Received 7/29/24

Mail Control Number: 642077
Docket Number : 3032290
License Number : 11-27346-01
Licensee Name : Eastern Idaho Health Services, Inc.

EIRMC
EASTERN IDAHO
REGIONAL MEDICAL CENTER

July 8, 2024

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 and update authorizations for authorized users to our radioactive material license No. 11-27346-01 at Eastern Idaho Regional Medical Center.

1. Please update the authorizations for the following Authorized User listed on our license.

   Douglas Holt, M.D.
   10CFR 35.300 (described in 35.390(b)(1(ii)(G)(3)
   Attached is Dr. Holt's documentation of Board Certification, education/training and preceptor.

2. Please add the following physician as an Authorized User for the following authorizations:

   Dustin Tew, D.O.
   10CFR35.100, 10CFR35.200 Board Certification attached

   10CFR 35.300 (described in 35.390(b)(1(ii)(G)(1) and 35.390(b)(1(ii)(G)(2))
   Attached Board Certification and clinical case experience for the 35.390 uses.

   10CFR35.1000 Y-90 Microsphere Therasphere
   Pathway 3 from Y-90 guidance: Board Certification attached, at least 80 hours classroom/laboratory education attached AUT form, work experience under the supervision of an AU for Y-90 microsphere and delivery system operation attached Boston Scientific documentation.

   Following the amendment, the first three patient cases completed by Dr. Tew will be supervised in the physical presence of a manufacturer representative. Documentation from the manufacturer will be submitted within 30 days of when the patient cases have been completed.

3100 Channing Way
Idaho Falls, ID 83404
EIRMC.com

EIRMC
EASTERN IDAHO
REGIONAL MEDICAL CENTER

Please contact our Imaging Manager, Scott Stermer, at 208-227-2602, if you require additional information.

Sincerely,

Betsy Hunsicker
Chief Executive Officer

3100 Channing Way
Idaho Falls, ID 83404
EIRMC.com

NRC FORM 313A (AUT) (07-31-2023) U. S. NUCLEAR REGULATORY COMMISSION

APPROVED BY OMB: NO. 3150-0120 EXPIRES: 07/31/2026

Estimated burden per response to comply with this mandatory collection request: 4.3 hours. Submittal of the application is necessary to determine that the applicant is qualified and that adequate procedures exist to protect the public health and safety. Send comments regarding burden estimate to the FOIA, Library, and Information Collections Branch (T-6 A10M), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by email to Infocollects.Resource@nrc.gov, and the OMB Reviewer at: OMB Office of Information and Regulatory Affairs, (3150-0120), Attn: Desk Officer for the Nuclear Regulatory Commission, 725 17th Street NW, Washington, DC 20503; email: oira_submission@omb.eop.gov. The NRC may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the document requesting or requiring the collection displays a currently valid OMB control number.

AUTHORIZED USER TRAINING, EXPERIENCE, AND PRECEPTOR ATTESTATION

(for uses defined under 35.300)

[10 CFR 35.57, 35.390, 35.392, 35.394, and 35.396]

Name of Proposed Authorized User	State or Territory Where Licensed
DOUGLAS HOLT	IDAHO

Requested Authorization(s) *(check all that apply)*:

- [x] 35.300 Use of unsealed byproduct material for which a written directive is required

OR

- [ ] 35.300 Oral administration of sodium iodide I-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)
- [ ] 35.300 Oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 1.22 gigabecquerels (33 millicuries)
- [ ] 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.

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 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.

- [x] **1. Board Certification**
  - a. Provide a copy of the board certification.
  - b. For 35.**390**, provide documentation on supervised case experience. The table in section 3.c. may be used to document this experience.
  - c. For 35.**396**, provide documentation on classroom and laboratory training, supervised work experience, and supervised clinical case experience. The tables in sections 3.a., 3.b., and 3.c. may be used to document this experience. Skip to and complete Part II Preceptor Attestation.
  - d. For a board certification issued on or before October 24, 2005 that is listed in 10 CFR 35.57(b)(2)(ii), 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.
  - e. Stop here.

- [ ] **2. Current 35.300, 35.400, or 35.600 Authorized User Seeking Additional Authorization**
  - a. Authorized User on Materials License _____ under the requirements below or equivalent Agreement State requirements *(check all that apply)*:

    [ ] 35.390 [ ] 35.392 [ ] 35.394 [ ] 35.490 [ ] 35.690
  - b. If currently authorized for a subset of clinical uses under 35.300, provide documentation on additional required supervised case experience. The table in section 3.c. may be used to document this experience. If board certified, provide a copy of the certificate and stop here. If not board certified then provide completed Part II Preceptor Attestation.

AUTHORIZED USER TRAINING, EXPERIENCE, AND PRECEPTOR ATTESTATION (for uses defined under 35.300) [10 CFR 35.57, 35.390, 35.392, 35.394, and 35.396] (continued)

c. If currently authorized under 35.490 or 35.690 and requesting authorization for 35.396, provide documentation on classroom and laboratory training, supervised work experience, and supervised clinical case experience. The tables in sections 3.a., 3.b., and 3.c. may be used to document this experience. Also provide completed Part II Preceptor Attestation.

☑ **3. Training and Experience for Proposed Authorized User**

a. Classroom and Laboratory Training ☐ 35.390 ☐ 35.392 ☐ 35.394 ☑ 35.396

Description of Training	Location of Training	Clock Hours	Dates of Training*
Radiation physics and instrumentation	University of Colorado, Department of Radiation Oncology	250	7/2017-6/2021
Radiation protection	University of Colorado, Department of Radiation Oncology	30	7/2017-6/2021
Mathematics pertaining to the use and measurement of radioactivity	University of Colorado, Department of Radiation Oncology	50	7/2017-6/2021
Chemistry of byproduct material for medical use	University of Colorado, Department of Radiation Oncology	30	7/2017-6/2021
Radiation biology	University of Colorado, Department of Radiation Oncology	150	7/2017-6/2021
	Total Hours of Training: 510		

b. Supervised Work Experience ☐ 35.390 ☐ 35.392 ☐ 35.394 ☐ 35.396

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

Supervised Work Experience	**Total Hours of Experience:** 500		
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, Department of Radiation Oncology	☑ Yes ☐ No	7/2017-6/2021
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters	University of Colorado, Department of Radiation Oncology	☑ Yes ☐ No	7/2017-6/2021
Calculating, measuring, and safely preparing patient or human research subject dosages	University of Colorado, Department of Radiation Oncology	☑ Yes ☐ No	7/2017-6/2021
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material	University of Colorado, Department of Radiation Oncology	☑ Yes ☐ No	7/2017-6/2021
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures	University of Colorado, Department of Radiation Oncology	☑ Yes ☐ No	7/2017-6/2021

AUTHORIZED USER TRAINING, EXPERIENCE, AND PRECEPTOR ATTESTATION (for uses defined under 35.300) [10 CFR 35.57, 35.390, 35.392, 35.394, and 35.396] (continued)

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

b. Supervised Work Experience (continued)

Supervising Individual	License/Permit Number listing supervising individual as an authorized user
Timothy Waxweiler, MD	CO-828-01

Supervising individual meets the requirements below, or equivalent Agreement State requirements *(check all that apply)***:*

- ☐ 35.390
- ☐ 35.392
- ☐ 35.394
- ☐ 35.396
- ☐ 35.57

With experience administering dosages of:

- ☐ Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)
- ☐ Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)
- ☑ 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.

** Supervising Authorized User must have experience in administering dosages in the same dosage category or categories as the individual requesting authorized user status.

c. Supervised Clinical Case Experience

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

Description of Experience	Number of Cases Involving Personal Participation	Location of Experience/License or Permit Number of Facility	Dates of Experience*
Oral administration of sodium iodide I-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)			
Oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 1.22 gigabecquerels (33 millicuries)			
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.	5	University of Colorado, Department of Radiation Oncology	7/2017-6/2021

AUTHORIZED USER TRAINING, EXPERIENCE, AND PRECEPTOR ATTESTATION (for uses defined under 35.300) [10 CFR 35.57, 35.390, 35.392, 35.394, and 35.396] (continued)

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

c. Supervised Clinical Case Experience (continued)

Supervising Individual	License/Permit Number listing supervising individual as an authorized user
Jennifer Kwak, MD	CO-828-01

Supervising individual meets the requirements below, or equivalent Agreement State requirements *(check all that apply)***:*

☐ 35.390
☐ 35.392
☐ 35.394
☐ 35.396
☐ 35.57

With experience administering dosages of:

☐ Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)

☐ Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)

☑ 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.

** Supervising Authorized User must have experience in administering dosages in the same dosage category or categories as the individual requesting authorized user status.

d. Provide completed 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.

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 the requested authorization:

For 35.390:

☐ I attest that _____ has satisfactorily completed the 700 hours of training
Name of Proposed Authorized User

and experience, including a minimum of 200 hours of classroom and laboratory training, as required by 10 CFR 35.390 (b)(1).

For 35.392:

☐ I attest that _____ has satisfactorily completed the 80 hours of classroom
Name of Proposed Authorized User

and laboratory training, as required by 10 CFR 35.392(c)(1), and the supervised work and clinical case experience required in 35.392(c)(2).

For 35.394:

☐ I attest that _____ has satisfactorily completed the 80 hours of classroom
Name of Proposed Authorized User

and laboratory training, as required by 10 CFR 35.394 (c)(1), and the supervised work and clinical case experience required in 35.394(c)(2).

AUTHORIZED USER TRAINING, EXPERIENCE, AND PRECEPTOR ATTESTATION (for uses defined under 35.300) [10 CFR 35.57, 35.390, 35.392, 35.394, and 35.396] (continued)

Second Section

☑ I attest that DOUGLAS HOLT MD has satisfactorily completed the required clinical case
Name of Proposed Authorized User

experience required in 35.390(b)(1)(ii)G listed below:

☐ Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)

☐ Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)

☑ 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.

Third Section

☑ I attest that DOUGLAS HOLT MD is able to independently fulfill the radiation safety-related
Name of Proposed Authorized User

duties as an authorized user for the medical uses authorized under 10 CFR 35.300 for:

☐ Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)

☐ Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)

☑ 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.

Fourth Section

For 35.396:

Current 35.490 or 35.690 authorized user:

☐ I attest that DOUGLAS HOLT MD is an authorized user under 10 CFR 35.490 or 35.690
Name of Proposed Authorized User

or equivalent Agreement State requirements, has satisfactorily completed the 80 hours of classroom and laboratory training, as required by 10 CFR 35.396 (b)(1), and the supervised work and clinical case experience required by 35.396(b)(2), and is able to independently fulfill the radiation safety-related duties as an authorized user under 10 CFR 35.300 for:

☐ 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.

OR

Board Certification:

☐ I attest that DOUGLAS HOLT MD has satisfactorily completed the board certification
Name of Proposed Authorized User

requirements of 35.396(a)(3), has satisfactorily completed the 80 hours of classroom and laboratory training required by 10 CFR 35.396 (b)(1) and the supervised work and clinical case experience required by 35.396(b)(2), and is able to independently fulfill the radiation safety-related duties as an authorized user under 10 CFR 35.300 for:

AUTHORIZED USER TRAINING, EXPERIENCE, AND PRECEPTOR ATTESTATION (for uses defined under 35.300) [10 CFR 35.57, 35.390, 35.392, 35.394, and 35.396] (continued)

Fifth Section

Complete one of the following for the attestation and signature:

☐ **Authorized User**

☐ I meet the requirements below, or equivalent Agreement State requirements, as an authorized user for:

☐ 35.390 ☐ 35.392 ☐ 35.394 ☐ 35.396 ☐ 35.57 for 35.300 uses

☐ I have experience administering dosages in the following categories for which the proposed Authorized User is requesting authorization:

☐ Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)

☐ Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)

☑ 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.

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:

☐ 35.390 ☐ 35.392 ☐ 35.394 ☐ 35.396 ☑ 35.57 for 35.300 uses

☑ I affirm that this facility member has experience in administering dosages in the same dosage category or categories for which the individual is requesting authorized user status and 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:

☐ 35.390 ☐ 35.392 ☐ 35.394 ☐ 35.396

Name of Facility:	License/Permit Number:	
UNIVERSITY OF COLORADO	CO-828-01	
Name of Preceptor or Residency Program Director (Typed or Printed) Timothy Waxweiler, MD	Telephone Number 7208485376	Date 06/21/24
Signature 		

Experience by Year

University of Colorado Program - 4300713130
Resident: Douglas Holt
For Performed / All Patient Types / All Rotations
As of 7/1/2021

	Year 1	Year 2	Year 3	Year 4	Total
Radiation Oncology					
Ex Beam - non-metastatic					
Benign: Eye	0	1	0	0	1
Benign: Heterotopic Bone	0	0	1	0	1
Benign: Other	0	2	1	0	3
Bone/STS	1	1	0	1	3
Breast: Intact	8	17	27	18	70
Breast: Post-Mastectomy	3	8	10	4	25
CNS	9	23	0	3	35
Endocrine	0	0	0	0	0
Gastrointestinal: Anus	0	3	0	3	6
Gastrointestinal: Colon	0	0	0	0	0
Gastrointestinal: Esophagus	0	2	0	3	5
Gastrointestinal: Hepatobiliary	0	3	0	0	3
Gastrointestinal: Other	1	1	0	0	2
Gastrointestinal: Pancreas	0	13	0	0	13
Gastrointestinal: Rectum	0	7	0	4	11
Gastrointestinal: Stomach	0	1	0	0	1
Genitourinary: Bladder	1	0	0	1	2
Genitourinary: Other	1	0	0	0	1
Genitourinary: Prostate	14	1	0	20	35
Genitourinary: Testes	0	0	0	0	0
Gynecologic: Cervix Intact	0	2	1	1	4
Gynecologic: Cervix Post-Hysterectomy	0	1	2	0	3
Gynecologic: Other	1	1	0	1	3
Gynecologic: Uterus	4	2	4	2	12
Head & Neck: Intact	21	25	0	16	62
Head & Neck: Post-Operative	9	9	0	6	24
Hodgkins Lymphoma	0	4	1	0	5
Leukemia/Myeloma	0	10	0	0	10
Lung/Mediastinum: Non-Small Lung Cancer	5	9	0	3	17
Lung/Mediastinum: Other	0	2	0	0	2
Lung/Mediastinum: Small Cell Lung Cancer	1	3	0	1	5
Non-Hodgkins Lymphoma	3	6	2	4	15
Other Hematologic Malignancies	0	3	0	0	3
Skin	0	12	0	5	17

Unknown	0	0	0	0	0
Total Ex Beam - non-metastatic	82	172	49	96	399
Ex Beam - metastatic					
Secondary Site	41	71	31	31	174
Total Ex Beam - metastatic	41	71	31	31	174
Pediatric					
CNS (non-medulloblastoma)	1	9	0	0	10
Ewings Sarcoma/Bone Tumor	0	4	0	0	4
Hodgkins Lymphoma	1	2	0	0	3
Leukemia	0	1	1	0	2
Medulloblastoma	1	1	0	0	2
Neuroblastoma	0	1	0	0	1
Non Hodgkins Lymphoma	0	0	3	0	3
Other	2	2	0	0	4
Retinoblastoma	0	0	0	0	0
Rhabdomyosarcoma/STS	0	2	0	0	2
Wilms Tumor	0	0	0	0	0
Total Pediatric	5	22	4	0	31
SRS					
SRS - Brain	14	34	3	12	63
Total SRS	14	34	3	12	63
SBRT					
SBRT - Liver	3	3	0	1	7
SBRT - Lung	5	13	1	7	26
SBRT - Other Extracranial	12	39	6	22	79
SBRT - Spine	6	5	3	3	17
Total SBRT	26	60	10	33	129
Brachytherapy - Interstitial					
Breast – High Dose Rate	0	0	0	0	0
Breast – Low Dose Rate	0	0	0	0	0
GYN/Pelvis – High Dose Rate	0	5	15	8	28
GYN/Pelvis – Low Dose Rate	0	1	1	0	2
Head & Neck – High Dose Rate	0	0	1	0	1
Head & Neck – Low Dose Rate	0	0	0	0	0
Other High Dose Rate	0	0	0	0	0
Other – Low Dose Rate	0	0	1	0	1

Prostate – High Dose Rate	0	0	31	3	34
Prostate – Low Dose Rate	5	0	9	0	14
Soft Tissue Sarcoma – High Dose Rate	0	0	0	0	0
Soft Tissue Sarcoma – Low Dose Rate	0	0	0	0	0
Total Brachytherapy - Interstitial	5	6	58	11	80
Brachytherapy - Intracavitary					
Bile Duct – Cylinder Insertion High Dose Rate	0	0	0	0	0
Bile Duct – Cylinder Insertion Low Dose Rate	0	0	0	0	0
Bile Duct – Tandem Based High Dose Rate	0	0	0	0	0
Bile Duct – Tandem Based Low Dose Rate	0	0	0	0	0
Cervix/Uterus – Cylinder Insertion High Dose Rate	0	0	0	0	0
Cervix/Uterus – Cylinder Insertion Low Dose Rate	0	0	0	0	0
Cervix/Uterus – Tandem Based High Dose Rate	0	0	0	4	4
Cervix/Uterus – Tandem Based Low Dose Rate	0	0	0	0	0
Cervix/Uterus – High Dose Rate*	7	4	38	0	49
Endobronchial – Cylinder Insertion High Dose Rate	0	0	0	1	1
Endobronchial – Cylinder Insertion Low Dose Rate	0	0	0	0	0
Endobronchial – Tandem Based High Dose Rate	0	0	0	0	0
Endobronchial – Tandem Based Low Dose Rate	0	0	0	0	0
Endovascular – Cylinder Insertion High Dose Rate	0	0	0	0	0
Endovascular – Tandem Based High Dose Rate	0	0	0	0	0
Endovascular – Cylinder Insertion Low Dose Rate	0	0	0	0	0
Endovascular – Tandem Based Low Dose Rate	0	0	0	0	0
Esophagus – Cylinder Insertion High Dose Rate	0	0	0	0	0
Esophagus – Cylinder Insertion Low Dose Rate	0	0	0	0	0
Esophagus – Tandem Based High Dose Rate	0	0	0	0	0
Esophagus – Tandem Based Low Dose Rate	0	0	0	0	0
Esophagus – High Dose Rate*	0	0	4	0	4
Other Low Dose Rate*	0	2	0	0	2
Other - Cylinder Insertion Low Dose Rate	0	0	0	0	0
Other - Tandem Based Low Dose Rate	0	0	0	0	0
Other – Cylinder Insertion High Dose Rate	0	0	0	0	0
Other – Tandem Based High Dose Rate	0	0	0	0	0
Other – High Dose Rate*	0	0	1	0	1
Total Brachytherapy - Intracavitary	7	6	43	5	61
Endovascular Insertions					
Endovascular Insertions	0	0	0	0	0
Total Endovascular Insertions	0	0	0	0	0

Unsealed Sources					
I-131 Oral	0	0	0	3	3
Other - Unsealed Source	0	0	0	1	1
P-32 Colloid	0	0	0	0	0
Radiolabeled Drugs	0	0	0	4	4
SM-153	0	0	0	0	0
SR-89	0	0	0	0	0
Yttrium 90	0	0	0	0	0
Total Unsealed Sources	0	0	0	8	8
Total Radiation Oncology	180	371	198	196	945

* Indicates that the category is no longer active.

microSelectron Training

Training was conducted for the microSelectron HDR remote afterloader. This training included the device operation, safety procedures, and clinical use which includes, but is not limited to, the following:

- Software overview
- Print button function
- Pause button function
- Emergency stops
- Emergency crank
- Locations and use of other emergency devices

Trainee: Doug Holt, MD

Signature: Doug Holt

Training provided by: Kyle Jacobs, AMP

Signature:

Training date: 11/10/2021

The American Board of Radiology

hereby certifies that

Douglas Emerson Holt, MD

has pursued an accepted course of graduate study and clinical work; has met certain standards and qualifications, including passing the examinations conducted under the authority of The American Board of Radiology, demonstrating to the satisfaction of the Board qualification to practice; and is therefore awarded the Board's certification in

Radiation Oncology

AU Eligible

Ongoing validity of this certificate is contingent upon meeting the requirements of Continuous Certification.

DABR

Vincent P. Mathews, MD
President

Secretary Treasurer

Executive Director

Certificate No. 78448

Effective: May 18, 20

NRC FORM 313A (AUT) (07-31-2023) U. S. NUCLEAR REGULATORY COMMISSION

APPROVED BY OMB: NO. 3150-0120 EXPIRES: 07/31/2026

Estimated burden per response to comply with this mandatory collection request: 4.3 hours. Reported of the application is necessary to determine that the applicant is qualified and that adequate procedures exist to protect the public health and safety. Send comments regarding burden estimate to the FOIA, Library, and Information Collections Branch (T-6 A10M), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by email to Infocollects.Resource@nrc.gov, and the OMB Reviewer at: OMB Office of Information and Regulatory Affairs, (3150-0120), Attn: Desk Officer for the Nuclear Regulatory Commission, 725 17th Street NW, Washington, DC 20503, email: [redacted]. The NRC may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the document requesting or requiring the collection displays a currently valid OMB control number.

AUTHORIZED USER TRAINING, EXPERIENCE, AND PRECEPTOR ATTESTATION

(for uses defined under 35.300)

[10 CFR 35.57, 35.390, 35.392, 35.394, and 35.396]

Name of Proposed Authorized User	State or Territory Where Licensed
Dustin Tew MD	Idaho

Requested Authorization(s) *(check all that apply)*:

☐ 35.300 Use of unsealed byproduct material for which a written directive is required

OR

☑ 35.300 Oral administration of sodium iodide I-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)

☑ 35.300 Oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 1.22 gigabecquerels (33 millicuries)

☐ 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.

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 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 35.390, provide documentation on supervised case experience. The table in section 3.c. may be used to document this experience.

c. For 35.396, provide documentation on classroom and laboratory training, supervised work experience, and supervised clinical case experience. The tables in sections 3.a., 3.b., and 3.c. may be used to document this experience. Skip to and complete Part II Preceptor Attestation.

d. For a board certification issued on or before October 24, 2005 that is listed in 10 CFR 35.57(b)(2)(ii), 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.

e. Stop here.

☐ 2. **Current 35.300, 35.400, or 35.600 Authorized User Seeking Additional Authorization**

a. Authorized User on Materials License _____ under the requirements below or equivalent Agreement State requirements *(check all that apply)*:

☒ 35.390 ☐ 35.392 ☐ 35.394 ☐ 35.490 ☐ 35.690

b. If currently authorized for a subset of clinical uses under 35.300, provide documentation on additional required supervised case experience. The table in section 3.c. may be used to document this experience. If board certified, provide a copy of the certificate and stop here. If not board certified then provide completed Part II Preceptor Attestation.

NRC FORM 313A (9A31-2003)

U. S. NUCLEAR REGULATORY COMMISSION

AUTHORIZED USER TRAINING, EXPERIENCE, AND PRECEPTOR ATTESTATION
(for uses defined under 35.300) [10 CFR 35.57, 35.390, 35.392, 35.394, and 35.396] (continued)

c. If currently authorized under 35.490 or 35.690 and requesting authorization for 35.396, provide documentation on classroom and laboratory training, supervised work experience, and supervised clinical case experience. The tables in sections 3.a., 3.b., and 3.c. may be used to document this experience. Also provide completed Part II Preceptor Attestation.

☐ 3. Training and Experience for Proposed Authorized User

a. Classroom and Laboratory Training ☑ 35.390 ☑ 35.392 ☑ 35.394 ☐ 35.396

Description of Training	Location of Training	Clock Hours	Dates of Training*
Radiation physics and instrumentation	HCA Florida Aventura Hospital	15	7/01/2017 - 6/30/2021
Radiation protection		15	
Mathematics pertaining to the use and measurement of radioactivity		15	
Chemistry of byproduct material for medical use		15	
Radiation biology		20	
	Total Hours of Training: 80		

b. Supervised Work Experience ☑ 35.390 ☑ 35.392 ☑ 35.394 ☐ 35.396

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

Supervised Work Experience	**Total Hours of Experience:** 700		
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	HCA Florida Aventura Hospital	☑ Yes ☐ No	7/01/2017 - 6/30/2021
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters		☑ Yes ☐ No	
Calculating, measuring, and safely preparing patient or human research subject dosages		☑ Yes ☐ No	
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material		☑ Yes ☐ No	
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures		☑ Yes ☐ No	

AUTHORIZED USER TRAINING, EXPERIENCE, AND PRECEPTOR ATTESTATION (for uses defined under 35.300) [10 CFR 35.57, 35.390, 35.392, 35.394, and 35.396] (continued)

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

b. Supervised Work Experience (continued)

Supervising Individual	License/Permit Number listing supervising individual as an authorized user
Brett McKeon	2516-1

Supervising individual meets the requirements below, or equivalent Agreement State requirements *(check all that apply)***:

- ☑ 35.390
- ☑ 35.392
- ☑ 35.394
- ☐ 35.396
- ☐ 35.57

With experience administering dosages of:

- ☑ Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)
- ☑ Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)
- ☑ 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.

** Supervising Authorized User must have experience in administering dosages in the same dosage category or categories as the individual requesting authorized user status.

c. Supervised Clinical Case Experience

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

Description of Experience	Number of Cases Involving Personal Participation	Location of Experience/License or Permit Number of Facility	Dates of Experience*
Oral administration of sodium iodide I-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)	3	Adventura Hosptial and Medical Center	July 2017-June 2021
Oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 1.22 gigabecquerels (33 millicuries)	3	Adventura Hosptial and Medical Center	July 2017-June 2021
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.	7	Adventura Hosptial and Medical Center	July 2017-June 2021

AUTHORIZED USER TRAINING, EXPERIENCE, AND PRECEPTOR ATTESTATION (for uses defined under 35.300) [10 CFR 35.57, 35.390, 35.392, 35.394, and 35.396] (continued)

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

c. Supervised Clinical Case Experience (continued)

Supervising Individual	License/Permit Number listing supervising individual as an authorized user
Brett McKeon	2516-1

Supervising individual meets the requirements below, or equivalent Agreement State requirements *(check all that apply)***:

☑ 35.390	With experience administering dosages of:
☑ 35.392	☑ Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)
☑ 35.394	☑ Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)
☑ 35.396	☑ 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.
☐ 35.57	

** Supervising Authorized User must have experience in administering dosages in the same dosage category or categories as the individual requesting authorized user status.

d. Provide completed 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.

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 the requested authorization:

For 35.390:

☑ I attest that Dustin Tew MD has satisfactorily completed the 700 hours of training
Name of Proposed Authorized User

and experience, including a minimum of 200 hours of classroom and laboratory training, as required by 10 CFR 35.390 (b)(1).

For 35.392:

☑ I attest that Dustin Tew MD has satisfactorily completed the 80 hours of classroom
Name of Proposed Authorized User

and laboratory training, as required by 10 CFR 35.392(c)(1), and the supervised work and clinical case experience required in 35.392(c)(2).

For 35.394:

☑ I attest that Dustin Tew MD has satisfactorily completed the 80 hours of classroom
Name of Proposed Authorized User

and laboratory training, as required by 10 CFR 35.394 (c)(1), and the supervised work and clinical case experience required in 35.394(c)(2).

NRC FORM 313A (AUT)
U. S. NUCLEAR REGULATORY COMMISSION

AUTHORIZED USER TRAINING, EXPERIENCE, AND PRECEPTOR ATTESTATION
(for uses defined under 35.200) [10 CFR 35.57, 35.290, 35.292, 35.294, and 35.296] (continued)

Second Section

☑ I attest that Dustin Tew MD has satisfactorily completed the required clinical case
Name of Proposed Authorized User

experience required in 35.290(b)(1)(ii)(G) listed below:

☐ Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)

☑ Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)

☑ 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.

Third Section

☑ I attest that Dustin Tew MD is able to independently fulfill the radiation safety-related
Name of Proposed Authorized User

duties as an authorized user for the medical uses authorized under 10 CFR 35.300 for:

☑ Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)

☑ Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)

☑ 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.

Fourth Section

For 35.396:

Current 35.490 or 35.690 authorized user:

☐ I attest that is an authorized user under 10 CFR 35.490 or 35.690
Name of Proposed Authorized User

or equivalent Agreement State requirements, has satisfactorily completed the 80 hours of classroom and laboratory training, as required by 10 CFR 35.396 (b)(1), and the supervised work and clinical case experience required by 35.396(b)(2), and is able to independently fulfill the radiation safety-related duties as an authorized user under 10 CFR 35.300 for:

☐ 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.

OR

Board Certification:

☑ I attest that Dustin Tew MD has satisfactorily completed the board certification
Name of Proposed Authorized User

requirements of 35.290(a)(3), has satisfactorily completed the 80 hours of classroom and laboratory training required by 10 CFR 35.396 (b)(1) and the supervised work and clinical case experience required by 35.396(b)(2), and is able to independently fulfill the radiation safety-related duties as an authorized user under 10 CFR 35.300 for:

NRC FORM 313A (AUT)
(07-31-2023)

U. S. NUCLEAR REGULATORY COMMISSION

AUTHORIZED USER TRAINING, EXPERIENCE, AND PRECEPTOR ATTESTATION
(for uses defined under 35.300) [10 CFR 35.57, 35.390, 35.392, 35.394, and 35.396] (continued)

Fifth Section

Complete one of the following for the attestation and signature:

☑ **Authorized User**

☑ I meet the requirements below, or equivalent Agreement State requirements, as an authorized user for:

☑ 35.390 ☑ 35.392 ☑ 35.394 ☑ 35.396 ☑ 35.57 for 35.300 uses

☑ I have experience administering dosages in the following categories for which the proposed Authorized User is requesting authorization:

☑ Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)

☑ Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)

☐ 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.

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:

☐ 35.390 ☐ 35.392 ☐ 35.394 ☐ 35.396 ☐ 35.57 for 35.300 uses

☐ I affirm that this facility member has experience in administering dosages in the same dosage category or categories for which the individual is requesting authorized user status and 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:

☐ 35.390 ☐ 35.392 ☐ 35.394 ☐ 35.396

Name of Facility: HCA Florida Aventura Hospital ~~Adventura Hospital and Medical Center~~	License/Permit Number: 2516-1	
Name of Preceptor or Residency Program Director (Typed or Printed): Brett McKeon	Telephone Number: 5613027584	Date: 6/18/2024
Signature: Brett McKeon		

The American Board of Radiology

hereby certifies that

Dustin Tew, DO

has pursued an accepted course of graduate study and clinical work; has met certain standards and qualifications, including passing the examinations conducted under the authority of The American Board of Radiology, demonstrating to the satisfaction of the Board qualification to practice; and is therefore awarded the Board's certification in

Interventional Radiology/Diagnostic Radiology

AU Eligible

THE AMERICAN BOARD OF RADIOLOGY INCORPORATED IN THE DISTRICT OF COLUMBIA 1934

Ongoing validity of this certificate is contingent upon meeting the requirements of Continuous Certification.

DABR

Vincent P. Mathews, MD
President

A Kaufman MD MS
Secretary-Treasurer

Executive Director

Certificate No. 78179

Effective: October 28, 2022

Boston Scientific
Advancing science for life™

TheraSphere™ Y-90 Glass Microspheres Authorized User Training Record - 03/16/2023

Dustin Tew, DO
EASTERN IDAHO REGIONAL MEDICAL CTR, IDAHO FALLS, ID

- 01/25/2023 – Three (3) *In-vitro* administrations
- 03/14/2023 – Training under the supervision of a TheraSphere Authorized User (AU)

Dr. Dustin Tew, DO has successfully completed the following as part of the TheraSphere AU training program:

1. Three *in-vitro* administrations with focus on:
   - Safe handling practices
   - TheraSphere Administration Set and Accessory Kit overview
   - Dose calibrator verification using Calibration Data Sheet for Y-90
   - TheraSphere administration
   - Preparation of TheraSphere dose vial
   - Assembly of Administration Set
   - System priming
   - Disassembly

2. Safe handling and administration training on the following topics under the supervision of a TheraSphere AU:
   - Ordering, receiving, and unpacking radioactive materials safely and performing the related radiation surveys;
   - Performing quality control procedures on instruments used to determine the activity of Y-90 microspheres and performing checks for proper operation of survey meters;
   - Calculating and measuring the activity and safely preparing the Y-90 microspheres to be delivered to the patient;
   - Using procedures to control and to contain spilled by-product material, including Y-90 microspheres, safely and using proper decontamination procedures.
   - Preparing and administering patient dosage.
   - Using administrative controls to prevent a medical event.
   - Evaluation of patient or research subject's treatments to determine whether the administered dosage was in accordance with the written directive or if a medical event has occurred.

Aaron Bartoo, PhD
Regional Medical Director
Boston Scientific, Interventional Oncology **03/16/2023**

The American Board of Radiology

hereby certifies that

Dustin Tew, DO

has pursued an accepted course of graduate study and clinical work; has met certain standards and qualifications, including passing the examinations conducted under the authority of The American Board of Radiology, demonstrating to the satisfaction of the Board qualification to practice; and is therefore awarded the Board's certification in

Interventional Radiology/Diagnostic Radiology

AU Eligible

THE AMERICAN BOARD OF RADIOLOGY INCORPORATED IN THE DISTRICT OF COLUMBIA 1934

Ongoing validity of this certificate is contingent upon meeting the requirements of Continuous Certification.

DABR

Vincent P. Mathews, MD
President

A. Kaufman MD MS
Secretary-Treasurer

Executive Director

AMERICAN BOARD 1933 OF MEDICAL SPECIALTIES EXCELLENCE

Certificate No. 78179

Effective: October 28, 2022

CERTIFIED MAIL

9589 0710 5270 0723 6482 41

FIRST-CLASS

US POSTAGE PITNEY BOWES

ZIP 83406
02 7H
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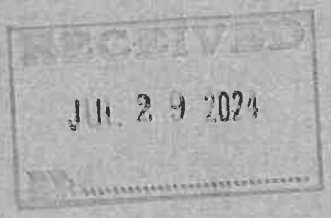
JUL 24 2024

Nuclear Materials Licensing Branch
US NUCLEAR REGULATROY COMMISSION, REGION IV
1600 E LAMAR BOULEVARD
ARLINGTON TX 76011-4511



PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Nuclear Materials Lic.
US Nuclear Regulatory Commission
Region IV
1600 E. LAMAR BOULEVARD
ARLINGTON, TX 76011-4511

9590 9402 6372 0303 7417 03

2. Article Number *(Transfer from service label)*

9589 0710 5270 0723 6482 41

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECT

A. Signature

X

B. Received by *(Printed*

D. Is delivery address diff
If YES, enter delivery

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted D
- ☐ Certified Mail®
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- ☐ Collect on Delivery
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- ☐ Mail
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0)

NRC FORM 532
(05-2022)

U.S. NUCLEAR REGULATORY COMMISSION

ACKNOWLEDGEMENT - RECEIPT OF CORRESPONDENCE

Name and Address of Applicant and/or Licensee

Eastern Idaho Health Services, Inc.
dba Eastern Idaho Regional Medical Center
Stephen R. Preece, M.D., RSO
3100 Channing Way
Idaho Falls, ID 83404

Date
07/30/2024

License Number(s)
11-27346-01

Mail Control Number(s)
642077

Licensing and/or Technical Reviewer or Branch
Giavanna Muffelletto

This is to acknowledge receipt of your: ☑ **Letter and/or** ☐ **Application** **Dated:** 07/08/2024

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:

Select a location (Use keyboard arrows to select). . .

BETWEEN:

Accounts Receivable/Payable
and
Regional Licensing Branches

[FOR ARPB USE]
INFORMATION FROM WBL

Program Code: 02230
Status Code: Pending Amendment
Fee Category:7C
Exp. Date: 05/31/2039
Fee Comments:
Decom Fin Assur Reqd: N

License Fee Worksheet - License Fee Transmittal

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee:	Eastern Idaho Health Services, Inc.
Received Date:	07/29/2024
Docket Number:	3032290
Mail Control Number:	642077
License Number:	11-27346-01
Action Type:	Amendment

2. FEE ATTACHED

Amount: N/A

Check No.: N/A

3. COMMENTS

Signed: Giavanna Muffelletto

Date: 07/30/24

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: _____

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

MAIL CONTROL NUMBER: 642077 RECEIPT DATE: 07/29/2024 ACTION TYPE: Amendment

DUE DATE: 10/27/2024 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: 05/31/2039

DECOMMISSIONING CATEGORY: Group 1 LAST ISSUE DATE:

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

MAILING ADDRESS LINE1: 3100 Channing Way CONT PLAN REQD: N APPRV: N

MAILING ADDRESS LINE 2:

CITY: Idaho Falls STATE: ID ZIP: 83404

CONTACT PERSON: PREFIX: FIRST NAME: Travis MIDDLE INITIAL:

LAST NAME: Arnold SUFFIX:

JOB TITLE: Medical Imaging Director PHONE: 208-529-7896 FAX: EMAIL: travis.arnold@hcahealt

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: 02120,02240

INSPECTION REGION: Region 4 PRIORITY: 2

RSO: PREFIX: FIRST NAME: Stephen MIDDLE INITIAL: R. LAST NAME Preece

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

RSO PHONE: 801-755-3843 RSO FAX: 208-529-7018 RSO EMAIL: stephen.preece@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):