

**From:** [NukemRx](#)  
**To:** [Carol Hill](#)  
**Subject:** [External\_Sender] Ammend Radioactive Material License 11-35522-01MD  
**Date:** Monday, March 17, 2025 4:53:19 PM  
**Attachments:** Squire, Rulon - NEO-ANP Certificate and Hours 01.30.25 (1).pdf  
Adobe Scan Oct 18, 2024.docx  
Rulon Squire Signature.pdf

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March 17, 2025  
State of Nevada  
Department Of Health and Human Services  
Health Division  
Bureau of Healthcare Quality and Compliance  
Radiation Control Program  
727 Fairview Drive, Suite E  
Carson City, NV. 89706

Quantum Isotopes of Idaho  
4921 South 5 th Street  
Pocatello, ID 83204  
NRC RAM: 11-35522-01MD

RE: Amendment to Add a New ANP

To whom it may concern,

Please see attached form 313A (ANP) for adding Rulon Squire as an ANP to our pharmacy.

His information is listed below.

Rulon Squire  
Idaho Board of Pharmacy License Number: P10841, Attached.

Thanks,

Justin Curnutt, RSO

# Certificate of Completion

The University of Arkansas for Medical Sciences  
and the  
University of New Mexico Health Science Center  
certify that

**Rulon Squire**

has completed the didactic education requirements  
for Authorized Nuclear Pharmacist education  
as specified by the Nuclear Regulatory Commission



**Nuclear Pharmacist  
Education and Training**

A handwritten signature in black ink, appearing to read 'Al J. Stone', written over a horizontal line.

Dean, UAMS College of Pharmacy

A handwritten signature in black ink, appearing to read 'Brigitte J. Jafarzadeh', written over a horizontal line.

Associate Professor of Nuclear Pharmacy

A handwritten signature in black ink, appearing to read 'David M. ...', written over a horizontal line.

Dean, UNM College of Pharmacy

A handwritten signature in black ink, appearing to read 'Daphne B. McElahan', written over a horizontal line.

Curriculum Director, UNM College of Pharmacy

**January 30, 2025**

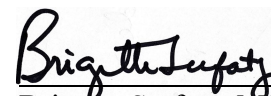
**University of Arkansas for Medical Sciences  
and  
The University of New Mexico Health Sciences Center**

Nuclear Education for Authorized Users


## Rulon Squire

Didactic Courses	Nuclear Physics	Instrumentation	Radiochemistry	Radiation Safety	Radiation Biology	Total
Radiation Physics & Instrumentation	60	40		3		103
Radiation Protection				30 Lecture 15 Lab		45
Math & Measure of Radioactivity	10	5		5		20
Radiation Biology					20	20
Radiochemistry			30			30
TOTALS	70	45	30	53	20	218

Program dates: October 1, 2024 - December 19, 2024



Brigitte Serfaty, MS, PharmD, BCNP, Dip-ACLM  
Associate Professor of Nuclear Pharmacy



Tabatha McMahon, M.Ed  
Curriculum Director,  
UNM College of Pharmacy

**AUTHORIZED NUCLEAR PHARMACIST TRAINING,  
EXPERIENCE, AND PRECEPTOR ATTESTATION**  
[10 CFR 35.55]

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 [Infocollections.Resource@nrc.gov](mailto:Infocollections.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: [oir\\_submission@omb.eop.gov](mailto:oir_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.

Name of Proposed Authorized Nuclear Pharmacist

Rulon Squire

State or Territory Where Licensed

Idaho

**PART I -- TRAINING AND EXPERIENCE**  
(Select one of the two 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 nuclear pharmacy uses.

☐ **1. Board Certification**

a. Provide a copy of the board certification and stop here.

☒ **2. Structured Educational Program for Proposed Authorized Nuclear Pharmacist**

a. Classroom and Laboratory Training.

Description of Training	Location of Training	Clock Hours	Dates of Training*
Radiation physics and instrumentation	The University of Arkansas for Medical Sciences, University of New Mexico Health Science Center 2500 Marble Ave NE, Albuquerque, NM 87106	103	10/01/2024-12/19/2024
Radiation protection	The University of Arkansas for Medical Sciences, University of New Mexico Health Science Center 2500 Marble Ave NE, Albuquerque, NM 87106	45	10/01/2024-12/19/2024
Mathematics pertaining to the use and measurement of radioactivity	The University of Arkansas for Medical Sciences, University of New Mexico Health Science Center 2500 Marble Ave NE, Albuquerque, NM 87106	20	10/01/2024-12/19/2024
Chemistry of byproduct material for medical use	The University of Arkansas for Medical Sciences, University of New Mexico Health Science Center 2500 Marble Ave NE, Albuquerque, NM 87106	30	10/01/2024-12/19/2024
Radiation biology	The University of Arkansas for Medical Sciences, University of New Mexico Health Science Center 2500 Marble Ave NE, Albuquerque, NM 87106	20	10/01/2024-12/19/2024
<b>Total Hours of Training:</b>		218	

## AUTHORIZED NUCLEAR PHARMACIST TRAINING, EXPERIENCE, AND PRECEPTOR ATTESTATION [10 CFR 35.55] (continued)

### 2. Structured Educational Program for Proposed Authorized Nuclear Pharmacist (continued)

b. Supervised Practical Experience in a Nuclear Pharmacy.

Description of Experience	Location of Experience/License or Permit Number of Facility	Clock Hours	Dates of Experience*
Shipping, receiving, and performing related radiation surveys	Quantum Isotopes of Idaho 4921 S. 5th Ave. Pocatello, ID 83204	100	03/01/2024- 02/01/2025
Using and performing checks for proper operation of instruments used to determine the activity of dosages, survey meters, and, if appropriate, instruments used to measure alpha- or beta-emitting radionuclides	Quantum Isotopes of Idaho 4921 S. 5th Ave. Pocatello, ID 83204	100	03/01/2024- 02/01/2025
Calculating, assaying, and safely preparing dosages for patients or human research subjects	Quantum Isotopes of Idaho 4921 S. 5th Ave. Pocatello, ID 83204	100	03/01/2024- 02/01/2025
Using administrative controls to avoid medical events in administration of byproduct material	Quantum Isotopes of Idaho 4921 S. 5th Ave. Pocatello, ID 83204	100	03/01/2024- 02/01/2025
Using procedures to prevent or minimize radioactive contamination and using proper decontamination procedures	Quantum Isotopes of Idaho 4921 S. 5th Ave. Pocatello, ID 83204	100	03/01/2024- 02/01/2025
<b>Total Hours of Experience:</b> <span style="border: 1px solid black; padding: 2px 10px;">500</span>			
Supervising Individual  Justin Curnutt			

c. Go to and complete Part II Preceptor Attestation.

**AUTHORIZED NUCLEAR PHARMACIST TRAINING, EXPERIENCE,  
AND PRECEPTOR ATTESTATION [10 CFR 35.55] (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.

**First Section**

**Complete the following:**

**Structured Educational Program**

☒ I attest that Rulon Squire has satisfactorily completed a 700-hour structured  
Name of Proposed Authorized Nuclear Pharmacist


educational program consisting of both practical experience in nuclear pharmacy and 200 hours of classroom and laboratory training, as required by 10 CFR 35.55(b)(1) and is able to independently fulfill the radiation safety-related duties as an authorized nuclear pharmacist.

**Second Section**

**Complete the following for preceptor attestation and signature:**

I am an Authorized Nuclear Pharmacist for Quantum Isotopes of Idaho,  
Nuclear Pharmacy or Medical Facility

P8758  
License/Permit Number

Name of Preceptor	Signature	Telephone Number	Date
Justin Daine Curnutt		7029608640	02/03/2025



## ACKNOWLEDGEMENT - RECEIPT OF CORRESPONDENCE

## Name and Address of Applicant and/or Licensee

Quantum Isotopes of Idaho  
Justin D. Curnutt, RSO  
4921 South 5th Avenue  
Pocatello, ID 83204

## Date

03/19/2025

## License Number(s)

11-35522-01MD

## Mail Control Number(s)

645771

## Licensing and/or Technical Reviewer or Branch

Giavanna Muffelletto

This is to acknowledge receipt of your: ☐ Letter and/or ☒ Application Dated: 02/03/2025

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: 02500  
Status Code: Pending Amendment  
Fee Category: 2B 3C 3N  
Exp. Date: 06/30/2034  
Fee Comments: 2B exempt under 3C in 171.16 footnc  
Decom Fin Assur Req: N

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## License Fee Worksheet - License Fee Transmittal

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### A. REGION

#### 1. APPLICATION ATTACHED

Applicant/Licensee: Quantum Isotopes of Idaho  
Received Date: 03/17/2025  
Docket Number: 3039149  
Mail Control Number: 645771  
License Number: 11-35522-01MD  
Action Type: Amendment

#### 2. FEE ATTACHED

Amount: N/A

Check No.: N/A

#### 3. COMMENTS

Signed: Giavanna Muffelletto

Date: 03/19/2025

### 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: 3039149	LICENSE NUMBER: 11-35522-01MD	STATUS: Pending Amendment
MAIL CONTROL NUMBER: 645771	RECEIPT DATE: 03/17/2025	ACTION TYPE: Amendment
DUE DATE: 06/15/2025	INST. CODE: 35522	LICENSE REGION: Region 4
LICENSE TYPE: 30	ENTITY TYPE: C	LICENSE GROUP: Industrial
ISSUE DATE:	ORIGINAL DATE: 06/25/2019	EXPIRATION DATE: 06/30/2034
DECOMMISSIONING CATEGORY:	LAST ISSUE DATE:	
LICENSEE NAME: Quantum Isotopes of Idaho	DECOM FIN ASSUR REQD: N SUBM: N	
MAILING ADDRESS LINE1: 4921 South 5th Avenue	CONT PLAN REQD: N      APPRV: N	
MAILING ADDRESS LINE 2:		
CITY: Pocatello	STATE: ID	ZIP: 83204
CONTACT PERSON: PREFIX:	FIRST NAME: Vincent	MIDDLE INITIAL: Troy
LAST NAME: Curnutt	SUFFIX:	
JOB TITLE: Owner	PHONE: 702-960-8640	FAX:      EMAIL: quantum.isotopes@gm
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: 02500	SECONDARY PGM CODE: 03225,11210	
INSPECTION REGION: Region 4	PRIORITY: 2	
RSO: PREFIX:	FIRST NAME: Justin	MIDDLE INITIAL: Daine LAST NAME Curnutt
SUFFIX:	RSO JOB TITLE: Radiation Safety Officer	
RSO PHONE: 702-960-8640	RSO FAX:	RSO EMAIL: quantum.isotopes@gmail.com
STATES WHERE USE IS AUTHORIZED:	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):		