



TETON CANCER INSTITUTE

trusted for life.

US NRC Region IV
ATTN: DNMS Licensing Assistant
1600 East Lamar Boulevard
Arlington, TX 76011-4511

RECEIVED
JUL - 7 2015

DNMS

Request for License Amendment

Dear DNMS Licensing Assistant,

Mountain View Hospital, Teton Cancer Institute, Radiation Oncology is requesting additional 35.290 authorization for Dr. Michael Callaghan. Please find attached the completed Form 313 AUD that demonstrates the proctoring provided by Dr. Steven Todd.

If you have any questions, please do not hesitate to contact me.

Thank you,
David Theel
RSO, Medical Physicist


Signature
7/6/15
Date

PUBLIC
☐ Immediate Release
☒ Normal Release

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

Reviewer:  Date: 7-21-15

Mountain View Hospital
2325 Coronado Street
Idaho Falls, Idaho 83404

Teton Cancer Institute
Radiation Oncology
1550 Hoopes Avenue
Idaho Falls, Idaho 83404

+

11-35120-01

STEVEN J. TODD, MD • CALVIN J. MCALLISTER, MD • MICHAEL E. CALLAGHAN, MD

RADIATION ONCOLOGY
1550 HOOPES AVE
IDAHO FALLS, ID 83404
TETON CANCER INSTITUTE
INFO@TETONCANCER.ORG
208.545.7220

No 588395

**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: (05/31/2015)

Name of Proposed Authorized User

Michael T. Callaghan, M.D.

State or Territory Where Licensed

Idaho

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 11-35120-01 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	Mountain View Hospital, 2325 Coronado Street, Idaho Falls, Idaho 83404	10	2/12/2015 - 4 hrs 2/26/2015 - 4 hrs 3/5/2015 - 5 hrs

Total Hours of Experience:

Supervising Individual

Steven J. Todd, M.D.

License/Permit Number listing supervising individual as an authorized user

11-35120-01

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)

1588395

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			
Radiation protection			
Mathematics pertaining to the use and measurement of radioactivity			
Chemistry of byproduct material for medical use (not required for 35.590)			
Radiation biology			
Total Hours of Training:			

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:	
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		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters		<input type="checkbox"/> Yes <input type="checkbox"/> No	

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		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Administering dosages of radioactive drugs to patients or human research subjects		<input type="checkbox"/> Yes <input type="checkbox"/> No	
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		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Supervising Individual

License/Permit Number listing supervising individual as an
authorized userSupervisor 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 Michael Callaghan MD 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 Michael Callaghan MD 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 STEVEN J. TODD	Signature STEVEN TODD	Telephone Number 208 542-7220	Date 6/7/2015
License/Permit Number/Facility Name 11-35120-0 MOUNTAIN VIEW HOSPITAL TETON CANCER			

earthsmart

FedEx carbon-neutral
envelope shipping

Align top of FedEx Express® shipping label here.

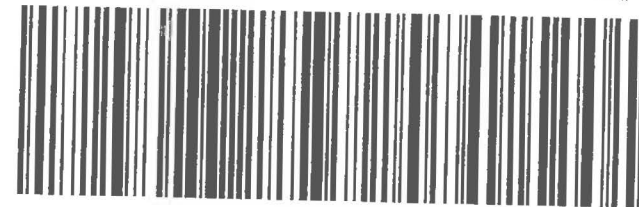
FedEx

TRK#
0200 8036 9224 4952

TUE - 07 JUL AA
STANDARD OVERNIGHT

XH FWHA

76011
TX-US
DFW



FID 519280 06JUL15 IDAA 537C1/B566/EE4B

FedEx NEW Package
Express US Airbill

FedEx
Tracking
Number

8036 9224 4952

1 From
Date 7/6/15

Sender's Name David Theel Phone

Company Mountain View Hosp. Teton Center Inst

Address 1550 Hoopes Ave Dept./Floor/Suite/Room

City Idaho Falls State ID ZIP 83201

2 Your Internal Billing Reference

3 To
Recipient's Name DNMS Lic Assist. Phone

Company NRC Region IV

Address 1600 E. Lamar Blvd Dept./Floor/Suite/Room

Address
Use this line for the HOLD location address or for continuation of your shipping address.

City Arlington State TX ZIP 76011-4511

HOLD Weekday
FedEx location address
REQUIRED. NOT available if
FedEx First Overnight.

HOLD Saturday
FedEx location address
REQUIRED. Available ONLY
FedEx Priority Overnight and
FedEx 2Day to select locat.

Next Business Day

☐ FedEx First Overnight
Earliest next business morning delivery to select
locations. Friday shipments will be delayed on
Monday unless SATURDAY Delivery is selected.

☐ FedEx Priority Overnight
Next business morning. Friday shipments will be
delivered on Monday unless SATURDAY Delivery
is selected.

☒ FedEx Standard Overnight
Next business afternoon.
Saturday Delivery NOT available.

2 or 3 Business Days

☐ FedEx 2Day A.M.
Second business morning.
Saturday Delivery NOT available.

☐ FedEx 2Day
Second business afternoon. Thursday shipments
will be delivered on Monday unless SATURDAY
Delivery is selected.

☐ FedEx Express Saver
Third business day.
Saturday Delivery NOT available.

5 Packaging *Declared value limit \$500.

☐ FedEx ☐ FedEx Tube ☐ Other

FROM: DAVID THEEL
CARR: Federal Express
TRK#: 803692244952

RCVD: 7/7/2015 1109

TO: HILL, Carol

PH:

BDG:

RM:

PCS: 1



8036 9224 4952



fedex.com 1800.GoFedEx 1800.463.3339

9 6 8 8 5 7



DATE

07/28/2015

NAME AND ADDRESS OF APPLICANT AND/OR LICENSEE

Mr. David Theel, M.S.
Radiation Safety Officer
Mountain View Hospital
2325 Coronado Street
Idaho Falls, Idaho 83404

LICENSE NUMBER

11-35120-01

MAIL CONTROL NUMBER

588395

LICENSING AND/OR TECHNICAL REVIEWER

CH

This is to acknowledge the receipt of your:

☒ LETTER and/or ☐ APPLICATION DATED: 07/06/2015

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

✓ 7/28/15

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: 03/31/2024
Fee Comments:
Decom Fin Assur Req: N

License Fee Worksheet - License Fee Transmittal

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: Mountain View Hospital
Received Date: 07/07/2015
Docket Number: 3038701
Mail Control Number: 588395
License Number: 11-35120-01
Action Type: Amendment

2. FEE ATTACHED

Amount: _____

Check No.: _____

3. COMMENTS

Signed: _____

Date: _____

Carl Schie
7/28/15

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: _____