



Be well.

Portneuf Medical Center
777 Hospital Way
Pocatello, ID 83201
Tel: 208-239-1750
Fax: 208-239-1771

DATE: March 25th, 2014

United States Nuclear Regulatory Commission
Region IV
Nuclear Materials Safety Branch
1600 East Lamar Boulevard
Arlington, Texas 76011-4511

Re: License 11-27384-01

Dear Mr. Torres,

PUBLIC

- ☐ Immediate Release
☒ Normal Release

NON-PUBLIC

- ☐ A.3 Sensitive-Security Related
☐ A.7 Sensitive Internal
☐ Other: _____

Reviewer: RT Date: 4-1-2014

Please help to amend our radioactive materials license for the following two items:

1. Add to our license Lisa Antonelli, M.D (Nuclear Cardiology) as authorized user (A.U.) under category 10.CFR.35.200. Please find in enclosed:
 - a. Board certification for Lisa Antonelli, M.D.
 - b. Agreement State (Massachusetts) license in which Dr. Antonelli was listed as A.U. under the same category.
2. Remove from our license 1 (one) physician: John, Whiting, M.D.

Please let me know if further information is needed.

Sincerely

Tea T. Shi, M.S.
Radiation Safety Officer

A handwritten signature in dark ink, appearing to be 'TS' or similar initials, written over the printed name of the Radiation Safety Officer.

Enclosure

Certification Board of Nuclear Cardiology

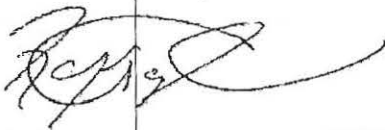
Incorporated 1996

Certifies that

Lisa Antonelli, MD

HAVING MET THE REQUIREMENTS PRESCRIBED BY THIS BOARD
FOR PHYSICIANS TRAINED IN THE UNITED STATES
AND HAVING SATISFACTORILY PASSED THE REQUIRED EXAMINATION,
IS HEREBY DESIGNATED
A DIPLOMATE CERTIFIED IN THE SUBSPECIALTY OF
NUCLEAR CARDIOLOGY

FOR THE PERIOD 2007 - 2017



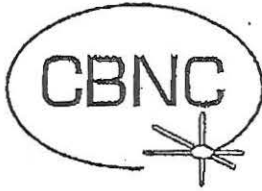
President



Secretary



CERTIFICATE NUMBER: 5395



Certification Board of Nuclear Cardiology

101 Lakeforest Boulevard, Suite 401 • Gaithersburg, Maryland 20877

Tel: +240.631.8151 • Fax: +240.631.8152

administration@cbnc.org • www.cbnc.org

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Verification of Certified Status

To Whom It May Concern:

This letter confirms that the following individual is certified in nuclear cardiology by the Certification Board of Nuclear Cardiology.

Name: Lisa Antonelli, MD

Year of Certification: December 7, 2007 - (Valid through 2017)

Certificate No.: 5395

Attested by: _____

Dawn M. Edgerton, Executive Director

Date: October 6, 2008

Dawn M. Edgerton, MA
Executive Director

No 583509

MRCP-MAT-1

Page 1 of 3 pages



THE COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF PUBLIC HEALTH
RADIATION CONTROL PROGRAM
MATERIALS LICENSE

Pursuant to Massachusetts General Laws Chapter 111, Sections 3, 5M, 5N, 5O and 5P and Massachusetts Regulations for the Control of Radiation, Section 120.100, Licensing of Radioactive Material, and in reliance on statements and representation heretofore made by the licensee, a license is hereby issued authorizing the licensee to receive, acquire, possess, and transfer radioactive materials 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 105 CMR 120.000. This license shall be deemed to contain the conditions specified in 105 CMR 120.000 and is subjected to all applicable rules, regulations of the Department of Public Health, Commonwealth of Massachusetts, now or hereafter in effect and to any conditions specified below.

Licensee		3. License Number; 44-0045 is amended in its entirety, in accordance with the letter dated October 18, 2012, to read as follows:
1. Steward Carney Hospital, Inc. d/b/a/ Carney Hospital		Amendment No: 14
2. 2100 Dorchester Avenue Dorchester, Massachusetts 02124-5666		4. Expiration Date: March 31, 2016
		5. Docket No: 02-0053
6. Radioactive Material	7. Chemical/Physical Form	8. Maximum Possession Limit
A. Any radioactive material listed in 105 CMR 120.544	A. Any radiopharmaceutical listed in 105 CMR 120.544	A. As needed
B. Any radioactive material listed in 105 CMR 120.547	B. Any radiopharmaceutical listed in 105 CMR 120.547	B. As needed
C. Iodine-131	C. Any	C. 200 millicuries

9. Authorized use:

- A. Any uptake, dilution and excretion procedure approved in 105 CMR 120.544.
- B. Any imaging and localization procedure approved in 105 CMR 120.547.
- C. Any radiopharmaceutical therapy procedure approved in 105 CMR 120.552

MRCP-MAT-1

Page 2 of 3 pages

COMMONWEALTH OF MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH RADIATION CONTROL PROGRAM MATERIALS LICENSE SUPPLEMENTARY SHEET	LICENSE NUMBER: 44-0045
	DOCKET NUMBER: 02-0053
	AMENDMENT NUMBER: <u>14</u>

CONDITIONS

10. Radioactive material shall be only used or stored at the licensee's facilities located at 2100 Dorchester Avenue, Dorchester, Massachusetts.
11. This license is subject to an annual fee as determined by the Executive Office for Administration and Finance.
12. The Radiation Safety Officer for this license is Richard I. Herman, MD.
13. Licensed material listed in Item 6 above is only authorized for use by, or under the supervision of, the following individuals for the materials and medical uses indicated:

Authorized UsersMaterial in 105 CMR and Use

Lisa Antonelli, M.D.	120.547 cardiovascular procedures
Paul E. Boinay, M.D.	120.547 cardiovascular procedures
Alexander L. Feinstein, M.D.	120.544; 120.547; 120.552, limited to the diagnosis and treatment of hyperthyroidism and cardiac dysfunction
Richard I. Herman, M.D.	120.544; 120.547
Cyril Mazansky, M.D.	120.544; 120.547
Robert H. Parlee, M.D.	120.544; 120.547
Alissa Joyce Saunders, M.D.	120.544; 120.547; 120.552, limited to the diagnosis and treatment of hyperthyroidism

14. Sealed sources used for brachytherapy procedures shall be manufactured and distributed in accordance with a specific license issued under 105 CMR 120.128(L) or equivalent requirements of the U.S. Nuclear Regulatory Commission or an Agreement State or a Licensing State.

Hill, Carol

From: Shi, Tea <teas@portmed.org>
Sent: Wednesday, March 26, 2014 12:22 PM
To: Hill, Carol; 'colleen.murnahan@nrc.gov.'
Subject: FW: license amendment adding AU under 10CFR.35.200
Attachments: NRC_Add_Dr_Antonelli_Remove_DR_Whiting_letter_sign.pdf;
Board_Certificate_Dr_Antonelli.pdf; Dr.Antonelli_Mass_RAM_license_PCA_20140325_170459_0000441d68f0.pdf

Good Morning,

Please find in attached for license amendment request letter with supporting documents, for adding Lisa Antonelli, M.D. as A.U. to our license under use category 10CFR.35.200.

Please Let me know if further information is needed.

Thanks very much, and have a great day.
--Tea

From: Torres, RobertoJ [<mailto:RobertoJ.Torres@nrc.gov>]
Sent: Wednesday, March 26, 2014 11:19 AM
To: Shi, Tea
Subject: RE: questions on adding AU under 10CFR.35.200

Send all amendment requests to:

US NRC Region IV, ATTN: DNMS Licensing Assistant, 1600 East Lamar Boulevard, Arlington, TX 76011, or by email to:
carol.hill@nrc.gov and colleen.murnahan@nrc.gov.

From: Shi, Tea [<mailto:teas@portmed.org>]
Sent: Wednesday, March 26, 2014 12:10 PM
To: Torres, RobertoJ
Subject: RE: questions on adding AU under 10CFR.35.200

Good Morning Mr. Torres,

Please find in attached for license amendment request letter with supporting documents, for adding Lisa Antonelli, M.D. as A.U. to our license under use category 10CFR.35.200.

Please Let me know if further information is needed.

Thanks very much, and have a great day.
--Tea

From: Torres, RobertoJ [<mailto:RobertoJ.Torres@nrc.gov>]
Sent: Thursday, March 06, 2014 11:21 AM
To: Shi, Tea
Subject: RE: questions on adding AU under 10CFR.35.200

If the physician that you want to add to your license is listed as an AU in an NRC or Agreement State license for the same categories, all you need to do is to request in a letter that the physician be listed in your license and provide copy of the

NRC or Agreement State license. If the physician is listed in an NRC license you can provide only the license number and we will obtain copy of the license for verification.

Send all amendment requests to:

US NRC Region IV, ATTN: DNMS Licensing Assistant, 1600 East Lamar Boulevard, Arlington, TX 76011, or by email to:

carol.hill@nrc.gov and colleen.murnahan@nrc.gov.

These two individuals are our licensing assistant and are always in the office.

From: Shi, Tea [teas@portmed.org]
Sent: Thursday, March 06, 2014 11:52 AM
To: Shi, Tea; Torres, Roberto]
Subject: RE: questions on adding AU under 10CFR.35.200

Dear Mr. Torres,

In addition, a separate question:

If, the physician has been AU under the same 10CFR.35 categories in other NRC licensed facility, what will be the requirement?

--Tea



DATE
03/28/2014

NAME AND ADDRESS OF APPLICANT AND/OR LICENSEE

Portneuf Medical Center
ATTN: Tea T. Shi, M.S.
Radiation Safety Officer
777 Hospital Way
Pocatello, Idaho 83201

LICENSE NUMBER

11-27384-01

MAIL CONTROL NUMBER

583509

LICENSING AND/OR TECHNICAL REVIEWER

ch

This is to acknowledge the receipt of your:

☒ LETTER and/or ☐ APPLICATION DATED: 03/25/2014

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 fill out NRC Form 531, located at the following link:

<http://www.nrc.gov/reading-rm/doc-collections/forms/nrc531.pdf>

Send the completed NRC Form 531, by facsimile, to the following number: (301) 415-5387

A copy of your action has been emailed to our License Fee and Accounts Receivable Branch, in our Headquarters office in Rockville, MD. You will be contacted separately if there is a fee issue involved.

Your application has been assigned the above listed **MAIL CONTROL NUMBER**. When calling to inquire about this action, please refer to this control number. Your application has been forwarded to a technical reviewer. Please note that the technical review, which is normally completed within 180 days for a renewal application (90 days for all other requests), may identify additional omissions or require additional information. If you have any questions concerning the processing of your application, our contact information is listed below:

Region IV
U. S. Nuclear Regulatory Commission
DNMS/NMSB - B
1600 E. Lamar Boulevard
Arlington, TX 76011-4511
(817) 200-1103 or (817) 200-1140

✓ 3/26

BETWEEN:

Accounts Receivable/Payable
and
Regional Licensing Branches

[FOR ARPB USE]
INFORMATION FROM WBL

Program Code: 02120
Status Code: Pending Amendment
Fee Category: 7C
Exp. Date: 03/31/2012
Fee Comments:
Decom Fin Assur Reqd: N

License Fee Worksheet - License Fee Transmittal

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: Portneuf Medical Center
Received Date: 03/26/2014
Docket Number: 3032325
Mail Control Number: 583509
License Number: 11-27384-01
Action Type: Amendment

2. FEE ATTACHED

Amount: _____

Check No.: _____

3. COMMENTS

Signed: _____

Date: _____

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: _____