



Intermountain[®]
Cassia Regional Hospital

1501 Hiland Ave
Burley, ID 83318

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MAY 06 2020

March 27, 2020

DNMS

U.S. NRC Region IV
Texas Health Resources Tower
611 Ryan Plaza, Suite 400
Arlington, TX 76011-4005

Mail Control Number: 618907

Docket Number : 3032333

License Number : 11-27393-01

Licensee Name : Cassia Regional Hospital

RE: CASSIA REGIONAL MEDICAL CENTER
License number 11-27393-01 Amendment Request to Add AU

Dear Sir or Madam:

1. Please add the following individual for uses authorized by 35.100 and 35.200 for use of unsealed byproduct material for uptake, dilution, and excretion studies for which a written directive is not required and imaging and localization studies for which a written directive is not required:

- Brett Sheldon Walker, M.D.

NRC Form 313A and a copy of Dr. Walker's board certification are attached.

Please contact Lindsay Smith, the radiology manager at 208-677-6514, if you require additional information or have questions concerning the application.
Thank you for your cooperation and attention in this matter.

Sincerely,

Executive Management

**AUTHORIZED USER TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION**
(for uses defined under 35.100, 35.200, and 35.500)
[10 CFR 35.57, 35.190, 35.290, and 35.590]

Name of Proposed Authorized User

Brett Sheldon Walker

State or Territory Where Licensed

Idaho

Requested Authorization(s) (check all that apply)

- ☒ 35.100 Uptake, dilution, and excretion studies ☒ 35.200 Imaging and localization studies
☐ 35.500 Sealed sources for diagnosis (specify device)

PART I -- TRAINING AND EXPERIENCE
(Select one of the three methods below)

* Training and Experience, including board certification, must have been obtained within the 7 years preceding the date of application or the individual must have obtained related continuing education and experience since the required training and experience was completed. Provide dates, duration, and description of continuing education and experience related to the uses checked above.

☒ **1. Board Certification**

- a. Provide a copy of the board certification.
- b. For a board certification issued on or before October 24, 2005 that is listed in 10 CFR 35.57(b)(2)(i), provide the following:
- (i) Documentation that the individual performed each use checked above on or before October 24, 2005.
 - (ii) Dates, duration, and description of continuing education and experience within the past seven years for each use checked above.
- c. Stop here.

☐ **2. Current 35.390 Authorized User Seeking Additional 35.290 Authorization**

- a. Authorized user on Materials License _____ meeting 10 CFR 35.390, 10 CFR 35.57 for 35.300 uses, 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: <input type="text"/>			
Supervising Individual		License/Permit Number listing supervising individual as an authorized user or authorized nuclear pharmacist	

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) ☐ 35.55 ☐ 35.57 for 35.200 uses
- c. If board certified, provide a copy of the certificate and stop here. If not board certified, skip to and complete Part II Preceptor Attestation.

The American Board of Radiology

hereby certifies that

Brett Walker, MD

has pursued an accepted course of graduate study and clinical work; has met certain standards and qualifications, including passing the examination 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

AU Eligible



Certificate No. 73115

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

DABR

B. Wagner
President

Robert M. Sauer
Secretary-Treasurer

Valerie J. Johnson
Executive Director



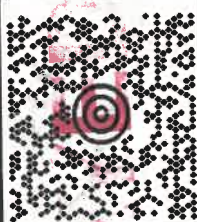
Effective: September 27, 2019

CASSIA REGIONAL HOSPITAL, MATER
208-677-6430
1501 HILAND AVE
BURLEY, ID 83318

1 LBS
RECEIVED APR 30 2020
1 OF 1

SHIP TO:

US NRC REGION IV
1600 E LAMAR BOULEVARD
ARLINGTON TX 76011



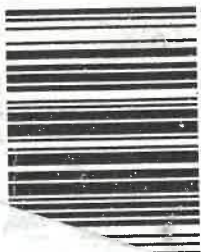
TX 760 0-01



UPS GROUND

TRACKING #: 1Z 816 030 03 9417 9148

BILLING: P/P



US NRC REGION IV
1600 E LAMAR BLVD
ARLINGTON TX 76011-4511

P: MFED06 S: 600

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MAY 06 2020

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US NRC Region IV
1600 E Lamar Boulevard
Arlington, TX 76011-4511



ACKNOWLEDGEMENT - RECEIPT OF CORRESPONDENCE

Name and Address of Applicant and/or Licensee

Kelli J. Silverstrim, Ph.D., DABR
Radiation Safety Officer
Cassia Regional Hospital
1501 Hiland Ave
Burley, ID 83318

Date

05/14/2020

License Number(s)

11-27393-01

Mail Control Number(s)

618907

Licensing and/or Technical Reviewer or Branch

C. Hill

This is to acknowledge receipt of your: ☒ Letter and/or ☐ Application Dated: 03/27/2020

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) 200-1103 or (817) 200-1140

Accounts Receivable/Payable and Regional Licensing Branches

Program Code: 02121
Status Code: Pending Amendment
Fee Category: 7C
Exp. Date: 10/31/2033
Fee Comments:
Decom Fin Assur Req'd: N

A. REGION

Applicant/Licensee:	Cassia Regional Hospital
Received Date:	05/06/2020
Docket Number:	3032333
Mail Control Number:	618907
License Number:	11-27393-01
Action Type:	Amendment

Check No.: N/A

Date: 05/14/2020

1. Fee Category and Amount:

License:

Date:

Agency: NRC

WBL WORKSHEET

DOCKET NUMBER: 3032333	LICENSE NUMBER: 11-27393-01	STATUS: Pending Amendment
MAIL CONTROL NUMBER: 618907	RECEIPT DATE: 05/06/2020	ACTION TYPE: Amendment
DUE DATE: 08/04/2020	INST. CODE: 27393	LICENSE REGION: Region 4
LICENSE TYPE: 30	ENTITY TYPE: C	LICENSE GROUP: Medical
ISSUE DATE:	ORIGINAL DATE: 10/09/1992	EXPIRATION DATE: 10/31/2033
DECOMMISSIONING CATEGORY: Group 2	LAST ISSUE DATE:	
LICENSEE NAME: Cassia Regional Hospital	DECOM FIN ASSUR REQD: N SUBM: N	
MAILING ADDRESS LINE1: 1501 Hiland Avenue	CONT PLAN REQD: N	APPRV: N
MAILING ADDRESS LINE 2:		
CITY: Burley	STATE: ID	ZIP: 83318
CONTACT PERSON: PREFIX:	FIRST NAME: Lindsay	MIDDLE INITIAL:
LAST NAME: Smith	SUFFIX:	
JOB TITLE: Radiology Manager	PHONE: 208-677-6514 FAX:	EMAIL: lindsay.smith@imail.org
BILLING ADDRESS LINE 1: 1501 HILAND AVENUE		
BILLING ADDRESS LINE 2:		
CITY: BURLEY	STATE: Idaho	ZIP: 833182648
BILLING CONTACT PERSON: FIRST NAME:	MIDDLE INITIAL:	LAST NAME: Lindsay B. SmithRT(R)
PHONE: 208-678-4444	EMAIL:	FAX:
PRIMARY PGM CODE: 02121	SECONDARY PGM CODE:	
INSPECTION REGION: Region 4	PRIORITY: 5	
RSO: PREFIX:	FIRST NAME: Kelli	MIDDLE INITIAL: J. LAST NAME Silverstrim
SUFFIX: Ph.D., DABR	RSO JOB TITLE: Radiation Safety Officer	
RSO PHONE: 719-352-6421	RSO FAX: 734-622-9224	RSO EMAIL: ksilverstrim@mpcphysics.com
STATES WHERE USE IS AUTHORIZED: 1	0- ALL LISTED STATES 1- SAME AS STATE IN ADDRESS 2- ALL STATES 3- NON-AGREEMENT-STATES	
AUTHORIZED STATES (USE ONLY IF ABOVE IS ZERO):		