

U.S. Nuclear Regulatory
Material Licensing
2443 Warrenville Road
Suite 210
Lisle, IL 60532-4652

March 30, 2012

RE:
Amendment Request
License # 24-24660-01

Dear Sir,

We wish to add the following physician to our license, Brian A. Fletcher, M.D. for 35.100, 35.200, and 35.300. Enclosed are his American Board of Radiology and his Authorized user Training, Experience, and Preceptor, Attestation 313 A (AUT).

Michael B. Robertson is on our license for 31.11, but needs 35.100, 35.200, and 35.300 (limited to the use of sodium iodide iodine-131). Enclosed is Centerpoint Medical Center of Independence license 24-18655-01/on which he is approved for these uses.

If, you have any questions or concerns, please contact the Nuclear Medicine department, 816-282-5624.

Sincerely,



Tracy Thellman, RT(R)
Director of Imaging Services
Lee's Summit Medical Center

RECEIVED APR 06 2012

| | |
|--|--|
| NRC FORM 313A (AUD) (3-2008) | U.S. NUCLEAR REGULATORY COMMISSION |
| AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (for uses defined under 35.100, 35.200, and 35.500) [10 CFR 35.190, 35.290, and 35.590] | APPROVED BY OMB: NO. 3150-0120 EXPIRES: 3/31/2012 |

| | |
|--|--|
| Name of Proposed Authorized User <u>Brian A. Fletcher</u> | State or Territory Where Licensed <u>MO</u> |
|--|--|

Requested Authorization(s) (check all that apply)

☒ 35.100 Uptake, dilution, and excretion studies

☒ 35.200 Imaging and localization studies

☐ 35.500 Sealed sources for diagnosis (specify device _____)

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. If using only 35.500 materials, stop here. If using 35.100 and 35.200 materials, skip to and complete Part II Preceptor Attestation.

- ☐ **2. Current 35.390 Authorized User Seeking Additional 35.290 Authorization**
- a. Authorized user on Materials License _____ meeting 10 CFR 35.390 or equivalent Agreement State requirements seeking authorization for 35.290.
 - b. Supervised Work Experience.
(If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this section.)

| Description of Experience | Location of Experience/License or Permit Number of Facility | Clock Hours | Dates of Experience* |
|--|---|-------------|----------------------|
| Eluting generator systems appropriate for the preparation of radioactive drugs for imaging and localization studies, measuring and testing the eluate for radionuclidic purity, and processing the eluate with reagent kits to prepare labeled radioactive drugs | | | |

Total Hours of Experience:

| | |
|------------------------|--|
| Supervising Individual | License/Permit Number listing supervising individual as an authorized user |
|------------------------|--|

Supervisor meets the requirements below, or equivalent Agreement State requirements (check all that apply).

- ☐ 35.290 ☐ 35.390 + generator experience in 32.290(c)(1)(ii)(G)

JUN 7 2011 11:33AM LSCM Imaging Services No. 8595 P. 2/11

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

☒ 3. Training and Experience for Proposed Authorized User

a. Classroom and Laboratory Training.

| Description of Training | Location of Training | Clock Hours | Dates of Training* |
|---|----------------------|-------------|--------------------|
| Radiation physics and instrumentation | UIHC | 700 | 07-07 to 06-11 |
| Radiation protection | UIHC | 50 | 07-07 to 06-11 |
| Mathematics pertaining to the use and measurement of radioactivity | UIHC | 40 | 07-07 to 05-11 |
| Chemistry of byproduct material for medical use (not required for 35.590) | UIHC | 40 | 07-07 to 06-11 |
| Radiation biology | UIHC | 100 | 07-07 to 06-11 |
| Total Hours of Training: | | 330 hrs | |

- b. Supervised Work Experience (completion of this table is not required for 35.590).
(If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this section.)

| Supervised Work Experience | | Total Hours of Experience: 40 | |
|--|---|--|----------------------|
| 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 | UIHC | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 07-07 to 06-11 |
| Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters | UIHC | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 07-07 to 06-11 |

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

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

b. Supervised Work Experience. (continued)

| Description of Experience Must Include: | Location of Experience/License or Permit Number of Facility | Confirm | Dates of Experience* |
|---|--|--|-------------------------|
| Calculating, measuring, and safely preparing patient or human research subject dosages | UIHC | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 07-07 to 06-11 |
| Using administrative controls to prevent a medical event involving the use of unsealed byproduct material | UIHC | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 07-07 to 06-11 |
| Using procedures to contain spilled byproduct material safely and using proper decontamination procedures | UIHC | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 07-07 to 06-11 |
| Administering dosages of radioactive drugs to patients or human research subjects | UIHC | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 07-07 to 06-11 |
| Eluting generator systems appropriate for the preparation of radioactive drugs for imaging and localization studies, measuring and testing the eluate for radionuclidic purity, and processing the eluate with reagent kits to prepare labeled radioactive drugs | UIHC | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 07-07 to 06-11 |

Supervising Individual

License/Permit Number listing supervising individual as an
authorized user

Supervisor meets the requirements below, or equivalent Agreement State requirements (check one).

☐ 35.190 ☐ 35.290 ☐ 35.390 ☐ 35.390 + generator experience in 35.290(c)(1)(ii)(G)

c. For 35.590 only, provide documentation of training on use of the device.

| Device | Type of Training | Location and Dates |
|--------|------------------|--------------------|
| | | |
| | | |

d. For 35.500 uses only, stop here. For 35.100 and 35.200 uses, skip to and complete Part II Preceptor Attestation.

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (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. (Not required to meet training requirements in 35.590)

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 use requested:

For 35.190

Board Certification

☒ I attest that Brian A. Fletcher has satisfactorily completed the requirements in
Name of Proposed Authorized User

10 CFR 35.190(a)(1) and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100.

OR

Training and Experience

☐ I attest that _____ has satisfactorily completed the 60 hours of training and
Name of Proposed Authorized User

experience, including a minimum of 8 hours of classroom and laboratory training, required by 10 CFR 35.190(c)(1), and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100.

For 35.290

Board Certification

☒ I attest that Brian A. Fletcher has satisfactorily completed the requirements in
Name of Proposed Authorized User

10 CFR 35.290(a)(1) and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100 and 35.200.

OR

Training and Experience

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

and experience, including a minimum of 80 hours of classroom and laboratory training, required by 10 CFR 35.290(c)(1), and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100 and 35.200.

Second Section

Complete the following for preceptor attestation and signature:

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

☒ 35.190☒ 35.290☒ 35.390☒ 35.390 + generator experience

| | | | |
|-------------------------------------|--------------------------|------------------|---------|
| Name of Preceptor | Signature | Telephone Number | Date |
| Michael M. Graham PhD, MD | <i>Michael M. Graham</i> | 3193564302 | 1/21/12 |
| License/Permit Number/Facility Name | University of Iowa | | |
| 0037-1-52-AAB | | | |

**AUTHORIZED USER TRAINING AND EXPERIENCE
AND PRECEPTOR ATTESTATION**
(for uses defined under 35.300)
[10 CFR 35.390, 35.392, 35.394, and 35.396]APPROVED BY OMB: NO. 3150-0120
EXPIRES: 3/31/2012

Name of Proposed Authorized User

Brian A. Fletcher

State or Territory Where Licensed

MO

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 beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV for which a written directive is required☐ 35.300 Parenteral administration of any other radionuclide 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 clinical 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.

d. Skip to and complete Part II Preceptor Attestation.

☐ **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. Also provide completed Part II Preceptor Attestation.

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.

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

☐ 3. Training and Experience for Proposed Authorized Usera. 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 | UIHC | 100 40 | 07-07 to 06-11 |
| Radiation protection | UIHC | 50 | 07-07 to 06-11 |
| Mathematics pertaining to the use and measurement of radioactivity | UIHC | 40 | 07-07 to 06-11 |
| Chemistry of byproduct material for medical use | UIHC | 40 | 07-07 to 06-11 |
| Radiation biology | UIHC | 100 | 07-07 to 06-11 |
| Total Hours of Training: | | | |

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: 40 | |
|--|---|--|----------------------|
| 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 | UIHC | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 07-07 to 06-11 |
| Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters | UIHC | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 07-07 to 06-11 |
| Calculating, measuring, and safely preparing patient or human research subject dosages | UIHC | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 07-07 to 06-11 |
| Using administrative controls to prevent a medical event involving the use of unsealed byproduct material | UIHC | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 07-07 to 06-11 |
| Using procedures to contain spilled byproduct material safely and using proper decontamination procedures | UIHC | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 07-07 to 06-11 |

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

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

b. Supervised Work Experience (continued)

| | |
|---|---|
| Supervising Individual <i>Michael M. Graham PhD, MD</i> | License/Permit Number listing supervising individual as an authorized user <i>0037-1-52-AAB (State of Iowa)</i> |
| Supervising individual meets the requirements below, or equivalent Agreement State requirements (check all that apply)**: | |
| <input checked="" type="checkbox"/> 35.390 | With experience administering dosages of: |
| <input checked="" type="checkbox"/> 35.392 | <input checked="" type="checkbox"/> Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries) |
| <input checked="" type="checkbox"/> 35.394 | <input checked="" type="checkbox"/> Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries) |
| <input checked="" type="checkbox"/> 35.396 | <input checked="" type="checkbox"/> Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required |
| | <input checked="" type="checkbox"/> Parenteral administration of any other radionuclide requiring a written directive |
| ** 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) | 8 | UIHC | 07-07 to 06-11 |
| Oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 1.22 gigabecquerels (33 millicuries) | 5 | UIHC | 07-07 to 06-11 |
| Parenteral administration of any beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV for which a written directive is required | 0 | | |
| Parenteral administration of any other radionuclide for which a written directive is required | 0 | | |
| (List radionuclides) | | | |

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (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 |
| <i>Michael M. Graham PhD, MD</i> | <i>0037-1-52-AAB (state of Iowa)</i> |
| Supervising individual meets the requirements below, or equivalent Agreement State requirements (check all that apply)**: | |
| <input checked="" type="checkbox"/> 35.390 | With experience administering dosages of: |
| <input checked="" type="checkbox"/> 35.392 | <input checked="" type="checkbox"/> Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries) |
| <input checked="" type="checkbox"/> 35.394 | <input checked="" type="checkbox"/> Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries) |
| <input checked="" type="checkbox"/> 35.396 | <input checked="" type="checkbox"/> Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required |
| | <input checked="" type="checkbox"/> Parenteral administration of any other radionuclide requiring a written directive |
| ** 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 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 35.390:

Board Certification

☒ I attest that Brian A. Flehner has satisfactorily completed the training and experience requirements in 35.390(a)(1).

Name of Proposed Authorized User

OR

Training and Experience

☐ 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).

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

Preceptor Attestation (continued)

First Section (continued)

For 35.392 (Identical Attestation Statement Regardless of Training and Experience Pathway):

☐ 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 (Identical Attestation Statement Regardless of Training and Experience Pathway):

☐ 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).

Second Section

☐ I attest that _____ 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 beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required
- ☐ Parenteral administration of any other radionuclide requiring a written directive

Third Section

☒ I attest that Brian A. Fletcher has satisfactorily achieved a level of competency to
Name of Proposed Authorized User

function independently as an authorized user 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 beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required
- ☐ Parenteral administration of any other radionuclide requiring a written directive

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

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 (d)(1), and the supervised work and clinical case experience required by 35.396(d)(2), and has achieved a level of competency sufficient to function independently as an authorized user for:

☐ Parenteral administration of any beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV for which a written directive is required☐ Parenteral administration of any other radionuclide for which a written directive is required

OR

Board Certification:☒ I attest that Brian A. Fisher has satisfactorily completed the board certification

Name of Proposed Authorized User

requirements of 35.396(c), has satisfactorily completed the 80 hours of classroom and laboratory training required by 10 CFR 35.396 (d)(1) and the supervised work and clinical case experience required by 35.396(d)(2), and has achieved a level of competency sufficient to function independently as an authorized user for:

☐ Parenteral administration of any beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV for which a written directive is required☐ Parenteral administration of any other radionuclide for which a written directive is required

Fifth Section

Complete the following for preceptor attestation and signature:

☒ I meet the requirements below, or equivalent Agreement State requirements, as an authorized user for:☒ 35.390☒ 35.392☒ 35.394☒ 35.396☒ 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 beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required☐ Parenteral administration of any other radionuclide requiring a written directive

| | | | |
|---|---------------------------------------|---|------------------------|
| Name of Preceptor <u>Michael M. Graham PhD, MD</u> | Signature <u>Michael M. Graham</u> | Telephone Number <u>319 356 4302</u> | Date <u>1/21/12</u> |
| License/Permit Number/Facility Name <u>0037-1-52-AAB</u> | | <u>University of Iowa</u> | |

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*
Hereby certifies that

Brian A. Fletcher, 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 the specialty of*

Diagnostic Radiology

July 01, 2011

*This diploma of the American Board of Radiology
is not permitted to use the DABR shield to signify this certification.*

[Signature]

Richard L. Moran
President

[Signature]
Executive Director



Valid through 2021

NRC FORM 374

U.S. NUCLEAR REGULATORY COMMISSION

PAGE 1 OF 4 PAGES
Amendment No. 56**MATERIALS LICENSE**

Pursuant to the Atomic Energy Act of 1954, as amended, the Energy Reorganization Act of 1974 (Public Law 93-438), and Title 10, Code of Federal Regulations, Chapter I, Parts 30, 31, 32, 33, 34, 35, 36, 39, 40, and 70, and in reliance on statements and representations heretofore made by the licensee, a license is hereby issued authorizing the licensee to receive, acquire, possess, and transfer byproduct, source, and special nuclear material designated below; to use such material for the purpose(s) and at the place(s) designated below; to deliver or transfer such material to persons authorized to receive it in accordance with the regulations of the applicable Part(s). This license shall be deemed to contain the conditions specified in Section 183 of the Atomic Energy Act of 1954, as amended, and is subject to all applicable rules, regulations, and orders of the Nuclear Regulatory Commission now or hereafter in effect and to any conditions specified below.

Licensee

1. Centerpoint Medical Center of Independence, LLC
d/b/a Centerpoint Medical Center
2. 19600 East 39th Street
Independence, MO 64057

In accordance with the letter dated
November 28, 2011,

3. License number 24-18655-01 is amended in its
entirety to read as follows:

4. Expiration date January 31, 2021

5. Docket No. 030-13994
Reference No.

- | | | |
|---|----------------------------------|--|
| 6. Byproduct, source, and/or special nuclear material | 7. Chemical and/or physical form | 8. Maximum amount that licensee may possess at any one time under this license |
| A. Any byproduct material permitted by 10 CFR 35.100 | A. Any | A. As needed |
| B. Any byproduct material permitted by 10 CFR 35.200 | B. Any | B. As needed |
| C. Any byproduct material permitted by 10 CFR 35.300 | C. Any | C. As needed (not to exceed one curie of iodine-131) |

9. Authorized use:

- A. Any uptake, dilution and excretion study permitted by 10 CFR 35.100.
- B. Any imaging and localization study permitted by 10 CFR 35.200.
- C. Any diagnostic study or therapy procedure permitted by 10 CFR 35.300.

CONDITIONS

10. Licensed material shall be used at the licensee's facilities located at 19600 East 39th Street, Independence, Missouri, and at the licensee's facilities located at 19550 East 39th Street, Independence, Missouri.
11. The Radiation Safety Officer for this license is Robert F. Thompson, M.D.

NRC FORM 374A

U.S. NUCLEAR REGULATORY COMMISSION

PAGE 2 of 4 PAGES

**MATERIALS LICENSE
SUPPLEMENTARY SHEET**License Number
24-18655-01Docket or Reference Number
030-13994

Amendment No. 56

12. Licensed material is only authorized for use by, or under the supervision of:

- A. Individuals permitted to work as an authorized user, in accordance with 10 CFR 35.13 and 35.14.
- B. The following individuals are authorized users for medical use as indicated:

Authorized UsersMaterial and Use

David E. Hazuka, M.D.

10 CFR 35.100, 35.200, and 35.300 (for iodine-131, limited to the oral administration of sodium iodide iodine-131).

George William Pogson, M.D.

10 CFR 35.200.

Robert F. Thompson, M.D.

10 CFR 35.100, 35.200, and 35.300 (limited to the oral administration of sodium iodide iodine-131).

Richard L. Cronmeyer, M.D.

10 CFR 35.100, 35.200, and 35.300 (for iodine-131, limited to the oral administration of sodium iodide iodine-131 in quantities less than or equal to 33 millicuries).

Paul Ren Chu, M.D.

10 CFR 35.200.

Stephen A. Bloom, M.D.

10 CFR 35.200.

James P. McGraw, M.D.

10 CFR 35.200.

Thomas L. Rosamond, M.D.

10 CFR 35.200.

Alan Schneider, M.D.

10 CFR 35.200.

Bob Green, M.D.

10 CFR 35.200.

Jeffrey W. Bissing, D.O.

10 CFR 35.200.

Christopher McKinney, M.D.

10 CFR 35.100, 35.200, and 35.300 (for iodine-131, limited to the oral administration of sodium iodide iodine-131 in quantities less than or equal to 33 millicuries).

Robert G. Schwegler, M.D.

10 CFR 35.100, 35.200, and 35.300.

John E. Scott, M.D.

10 CFR 35.100, 35.200, and 35.300.

William M. Chase, M.D.

10 CFR 35.100, 35.200, and 35.300.

Craig M. Bruner, M.D.

10 CFR 35.100, 35.200, and 35.300.

Douglas W. Nemmers, M.D.

10 CFR 35.100, 35.200, and 35.300.

Michael B. Parsa, M.D.

10 CFR 35.100, 35.200, and 35.300.

Received Time Feb. 1. 9:12AM

**MATERIALS LICENSE
SUPPLEMENTARY SHEET**License Number
24-18655-01Docket or Reference Number
030-13994

Amendment No. 56

Authorized UsersMaterial and Use

Jeffrey R. Conaway, M.D.

10 CFR 35.100, 35.200, and 35.300.

John F. Eurich, M.D.

10 CFR 35.100, 35.200, and 35.300.

William Brooks, M.D.

10 CFR 35.100, 35.200, and 35.300.

Kelly Hart, M.D.

10 CFR 35.100, 35.200, and 35.300.

Rick Moritz, M.D.

10 CFR 35.100, 35.200, and 35.300.

Thomas Zinn, M.D.

10 CFR 35.100, 35.200, and 35.300.

Sarah L. Sherard, M.D.

10 CFR 35.100, 35.200, and 35.300.

Donald J. Stallard, M.D.

10 CFR 35.100, 35.200, and 35.300.

Bradley McInay, M.D.

10 CFR 35.100, 35.200, and 35.300.

Vandana Halder, M.D.

10 CFR 35.100, 35.200, and 35.300.

Leo J. Splitter, M.D.

10 CFR 35.100, 35.200, and 35.300.

Craig B. McClure, M.D.

10 CFR 35.100 and 35.200.

Robert A. Wood, Jr., M.D.

10 CFR 35.100, 35.200, and 35.300.

Joseph Philip Koury, M.D.

10 CFR 35.100 and 35.200.

Jason Eric Himmel, M.D.

10 CFR 35.100, 35.200, and 35.300 (limited to the oral administration of sodium iodide iodine-131 in quantities less than or equal to 33 millicuries).

Michael J. Brigg, M.D.

10 CFR 35.100, 35.200, and 35.300 (limited to the use of sodium iodide iodine-131).

Nathaniel R. Jewell, M.D.

10 CFR 35.100, 35.200, and 35.300 (limited to the use of sodium iodide iodine-131).

Susan Chow, M.D.

10 CFR 35.100, 35.200, and 35.300.

Michael B. Robertson, M.D.

10 CFR 35.100, 35.200, and 35.300 (limited to the use of sodium iodide iodine-131).

Aaron M. Lewis, M.D.

10 CFR 35.100, 35.200, and 35.300 (limited to the oral administration of sodium iodide iodine-131).

13. In addition to the possession limits in Item 8, the licensee shall further restrict the possession of licensed material to quantities below the minimum limit specified in 10 CFR 30.35(d) for establishing decommissioning financial assurance.
14. The licensee is authorized to transport licensed material in accordance with the provisions of 10 CFR Part 71, "Packaging and Transportation of Radioactive Material."

NRC FORM 374A

U.S. NUCLEAR REGULATORY COMMISSION

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**MATERIALS LICENSE
SUPPLEMENTARY SHEET**License Number
24-18655-01Docket or Reference Number
030-13994

Amendment No. 56

15. Except as specifically provided otherwise in this license, the licensee shall conduct its program in accordance with the statements, representations, and procedures contained in the documents, including any enclosures, listed below. This license condition applies only to those procedures that are required to be submitted in accordance with the regulations. Additionally, this license condition does not limit the licensee's ability to make changes to the radiation protection program as provided for in 10 CFR 35.26. The U.S. Nuclear Regulatory Commission's regulations shall govern unless the statements, representations, and procedures in the licensee's application and correspondence are more restrictive than the regulations.
- A. Application dated July 28, 2010 (including attachments); and
- B. Letter dated February 18, 2011.

FOR THE U.S. NUCLEAR REGULATORY COMMISSION

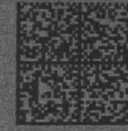
DEC 21 2011

By Sara A. B. ForsterSara A.B. Forster
Materials Licensing Branch
Region III

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