

Hill, Carol

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**From:** Andre Vanterpool <AVanterpool@krmc.org>  
**Sent:** Wednesday, February 08, 2017 3:17 PM  
**To:** Hill, Carol  
**Subject:** [External\_Sender] Amendment request  
**Attachments:** NRC Amendment request DR Heimbigner and Beer AU 35.1000 2-8-2017.pdf

Hi Carol,

Please see attached request for the addition of two new Authorized Users and the removal of three current Authorized Users.

***Andre Vanterpool BS, RT (N) (R)***

Manager, Nuclear Medicine/ARSO/PET CT/ Mobile Nuclear Medicine

Nuclear Medicine Department

Kalispell regional Healthcare

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**PUBLIC**

☐ Immediate Release

☒ Normal Release

**NON-PUBLIC**

☐ A.3 Sensitive-Security Related

☐ A.7 Sensitive Internal

☐ Other:

Reviewer: ATC

Date: 2-13-17

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February 8, 2017

Nuclear Materials Licensing Branch  
U.S. Nuclear Regulatory Commission, Region IV  
612 Lamar Boulevard, Suite 400  
Arlington, TX 76011-4125

**RE: Kalispell Regional Medical Center (License number 25-15463-01)**  
**Amendment request to:**

1. Add new Authorized Users Jared Heim-Bigner, DO for 35.100, 35.200, 35.300 and 35.1000 use of Iodine-125 low dose rate brachytherapy seeds used for localization of non-palpable lesions.
2. Amanda Beer MD for 35.100, 35.200 and 35.1000 use of Iodine-125 low dose rate brachytherapy seeds used for localization of non-palpable lesions.
3. Remove Authorized Users
  - a) Alan B Williams, M.D. – retired
  - b) Peter T. Humphrey, M.D. – no longer employed at KRMC
  - c) Carolyn C. McCarty, D.O. – no longer employed at KRMC

Dear Carol Hill:

Please accept the attached NRC FORM 313A (AUD) and letter of attestation to account for the authorization of Jared Heim-Bigner, DO for 35.100, 35.200, 35.300 and 35.1000 use of Iodine-125 low dose rate brachytherapy seeds used for localization of non-palpable lesions (RSL). Also, please accept the attached NRC FORM 313(AUD) and letter of attestation to account for the authorization of Amanda Beer, MD for 35.100, 35.200 and 35.1000 use of Iodine-125 low dose rate brachytherapy seeds used for localization of non-palpable lesions (RSL). Also would like to remove Authorized Users either retired or no longer with the organization.

If you require additional information or have questions concerning this amendment request please contact one of the following:

Andre Vanterpool, Manager, Nuclear Medicine Department  
Office phone (406)752-1770 cell (406) 212-6642  
Email: [AVanterpool@krmc.org](mailto:AVanterpool@krmc.org)

Lisa Bosworth, medical Health Physicist, MPC Inc.  
Office phone: (208)-860-6260  
Email: [LNBoosworth@msn.com](mailto:LNBoosworth@msn.com)

Thank you for your and attention in this matter.

Sincerely,

Andre Vanterpool BS, RT (N, R), ARSO  
Manager Nuclear Medicine/ARSO/PET CT/ Mobile Technologist  
Nuclear Medicine Department  
Kalispell regional Medical Center  
(406)752-1770 F (406)756-4715 C (406)212-6642

**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: 06/30/2019

Name of Proposed Authorized User

JARED H. HEIMBIGNER, MD

State or Territory Where Licensed

CALIFORNIA

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)

☒ 35,1000 USE of <sup>125</sup>Iodine - 125 LOW DOSE RATE  
Breast Therapy Seeds used for Localization  
of non-palpable Lesions (RSL)

**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)

## 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	Naval Medical Center San Diego Radiology Department 34800 Bob Wilson Dr. San Diego, CA 92134	40	July 2007 to July 2011
Radiation protection	Naval Medical Center San Diego Radiology Department 34800 Bob Wilson Dr. San Diego, CA 92134	40	July 2007 to July 2011
Mathematics pertaining to the use and measurement of radioactivity	Naval Medical Center San Diego Radiology Department 34800 Bob Wilson Dr. San Diego, CA 92134	40	July 2007 to July 2011
Chemistry of byproduct material for medical use (not required for 35.590)	Naval Medical Center San Diego Radiology Department 34800 Bob Wilson Dr. San Diego, CA 92134	40	July 2007 to July 2011
Radiation biology	Naval Medical Center San Diego Radiology Department 34800 Bob Wilson Dr. San Diego, CA 92134	40	July 2007 to July 2011

Total Hours of Training: 200

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	Naval Medical Center San Diego NRMP # 04-00259-11NP	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	July 2007 to July 2011
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters	Naval Medical Center San Diego NRMP # 04-00259-11NP	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	July 2007 to July 2011



## 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	Naval Medical Center San Diego NRMP # 04-00259-11NP	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	July 2007 to July 2011
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material	Naval Medical Center San Diego NRMP # 04-00259-11NP	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	July 2007 to July 2011
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures	Naval Medical Center San Diego NRMP # 04-00259-11NP	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	July 2007 to July 2011
Administering dosages of radioactive drugs to patients or human research subjects	Naval Medical Center San Diego NRMP # 04-00259-11NP	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	July 2007 to July 2011
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	Naval Medical Center San Diego NRMP # 04-00259-11NP	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	July 2007 to July 2011
Supervising Individual  EUGENE D. SILVERMAN, MD		License/Permit Number listing supervising individual as an authorized user  Naval Medical Center San Diego, NRMP# 04-00259-11NP	
Supervisor meets the requirements below, or equivalent Agreement State requirements (check one). <input type="checkbox"/> 35.190 <input type="checkbox"/> 35.290 <input type="checkbox"/> 35.390 <input checked="" type="checkbox"/> 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 \_\_\_\_\_ 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 JARED H. HEIMBIGNER, MD 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 \_\_\_\_\_ 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 JARED H. HEIMBIGNER, MD has satisfactorily completed the 700 hours of training  
Name of Proposed Authorized User

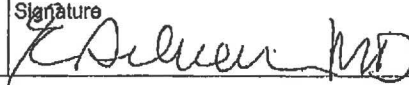
and experience, including a minimum of 80 hours of classroom and laboratory training, required by 10 CFR 35.290(c)(1), and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100 and 35.200.

**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 EUGENE D. SILVERMAN, MD	Signature 	Telephone Number (619) 532-8775	Date 11/15/16
License/Permit Number/Facility Name Licenc# G33391 / NRMP# 04-00259-11NP / Naval Medical Center San Diego, 34800 Bob Wilson Dr., SD, CA 92134			



**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: 06/30/2019

Name of Proposed Authorized User

JARED H. HEIMBIGNER, MD

State or Territory Where Licensed

CALIFORNIA

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	Naval Medical Center San Diego, Radiology Dept. 34800 Bob Wilson Dr., San Diego, CA 92134	40	July 2007 to July 2011
Radiation protection	Naval Medical Center San Diego, Radiology Dept. 34800 Bob Wilson Dr., San Diego, CA 92134	40	July 2007 to July 2011
Mathematics pertaining to the use and measurement of radioactivity	Naval Medical Center San Diego, Radiology Dept. 34800 Bob Wilson Dr., San Diego, CA 92134	40	July 2007 to July 2011
Chemistry of byproduct material for medical use	Naval Medical Center San Diego, Radiology Dept. 34800 Bob Wilson Dr., San Diego, CA 92134	40	July 2007 to July 2011
Radiation biology	Naval Medical Center San Diego, Radiology Dept. 34800 Bob Wilson Dr., San Diego, CA 92134	40	July 2007 to July 2011
Total Hours of Training:		200	

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:	
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	Naval Medical Center San Diego NRMP# 04-00259-11NP	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	July 2007 to July 2011
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters	Naval Medical Center San Diego NRMP# 04-00259-11NP	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	July 2007 to July 2011
Calculating, measuring, and safely preparing patient or human research subject dosages	Naval Medical Center San Diego NRMP# 04-00259-11NP	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	July 2007 to July 2011
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material	Naval Medical Center San Diego NRMP# 04-00259-11NP	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	July 2007 to July 2011
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures	Naval Medical Center San Diego NRMP# 04-00259-11NP	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	July 2007 to July 2011

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  EUGENE D. SILVERMAN, MD	License/Permit Number listing supervising individual as an authorized user  Naval Medical Center San Diego, NRMP# 04-00259-11NP
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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)	3	Naval Medical Center San Diego NRMP# 04-00259-11NP	July 2007 to July 2011
Oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 1.22 gigabecquerels (33 millicuries)	3	Naval Medical Center San Diego NRMP# 04-00259-11NP	July 2007 to July 2011
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	3	Naval Medical Center San Diego NRMP# 04-00259-11NP	July 2007 to July 2011
Parenteral administration of any other radionuclide for which a written directive is required  <div style="border: 1px solid black; height: 30px; width: 150px; margin: 5px 0;"></div> (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
EUGENE D. SILVERMAN, MD	Naval Medical Center San Diego, NRMP# 04-00259-11NP
Supervising individual meets the requirements below, or equivalent Agreement State requirements ( <i>check all that apply</i> )**:	
<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 \_\_\_\_\_ 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 JARED H. HEIMBIGNER, MD has satisfactorily completed the 700 hours of training and experience, including a minimum of 200 hours of classroom and laboratory training, as required by 10 CFR 35.390 (b)(1).  
Name of Proposed Authorized User



**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 JARED H. HEIMBIGNER, MD 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 JARED H. HEIMBIGNER, MD 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 JARED H. HEIMBIGNER, MD 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 JARED H. HEIMBIGNER, MD 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 JARED H. HEIMBIGNER, MD 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 \_\_\_\_\_ 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  
EUGENE D. SILVERMAN, MD

Signature  
*E. Silverman MD*

Telephone Number  
(619) 532-8775

Date  
11/15/16

License/Permit Number/Facility Name

License# G33391 / NRMP# 04-00259-11NP / Naval Medical Center San Diego, 34800 Bob Wilson Dr., SD, CA 92134

16592968

Form A



American Board of Radiology — Program Director Attestation

**COMPLIANCE WITH NRC TRAINING AND EXPERIENCE REQUIREMENTS**

More information can be found at the following link:

<http://www.nrc.gov/reading-rm/doc-collections/cfr/part035/part035-0290.html>

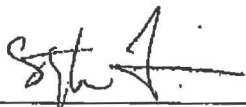
Jared H. Heimbigner  
Resident Name

Diagnostic Radiology  
NRC San Diego  
Program

05-09-20-2  
Program #

	YES	NO
By the time of the ABR oral examination, this applicant will have successfully completed the hours of training and experience as outlined in 10 CFR 35.290, 35.392, and 35.394.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
This applicant has taken part in $\geq 3$ cases of oral administration of I-131 therapy $\leq 33\text{mCi}$ .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
This applicant has taken part in $\geq 3$ cases of oral administration of I-131 therapy $>33\text{ mCi}$ .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
The resident's log of these therapy experiences (date, dose, and preceptor attestation) is attached,.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
The work experience cited above for § 35.290 was obtained under the supervision of an Authorized User (AU) who meets the requirements under relevant sections of § 35.290 or equivalent Agreement State requirements.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
The work experience cited above for § 35.392 was obtained under the supervision of an Authorized User (AU) who meets the requirements under § 35.390, 35.392 or 35.394 or equivalent Agreement State requirements.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
The work experience cited above for § 35.394 was obtained under the supervision of an Authorized User (AU) who meets the requirements under § 35.390 or 35.394 or equivalent Agreement State requirements.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Stephen L. Ferrara, MD  
Residency Program Director  
(Print Name)

  
Program Director  
(Signature)

3/23/11  
Date

## I-131 Therapy Experience Log

Jared H. Heimbigner  
Resident Name

Diagnostic Radiology/05-09-20-2  
Program & Number

<u>Date</u>	<u>Dose Administered</u>	<u>Preceptor (AU) Print &amp; Sign Name</u>
≤ 33mCi		
1. <u>3/25/08</u>	<u>15.11 mCi</u>	<u>Eugene Silverman M.D.</u> Print Name <u>E Silverman</u> Sign Name
2. <u>3/25/08</u>	<u>18.2 mCi</u>	<u>Eugene Silverman M.D.</u> Print Name <u>E Silverman</u> Sign Name
3. <u>4/1/08</u>	<u>21.3 mCi</u>	<u>Eugene Silverman M.D.</u> Print Name <u>E Silverman</u> Sign Name

<u>Date</u>	<u>Dose Administered</u>	<u>Preceptor (AU) Print &amp; Sign Name</u>
> 33 mCi		
1. <u>4/27/09</u>	<u>152.5 mCi</u>	<u>Eugene Silverman M.D.</u> Print Name <u>E Silverman</u> Sign Name
2. <u>3/26/08</u>	<u>203 mCi</u>	<u>Eugene Silverman M.D.</u> Print Name <u>E Silverman</u> Sign Name
3. <u>3/19/08</u>	<u>102.6 mCi</u>	<u>Eugene Silverman M.D.</u> Print Name <u>E Silverman</u> Sign Name

# Bureau of Medicine and Surgery



## Certificate of Residency

to

**LCDR Jared H. Heimbigner, MC, USN**

*upon completion of Residency Training in*

**Diagnostic Radiology**

23 July 2007

22 July 2011

*Adam M. Branson, Jr.*  
SURGEON GENERAL

Naval Medical Center  
San Diego, California

*Chris J. Fain*  
PROGRAM DIRECTOR  
COMMANDER

November 29, 2016

Re: Radioactive Seed Localization

To Whom It May Concern:

This letter should serve as documentation of supervised clinical case experience for Jared Heim-Bigner, D.O. performing radioactive seed localization (RSL) of non-palpable breast lesions with I-125 seeds. Dr. Heim-Bigner is a board certified radiologist and an authorized user listed on Kalispell Regional Medical Center's license, number 25-15463-01. I observed Dr. Heim-Bigner performed 3 separate implants of breast lesions. I witnessed patients E.L. on 11/28/2016 and K.Y. to the right and left breasts also on 11/28/2016. I instructed Dr. Heim-Bigner in the proper techniques for safe handling of the seeds, appropriate preparation, as well as seed deployment. We reviewed safety relative to the use of I-125 seeds for localization including but not limited to:

- Performing the related surveys using appropriate instrumentation
- Preparing, implanting and safely removing RS L sources, to include the use of remote handling tools to manipulate seeds and the proper use of shields
- Performing routine monitoring before, during and after all uses of the seeds to ensure rapid identification and remediation of a leaking or broken source
- Emergency procedures, such as broken or leaking seeds
- Reviewing and understanding the administrative controls in place to prevent a medical event
- Maintaining running inventories of radioactive material on hand
- Has work experience on each of the above bulleted items, in addition to work experience for ordering, receiving and the safe unpacking of radioactive material for each of the 3 above named cases.

Dr. Heim-Bigner has gained competency to perform these procedures independently.

Sincerely,



Gordon Donald Stillie, DO, MS, MBA, FACRO



**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: 08/30/2019

Name of Proposed Authorized User

Amanda J. Beer

State or Territory Where Licensed

Montana

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) \_\_\_\_\_☒ 35.1000 USE OF 200/100 - 125 LOW DOSE RATE  
BRACHY THERAPY SEEDS USED FOR LOCALIZATION  
OF NON-Palpable LESIONS (RSL)**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)

## 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	University of Virginia		7/1/2011 - 6/30/2015
Radiation protection	University of Virginia		7/1/2011 - 6/30/2015
Mathematics pertaining to the use and measurement of radioactivity	University of Virginia		7/1/2011 - 6/30/2015
Chemistry of byproduct material for medical use (not required for 35.590)	University of Virginia		7/1/2011 - 6/30/2015
Radiation biology	University of Virginia		7/1/2011 - 06/30/2015

Total Hours of Training: 700

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	University of Virginia	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/1/2011 - 6/30/2015
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

Patrice K. Rehm, MD

License/Permit Number listing supervising individual as an authorized user

VA 540-248-1

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 \_\_\_\_\_ 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 Amanda J. Beer 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 Amanda J. Beer 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

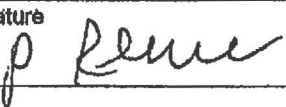
and experience, including a minimum of 80 hours of classroom and laboratory training, required by 10 CFR 35.290(c)(1), and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100 and 35.200.

**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 Patrice K. Rehm	Signature 	Telephone Number (434) 924-9401	Date 2/1/17
License/Permit Number/Facility Name VA 540-248-1 University of Virginia			

January 11, 2017

Re: Radioactive Seed Localization

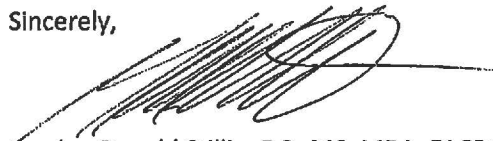
To Whom It May Concern:

This letter should serve as documentation of supervised clinical case experience for Amanda Beer, M.D. performing radioactive seed localization (RSL) of non-palpable breast lesions with I-125 seeds. Dr. Beer is a board certified radiologist and an authorized user listed on Kalispell Regional Medical Center's license, number 25-15463-01. I observed Dr. Beer performed 3 separate implants of breast lesions. I witnessed patients P.A. on 12/14/2016; J.S. on 12/14/2016 and J.D. on 1/11/2017. I instructed Dr. Beer in the proper techniques for safe handling of the seeds, appropriate preparation, as well as seed deployment. We reviewed safety relative to the use of I-125 seeds for localization including but not limited to:

- Performing the related surveys using appropriate instrumentation
- Preparing, implanting and safely removing RSL sources, to include the use of remote handling tools to manipulate seeds and the proper use of shields
- Performing routine monitoring before, during and after all uses of the seeds to ensure rapid identification and remediation of a leaking or broken source
- Emergency procedures, such as broken or leaking seeds
- Reviewing and understanding the administrative controls in place to prevent a medical event
- Maintaining running inventories of radioactive material on hand
- Has work experience on each of the above bulleted items, in addition to work experience for ordering, receiving and the safe unpacking of radioactive material for each of the 3 above named cases.

Dr. Beer has gained competency to perform these procedures independently.

Sincerely,



Gordon Donald Stillie, DO, MS, MBA, FACRO

# The American Board of Radiology

*Organized through the cooperation of the  
American College of Radiology, the American Roentgen Ray Society,  
the American Radium 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,  
the American Association of Physicians in Medicine, and the Society of Interventional Radiology,  
the American Board of Radiology hereby certifies that*

**Amanda J. Beer, 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*

## Diagnostic Radiology

AM Eligible

*Ongoing validity of this certificate is contingent upon  
meeting the requirements of Maintenance of Certification.*

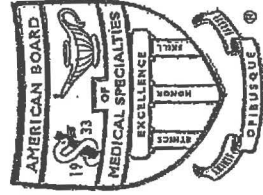


*This diplomate of the American Board of Radiology  
is permitted to use the ABR mark to signify this certification.*

*Wm. J. Liberson, MD*  
President

*C. P. Reed*  
Secretary-Treasurer

*Valerie J. Johnson*  
Executive Director



ABR

Certificate No. 67766

Effective: October 7, 2016



**Hill, Carol**

---

**From:** Andre Vanterpool <AVanterpool@krmc.org>  
**Sent:** Thursday, February 09, 2017 4:53 PM  
**To:** Hill, Carol  
**Subject:** [External\_Sender] RE: Acknowledgement of Receipt of Amendment Request is attached.  
**Attachments:** NRC Amendment request additional info for Dr Beer 2-9-2017.pdf

Carol

Please add the attached part to the request dated 2/9/2017...License # 25-15463-01 mail control # 592968

Thank you.

**Andre Vanterpool BS, RT (N) (R)**

Manager, Nuclear Medicine/ARSO/PET CT/ Mobile Nuclear Medicine  
Nuclear Medicine Department  
Kalispell regional Healthcare  
W(406)752-1770 F(406)756-4715  
C(406)212-6642  
[avanterpool@krmc.org](mailto:avanterpool@krmc.org)



**PUBLIC**

☐ Immediate Release  
☒ Normal Release

**NON-PUBLIC**

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

Reviewer: PCR Date: 2-13-17

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**From:** Hill, Carol [<mailto:Carol.Hill@nrc.gov>]  
**Sent:** Thursday, February 09, 2017 8:46 AM  
**To:** Andre Vanterpool  
**Subject:** Acknowledgement of Receipt of Amendment Request is attached.

**Carol L. Hill, Licensing Assistant**

Direct: 817-200-1140  
Toll Free: 1-800-952-9677  
Fax: 817-200-1083  
E-mail: [Carol.Hill@nrc.gov](mailto:Carol.Hill@nrc.gov)

**US Nuclear Regulatory Commission**  
1600 E. Lamar Blvd.  
Arlington, TX 76011-4511

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**CONFIDENTIALITY NOTICE:**

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February 9, 2017

Nuclear Materials Licensing Branch  
U.S Nuclear Regulatory Commission, Region IV  
612 Lamar Boulevard, Suite 400  
Arlington, TX 76011-4125

**RE: Kalispell Regional Medical Center (License number 25-15463-01)**

**Amendment request to:**

- 1. Amanda Beer MD for 35.100, 35.200, 35.300 and 35.1000 use of Iodine-125 low dose rate brachytherapy seeds used for localization of non-palpable lesions.**

Dear Carol Hill:

Please accept the attached NRC FORM 313(AUD)(AUT) and letter of attestation to account for the authorization of Amanda Beer, MD for 35.100, 35.200, 35.300 and 35.1000 use of Iodine-125 low dose rate brachytherapy seeds used for localization of non-palpable lesions (RSL).

If you require additional information or have questions concerning this amendment request please contact one of the following:

Andre Vanterpool, Manager, Nuclear Medicine Department  
Office phone (406)752-1770 cell (406) 212-6642  
Email: [AVanterpool@krmc.org](mailto:AVanterpool@krmc.org)

Lisa Bosworth, medical Health Physicist, MPC Inc.  
Office phone: (208)-860-6260  
Email: [LNBosworth@msn.com](mailto:LNBosworth@msn.com)

Thank you for your and attention in this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Andre Vanterpool", is written over a horizontal line.

Andre Vanterpool BS, RT (N, R), ARSO  
Manager Nuclear Medicine/ARSO/PET CT/ Mobile Technologist  
Nuclear Medicine Department  
Kalispell regional Medical Center  
(406)752-1770 F (406)756-4715 C (406)212-6642



**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: 08/30/2019

Name of Proposed Authorized User:

Amanda J. Beer, MD

State or Territory Where Licensed

Montana

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	University of Virginia		7/1/2011 - 6/30/2015
Radiation protection			7/1/2011 - 6/30/2015
Mathematics pertaining to the use and measurement of radioactivity			7/1/2011 - 6/30/2015
Chemistry of byproduct material for medical use			7/1/2011 - 6/30/2015
Radiation biology			7/1/2011 - 6/30/2015
Total Hours of Training:		700	

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:	
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	
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	

## 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  Patrice K. Rehm, MD	License/Permit Number listing supervising individual as an authorized user  VA 540-248-1
---	--

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 type="checkbox"/> 35.396            | <input 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 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)	3	University of Virginia	10/18/2011 8/1/2012 8/13/2012
Oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 1.22 gigabecquerels (33 millicuries)	3	University of Virginia	8/22/2012 8/8/2013 11/18/2014
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 <div style="border: 1px solid black; height: 30px; width: 150px; margin-top: 5px;"></div> (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
Patrice K. Rehm, MD.	VA 540-248-1

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 type="checkbox"/> 35.396	<input 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 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 Amanda J. Beer, MD 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 and experience, including a minimum of 200 hours of classroom and laboratory training, as required by 10 CFR 35.390 (b)(1).  
Name of Proposed Authorized User

**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 Amanda J. Beer, MD 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 Amanda J. Beer, MD 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 \_\_\_\_\_ 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

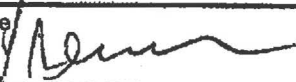
Complete the following for preceptor attestation and signature:

☒ 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

Patrice K. Rehm

Signature



Telephone Number

(434) 924-9401

Date

2/8/17

License/Permit Number/Facility Name

VA-540-248-1 University of Virginia



## ACKNOWLEDGEMENT - RECEIPT OF CORRESPONDENCE

## Name and Address of Applicant and/or Licensee

Michael T. Henson, M.D., Radiation Safety Officer  
Kalispell Regional Medical Center  
Radiology Department  
310 Sunnyview Lane  
Kalispell, MT 59901

## Date

02/09/2017

## License Number(s)

25-15463-01

## Mail Control Number(s)

592968

## Licensing and/or Technical Reviewer or Branch

CHill

This is to acknowledge receipt of your: ☒ Letter and/or ☐ Application Dated: 02/08/2017

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:

Region IV  
U. S. Nuclear Regulatory Commission  
DNMS/NMSB - B  
1600 E. Lamar Boulevard  
Arlington, TX 76011-4511  
(817) 200-1209 or (817) 200-1140

✓ 2/9/17

BETWEEN:

Accounts Receivable/Payable  
and  
Regional Licensing Branches

[ FOR ARPB USE ]  
INFORMATION FROM WBL

Program Code: 02230  
Status Code: Pending Amendment  
Fee Category: 7C  
Exp. Date: 08/31/2025  
Fee Comments: CODE 23  
Decom Fin Assur Reqd: N

## License Fee Worksheet - License Fee Transmittal

### A. REGION

#### 1. APPLICATION ATTACHED

Applicant/Licensee: Kalispell Regional Medical Center  
Received Date: 02/08/2017  
Docket Number: 3009152  
Mail Control Number: 592968  
License Number: 25-15463-01  
Action Type: Amendment

#### 2. FEE ATTACHED

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

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

#### 3. COMMENTS

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

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

*Carol L. Heise*  
2/9/17

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