

## MATERIALS LICENSE

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

## Licensee

1. Jane Phillips Episcopal Memorial  
Medical Center2. Department of Radiology  
3500 E. Frank Phillips Blvd.  
Bartlesville, Oklahoma 74003In accordance with letter dated  
December 16, 19963. License number 35-01164-02 is amended in  
its entirety to read as follows:

4. Expiration date May 31, 2001

5. Docket or  
Reference No 030-143236. Byproduct, source, and/or  
special nuclear material7. Chemical and/or physical  
form8. Maximum amount that licensee  
may possess at any one time  
under this licenseA. Any byproduct material  
identified in  
10 CFR 35.100A. Any radiopharmaceutical  
identified in  
10 CFR 35.100

A. As needed

B. Any byproduct material  
identified in  
10 CFR 35.200B. Any radiopharmaceutical  
identified in  
10 CFR 35.200

B. As needed

C. Any byproduct material  
identified in  
10 CFR 35.300C. Any radiopharmaceutical  
identified in  
10 CFR 35.300

C. 1,000 millicuries

D. Any byproduct material  
identified in  
10 CFR 35.400D. Any radiopharmaceutical  
identified in  
10 CFR 35.400

D. As needed

200102

9702200269 970110  
PDR ADOCK 03014323  
C PDR

OFFICIAL RECORD COPY

ML40

MATERIALS LICENSE  
SUPPLEMENTARY SHEET

License Number

35-01164-02

Docket or Reference Number

030-14323

Amendment No. 22

9. Authorized use

- A. Medical use described in 10 CFR 35.100.
- B. Medical use described in 10 CFR 35.200.
- C. Medical use described in 10 CFR 35.300.
- D. Medical use described in 10 CFR 35.400.

CONDITIONS

- 10. Location of use: 3500 E. Frank Phillips Blvd., Bartlesville, Oklahoma for material identified in Items 6.A. through 6.E.
- 11. Radiation Safety Officer: Daniel L. Arrowsmith, D.O.
- 12. Authorized Users:
  - A. William N. Moskos, M.D., for material identified in 10 CFR 35.100, 35.200, and 35.300.
  - B. D. R. Howard, M.D., for material identified in 10 CFR 35.100, 35.200, and 35.300.
  - C. Stanley P. Defehr, M.D., for material identified in 10 CFR 35.200 for cardiovascular clinical procedures.
  - D. Barbara J. Krueger, M.D., for material identified in 10 CFR 35.100, 35.200, and 35.300.
  - E. Daniel L. Arrowsmith, D.O., for material identified in 10 CFR 35.100, 35.200, and 35.300.
  - F. Maurice D. Krause, M.D., for material identified in 10 CFR 35.100, 35.200, 35.300, and 35.400.
  - G. Jen H. Wong, M.D., for material identified in 10 CFR 35.100, 35.200, and 35.300.
  - H. Michael A. Reburn, M.D., for material identified in 10 CFR 35.100, 35.200, and 35.300.
  - I. Gary T. Dykstra, D.O., for material identified in 10 CFR 35.200 for cardiovascular clinical procedures.
- 13. In addition to the possession limits in Item 8, the licensee shall further restrict the possession of licensed material to quantities below the minimum limit specified in 10 CFR 30.35(d) for establishing decommissioning financial assurance.

MATERIALS LICENSE  
SUPPLEMENTARY SHEET

License Number

35-01164-02

Docket or Reference Number

030-14323

Amendment No. 22

14. Except as specifically provided otherwise in this license, the licensee shall conduct its program in accordance with the statements, representations, and procedures contained in the documents, including any enclosures, listed below, except for minor changes in the medical use radiation safety procedures as provided in 10 CFR 35.31. The U.S. Nuclear Regulatory Commission's regulations shall govern unless the statements, representations, and procedures in the licensee's application and correspondence are more restrictive than the regulations.

- A. Application dated August 30, 1994
- B. Letter dated May 1, 1996
- C. Letter dated May 22, 1996

FOR THE U.S. NUCLEAR REGULATORY COMMISSION

Original Signed By  
Jacqueline D. Burks

Date JAN 10 1997

By

Jacqueline D. Burks  
Nuclear Materials Licensing Branch  
Region IV  
Arlington, Texas 76011



UNITED STATES  
NUCLEAR REGULATORY COMMISSION

REGION IV

611 RYAN PLAZA DRIVE, SUITE 400  
ARLINGTON, TEXAS 76011-8064

January 10, 1997

Jane Phillips Episcopal Memorial  
Medical Center  
ATTN: Daniel Arrowsmith, D.O.  
Radiation Safety Officer  
Department of Radiology  
3500 E. Frank Phillips Blvd.  
Bartlesville, OK 74003

SUBJECT: LICENSE AMENDMENT

Please find enclosed License No. 35-01164-02. You should review this license carefully and be sure that you understand all conditions. If you have any questions, you may contact the reviewer who signed your license at 817-860-8132.

NRC expects licensees to conduct their programs with meticulous attention to detail and a high standard of compliance. Because of the serious consequences to employees and the public which can result from failure to comply with NRC requirements, you must conduct your program involving radioactive materials in accordance with the conditions of your NRC license, representations made in your license application, and NRC regulations. In particular, note that you must:

1. Operate in accordance with NRC regulations 10 CFR Part 19, "Notices, Instructions and Reports to Workers: Inspection and Investigations," 10 CFR Part 20, "Standards for Protection Against Radiation," and other applicable regulations.
2. Possess radioactive material only in the quantity and form indicated in your license.
3. Use radioactive material only for the purpose(s) indicated in your license.
4. Notify NRC in writing of any change in mailing address (no fee required if the location of radioactive material remains the same).
5. Request and obtain written NRC consent before transferring your license or any right thereunder, either voluntarily or involuntarily, directly or indirectly, through transfer of control of your license to any person or entity. A transfer of control of your license includes not only a total change of ownership, but also a change in the controlling interest in your company whether it is a corporation, partnership, or other entity. In addition, appropriate license amendments must be requested and obtained for any other planned changes in your facility or program that are contrary to your license or contrary to representations made in your license application, as well as supplemental correspondence thereto, which are incorporated into your license. A license fee may be charged for the amendments if you are not in a fee-exempt category.

6. Maintain in a single document decommissioning records that have been certified for completeness and accuracy listing all the following items applicable to the license:
  - Onsite areas designated or formerly designated as restricted areas as defined in 10 CFR 20.3(a)(14) or 20.1003.
  - Onsite areas, other than restricted areas, where radioactive materials in quantities greater than amounts listed in Appendix C to 10 CFR 20.1001-20.2401 have been used, possessed, or stored.
  - Onsite areas, other than restricted areas, where spills or other unusual occurrences involving the spread of contamination in and around the facility, equipment, or site have occurred that required reporting pursuant to 10 CFR 30.50(b)(1) or (b)(4), including areas where subsequent cleanup procedures have removed the contamination.
  - Specific locations and radionuclide contents of previous and current burial areas within the site, excluding radioactive material with half-lives of 10 days or less, depleted uranium used only for shielding or as penetrators in unused munitions, or sealed sources authorized for use at temporary job sites.
  - Location and description of all contaminated equipment involved in licensed operations that is to remain onsite after license termination.
7. Submit a complete renewal application with proper fee, or termination request at least 30 days before the expiration date on your license. You will receive a reminder notice approximately 90 days before the expiration date. Possession of radioactive material after your license expires is a violation of NRC regulations.
8. Request termination of your license if you plan to permanently discontinue activities involving radioactive material.

You will be periodically inspected by NRC. Failure to conduct your program in accordance with NRC regulations, license conditions, and representations made in your license application and supplemental correspondence with NRC will result in enforcement action against you. This could include issuance of a notice of violation; imposition of a civil penalty; or an order suspending, modifying, or revoking your license as specified in the "General Statement of Policy and Procedure for NRC Enforcement Actions" (Enforcement Policy), 60 FR 34381, June 30, 1995.



Jane Phillips Episcopal Memorial  
Medical Center

-3-

Thank you for your cooperation.

Sincerely,

Original Signed By  
Jacqueline D. Burks

Jacqueline D. Burks  
Health Physicist  
Nuclear Materials Licensing Branch

Docket: 030-14323  
License: 35-01164-02  
Control: 466283

Enclosures: As stated

JAN 10 1997

Jane Phillips Episcopal Memorial  
Medical Center

-4-

DOCUMENT NAME: P:\MLCOVER\LETTERJANEPHIL.MLC

To receive a copy of this document, indicate in the box "C" - Copy without attachment/enclosure "E" - Copy with attachment/enclosure "N" - No Copy

RIV:NMLB	N						
JDBurks	<i>JDBurks</i>						
01/10/97							

OFFICIAL RECORD COPY

(FOR LEMS USE)  
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM  
and  
Regional Licensing Sections

Program Code: 02120  
Status Code: 0  
Fee Category: 7C  
Exp. Date: 20010531  
Fee Comments: CODE 21  
Decom Fin Assur Req'd: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: JANE PHILLIPS EPISC.-MEM. MED. CTR.  
Received Date: 961230  
Docket No.: 3014323  
Control No.: 466283  
License No.: 35-01164-02  
Action Type: Amendment

2. FEE ATTACHED

Amount: \$440  
Check No.: 241248

3. COMMENTS

Signed: Laura Luley  
Date: 12/30/96

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 is entered / ☒)

1. Fee Category and Amount:

7C \$440

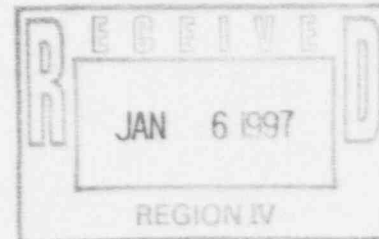
2. Correct Fee Paid. Application may be processed for:

Amendment ☒  
Renewal ☐  
License ☐

3. OTHER

Signed  
Date

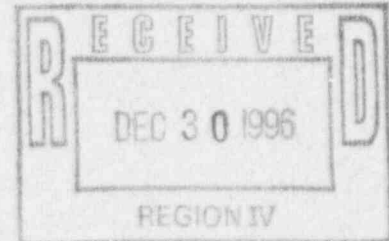
SC  
1/2/97



Log	San F IV
Remitter	
Check No.	241248
Amount	\$440
Fee Category	7C
Type of Fee	AND
Date Check Rec'd	1/2/97
Date Completed	1/2/97
By	

1997 JAN -2 PM 3:20





December 16, 1996

Nuclear Regulatory Commission  
Region IV  
611 Ryan Plaza  
Suite 1000  
Arlington, Texas 76011

SUBJECT: License Amendment 35-01162-02; addition and deletion of physicians to current license.

Please add the names of Bill Nikoloas Moskos, M.D., and Jen H. Wong, M.D. to the above references license, qualifying them for material identified in 10 CFR 35.1000, 35.200, 35.300 and 31.11. We are also requesting the addition of Gary T. Dykstra, D.O., to the same license, qualifying him for materials identified in 10 CFR 35.200 for cardiovascular clinical procedures. Please remove the names Fred C. Wallingford, M.D., and Andrew L. Laurel, M.D. from this same license. Supporting documentation for your review has been enclosed.

A check for \$440.00 is enclosed to cover the cost of this amendment review. Thank you for your attention into this matter.

Sincerely,

Daniel Arrowsmith, D.O.  
Radiation Safety Officer

**Jane Phillips Medical Center**

3500 S.E. Frank Phillips Blvd. - Bartlesville OK 74006  
Phone 918.333.7200

*Affiliated with the Sisters of the Sorrowful Mother - St. John Ministry Corporation*

406283



September 20, 1996

RE: Documentation of Preceptorship

Nuclear Materials Licensing Section  
U.S. Nuclear Regulatory Commission, Region IV  
611 Ryan Plaza Drive, Suite 400  
Arlington, Texas 76011-8064

To Whom It May Concern:

This letter is to affirm that Gary Dykstra, DO gained supervised clinical experience at our institution in nuclear cardiology. The preceptorship began July 1<sup>st</sup>, 1995 and continued through June 30<sup>th</sup>, 1996. During this period, the doctor actively participated in the following number of procedures:

1. 279 stress/rest imaging/function procedures utilizing thallium, Tc 99m sestamibi and Tc 99m tetrafosmin.
2. 15 PYP/RBC multi-gated acquisition rest procedures.
3. 223 ejection fraction calculated procedures.
4. 223 wall motion evaluation studies.

During this time, the doctor also acquired experience in health physics, radiopharmaceutical preparation, technical and administrative procedures of our facility, as well as general operations as stipulated by our license conditions.

The hours of nuclear cardiology clinical and work experience accrued during this period were 1020 hours.

Sincerely,

A handwritten signature in cursive script, appearing to read 'Stan DeFehr'.

Stan DeFehr, M.D.

Facility Nuclear License No. 35-01164-02

**Jane Phillips Medical Center**

3500 S.E. Frank Phillips Blvd. - Bartlesville OK 74006  
Phone 918.333.7200

*Affiliated with the Sisters of the Sorrowful Mother - St. John Ministry Corporation*

(B-7B)

# TRAINING AND EXPERIENCE AUTHORIZED USER OR RADIATION SAFETY OFFICER

1. NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER

Gary T. Dykstra, D.O.

2. STATE OR TERRITORY IN  
WHICH LICENSED TO  
PRACTICE MEDICINE

Oklahoma/Kansas

## 3. CERTIFICATION

SPECIALTY BOARD  
ACATEGORY  
BMONTH AND YEAR CERTIFIED  
CInternal Medicine  
Cardiovascular DiseaseSeptember, 1985  
November, 1989

## 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	Institute for Nuclear Medical Education (INME) 11/1994	100	1020 Hours (Inclusive Below)
b. RADIATION PROTECTION	INME January/1994	50	11
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY	(Laboratory Experience Obtained at: Jone Phillips Medical Center Nuclear Medicine Department Bartlesville, Oklahoma)	Hours included in "a" & "c" (Physics & Chemistry classes)	11
d. RADIATION BIOLOGY		Hours included in (b) Radiation Protection class.	11
e. RADIOPHARMACEUTICAL CHEMISTRY		INME February, 1994	50

## 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"		

A66283

## PRECEPTOR STATEMENT

Supplement B must be completed by the applicant physician's preceptor. If more than one preceptor is necessary to document experience, obtain a separate statement from each.

## 1. APPLICANT PHYSICIAN'S NAME AND ADDRESS

FULL NAME

Gary Thomas Dykstra, D.O.

STREET ADDRESS

224 S.E. Debell

CITY

Bartlesville

STATE

OK

ZIP CODE

74006

## KEY TO COLUMN C

## PERSONAL PARTICIPATION SHOULD CONSIST OF:

1-Supervised examination of patients to determine the suitability for radioisotope diagnosis and/or treatment and recommendation for prescribed dosage.

2-Collaboration in dose calibration and actual administration of dose to the patient including calculation of the radiation dose, related measurements and plotting of data.

3-Adequate period of training to enable physician to manage radioactive patients and follow patients through diagnosis and/or course of treatment.

## 2. CLINICAL TRAINING AND EXPERIENCE OF ABOVE NAMED PHYSICIAN

ISOTOPE A	CONDITIONS DIAGNOSED OR TREATED B	NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION C	COMMENTS (Additional information or comments may be submitted in duplicate on separate sheets.) D
I-131 or I-125	DIAGNOSIS OF THYROID FUNCTION	—	Includes Ejection Fraction calculated procedures and wall motion evaluation studies.
	DETERMINATION OF BLOOD AND BLOOD PLASMA VOLUME	—	
	LIVER FUNCTION STUDIES	—	
	FAT ABSORPTION STUDIES	—	
	KIDNEY FUNCTION STUDIES	—	
	IN VITRO STUDIES	—	
OTHER		—	
I-125	DETECTION OF THROMBOSIS	—	
I-131	THYROID IMAGING	—	
P-32	EYE TUMOR LOCALIZATION	—	
Se-75	PANCREAS IMAGING	—	
Yb-169	CISTERNOGRAPHY	—	
Xe-133	BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES	—	
OTHER		—	
Tc-99m	BRAIN IMAGING	—	
	CARDIAC IMAGING	223	
	THYROID IMAGING	—	
	SALIVARY GLAND IMAGING	—	
	BLOOD POOL IMAGING	16	
	PLACENTA LOCALIZATION	—	
	LIVER AND SPLEEN IMAGING	—	
	LUNG IMAGING	—	
	BONE IMAGING	—	
OTHER	Thallium 201	56	Cardiac Imaging

# PRECEPTOR STATEMENT (Continued)

## 2. CLINICAL TRAINING AND EXPERIENCE OF ABOVE NAMED PHYSICIAN (Continued)

ISOTOPE A	CONDITIONS DIAGNOSED OR TREATED B	NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION C	COMMENTS (Additional information or comments may be submitted in duplicate on separate sheets.) D
P-32 (Soluble)	TREATMENT OF POLYCYTHEMIA VERA, LEUKEMIA, AND BONE METASTASES	—	
P-32 (Colloidal)	INTRACAVITARY TREATMENT	—	
I-131	TREATMENT OF THYROID CARCINOMA	—	
	TREATMENT OF HYPERTHYROIDISM	—	
Au-198	INTRACAVITARY TREATMENT	—	
Co-60 or Cs-137	INTERSTITIAL TREATMENT	—	
	INTRACAVITARY TREATMENT	—	
I-125 or Ir-192	INTERSTITIAL TREATMENT	—	
Co-60 or Cs-137	TELE THERAPY TREATMENT	—	
Sr-90	TREATMENT OF EYE DISEASE	—	
	RADIOPHARMACEUTICAL PREPARATION	—	
Mo-99/ Tc-99m	GENERATOR	—	
Sn-113/ In-113m	GENERATOR	—	
Tc-99m	REAGENT KITS	—	
Other			

## 3. DATES AND TOTAL NUMBER OF HOURS RECEIVED IN CLINICAL RADIOISOTOPE TRAINING

July 1, 1995 through June 30th, 1996 (1020 Hours)

## 4. THE TRAINING AND EXPERIENCE INDICATED ABOVE WAS OBTAINED UNDER THE SUPERVISION OF:

a. NAME OF SUPERVISOR

Stan P. DeFehr, M.D.

b. NAME OF INSTITUTION

Jane Phillips Medical Center

c. MAILING ADDRESS

3500 S.E. Frank Phillips Blvd.

d. CITY

Bartlesville, Oklahoma 74006

## 5. MATERIALS LICENSE NUMBER(S)

35-01164-02

## 6. PRECEPTOR'S SIGNATURE

Stan P. DeFehr

## 7. PRECEPTOR'S NAME (Please type or print)

Stan P. DeFehr, M.D.

## 8. DATE

September 20, 1996



# NUCLEAR MEDICAL EDUCATION PROGRAM

## Affidavit of Academic Completion and Competency

*This document is to attest that*

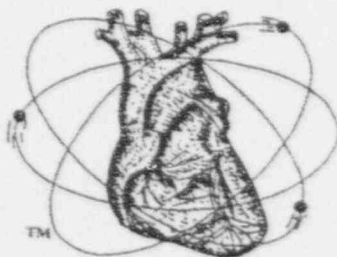
GARY THOMAS DYKSTRA, M.D.

*has successfully completed the didactic program*

### MEDICAL RADIATION PROTECTION

*and has provided evidence of attendance in this program and evidence of achieving the objectives of this program through examination.*

*This program provides the following levels of accomplishment:*



- 50 Didactic Instructional Hours (DIH)  
(In compliance with 10CFR35)
- 5 Continuing Education Units (CEU)
- 50 Continuing Medical Education (CME)
- 50 Technical/Professional Credit specified by the  
American Pharmaceutical Association and the  
American Association of Health Physicists\*

\*additional documentation will be provided to Regulatory Agencies upon participant request



29 January 1994  
Date Class Commenced

Clyde E. Pearce

Authorized Signature

190788

Affidavit of Competency

## INSTITUTE FOR NUCLEAR MEDICAL EDUCATION

5171 Eldorado Springs Drive, Boulder, CO 80303 800-548-4024

Certified, Approved and Regulated by the Division of Private Occupational Schools, Department of Higher Education in Colorado. Validated by the Accrediting Commission of the Accrediting Council for Continuing Education Training, a national accrediting agency listed by the US Secretary of Education. Validated by the American Council on Education, recognized by the American Association for Collegiate Registrars, Council on Post-Secondary Education.



# NUCLEAR MEDICAL EDUCATION PROGRAM

## Affidavit of Academic Completion and Competency

*This document is to attest that*

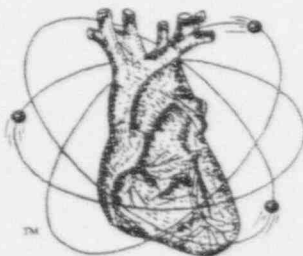
**GARY DYKSTRA, D.O.**

*has successfully completed the didactic program*

## MEDICAL RADIATION INSTRUMENTATION

*and has provided evidence of attendance in this program and evidence of achieving the objectives of this program through examination.*

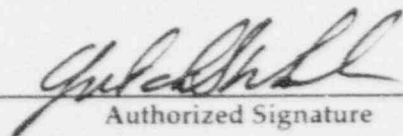
*This program provides the following levels of accomplishment:*



- 50 Didactic Instructional Hours (DIH)  
(In compliance with 10CFR35)
- 5 Continuing Education Units (CEU)
- 50 Continuing Medical Education (CME)
- 50 Technical/Professional Credit specified by the  
American Pharmaceutical Association and the  
American Association of Health Physicists\*

\*Additional documentation will be provided to Regulatory Agencies upon participant request

**9 November 1994**  
Date Class Commenced

  
Authorized Signature

**106977**  
Affidavit of Competency

## INSTITUTE FOR NUCLEAR MEDICAL EDUCATION

5171 Eldorado Springs Drive, Boulder, CO 80303 — 800-548-4024

1132 INME 8/94

Certified, Approved and Regulated by the Division of Private Occupational Schools, Department of Higher Education in Colorado. Validated by the Accrediting Commission of the Accrediting Council for Continuing Education Training, a national accrediting agency listed by the US Secretary of Education. Validated by the American Council on Education, recognized by the American Association for Collegiate Registrars, Council on Post-Secondary Education.

# NUCLEAR MEDICAL EDUCATION PROGRAM

## Affidavit of Academic Completion and Competency

*This document is to attest that*

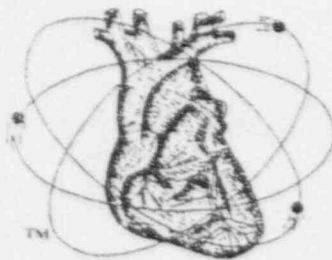
GARY THOMAS DYKSTRA, M.D.

*has successfully completed the didactic program*

## RADIOPHARMACEUTICALS AND CHEMISTRY

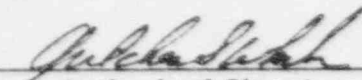
*and has provided evidence of attendance in this program and evidence of achieving  
the objectives of this program through examination.*

*This program provides the following levels of accomplishment:*



- 50 Didactic Instructional Hours (DIH)  
(In compliance with 10CFR35)
- 5 Continuing Education Units (CEU)
- 50 Continuing Medical Education (CME)
- 50 Technical/Professional Credit specified by the  
American Pharmaceutical Association and the  
American Association of Health Physicists\*

\*additional documentation will be provided to Regulatory Agencies upon  
participant request

  
Authorized Signature

190756  
Affidavit of Competency

2 February 1994  
Date Class Commenced

## INSTITUTE FOR NUCLEAR MEDICAL EDUCATION

5171 Eldorado Springs Drive, Boulder, CO 80303 800-548-4024

Certified, Approved and Regulated by the Division of Private Occupational Schools, Department of Higher Education in Colorado. Validated by the Accrediting Commission of the Accrediting Council for Continuing Education Training, a national accrediting agency listed by the US Secretary of Education. Validated by the American Council on Education, recognized by the American Association for Collegiate Registrars, Council on Post-Secondary Education.

# NUCLEAR MEDICAL EDUCATION PROGRAM

## Affidavit of Academic Completion and Competency

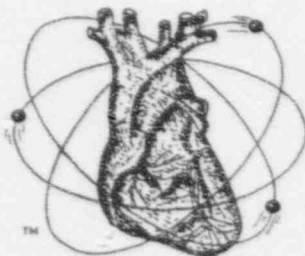
*This document is to attest that*  
**GARY DYKSTRA, D.O.**

*has successfully completed the didactic program*

### PRINCIPLES OF RADIATION PHYSICS

*and has provided evidence of attendance in this program and evidence of achieving  
the objectives of this program through examination.*

*This program provides the following levels of accomplishment:*

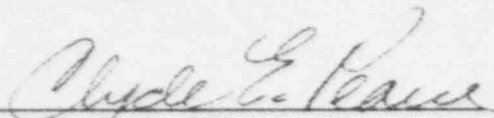


- 50 Didactic Instructional Hours (DIH)  
(In compliance with 10CFR35)
- 5 Continuing Education Units (CEU)
- 50 Continuing Medical Education (CME)
- 50 Technical/Professional Credit specified by the  
American Pharmaceutical Association and the  
American Association of Health Physicists\*

\*additional documentation will be provided to Regulatory Agencies upon participant request



**5 November 1994**  
Date Class Commenced

  
Authorized Signature

139912  
Affidavit of Competency

## INSTITUTE FOR NUCLEAR MEDICAL EDUCATION

5171 Eldorado Springs Drive, Boulder, CO 80303 — 800-548-4024

1132 INME 8/94

Certified, Approved and Regulated by the Division of Private Occupational Schools, Department of Higher Education in Colorado. Validated by the Accrediting Commission of the Accrediting Council for Continuing Education Training, a national accrediting agency listed by the US Secretary of Education. Validated by the American Council on Education, recognized by the American Association for Collegiate Registrars, Council on Post-Secondary Education.

## CURRICULUM VITAE

### GARY THOMAS DYKSTRA, DO, FACC

3110 North Road  
Bartlesville, OK 74006  
(918) 335-3810

#### BUSINESS ADDRESS:

- Bluestem Cardiology Group  
224 S.E. DeBell  
Bartlesville, OK 74006  
(918) 333-4433  
or (800) 695-5091  
(FAX) (918) 333-7635

#### DATE OF BIRTH:

- March 4, 1952

#### PLACE OF BIRTH:

- Edmond, Oklahoma

#### CITIZENSHIP:

- USA

#### EDUCATION:

- Walter Reed Army Medical Center  
Washington, DC  
Cardiology Fellowship 1987-89
- Brooke Army Medical Center  
San Antonio, Texas  
Residency, Medicine 1982-85
- Saginaw Osteopathic Hospital  
Saginaw, Michigan  
Rotating Internship 1981-82
- Oklahoma State University  
College of Osteopathic Medicine  
Tulsa, Oklahoma  
D.O. 1978-81
- University of Oklahoma  
Norman, Oklahoma  
B.S. 1972-77

#### MARITAL STATUS:

- Married: Nancy McMahon Dykstra

#### CHILDREN:

- Matthew, 7 yrs.  
Caitlin, 4 yrs.

#### LICENSURE:

- Oklahoma No. 3077
- Kansas No. 05-24469
- Maryland No. H 35571 (inactive)

#### CERTIFICATION:

- Diplomate, American Board of  
Internal Medicine, Subspeciality  
of Cardiovascular Disease 1989
- Diplomate, American Board of  
Internal Medicine 1985
- Diplomate, National Board of  
Examiners for Osteopathic  
Physicians and Surgeons 1982

#### PROFESSIONAL POSITIONS:

- Bluestem Cardiology  
Bartlesville, Oklahoma  
Cardiologist 1992-
- Brooke Army Medical Center  
San Antonio, Texas  
Cardiologist 1991-92
- Landstuhl Army Regional  
Medical Center  
Landstuhl, West Germany  
Cardiologist 1989-91
- Womack Army Community Hospital  
Fort Bragg, North Carolina  
Internist 1985-87

#### HONORS AND AWARDS:

- Achievement Medal, US Army 1987
- Staff Teaching Award  
WACH Dept of Family Practice 1985

#### ACADEMIC APPOINTMENTS:

- University of Texas Health Sciences Center  
San Antonio, Texas  
Clinical Instructor of Medicine

#### PROFESSIONAL SOCIETIES:

- American College of Cardiology, Fellow 1991
- Washington County Medical Society, Treasurer
- American Heart Association, Local Affiliate-Member of the Board



Bill Nikolaos Moskos, M.D.  
12821 N. Stratford Dr. #43  
Oklahoma City, OK 73120

(405) 755-4853 h  
(405) 271- 5125 w

## EDUCATION

Diagnostic Radiology Residency, University of Oklahoma, 1992 - present  
Anticipate completion June 1996  
Passed written boards November 4, 1995  
University of Iowa College of Medicine, Iowa City, Iowa, 1988 - 1992  
University of Iowa College of Liberal Arts, Iowa City, Iowa, 1985-1988  
B.A. in Chemistry with Highest Distinction and an emphasis in French  
North High School, Sioux City, Iowa, 1981-1985

## HONORS and AWARDS

Elected to serve on the Prizes, Awards and Fellowships Committee of the University of Iowa College of Medicine, 1991-1992  
Histology Teaching Assistant, Department of Anatomy, University of Iowa College of Medicine, Fall 1989  
Venizelion Memorial Scholarship, 1989  
American Hellenic Education and Progressive Association Scholarship, 1988  
Phi Beta Kappa Honors Society, May 1988  
Undergraduate Honors Society, 1985-1988  
State of Iowa Scholar, 1985  
President's List, August 1985-May 1986  
Dean's List all semesters

## ACTIVITIES

Member of the Masonic Fraternity of Iowa and Affiliated Organizations, Tyrian Lodge #508, A.F. & A.M., Sioux City, Iowa, 1987-present  
Member of Alpha Chi Sigma Professional Chemistry Fraternity, 1986-1992  
Elected Vice President of Dormitory Floor, 1986-1987  
Intramural softball, basketball and football, 1985-1988

## EMPLOYMENT EXPERIENCE

EKG Technician, University Hospitals, Iowa City, Iowa, June 1991-1992  
Idelman Telemarketing, Omaha, Nebraska, Summers 1989, 1990  
Pizza Hut Restaurant, Omaha, Nebraska, Summers 1989, 1990  
Palmer House Restaurant, Sioux City, Iowa, 1982-1985  
Lab Assistant, Department of Biology, University of Iowa, Summer 1987

## PERSONAL INTERESTS

Greek (fluent), French (semifluent), Robert Ludlum novels, soccer, racquetball, jogging

EXHIBIT 3  
SUPPLEMENT B

SUPPLEMENT		U. S. NUCLEAR REGULATORY COMMISSION	
PRECEPTOR STATEMENT			
<i>Supplement B must be completed by the applicant physician's preceptor. If more than one preceptor is necessary to document experience, obtain a separate statement from each.</i>			
<b>1. PROPOSED PHYSICIAN USER'S NAME AND ADDRESS</b> <div style="border-bottom: 1px solid black; padding: 2px 0;"> <b>FULL NAME</b>            William Moskos M.D.         </div> <div style="border-bottom: 1px solid black; padding: 2px 0;"> <b>STREET ADDRESS</b>            5404 Colony Place         </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; padding: 2px 0;"> <div style="width: 30%;"> <b>CITY</b>            Bartlesville         </div> <div style="width: 20%; text-align: center;"> <b>STATE</b>            Ok         </div> <div style="width: 30%; text-align: right;"> <b>ZIP CODE</b>            74006         </div> </div>		<b>KEY TO COLUMN C</b> <b>PERSONAL PARTICIPATION SHOULD CONSIST OF:</b> 1-Supervised examination of patients to determine the suitability for radioisotope diagnosis and/or treatment and recommendation for prescribed dosage. 2-Collaboration in dose calibration and actual administration of dose to the patient including calculation of the radiation dose, related measurements and plotting of data. 3-Adequate period of training to enable physician to manage radioactive patients and follow patients through diagnosis and/or course of treatment.	
<b>2. CLINICAL TRAINING AND EXPERIENCE OF ABOVE NAMED PHYSICIAN</b>			
ISOTOPE <small>A</small>	CONDITIONS DIAGNOSED OR TREATED <small>B</small>	NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION <small>C</small>	COMMENTS <small>(Additional information or comments may be submitted in duplicate on separate sheets.) D</small>
	Thyroid scan	53	
	Thyroid uptake	21	
	Lung perfusion scan	48	
	Xenon ventilation study	-	
	Aerosol ventilation scan	27	
	Renal flow scan	118	
	Brain scan	1	
	Liver/spleen scan	29	
	Bone scan	247	
	Gastroesophageal study	28	
	LeVeen shunt study	2	
	Cystogram	30	
	Lacrystogram	-	
	Cardiac perfusion scan.	119	
	Cardiac stress ventriculogram	72	
	Cardiac rest ventriculogram	166	
	Gallium scan	13	



## EXHIBIT 3 (Continued)

PROPOSED PHYSICIAN USER

William Moskos M.D.

## PRECEPTOR STATEMENT (Continued)

## 2. CLINICAL TRAINING AND EXPERIENCE OF ABOVE NAMED PHYSICIAN (Continued)

ISOTOPE A	CONDITIONS DIAGNOSED OR TREATED B	NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION C	COMMENTS (Additional information or comments may be submitted in duplicate on separate sheets.) D
P-32 (Soluble)	TREATMENT OF POLYCYTHEMIA VERA, LEUKEMIA, AND BONE METASTASES	0	#1. A 99mTc generator was eluted 10 times and on each elution the elu- ation was measured for 99mTc activity and 99Mo contamination.
P-32 (Colloid)	INTRACAVITARY TREATMENT	0	
I-131	TREATMENT OF THYROID CARCINOMA	3	
	TREATMENT OF HYPERTHYROIDISM	11	
Au-198	INTRACAVITARY TREATMENT		
Co-60 or Cs-137	INTERSTITIAL TREATMENT		
	INTRACAVITARY TREATMENT		
I-125 or Ir-192	INTERSTITIAL TREATMENT		
	TELETHERAPY TREATMENT		
Sn-90	TREATMENT OF EYE DISEASE		
	RADIOPHARMACEUTICAL PREPARATION		#2. Five types of kits were prepared including MDP, Tc2-S7, MAA, Prophosphate and DTPA. For each kit the amount of activity was measured and the Q.C. for each preparation was evaluated.
Mo-99/ Tc-99m	GENERATOR	See #1	
Sn-113/ In-113m	GENERATOR		
Tc-99m	REAGENT KITS	See #2	
Other			

## 3. DATES AND TOTAL NUMBER OF HOURS RECEIVED IN CLINICAL RADIOISOTOPE TRAINING

Diagnostic Radiology Residency July 1, 1993 to June 30, 1996  
which included 6 months of Nuclear Medicine from Dec 1993 to March 1996.  
Total Nuclear Medicine to include greater than 1000 hours of diagnostic  
and therapeutic training.

4. THE TRAINING AND EXPERIENCE INDICATED ABOVE  
WAS OBTAINED UNDER THE SUPERVISION OF:

A. NAME OF SUPERVISOR

E.W. Allen, M.D.

B. NAME OF INSTITUTION

University of OK HSC

C. MAILING ADDRESS

P.O. Box 26901

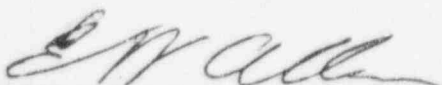
D. CITY

Oklahoma City, OK 73190

E. MATERIALS LICENSE NUMBER(S)

35-21395-01 OK Teaching Hospitals

## 5. PRECEPTOR'S SIGNATURE



## 7. PRECEPTOR'S NAME (Please type or print)

E.W. Allen, M.D.

## 8. DATE

(8-78)

**TRAINING AND EXPERIENCE  
AUTHORIZED USER OR RADIATION SAFETY OFFICER**

1. NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER  William Moskos M.D.	2. STATE OR TERRITORY IN WHICH LICENSED TO PRACTICE MEDICINE  OK
---	--

## 3. CERTIFICATION

SPECIALTY BOARD A	CATEGORY B	MONTH AND YEAR CERTIFIED C
American Board of Radiology Diagnostic Radiology		

## 4. TRAINING RECEIVED IN BASIC RADIOISOTOPE HANDLING TECHNIQUES

FIELD OF TRAINING	LOCATION AND DATE(S) OF TRAINING	TYPE AND LENGTH OF TRAINING	
		LECTURE/ LABORATORY COURSES (Hours)	SUPERVISED LABORATORY EXPERIENCE (Hours)
Six months training program nuclear medicine approved by Accreditation Council for Graduate Medicine Education as identified in 10CFR35.920.b.			0
a. RADIATION PHYSICS AND INSTRUMENTATION	University of Oklahoma Health Sciences Center Dept of Radiological Sciences	60	50
b. RADIATION PROTECTION	" "	8	30
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY	" "	10	10
d. RADIATION BIOLOGY	" "	12	20
e. RADIOPHARMACEUTICAL CHEMISTRY	" "	10	20

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

ISOTOPE	MAXIMUM AMOUNT	WHERE EXPERIENCE WAS GAINED	DURATION OF EXPERIENCE	TYPE OF USE
99mTc	1.7 Ci	University of OK Health Sciences Ctr V.A. Medical Ctr OK Teaching Hospital & Nuclear Pharmacy	Six months	Diagnostic & Therapeutic
99Mo	2.0 Ci			
131I	200 mCi			
201Tl	3 mCi			
133Xe	200 mCi			
32P	15 mCi			
169Y	0.5 mCi			
57Ga	5 mCi			

**CURRICULUM VITAE**  
**JEN H. WONG**  
6 Sedona Court, Madison, WI 53719



**Telephone:** (608) 845-3319- home  
(608) 263-8310- work

**Date of Birth:** May 12, 1961

**Marital Status:** Married (Danielle, 1 son, 1 daughter)

**Education:**  
Undergraduate University of California, Los Angeles, CA  
1978-1983. B.S. Biology

Medical School Loyola University, Stritch School of Medicine, Maywood, IL  
1986-1990. M.D. 1990

Internship VA Medical Center, Long Beach, CA  
1990-1991. Internal Medicine

Residency University of Wisconsin Hospital and Clinics, Madison, WI  
1991-1995. Diagnostic Radiology

Fellowship University of Wisconsin Hospital and Clinics, Madison, WI  
1995-Present. **Cross Sectional Imaging (CT/MRI/US)**

**Certifications:** **American Board of Radiology (6/95)**  
National Board of Medical Examiners (4/91)  
Wisconsin State Medical License

**Organizations:** American Roentgen Ray Society  
Radiological Society of North America

**Presentations:** Wong JH, Collins J, Kuhlman JE, Peters ME. "CT of abnormal tracheobronchial air collections." Exhibit accepted for the 1996 annual meetings of the American Roentgen Ray Society and the Society of Thoracic Radiology.

"CT of Renal Inflammatory Disease."  
To be presented at the 10th annual University of Wisconsin CT conference, March 1996.

**Research Projects:** "Role of CT in detection of complications following renal biopsy."  
Work in progress.

"Colonic involvement in Cirrhosis: CT findings and clinical implications." Work in progress.

**Teaching:** Instructor, Medical School Anatomy Course. 1991-95

Referred By

*B. Estabrook*  
Powell & Kirk  
100 Meramec Valley Plaza Dr.  
Valley Park, MO 63088  
314-861-3400

1-800-882-0393

# TRAINING AND EXPERIENCE AUTHORIZED USER OR RADIATION SAFETY OFFICER

1. NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER <b>JEN H. WONG</b>		2. STATE OR TERRITORY IN WHICH LICENSED TO PRACTICE MEDICINE		
3. CERTIFICATION				
SPECIALTY BOARD A	CATEGORY B	MONTH AND YEAR CERTIFIED C		
THE AMERICAN BOARD OF RADIOLOGY	DIAGNOSTIC RADIOLOGY	JUNE 1995		
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	UNIV OF WISCONSIN HOSP & CLINICS 600 HIGHLAND AVE MADISON WI 53792			
b. RADIATION PROTECTION	(RADIOLOGY RESIDENCY 7/91 - 6/95)			
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY	"			
d. RADIATION BIOLOGY	"			
e. RADIOPHARMACEUTICAL CHEMISTRY	"			
5. EXPERIENCE WITH RADIATION. (Actual use of Radioisotopes or Equivalent Experience)				
ISOTOPE	MAXIMUM AMOUNT	WHERE EXPERIENCE WAS GAINED	DURATION OF EXPERIENCE	TYPE OF USE
				466283

## PRECEPTOR STATEMENT

Supplement B must be completed by the applicant physician's preceptor. If more than one preceptor is necessary to document experience, obtain a separate statement from each.

## 1. APPLICANT PHYSICIAN'S NAME AND ADDRESS

FULL NAME

JEN H. WONG

STREET ADDRESS

412 SE 5th St

CITY

BARTLES VILLE

STATE

OK

ZIP CODE

74005

## KEY TO COLUMN C

## PERSONAL PARTICIPATION SHOULD CONSIST OF:

1-Supervised examination of patients to determine the suitability for radioisotope diagnosis and/or treatment and recommendation for prescribed dosage.

2-Collaboration in dose calibration and actual administration of dose to the patient including calculation of the radiation dose, related measurements and plotting of data.

3-Adequate period of training to enable physician to manage radioactive patients and follow patients through diagnosis and/or course of treatment.

## 2. CLINICAL TRAINING AND EXPERIENCE OF ABOVE NAMED PHYSICIAN

ISOTOPE A	CONDITIONS DIAGNOSED OR TREATED B	NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION C	COMMENTS (Additional information or comments may be submitted in duplicate on separate sheets.) D
I-131 or I-125	DIAGNOSIS OF THYROID FUNCTION	20	Board Certified by American Board of Radiology
	DETERMINATION OF BLOOD AND BLOOD PLASMA VOLUME	—	
	LIVER FUNCTION STUDIES	—	
	FAT ABSORPTION STUDIES	—	
	KIDNEY FUNCTION STUDIES	180	
	IN VITRO STUDIES	—	
OTHER			
I-125	DETECTION OF THROMBOSIS	—	
I-131	THYROID IMAGING	10	
P-32	EYE TUMOR LOCALIZATION	—	
Se-75	PANCREAS IMAGING	—	
Yb-169	CISTERNOGRAPHY	—	
Xe-133	BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES	—	
OTHER			
Tc-99m	BRAIN IMAGING	30	
	CARDIAC IMAGING	100	
	THYROID IMAGING	20	
	SALIVARY GLAND IMAGING	—	
	BLOOD POOL IMAGING	20	
	PLACENTA LOCALIZATION	—	
	LIVER AND SPLEEN IMAGING	20	
	LUNG IMAGING	140	
	BONE IMAGING	200	
OTHER	Thallium 201	200	

466283



# PRECEPTOR STATEMENT (Continued)

## 2. CLINICAL TRAINING AND EXPERIENCE OF ABOVE NAMED PHYSICIAN (Continued)

ISOTOPE A	CONDITIONS DIAGNOSED OR TREATED B	NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION C	COMMENTS (Additional information or comments may be submitted in duplicate on separate sheets.) D
P-32 (Soluble)	TREATMENT OF POLYCYTHEMIA VERA, LEUKEMIA, AND BONE METASTASES	—	See attached list of therapies given on dates Mr. Wong was schedule to be in Nuclear Medicine Section
P-32 (Colloidal)	INTRACAVITARY TREATMENT	—	
I-131	TREATMENT OF THYROID CARCINOMA	See attached	
	TREATMENT OF HYPERTHYROIDISM	"	
Au-198	INTRACAVITARY TREATMENT	—	
Co-60 or Cs-137	INTERSTITIAL TREATMENT	—	
	INTRACAVITARY TREATMENT	—	
I-125 or Ir-192	INTERSTITIAL TREATMENT	—	
Co-60 or Cs-137	TELETHERAPY TREATMENT	—	
Sr-90	TREATMENT OF EYE DISEASE	—	
	RADIOPHARMACEUTICAL PREPARATION	—	
Mo-99/ Tc-99m	GENERATOR	—	
Sn-113/ In-113m	GENERATOR	—	
Tc-99m	REAGENT KITS	—	
Other			

## 3. DATES AND TOTAL NUMBER OF HOURS RECEIVED IN CLINICAL RADIOISOTOPE TRAINING

12/16/91-1/10/92  
5/4-29/92 (away 7 days)  
11/16/92-12/11/92 (away 8 days)  
5/1-28/93 (away 10 days)  
5/1-12/95 (2-week rotation)

## 4. THE TRAINING AND EXPERIENCE INDICATED ABOVE WAS OBTAINED UNDER THE SUPERVISION OF:

a. NAME OF SUPERVISOR

Michael A. Wilson, MD

b. NAME OF INSTITUTION

Univ. of WI Hsp. + Clinics

c. MAILING ADDRESS

600 Highland Ave., E3/311

d. CITY

Madison, WI 53792-3252

## 5. PRECEPTOR'S SIGNATURE

*Michael A. Wilson*

## 7. PRECEPTOR'S NAME (Please type or print)

Michael A. Wilson, MD

## 8. DATE

8 November 1996

## 5. MATERIALS LICENSE NUMBER(S)

48-09843-18



### Dates of NM Rotations:

12/10/91-1/10/92	5/1-28/93 (gone 10 days)	
5/4-29/92 (gone 7 days)	5/1-12/95	
11/10/92-12/11/92 (gone 8 days)		

**Therapies Administered on Dates Resident Was Scheduled to be Present in Nuclear Medicine:**

[illegible]