



St. Luke's Hospital

(605) 229-3000

305 South State Street, Aberdeen, South Dakota 57401

June 27, 1985

Ms. Glenda Jackson
License for Management Branch
Office of Administration
U.S. Nuclear Regulatory Commission
Washington, D.C. 20555

Dear Ms. Jackson:

St. Luke's Hospital currently is licensed by the Nuclear
Regulatory Commission (License # 40-18000-1). St. Luke's
Hospital is requesting the following revision:

Addition

Douglas R. Peterson, M.D., Groups I, II, III, IV, V, In
Vitro Studies and Xenon-133. Supporting documentation is
attached.

I¹³¹ - hyperthyroidism / carcinoma

Also, please find an amended fee in the amount of \$120.00.

Sincerely,

Dale J. Stein

Dale J. Stein
Executive Director

8510240138 850826
REG4 LIC30
40-18000-01 PDR

July - 1st

8726
8.120.7c
Amendment
Check # 7/8/85
Received By: J. C. Stein

*7C
3/88*

RECEIVED
JUL - 8 PM 2:25
N.R.C. BRANCH
FBI

St. Luke's Hospital

PACE Shared Service
Sioux Falls, South Dakota

Brady Memorial Home
Mitchell, South Dakota

Faulk County Memorial Hospital
Faulkton, South Dakota

Marshall County Memorial Hospital
Britton, South Dakota

Members Of
The Presentation
Health System

St. Luke's Hospital
Aberdeen, South Dakota

Dickey County Memorial Hospital
Ellendale, North Dakota

McKenna Hospital
Sioux Falls, South Dakota

Mother Joseph Manor
Aberdeen, South Dakota

St. Joseph Hospital
Polson, Montana

St. Joseph Hospital
Mitchell, South Dakota

Garfield County Hospital
Jordan, Montana

Caring For You... Since 1901

460705

NRC FORM 313M (9-81) 10 CFR 35	U.S. NUCLEAR REGULATORY COMMISSION APPLICATION FOR MATERIALS LICENSE – MEDICAL	Approved by OMB 3150-0041																																												
INSTRUCTIONS – Complete Items 1 through 26 if this is an initial application or an application for renewal of a license. Use supplemental sheets where necessary. Item 26 must be completed on all applications and signed. Retain one copy. Submit original and one copy of entire application to : Director, Office of Nuclear Materials Safety and Safeguards, U.S. Nuclear Regulatory Commission, Washington, D.C. 20555. Upon approval of this application, the applicant will receive a Materials License. An NRC Materials License is issued in accordance with the general requirements contained in Title 10, Code of Federal Regulations, Part 30, and the Licensee is subject to Title 10, Code of Federal Regulations, Parts 19, 20 and 35 and the license fee provision of Title 10, Code of Federal Regulations, Part 170. The license fee category should be stated in Item 26 and the appropriate fee enclosed.																																														
1.a. NAME AND MAILING ADDRESS OF APPLICANT (institution, firm, clinic, physician, etc.) INCLUDE ZIP CODE St. Luke's Hospital 305 S. State Aberdeen, S.D. 57401 TELEPHONE NO.: AREA CODE (605) 229-3230		1.b. STREET ADDRESS(ES) AT WHICH RADIOACTIVE MATERIAL WILL BE USED (If different from 1.a.) INCLUDE ZIP CODE																																												
2. PERSON TO CONTACT REGARDING THIS APPLICATION Byron Peterson TELEPHONE NO.: AREA CODE (605) 229-3230	3. THIS IS AN APPLICATION FOR: (Check appropriate item) a. <input type="checkbox"/> NEW LICENSE b. <input checked="" type="checkbox"/> AMENDMENT TO LICENSE NO. _____ c. <input type="checkbox"/> RENEWAL OF LICENSE NO. _____																																													
4. INDIVIDUAL USERS (Name individuals who will use or directly supervise use of radioactive material. Complete Supplements A and B for each individual.) Douglas R. Peterson, M.D.	5. RADIATION SAFETY OFFICER (RSO) (Name of person designated as radiation safety officer. If other than individual user, complete resume of training and experience as in Supplement A.) Calvin Andersen, M.D.																																													
6.a. RADIOACTIVE MATERIAL FOR MEDICAL USE																																														
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6.b. RADIOACTIVE MATERIAL FOR USES NOT LISTED IN ITEM 6.a. (Sealed sources up to 3 mCi used for calibration and reference standards are authorized under Section 35.14(d), 10 CFR Part 35, and NEED NOT BE LISTED.)																																														
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INFORMATION REQUIRED FOR ITEMS 7 THROUGH 23

For Items 7 through 23, check the appropriate box(es) and submit a detailed description of all the requested information. Begin each item on a separate sheet. Identify the item number and the date of the application in the lower right corner of each page. If you indicate that an appendix to the medical licensing guide will be followed, do not submit the pages, but specify the revision number and date of the referenced guide: Regulatory Guide 10.8 , Rev. _____ Date: _____

7. MEDICAL ISOTOPES COMMITTEE		15. GENERAL RULES FOR THE SAFE USE OF RADIOACTIVE MATERIAL (Check One)	
<input type="checkbox"/>	Names and Specialties Attached; and	<input type="checkbox"/>	Appendix G Rules Followed; or
<input type="checkbox"/>	Duties as in Appendix B; or _____ (Check One)	<input type="checkbox"/>	Equivalent Rules Attached
<input type="checkbox"/>	Equivalent Duties Attached	16. EMERGENCY PROCEDURES (Check One)	
8. TRAINING AND EXPERIENCE		<input type="checkbox"/>	Appendix H Procedures Followed; or
<input type="checkbox"/>	Supplements A & B Attached for Each Individual User; and	<input type="checkbox"/>	Equivalent Procedures Attached
<input type="checkbox"/>	Supplement A Attached for RSO.	17. AREA SURVEY PROCEDURES (Check One)	
9. INSTRUMENTATION (Check One)		<input type="checkbox"/>	Appendix I Procedures Followed; or
<input type="checkbox"/>	Appendix C Form Attached; or	<input type="checkbox"/>	Equivalent Procedures Attached
<input type="checkbox"/>	List by Name and Model Number	18. WASTE DISPOSAL (Check One)	
10. CALIBRATION OF INSTRUMENTS		<input type="checkbox"/>	Appendix J Form Attached; or
<input type="checkbox"/>	Appendix D Procedures Followed for Survey Instruments; or _____ (Check One)	<input type="checkbox"/>	Equivalent Information Attached
<input type="checkbox"/>	Equivalent Procedures Attached; and	19. THERAPEUTIC USE OF RADIOPHARMACEUTICALS (Check One)	
<input type="checkbox"/>	Appendix D Procedures Followed for Dose Calibrator; or _____ (Check One)	<input type="checkbox"/>	Appendix K Procedures Followed; or
<input type="checkbox"/>	Equivalent Procedures Attached	<input type="checkbox"/>	Equivalent Procedures Attached
11. FACILITIES AND EQUIPMENT		20. THERAPEUTIC USE OF SEALED SOURCES	
<input type="checkbox"/>	Description and Diagram Attached	<input type="checkbox"/>	Detailed Information Attached; and
12. PERSONNEL TRAINING PROGRAM		<input type="checkbox"/>	Appendix L Procedures Followed; or _____ (Check One)
<input type="checkbox"/>	Description of Training Attached	<input type="checkbox"/>	Equivalent Procedures Attached
13. PROCEDURES FOR ORDERING AND RECEIVING RADIOACTIVE MATERIAL		21. PROCEDURES AND PRECAUTIONS FOR USE OF RADIOACTIVE GASES (e.g., Xenon - 133)	
<input type="checkbox"/>	Detailed Information Attached	<input type="checkbox"/>	Detailed Information Attached
14. PROCEDURES FOR SAFELY OPENING PACKAGES CONTAINING RADIOACTIVE MATERIALS (Check One)		22. PROCEDURES AND PRECAUTIONS FOR USE OF RADIOACTIVE MATERIAL IN ANIMALS	
<input type="checkbox"/>	Appendix F Procedures Followed; or	<input type="checkbox"/>	Detailed Information Attached
<input type="checkbox"/>	Equivalent Procedures Attached	23. PROCEDURES AND PRECAUTIONS FOR USE OF RADIOACTIVE MATERIAL SPECIFIED IN ITEM 6.b	
<input type="checkbox"/>		<input type="checkbox"/>	Detailed Information Attached

TRAINING AND EXPERIENCE
AUTHORIZED USER OR RADIATION SAFETY OFFICER

1. NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER

Douglas R. Peterson, M.D.

2. STATE OR TERRITORY IN
WHICH LICENSED TO
PRACTICE MEDICINE
South Dakota

3. CERTIFICATION

SPECIALTY BOARD A	CATEGORY B	MONTH AND YEAR CERTIFIED C
Diagnostic Radiology		Board eligible June, 1985

4. TRAINING RECEIVED IN BASIC RADIOISOTOPE HANDLING TECHNIQUES

FIELD OF TRAINING A	LOCATION AND DATE(S) OF TRAINING B	TYPE AND LENGTH OF TRAINING	
		LECTURE/ LABORATORY COURSES (Hours) C	SUPERVISED LABORATORY EXPERIENCE (Hours) D
a. RADIATION PHYSICS AND INSTRUMENTATION	3 1/2 years Radiology Residency St. Luke's Hospital Milwaukee, WI.	Greater than 100 hours.	Greater than 500 hours of
b. RADIATION PROTECTION	" "	Greater than 30 hours.	supervised experience handling un- sealed radio- active
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY	" "	Greater than 20 hours.	materials and greater than 500 hrs. of super-
d. RADIATION BIOLOGY	" "	Greater than 20 hours.	vised clinical training.
e. RADIOPHARMACEUTICAL CHEMISTRY	" "	Greater than 30 hours.	

5. EXPERIENCE WITH RADIATION. (Actual use of Radioisotopes or Equivalent Experience)

ISOTOPE	MAXIMUM AMOUNT	WHERE EXPERIENCE WAS GAINED	DURATION OF EXPERIENCE	TYPE OF USE
See Supplement B		St. Luke's Hospital Milwaukee, WI	Duration of resi- dency Jan 1, 1982 to June 30, 1985.	General diagnostic nuclear radiology.

460705

DATE 7/26/85

TELEPHONE OR VERBAL CONVERSATION RECORD

TIME 10:30

☐ INCOMING CALL

☒ OUTGOING CALL

☐ VISIT

PERSON CALLING

OFFICE/ADDRESS

PHONE NUMBER

EXTENSION

PERSON CALLED

OFFICE/ADDRESS

PHONE NUMBER

EXTENSION

Dale J. Stein

Aberdeen, SD
St. Luke's Hospital

605-229-3000

CONVERSATION

SUBJECT

(Byron Peterson)

SUMMARY

① Byron stated this action got mailed by mistake. Action was awaiting Preceptor Statement. Will advise next week as to status of preceptor & whether he wants action voided until preceptor comes through.

② Should mention next telecon. that Dr. Peterson needs to specify the number of hours of training (not >) esp. for Item 4C. & 4.D.

REFERRED TO:

ACK

ACTION REQUESTED

☐ ADVISE ME OF ACTION TAKEN.

INITIALS

DATE

ACTION TAKEN

INITIALS

DATE