u>7/19/16</u></p>	<p><u>12 millicuries</u></p>	<p><u>Bennett Chin</u> Print Name <u>Bennett Chin, MD</u> Sign Name</p>
<p>2. <u>8/12/17</u></p>	<p><u>12 millicuries</u></p>	<p><u>S Borges-Neto MD / SALVADOR BORGES-NETO,</u> Print Name <u>SBN</u> Sign Name</p>
<p>3. <u>5/16/18</u></p>	<p><u>14 millicuries</u></p>	<p><u>S BORGES Neto / SALVADOR BORGES-NETO,</u> Print Name <u>SBN</u> Sign Name</p>

<u>Date</u>	<u>Dose Administered</u>	<u>Preceptor (AU) Print & Sign Name</u>
<p>>33 mCi</p> <p>1. <u>3/17/19</u></p>	<p><u>100 mCi</u></p>	<p><u>Terrance Wang</u> Print Name <u>T Wang</u> Sign Name</p>
<p>2. <u>3/29/19</u></p>	<p><u>100 mCi</u></p>	<p><u>SALVADOR BORGES-NETO, MD</u> Print Name <u>SBN</u> Sign Name</p>
<p>3. <u>3/22/19</u></p>	<p><u>100 mCi</u></p>	<p><u>SALVADOR BORGES-NETO, MD</u> Print Name <u>SBN</u> Sign Name</p>

From: [Stokinger Peter](#)
To: [Hill, Carol](#); [Stewart Tosha](#); [Dunn Colleen](#)
Cc: [Kodimer, Kory \[Kory.Kodimer@cardinalhealth.com\]](#) (Kory.Kodimer@cardinalhealth.com)
Subject: [External_Sender] Paperwork for RSO change
Date: Friday, February 5, 2021 3:26:28 PM
Attachments: [Ryan Shea RSO paperwork.pdf](#)

Please see attached paperwork for new RSO designee.

Any questions please respond to Tosha Stewart or Kory Kodimer. Emails are above.

Thank you,

Peter A. Stokinger AS, RT (R)(N), CNMT
Supervisor Nuclear Medicine Dept.
Radiation Safety Officer
Alaska Regional Hospital
2801 Debarr Road
Anchorage, Alaska 99508
(907) 264-1290 Direct
(907) 264-1801 Fax



ACKNOWLEDGEMENT - RECEIPT OF CORRESPONDENCE

Name and Address of Applicant and/or Licensee

Peter A. Stoking, CNMT
Radiation Safety Officer
Galen Hospital Alaska, Inc.
dba Alaska Regional Hospital
2801 DeBarr Rd
Anchorage, AK 99508

Date

02/10/2021

License Number(s)

50-18244-01

Mail Control Number(s)

624551

Licensing and/or Technical Reviewer or Branch

C. Hill

This is to acknowledge receipt of your: Letter and/or Application Dated: 02/05/2021

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:

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**

BETWEEN:

Accounts Receivable/Payable
and
Regional Licensing Branches

[FOR ARPB USE]
INFORMATION FROM WBL

Program Code: 02240
Status Code: Pending Amendment
Fee Category: 7C
Exp. Date: 01/31/2026
Fee Comments: CODE 33
Decom Fin Assur Req: N

License Fee Worksheet - License Fee Transmittal

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: Galen Hospital Alaska, Inc.
Received Date: 02/04/2021
Docket Number: 3014720
Mail Control Number: 624551
License Number: 50-18244-01
Action Type: Amendment

2. FEE ATTACHED

Amount: _____ N/A

Check No.: _____ N/A

3. COMMENTS

Signed: _____ Carol L. Hill

Date: _____ 02/10/2021

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: _____

Agency: NRC

WBL WORKSHEET

DOCKET NUMBER: 3014720 LICENSE NUMBER: 50-18244-01 STATUS: Pending Amendment

MAIL CONTROL NUMBER: 624551 RECEIPT DATE: 02/04/2021 ACTION TYPE: Amendment

DUE DATE: 05/05/2021 INST. CODE: 18244 LICENSE REGION: Region 4

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

ISSUE DATE: ORIGINAL DATE: 09/12/1990 EXPIRATION DATE: 01/31/2026

DECOMMISSIONING CATEGORY: Group 1 LAST ISSUE DATE:

LICENSEE NAME: Galen Hospital Alaska, Inc. DECOM FIN ASSUR REQD: N
SUBM: N

MAILING ADDRESS LINE1: 2801 DeBarr Road CONT PLAN REQD: N APPRV: N

MAILING ADDRESS LINE 2:

CITY: Anchorage STATE: AK ZIP: 99508

CONTACT PERSON: PREFIX: FIRST NAME: Peter MIDDLE INITIAL: A.

LAST NAME: Stokinger SUFFIX:

JOB TITLE: Radiation Safety Officer PHONE: 907-264-1246 FAX: 907-264-1143 EMAIL: Peter.Stokinger@hcahe

BILLING ADDRESS LINE 1:

BILLING ADDRESS LINE 2:

CITY: STATE: Alaska ZIP:

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

PHONE: EMAIL: FAX:

PRIMARY PGM CODE: 02240 SECONDARY PGM CODE: 02120

INSPECTION REGION: Region 4 PRIORITY: 2

RSO: PREFIX: FIRST NAME: Peter MIDDLE INITIAL: A. LAST NAME Stokinger

SUFFIX: RSO JOB TITLE: Radiation Safety Officer

RSO PHONE: 907-264-1246 RSO FAX: (907) 264-1290 RSO EMAIL: Peter.Stokinger@hcahealthcare.com

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):