



September 14, 1984

Nuclear Regulatory Commission  
Ms. Pat Vacherlon  
Materials Licensing Section  
799 Roosevelt Road  
Glen Ellyn, Illinois 60137

Dear Ms. Vacherlon:

Please amend License # 22-16328-01 to include Glenn Roush, M.D. as a individual user of radioactive materials. I have enclosed a copy of his preceptor statement.

Sincerely

Ben Sanderson  
Manager  
NMI  
1903 Morrison Ave.  
PO Box 6027  
Bismarck, North Dakota 58501

U.S. N.R.C.  
LIC. FEE HGMT. BRANCH

84 OCT -1 AM:17

RECEIVED

*OK not 10/15/84*

Applicant	3927
Check No.	410
Amount / Fee Category	
Type of Fee	7C and
Date Check Rec'd	10/1/84
Received By	CP

RECEIVED BY LFMB	
Date	10/1/84
Log	3111
By	CP
Orig. To	2111
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Control No. 77506 *10/77140*

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REG3 LIC30  
22-16328-01 PDR

northern medical imaging, Inc. P.O. Box 6027, Bismarck, ND 58502, 701 258-4504

TRAINING AND EXPERIENCE  
AUTHORIZED USER OR RADIATION PROTECTION OFFICER

1. NAME OF AUTHORIZED USER OR RADIATION PROTECTION OFFICER		2. STATE OR TERRITORY IN WHICH LICENSED TO PRACTICE MEDICINE	
GLENN ROUSH, MD		South Dakota	
3. CERTIFICATION			
SPECIALITY BOARD A	CATEGORY B	MONTH AND YEAR CERTIFIED C	
Diagnostic Radiology ABR		6/83	
4. TRAINING RECEIVED IN BASIC RADIOISOTOPE HANDLING TECHNIQUES			
FIELD OF TRAINING A	LOCATION AND DATES(S) OF TRAINING B	TYPE AND LENGTH OF TRAINING	
		LECTURE/ LABORATORY COURSES (Hours) C	SUPERVISED LABORATORY EXPERIENCE (Hours) D
a. RADIATION PHYSICS AND INSTRUMENTATION	BRONX LEBANON HOSP. JULY 1980 - JUNE 83	120	20
b. RADIATION PROTECTION		16	1
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY		24	0
d. RADIATION BIOLOGY		10	0
e. RADIOPHARMACEUTICAL CHEMISTRY		16	2

## 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			KEY TO COLUMN C
Full Name <i>Glenn Roush, M.D.</i>			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.
Street Address <i>61 Charles St.</i>			
City <i>Dedmond</i>	State <i>SD</i>	Zip Code <i>57732</i>	

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

ISOPE	CONDITIONS DIAGNOSED OR TREATED	NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION	COMMENTS (Additional information or comments may be submitted in duplicate on separate sheets.)
A	B	C	D
I-131 or I-125	DIAGNOSIS OF THYROID FUNCTION	20	
	DETERMINATION OF BLOOD AND BLOOD PLASMA VOLUME	/	
	LIVER FUNCTION STUDIES	/	
	FAT ABSORPTION STUDIES	/	
	KIDNEY FUNCTION STUDIES	/	
	IN VITRO STUDIES	30	
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	10	
OTHER			
Tc-99m	BRAIN IMAGING	50	
	CARDIAC IMAGING	200	
	THYROID IMAGING	30	
	SALIVARY GLAND IMAGING	1	
	BLOOD POOL IMAGING	20	
	PLACENTA LOCALIZATION	/	
	LIVER AND SPLEEN IMAGING	100	
	LUNG IMAGING	60	
	BONE IMAGING	60	
OTHER	KIDNEY FUNCTION	10	

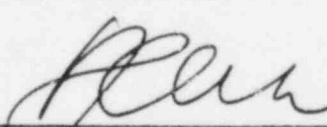
PRECEPTOR STATEMENT (Continued)

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 AND CARDIAC CONDITION	0 15	
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		
Mc-99/ Tc-99m	GENERATOR	20	
Sn-113/ In-113m	GENERATOR	/	
Tc-99m	REAGENT KITS	60	
OTHER			

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

3 MONTHS ROTATION IN NUCLEAR MEDICINE  
480 HOURS.

4. THE TRAINING AND EXPERIENCE INDICATED ABOVE WAS OBTAINED UNDER THE SUPERVISION OF:	6. PRECEPTOR'S SIGNATURE
a. Name of Supervisor DANIEL OCHS M.D.	
b. Name of Institution BRONX LEBANON HOSPITAL	
c. Mailing Address 1650 GRAND CONCOURSE	7. PRECEPTOR'S NAME (Please type or print) DANIEL OCHS M.D.
d. City BRONX N.Y. 10457	8. DATE 8/24/84
5. MATERIALS LICENSE NUMBER(S) N.Y.C. 194-3	

Control No. 77506