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AUG 31 2011

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www.eirmc.com

Telephone  
208.529.6111

Campus Address  
3100 Channing Way  
Idaho Falls, ID 83404

Mailing Address  
P.O. Box 2077  
Idaho Falls, ID 83403-2077

Off-Campus Locations:

*Behavioral Health Center*  
2280 25th Street  
208.227.2100

*The Cancer Center*  
3245 Channing Way  
208.227.2700

*The Imaging Center*  
1670 John Adams Pkwy  
208.535.4555

*Physical Therapy Specialties*  
2840 Channing Way  
208.529.7999

8/23/11

United States Nuclear Regulatory Commission

Region IV

Medical Licensing

Nuclear Materials Safety Branch

612 E. Lamar Boulevard, Suite 400

Arlington, TX 76011-4125

Re: License 11-27346-01

Dear Sir or Madam:

1. This is a request to add Christopher O. Harker, M.D. to our license as an authorized user for use under 10 CFR 35.100, 10 CFR 200 and 10 CFR 300, oral administration of  $1-131_{\leq 33}$  mCi and  $\geq 33$  mCi.

Attached are copies of:

- a. Authorization to Use Radiation issued by the University of Utah (Utah Broad Scope License UT – 1800001)
  - b. ABR Board Certificate
2. Please remove Iodine -125 permitted by 10 CFR 35.1000 (Iortex™) from this license. We will not perform any procedures under 10 CFR 35.1000.

If you require any additional information, please call.

Sincerely,

James Neeley, M.D.  
Radiation Safety Officer

Enclosures

No. 5 7 5 9 0 9



Harker, Christopher O.  
RADIOLOGY - DIAGNOSTIC  
SOM RM 1A071

Permit # 782.0  
May 31, 2011

## Authorization to Use Radiation

Dear Dr. Harker

You are authorized by the Radiation Safety Committee to acquire and use the radioactive materials and radiation generating machines required for the research or clinical use categories listed below and to supervise such use by others.

Listed below are the radionuclides, quantities (millicuries), and physical forms you are authorized to purchase on a single order without notification to, or clearance from, this office. A quantity of zero indicates you are not currently authorized to purchase this radionuclide. Also listed are the radionuclides and the physical form you are allowed to possess in your laboratory(s). Ordering, acquiring larger quantities or other nuclides, or differing physical forms will require prior notification and approval from this office.

### Our records show no authorization for purchasing radioactive materials.

Listed below are the categories for the application of radioactive materials to humans and the use of radiation generating machines on humans for which you are authorized.

Category	Source Type
Treatment of thyroid carcinoma (over 33 mCi)	Radioactive Isotopes
Uptake, elution & excretion studies	Radioactive Isotopes
Imaging and localization studies	Radioactive Isotopes
Treatment of hyperthyroidism	Radioactive Isotopes
Treatment of thyroid carcinoma (under 33 mCi)	Radioactive Isotopes

All radiation use is subject to the conditions stated in your application and the rules and procedures specified by the Committee. You must notify this office promptly of any changes in your radiation use or among personnel for whom you are responsible.

This authorization is valid indefinitely, subject to periodic review and verification of your needs and actual use.

Please do not hesitate to contact this office for assistance on any question or problem related to radiation protection.

Sincerely,

Karen S. Langley, M. S.  
Radiation Safety Officer



5441 E. Williams Boulevard, Suite 200 • Tucson, Arizona 85711-4493  
Phone (520) 790-2900 • Fax (520) 790-3200 • www.theabr.org

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Houston, Texas  
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Boston, Massachusetts  
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Salt Lake City, Utah  
Anthony L. Zietman, M.D.  
Boston, Massachusetts

#### Radiologic Physics

G. Donald Frey, Ph.D.  
Charleston, South Carolina  
Geoffrey S. Ibbott, Ph.D.  
Houston, Texas  
Richard L. Morin, Ph.D.  
Jacksonville, Florida

May 26, 2010

ABRID 58788 / DR / 12 / 32

Christopher Owen Harker, MD

Confirmation # 87239F88

Dear Dr. Harker:

I am pleased to inform you that you passed the oral examination held on May 23-26, 2010. The American Board of Radiology grants you its Certificate in Diagnostic Radiology. This ten-year time-limited certificate is valid through 2020.

Your certificate will be sent by our professional printing vendor, Jim Henry, Inc. to the above address in approximately four months. Your name will appear on the certificate as shown above. If you wish your name to appear differently or you have an address change, please notify the Board office in writing by June 25, 2010. Your name and demographic information will be included in a Directory published by the American Board of Medical Specialties. It is your responsibility to notify other local and state or national organizations of your certification.

**Important information about your Maintenance of Certification process is enclosed. Please review it and respond as requested. Please remember to notify the board immediately of any change of address.**

Personally, and on behalf of the Board of Trustees of the American Board of Radiology, I wish to congratulate you for this distinguished achievement.

Sincerely,

Gary J. Becker, MD  
Executive Director

Enclosures

Gary J. Becker, M.D., Executive Director

Assistant Executive Directors: Primary Certification  
Diagnostic Radiology: Dennis M. Bahe, M.D.  
Radiation Oncology: Beth A. Erickson, M.D.  
Radiologic Physics: Richard L. Morin, Ph.D.

Associate Executive Directors  
Diagnostic Radiology: Kay H. Vydareny, M.D.  
Radiation Oncology: Paul E. Wallner, D.O.  
Radiologic Physics: Stephen R. Thomas, Ph.D.  
Administration: Jennifer L. Bosma, Ph.D.

Assistant Executive Directors: Maintenance of Certification  
Diagnostic Radiology: James P. Borgstede, M.D.  
Radiation Oncology: Anthony L. Zietman, M.D.  
Radiologic Physics: G. Donald Frey, Ph.D.  
Subspecialty Certification: Milton J. Gulbenkian, M.D.

# The American Board of Radiology

Organized through the cooperation of the  
 American College of Radiology, the American Roentgen Ray Society,  
 the American Radiology Society, the Radiological Society of North America,  
 the Section on Radiology of the American Medical Association,  
 the American Society for Radiation Oncology, the Association of  
 University Radiologists, and the American Association of Physicians in Medicine

*We hereby certify that*

**Christopher Owen Marker, MD**

*Has passed 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 that he is qualified to practice,*

*and is therefore awarded the Board's certification in the specialty of*

**Diagnostic Radiology**

*Effective June 30, 2010*

*For* **Marker**

*Richard T. Hovis*  
 Secretary, Executive

*Mark R. Hovis*  
 Secretary, Executive

Certificate No. 58788



Valid through 2020

575909



P.O. Box 2077 • Idaho Falls, ID 83403-2077  
www.eirmc.com

Address Service Requested

United States  
Nuclear Regulatory Commission  
Region IV/Medical Licensing

Nuclear Materials Safety Branch  
612 E. Lamar Boulevard/Suite  
Arlington, TX 76011-4125

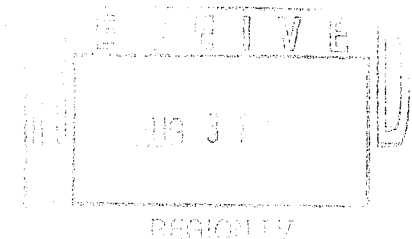
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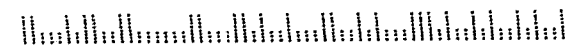
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AUG 31 2011

DATE

This is to acknowledge the receipt of your letter/application dated 8/23/11, and to inform you that the initial processing, which includes an administrative review, has been performed.

☒ There were no administrative omissions. Your application will be assigned to a technical reviewer. Please note that the technical review may identify additional omissions or require additional information.

☐ Please provide to this office within 30 days of your receipt of this card:

The action you requested is normally processed within 90 days.

☐ A copy of your action has been forwarded to our License Fee & Accounts Receivable Branch, who will contact you separately if there is a fee issue involved.

Your action has been assigned **Mail Control Number** No. 575909.  
When calling to inquire about this action, please refer to this mail control number.  
You may call me at 817-860-8103.

Sincerely,



Licensing Assistant

BETWEEN:

Accounts Receivable/Payable  
and  
Regional Licensing Branches

[ FOR ARPB USE ]  
INFORMATION FROM LTS

Program Code: 02240  
Status Code: Pending Amendment  
Fee Category: 7C  
Exp. Date:  
Fee Comments:  
Decom Fin Assur Req: N

## License Fee Worksheet - License Fee Transmittal

### A. REGION

#### 1. APPLICATION ATTACHED

Applicant/Licensee: EASTERN IDAHO HEALTH SERVICES, INC.  
Received Date: 08/31/2011  
Docket Number: 3032290  
Mail Control Number: 575909  
License Number: 11-27346-01  
Action Type: Amendment

#### 2. FEE ATTACHED

Amount: \_\_\_\_\_

Check No.: \_\_\_\_\_

#### 3. COMMENTS

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

*Carol L. Heise*  
8/31/11

### 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: \_\_\_\_\_