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August 10, 2021

Nuclear Materials Licensing Branch
U.S. Nuclear Regulatory Commission, Region IV
1600 E. Lamar Boulevard
Arlington, TX 76011-4511

RE: Amendment NRC License 11-27346-01
Eastern Idaho Regional Medical Center

Dear Sir or Madam:

Please consider the following amendment request to add an authorized user to our radioactive material license No. 11-27346-01 at Eastern Idaho Regional Medical Center.

1. Please add the following Authorized User for the requested uses.

Douglas Holt, M.D.

10CFR35.400 and 10CFR35.600

Dr. Holt is a licensed physician in Idaho, license # M-15792

Attached is Dr. Holt's documentation of education and training.

Please contact our Imaging Manager, Mary Williams at (208) 227-2602 or our radiation safety coordinator Scott Stermer, at 208-227-2684, if you require additional information.

Sincerely,

Jeff Sollis
Chief Executive Officer

August 9, 2021

Nuclear Materials Licensing Branch
U.S. Nuclear Regulatory Commission, Region IV
1600 E. Lamar Boulevard
Arlington, TX 76011-4511

RE: Amendment NRC License 11-27346-01
Eastern Idaho Regional Medical Center

Dear Sir or Madam:

Please consider the following amendment request to add an authorized user to our radioactive material license No. 11-27346-01 at Eastern Idaho Regional Medical Center.

1. Please add the following Authorized User for the requested uses.

Douglas Holt, M.D.
10CFR35.400 and 10CFR35.600
Dr. Holt is a licensed physician in Idaho, license # M-15792
Attached is Dr. Holt's documentation of education and training.

Please contact our Imaging Director, Kade Price at (208) 227-2602 or our radiation safety coordinator Scott Stermer, at 208-227-2684, if you require additional information.

Sincerely,

Jeff Sollis
Chief Executive Officer

From: [Stermer Jeffrey](#)
To: [Hill, Carol](#)
Subject: [External_Sender] Request for Amendment for radioactive material license No. 11-27346-01 at Eastern Idaho Regional Medical Center.
Date: Thursday, August 12, 2021 12:56:50 PM
Attachments: [Eastern Idaho Regional Holt 8-2021.docx](#)
[Amendment for NRC License.pdf](#)
Importance: High

Carol,

Attached is a signed request for an amendment and supporting documentation.

Thank you for your help in this matter,

Jeffrey Scott Stermer, RT (R), (CT), CNMT

Radiation Safety Coordinator

Medical Imaging

Eastern Idaho Regional Medical Center
3100 Channing Way, Idaho Falls, ID 83404
P 208.227.2684

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ACKNOWLEDGEMENT - RECEIPT OF CORRESPONDENCE

Name and Address of Applicant and/or Licensee

Todd Russell Imaging Director
Idaho Health Services, Inc.
dba Eastern Idaho Regional Medical Center
P.O. Box 2077
Idaho Falls, ID 83403-2077

Date

08/17/2021

License Number(s)

11-27346-01

Mail Control Number(s)

628202

Licensing and/or Technical Reviewer or Branch

C. Hill

This is to acknowledge receipt of your: Letter and/or Application Dated: 08/10/2021

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**

Agency: NRC

WBL WORKSHEET

DOCKET NUMBER: 3032290 LICENSE NUMBER: 11-27346-01 STATUS: Pending Amendment

MAIL CONTROL NUMBER: 628202 RECEIPT DATE: 08/12/2021 ACTION TYPE: Amendment

DUE DATE: 11/10/2021 INST. CODE: 27346 LICENSE REGION: Region 4

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

ISSUE DATE: ORIGINAL DATE: 03/26/1993 EXPIRATION DATE: 12/31/2023

DECOMMISSIONING CATEGORY: Group 1 LAST ISSUE DATE:

LICENSEE NAME: Eastern Idaho Health Services, Inc. DECOM FIN ASSUR REQD: N
SUBM: N

MAILING ADDRESS LINE1: P.O. Box 2077 CONT PLAN REQD: N APPRV: N

MAILING ADDRESS LINE 2:

CITY: Idaho Falls STATE: ID ZIP: 83403-2077

CONTACT PERSON: PREFIX: FIRST NAME: Todd MIDDLE INITIAL: B.

LAST NAME: Russell SUFFIX:

JOB TITLE: Director of Medical Imaging and PHONE: 208-227-2602 FAX: EMAIL:

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: 02230 SECONDARY PGM CODE: 02120

INSPECTION REGION: Region 4 PRIORITY: 2

RSO: PREFIX: FIRST NAME: James MIDDLE INITIAL: P. LAST NAME Edlin

SUFFIX: M.D RSO JOB TITLE: Radiation Safety Officer

RSO PHONE: 208-227-2600 RSO FAX: 208-529-7018 RSO EMAIL: jedlin@cableone.net

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):



AUTHORIZED USER TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION
(for uses defined under 35.400 and 35.600)
[10 CFR 35.57, 35.490, 35.491, and 35.690]

Name of Proposed Authorized User

Douglas Hoyt

State or Territory Where Licensed

Idaho

Requested

35.400 Manual brachytherapy sources 35.600 Teletherapy unit(s)

Authorization(s)
(check all that apply)

35.400 Ophthalmic use of strontium-90 35.600 Gamma stereotactic radiosurgery unit(s)

35.600 Remote afterloader unit(s)

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 35.690, go to the table in 3.e. and describe training provider and dates of training for each type of use for which authorization is sought.
- c. For a board certification issued on or before October 24, 2005, that is listed in 10 CFR 35.57(b)(2)(iii), 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.
- d. Stop here.

2. Current 35.600 Authorized User Requesting Additional Authorization for 35.600 Use(s) Checked Above

- a. Go to the table in section 3.e. to document training for new device.
- b. If board certified, provide a copy of the certificate and stop here. If not board certified, provide completed Part II Preceptor Attestation.

3. Training and Experience for Proposed Authorized User

a. Classroom and Laboratory Training 35.490 35.491 35.690

Description of Training	Location of Training	Clock Hours	Dates of Training*
Radiation physics and instrumentation	University of Colorado	250	7/2017 6/2021
Radiation protection	University of Colorado	30	7/2017 6/2021
Mathematics pertaining to the use and measurement of radioactivity	University of Colorado	50	7/2017 6/2021
Radiation biology	University of Colorado	150	7/2017 6/2021

Total Hours of Training: 480

AUTHORIZED USER TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION
(for uses defined under 35.400 and 35.600)
[10 CFR 35.57, 35.490, 35.491, and 35.690] (continued)

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

b. Supervised Work and Clinical Experience for 10 CFR 35.490 (If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this page.)

Supervised Work Experience		Total Hours of Experience:	
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	University of Colorado	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/2017 6/2021
Checking survey meters for proper operation	University of Colorado	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	4/2017 6/2021
Preparing, implanting, and safely removing brachytherapy sources	University of Colorado	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/2017 6/2021
Maintaining running inventories of material on hand	University of Colorado	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/2017 6/2021
Using administrative controls to prevent a medical event involving the use of byproduct material	University of Colorado	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/2017 6/2021
Using emergency procedures to control byproduct material	University of Colorado	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/2017 6/2021

Clinical experience in radiation oncology as part of an approved formal training program	Location of Experience/License or Permit Number of Facility	Dates of Experience*
Approved by: <input checked="" type="checkbox"/> Residency Review Committee for Radiation Oncology of the ACGME <input type="checkbox"/> Royal College of Physicians and Surgeons of Canada <input type="checkbox"/> Council on Postdoctoral Training of the American Osteopathic Association	University of Colorado Aurora, Colorado	7/2017 6/2021
Supervising Individual Christine Fisher	License/Permit Number listing supervising individual as an Authorized User CO 828-01	

AUTHORIZED USER TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION
(for uses defined under 35.400 and 35.600)
[10 CFR 35.57, 35.490, 35.491, and 35.690] (continued)

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

c. Supervised Clinical Experience for 10 CFR 35.491

Description of Experience	Location of Experience/License or Permit Number of Facility	Clock Hours	Dates of Experience*
Use of strontium-90 for ophthalmic treatment, including: examination of each individual to be treated; calculation of the dose to be administered; administration of the dose; and follow up and review of each individual's case history			
Supervising Individual <i>Christine Fisher</i>	License/Permit Number listing supervising individual as an Authorized User		

d. Supervised Work and Clinical Experience for 10 CFR 35.690

- Remote afterloader unit(s) Teletherapy unit(s) Gamma stereotactic radiosurgery unit(s)

Supervised Work Experience	Total Hours of Experience:		
	800		
Description of Experience Must Include:	Location of Experience/License or Permit Number of Facility	Confirm	Dates of Experience*
Reviewing full calibration measurements and periodic spot-checks	<i>University of Colorado</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<i>7/2017</i> <i>6/2021</i>
Preparing treatment plans and calculating treatment doses and times	<i>University of Colorado</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<i>7/2017</i> <i>6/2021</i>
Using administrative controls to prevent a medical event involving the use of byproduct material	<i>University of Colorado</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<i>7/2017</i> <i>6/2021</i>
Implementing emergency procedures to be followed in the event of the abnormal operation of the medical unit or console	<i>University of Colorado</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<i>7/2017</i> <i>6/2021</i>
Checking and using survey meters	<i>University of Colorado</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<i>7/2017</i> <i>6/2021</i>
Selecting the proper dose and how it is to be administered	<i>University of Colorado</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<i>7/2017</i> <i>6/2021</i>

AUTHORIZED USER TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION
 (for uses defined under 35.400 and 35.600)
 [10 CFR 35.57, 35.490, 35.491, and 35.690] (continued)

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

d. Supervised Work and Clinical Experience for 10 CFR 35.690 (continued)

Clinical experience in radiation oncology as part of an approved formal training program	Location of Experience/License or Permit Number of Facility	Dates of Experience*
Approved by: <input checked="" type="checkbox"/> Residency Review Committee for Radiation Oncology of the ACGME <input type="checkbox"/> Royal College of Physicians and Surgeons of Canada <input type="checkbox"/> Council on Postdoctoral Training of the American Osteopathic Association	University of Colorado Aurora, CO	7/2017 - 6/2021
Supervising Individual <i>Christine Fisher</i>	License/Permit Number listing supervising individual as an Authorized User <i>CO 828-01</i>	

e. For 35.600, describe training provider and dates of training for each type of use for which authorization is sought.

Description of Training	Training Provider and Dates		
	Remote Afterloader	Teletherapy	Gamma Stereotactic Radiosurgery
Device operation	Christine Fisher 7/2017 - 6/2021		
Safety procedures for the device use	Christine Fisher 7/2017 - 6/2021		
Clinical use of the device	Christine Fisher 7/2017 - 6/2021		

Supervising Individual. (If training provided by Supervising Individual (if more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this page.)

Christine Fisher, MD MPH *CO 828-01*

Authorized for the following types of use:

- Remote afterloader unit(s)
 Teletherapy unit(s)
 Gamma stereotactic radiosurgery unit(s)

f. Provide completed Part II Preceptor Attestation.

AUTHORIZED USER TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION
(for uses defined under 35.400 and 35.600)
[10 CFR 35.57, 35.490, 35.491, and 35.690] (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.

By checking the boxes below, the preceptor is attesting that the individual has knowledge to fulfill the duties of the position sought and not attesting to the individual's "general clinical competency."

First Section

Check one of the following for each requested authorization:

For 35.490:

I attest that Douglas Holt MD has satisfactorily completed the 200 hours of
Name of Proposed Authorized User

classroom and laboratory training, 500 hours of supervised work experience, and 3 years of supervised clinical experience in radiation oncology, as required by 10 CFR 35.490(b)(1) and (b)(2), and is able to independently fulfill the radiation safety-related duties as an authorized user of manual brachytherapy sources for the medical uses authorized under 10 CFR 35.400.

For 35.491:

I attest that _____ has satisfactorily completed the 24 hours of
Name of Proposed Authorized User

classroom and laboratory training applicable to the medical use of strontium-90 for ophthalmic radiotherapy, has used strontium-90 for ophthalmic treatment of 5 individuals, as required by 10 CFR 35.491(b), and is able to independently fulfill the radiation safety-related duties as an authorized user of strontium-90 for ophthalmic use.

Second Section

For 35.690:

I attest that Douglas Holt MD has satisfactorily completed 200 hours of classroom
Name of Proposed Authorized User

and laboratory training, 500 hours of supervised work experience, and 3 years of supervised clinical experience in radiation therapy, as required by 10 CFR 35.690(b)(1) and (b)(2).

AND

Third Section

For 35.690: (continued)

I attest that Douglas Holt MD has received training required in 35.690(c) for device
Name of Proposed Authorized User

operation, safety procedures, and clinical use for the type(s) of use for which authorization is sought, as checked below.

Remote afterloader unit(s) Teletherapy unit(s) Gamma stereotactic radiosurgery unit(s)

AND

AUTHORIZED USER TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION
(for uses defined under 35.400 and 35.600)
[10 CFR 35.57, 35.490, 35.491, and 35.690] (continued)

Fourth Section

I attest that Douglas Holt MD is able to independently fulfill the radiation safety-
Name of Proposed Authorized User

related duties as an authorized user for:

- Remote afterloader unit(s) Teletherapy unit(s) Gamma stereotactic radiosurgery unit(s)

Fifth Section

Complete one of the following for attestation and signature:

Authorized User:

I meet the requirements in 10 CFR 35.490, 35.491, 35.690, or equivalent Agreement State requirements, as an authorized user for:

- 35.400 Manual brachytherapy sources 35.600 Teletherapy unit(s)
 35.400 Ophthalmic use of strontium-90 35.600 Gamma stereotactic radiosurgery unit(s)
 35.600 Remote afterloader unit(s) 35.57 for 35.400 and/or 35.600 uses, as applicable

OR

Residency Program Director (for 35.490 and/or 35.690 only):

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:

- 35.400 Manual brachytherapy sources 35.57 for 35.400 uses
 35.600 Teletherapy unit(s) 35.57 for teletherapy unit(s)
 35.600 Remote afterloader unit(s) 35.57 for remote afterloader unit(s)
 35.600 gamma stereotactic radiosurgery unit(s) 35.57 gamma stereotactic radiosurgery unit(s)

I affirm that this faculty 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 Postdoctoral Training of the American Osteopathic Association

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

- 35.490 35.690

Name of Facility: University of Colorado

License/Permit Number: CO 828-01

Name of Preceptor or Residency Program Director (Typed or printed)

Telephone Number

Date

CHRISTINE M. FISHER, MD

720 848 0154

4/23/21

Signature

From: [Hill, Carol](#)
To: [Hanson, Latischa](#)
Subject: FW: Re: Re:Eastern Idaho Acknowledgement of Receipt of Amendment Request is attached.pdf
Date: Tuesday, September 14, 2021 2:30:00 PM
Attachments: [DH_AUform.pdf](#)

Mail Control Number: 628202
Docket Number : 3032290
License Number : 11-27346-01
Licensee Name : Eastern Idaho Health Services, Inc

From: Stermer Jeffrey <Jeffrey.Stermer@hcahealthcare.com>
Sent: Thursday, August 26, 2021 2:49 PM
To: Hill, Carol <Carol.Hill@nrc.gov>
Subject: [External_Sender] Re: Re:Eastern Idaho Acknowledgement of Receipt of Amendment Request is attached.pdf

Carol,

Attached is the NRC form 313. Please let me know if you need anything else.

Jeffrey Scott Stermer, RT (R), (CT), CNMT

Radiation Safety Coordinator
Medical Imaging

Eastern Idaho Regional Medical Center
3100 Channing Way, Idaho Falls, ID 83404
P 208.227.2684

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From: Hill, Carol <Carol.Hill@nrc.gov>
Sent: Wednesday, August 18, 2021 8:07 AM
To: Stermer Jeffrey <Jeffrey.Stermer@hcahealthcare.com>; jedlin@cableone.net
Subject: {EXTERNAL} RE: Eastern Idaho Acknowledgement of Receipt of Amendment Request is attached.pdf

CAUTION! This email originated from outside of our organization. **DO NOT CLICK** links or open attachments unless you recognize the sender and know the content is safe.

Good Morning,

In order to process your amendment request, we need additional information. Please provide the following;

- 1) physician's education & training &
- 2) the required NRC Form 313 AUS

Once completed, please email the information back to me.

Thank you,
Carol

Have a Great Day,

**Stay safe and remember
the best way to protect yourself
is to wash your hands often
and thoroughly.**



Carol L. Hill, Licensing Assistant

**Direct: 817-200-1140
Toll Free: 1-800-952-9677
Fax: 817-200-1083
E-mail: Carol.Hill@nrc.gov**

**US Nuclear Regulatory Commission
1600 E. Lamar Blvd.
Arlington, TX 76011-4511**

From: Hill, Carol

Sent: Tuesday, August 17, 2021 12:14 PM

To: Jeffrey.Stermer@hcahealthcare.com; jedlin@cableone.net

Subject: Eastern Idaho Acknowledgement of Receipt of Amendment Request is attached.pdf

Have a Great Day,

**Stay safe and remember
the best way to protect yourself
is to wash your hands often
and thoroughly.**



Carol L. Hill, Licensing Assistant

Direct: 817-200-1140

Toll Free: 1-800-952-9677

Fax: 817-200-1083

E-mail: Carol.Hill@nrc.gov

US Nuclear Regulatory Commission

1600 E. Lamar Blvd.

Arlington, TX 76011-4511