

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. Eastern Idaho Health Services, Inc.
dba Eastern Idaho Regional Medical Center

2. P.O. Box 2077
Idaho Falls, Idaho 83403-2077

In accordance with letter dated
February 10, 1997

3. License number 11-27346-01 is amended in
its entirety to read as follows:

4. Expiration date January 31, 2003

5. Docket or
Reference No 030-32290

6. Byproduct, source, and/or
special nuclear material

7. Chemical and/or physical
form

8. Maximum amount that licensee
may possess at any one time
under this license

A. Any byproduct material
identified in 10 CFR
35.100

B. Any byproduct material
identified in 10 CFR
35.200

C. Any byproduct material
identified in
10 CFR 35.300

D. Gadolinium-153

A. Any radiopharmaceutical
identified in
10 CFR 35.100

B. Any radiopharmaceutical
identified in
10 CFR 35.200

C. Any radiopharmaceutical
identified in
10 CFR 35.300

D. Sealed sources (North
American Scientific,
Inc. Model 3601)

A. As needed

B. As needed

C. 400 millicuries

D. 300 millicuries per
housing, total
possession 1200
millicuries

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.

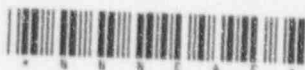
D. For use in the ADAC Laboratories Models 2146-3536 and 2146-3440 transmission line
source housing.

CONDITIONS

10. Location of use: 3100 Channing Way, Idaho Falls, Idaho.

OFFICIAL RECORD COPY

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ML40

9705150196 970425
PDR ADDCK 03032290
C PDR

**MATERIALS LICENSE
SUPPLEMENTARY SHEET**

License Number
11-27346-01

Docket or Reference Number
030-32290

Amendment No. 04

11. Radiation Safety Officer: Kevin C. Funk, M.D.

12. Authorized Users:

- A. Kevin C. Funk, M.D., for material identified in 10 CFR 35.100, 35.200, and 35.300; and gadolinium-153 for use in the ADAC Vantage System for transmission diagnostic imaging.
- B. Allan Wray, M.D., for material identified in 10 CFR 35.100, 35.200, 35.300; and gadolinium-153 for use in the ADAC Vantage System for transmission diagnostic imaging.
- C. David Madden, M.D., for material identified in 10 CFR 35.100, 35.200, 35.300; and gadolinium-153 for use in the ADAC Vantage System for transmission diagnostic imaging.
- D. James Neeley, M.D., for material identified in 10 CFR 35.100, 35.200, 35.300; and gadolinium-153 for use in the ADAC Vantage System for transmission diagnostic imaging.
- E. Roger DeMordaunt, M.D., for material identified in 10 CFR 35.100, 35.200; and gadolinium-153 for use in the ADAC Vantage System for transmission diagnostic imaging.
- F. Steven Austin, M.D., for material identified in 10 CFR 35.100, 35.200; and gadolinium-153 for use in the ADAC Vantage System for transmission diagnostic imaging.
- G. Shields Stutts, M.D., for material identified in 10 CFR 35.200; and gadolinium-153 for use in the ADAC Vantage System for transmission diagnostic imaging.
- H. Thomas Mitchell, M.D., for material identified in 10 CFR 35.100; and gadolinium-153 for use in the ADAC Vantage System for transmission diagnostic imaging.
- I. Michael Merriam, M.D., for material identified in 10 CFR 35.100, 35.200; and gadolinium-153 for use in the ADAC Vantage System for transmission diagnostic imaging.
- J. Robert Cameron, M.D., for material identified in 10 CFR 35.200 for cardiovascular clinical procedures only; and gadolinium-153 for use in the ADAC Vantage System for transmission diagnostic imaging.
- K. John J. Strobel, M.D., for material identified in 10 CFR 35.100, 35.200, 35.300; and gadolinium-153 for use in the ADAC Vantage System for transmission diagnostic imaging.

**MATERIALS LICENSE
SUPPLEMENTARY SHEET**

License Number
11-27346-01

Docket or Reference Number
030-32290

Amendment No. 04

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.
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 November 27, 1991
 - B. Letter dated October 15, 1992
 - C. Letter dated March 22, 1993
 - D. Letter received September 25, 1995
 - E. Letter dated November 30, 1995
 - F. Letter dated May 8, 1996
 - G. Letter dated September 25, 1996

FOR THE U.S. NUCLEAR REGULATORY COMMISSION

Date APR 25 1997

By M.C. Hernandez
Christi Hernandez
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

April 28, 1997

Eastern Idaho Health Services, Inc.
dba Eastern Idaho Regional Medical Center
ATTN: Kevin Funk, M.D.
Radiation Safety Officer
P.O. Box 2077
Idaho Falls, Idaho 83403-2077

SUBJECT: LICENSE AMENDMENT

Please find enclosed License No. 11-27346-01. You should review this license carefully and be sure that you understand all conditions. If you have any questions, you may contact me at 817-860-8217.

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.

- c. 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.

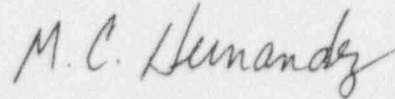
You will be periodically inspected by NRC. Failure to conduct your program in accordance with NRC regulations, license conditions, and representations made in your license application and supplemental correspondence with NRC will result in enforcement action against you. This could include issuance of 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.

Eastern Idaho Health Services, Inc.

-3-

Thank you for your cooperation.

Sincerely,

A handwritten signature in cursive script that reads "M. C. Hernandez".

Christi Hernandez, Radiation Specialist
Nuclear Materials Licensing Branch

Docket: 030-32290
License: 11-27346-01
Control: 466330

Enclosures: As stated

DOCUMENT NAME: G:\NMLS.O\MCH\11-27346.MLC

To receive copy of document, indicate in box: "C" = Copy without enclosures "E" = Copy with enclosures "N" = No copy

| | | | | | | | |
|-------------|------------|--|--|--|--|--|--|
| RIV:NMLB | <i>N</i> | | | | | | |
| MCHernandez | <i>MCH</i> | | | | | | |
| 04/28/97 | | | | | | | |

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UNITED STATES
NUCLEAR REGULATORY COMMISSION

REGION IV

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

March 31, 1997

Eastern Idaho Health Services, Inc.
dba Eastern Idaho Regional Medical Center
ATTN: Ronald G. Butler
Chief Executive Officer
P. O. Box 2077
Idaho Falls, Idaho 83403-2077

SUBJECT: ACKNOWLEDGMENT OF REQUEST FOR LICENSING ACTION

REFERENCE: LETTER DATED FEBRUARY 10, 1997

We have completed the administrative review and initial processing of your application.

During the initial processing, no omissions/deficiencies were identified. Please note that the technical review may identify additional omissions in the submitted information or technical issues that require additional information.

Amendment actions are normally processed within 60 days, unless the technical review identifies:

- Major technical deficiencies
- Decommissioning/decontamination activities are required before an application can be completed
- Confirmatory closeout surveys after decontamination/decommissioning activities are required before a license can be terminated or a facility removed from the license
- Policy issues are identified that require input and coordination with other NRC Regional offices, Agreement State offices, or NRC's Office of Nuclear Materials and Safeguards

A copy of your correspondence has been forwarded to our License Fee and Accounts Receivable Branch, Office of the Controller, who will contact you separately if the appropriate license fee has not been submitted for your request, or for billing if your request is subject to full cost recovery.

Eastern Idaho Health Services, Inc.
dba Eastern Idaho Regional Medical Center

-2-

Any correspondence about this application should reference the Control number listed below.

Sincerely,

Original Signed By
Billie Gruszynski

Billie Gruszynski (Ms.)
Nuclear Materials Licensing Branch

License: 11-27346-01
Docket: 030-32290
Control: 466330

MAR 31 1997

Eastern Idaho Health Services, Inc.
dba Eastern Idaho Regional Medical Center

-3-

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

| | | | | | | | |
|--------|-----------------------|---|--|--|--|--|--|
| OFFICE | RIV:NMLB | N | | | | | |
| NAME | BGruszynski <i>Bg</i> | | | | | | |
| DATE | 3/30/97 | | | | | | |

Acceptance Review Check List



Action Type:

- ☐ New
☒ Amendment
☐ Renewal

Mail Control

No. 466 330

Initials of
individual
completing
Form *AG*

Date: 3/30/97

Administrative Exclusion Items

Requiring Return to Applicant:

O.K.

- ☐ Current Guidance Not Used
☐ References in Application Not to Current Regulations
☐ All Attachments Referenced Are Not Included
☐ Signature Not on Application

Technical Exclusion Items Requiring Technical Reviewer Time Estimates:

- ☐ Request for Expedited Handling for Radiation Safety/Business Concerns
☐ Request for Exemption to Specific Regulation(s)
☐ Change in Ownership Concerns
☐ Financial Assurance/DFP Required
☐ Decommissioning Plan Review
☐ Quality Management Plan
☐ Termination of License Requiring NRC Closeout Survey
☐ Bankruptcy Notification
☐ Approval of Long Term Storage/Alternative Form of Waste Disposal
☐ Facility Modifications Requiring Shielding Calculations
☐ Authorization to Possess and Use Large Quantities of Unsealed Materials
☐ HDR/Gamma Knife
☐ Major Increase In Authorized Users
☐ Approval Of Training Program
☐ Approval of Incineration of Radioactive Waste
☐ Authorization For Sealed Source or Device Requiring SSD Approval Review
☐ Environmental Assessment or Impact Statement Required
☐ Emergency Plan Contingency Plan Required
☐ Type A Broad Scope/Complex Research & Development Application

Reviewer: _____

Estimate of Time Needed:

- ☐ 30 Days ☐ 60 Days ☐ 90 Days ☐ Other

Comments:

LICENSE FEE REQUIREMENTS

LICENSE FEE AND DEBT COLLECTION BRANCH
DIVISION OF ACCOUNTING AND FINANCE
OFFICE OF THE CONTROLLER
U.S. NUCLEAR REGULATORY COMMISSION
WASHINGTON, DC 20555-0001EASTERN IDAHO HEALTH SERVICES, INC.
ATTN: RONALD G. BUTLER
CHIEF EXECUTIVE OFFICER
3100 CHANNING WAY
P. O. BOX 2077, 83403-2077
IDAHO FALLS, ID 83404

TYPE OF ACTION

- ☐ NEW LICENSE
☐ RENEWAL OF LICENSE
☒ AMENDMENT TO LICENSE

REQUESTED DATE

2-10-97

LICENSE NUMBER

11-27346-01

CONTROL NUMBER

466330 ATTN: RITA MESSIER, LFARB, T9E10

I. APPLICATION FEE DUE

Your request for a licensing action is subject to the fee(s) in the category(ies) noted below in accordance with Section 170.31 of the enclosed Federal Register notice. Payment of the fee is required prior to the issuance of the license, renewal, or amendment.

| FEE CATEGORY | APPLICATION | RENEWAL | AMENDMENT |
|--------------|-------------|---------|-----------|
| 7C | \$ | \$ | \$ 440.00 |
| | \$ | \$ | \$ |
| | \$ | \$ | \$ |
| | \$ | \$ | \$ |
| | \$ | \$ | \$ |
| | \$ | \$ | \$ |
| | \$ | \$ | \$ |
| | \$ | \$ | \$ |
| | \$ | \$ | \$ |
| | \$ | \$ | \$ |

| | | |
|------------------|----|--------|
| FEE(s) DUE | \$ | 440.00 |
| PAYMENT RECEIVED | \$ | 430.00 |
| AMOUNT DUE | \$ | 10.00 |

☐ Your request was received without the prescribed application fee.

☒ We received your Check No. 8157751 in the amount of \$ 430.00. Payment of the additional fee noted above is required.

☐ Your request will increase the scope of your license program. Therefore, your request is subject to the application fee(s) noted above. Refer to Section 170.31 and Footnote 1(d)(2).

☐ Your license expired prior to the receipt of your application for renewal. Therefore, your request is subject to the application fee(s) noted above. Refer to Section 170.31 and Footnote 1(a).

MAKE PAYMENT OF THE FEE(S) TO THE U.S. NUCLEAR REGULATORY COMMISSION AND MAIL THE PAYMENT TO THE ADDRESS LISTED AT THE TOP OF THIS FORM. IF WE DO NOT RECEIVE A REPLY FROM YOU WITHIN 30 CALENDAR DAYS FROM THE DATE LISTED BELOW, WE SHALL ASSUME THAT YOU DO NOT WISH TO PURSUE YOUR APPLICATION AND WILL VOID THIS ACTION.

SIGNATURE -- LICENSE FEE ANALYST

RITA MESSIER

LFDCB

REMessier

3/7/97

LFDCB

II. FEE NOT REQUIRED

☐ Enclosed is Check No. _____ which accompanied your request. The fee is not required because:

☐ We received your Check No. _____ in payment of the fee.

☐ The Licensing staff has informed us that your request is to be considered as a continuation of your request dated _____, Control No. _____.

☐ Your request was combined, prior to review, with your _____ request, Control No. _____.

III. CHECK RETURNED

☐ Enclosed is Check No. _____ which was returned to us by the bank for:

- ☐ INSUFFICIENT FUNDS
☐ ACCOUNT CLOSED
☐ OTHER

MAIL THE REPLACEMENT CHECK TO THE ADDRESS LISTED AT THE TOP OF THIS FORM AND REFERENCE THE ABOVE CONTROL NUMBER.

IV. LICENSE ISSUED WITHOUT THE REQUIRED FEE

☐ License No. _____, Amendment No. _____, issued on _____ was issued without the required fee being collected. The fee required is noted in Section I of this form.

☐ The scope of your licensed program was increased. Therefore, your request is subject to the application fee(s) noted in Section 1 of this form. Refer to Section 170.31 and Footnote 1(d)(2).

☐ Because of the urgency of your request, the license was issued without remittance of the prescribed fee noted in Section I of this form.

Distribution:

OC/DAF RF

DATE

Pending Fee File

OC/DAF/SE (LE-2.2.7)

LFARB R/F (2)

Region IV

3-7-97

(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: 20030131
Fee Comments:
Decom Fin Assur Req'd: N

1997 MAR -6 PM 1:13

LICENSE FEE TRANSMITTAL

A. REGION IV

1. APPLICATION ATTACHED

Applicant/Licensee: EASTERN IDAHO HEALTH SERVICES, INC.
Received Date: 9/03/94
Docket No.: 3032290
Control No.: 466330
License No.: 11-27346-01
Action Type: Amendment

2. FEE ATTACHED

Amount: \$430.00
Check No.: 8154451

3. COMMENTS

Signed
Date

Billie Kruszynski
3/5/97

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

1. Fee Category and Amount: 7C \$440

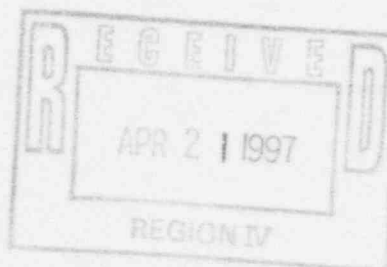
2. Correct Fee Paid ✓ Application may be processed for:

Amendment
Renewal
License

3. OTHER

Signed
Date

Rita Messier
4/19/97



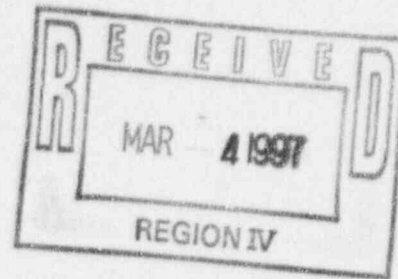
| | |
|-------------------|-------------------------|
| Log | <u>Mar 2 IV</u> |
| Remitter | |
| Check No. | <u>8157751/88573192</u> |
| Amount | <u>\$430.00 + \$10</u> |
| Fee Category | <u>7C</u> |
| Type of Fee | <u>Amcl</u> |
| Date Check Rec'd. | |
| Date Completed | <u>4/18/97</u> |
| By: | <u>Rem</u> |

**COLUMBIA Eastern Idaho
Regional Medical Center**

3100 Channing Way
P.O. Box 2077, 83403-2077, Idaho Falls, Idaho 83404
Phone (208) 529-6111
COLUMBIA's home page is <http://www.columbia.net>

February 10, 1997

Nuclear Regulatory Commission
Region IV
611 Ryan Plaza Drive, Suite 400
Arlington, Texas 76011-8064



ATTN: Materials Licensing
RE: License Number: 11-27346-01 Amendment

Dear Sirs,

We are requesting an amendment to our current Materials license, number 11-27346-01, Docket or Reference No. 030-32290/IDA-266.

1. We wish to add an authorized user:

- A. John J. Strobel, MD., radiologist, for material identified in 10 CFR 35.100, 35.200, and 35.300, as well as Gadolinium-153 for use in the ADAC Vantage System for transmission diagnostic imaging.

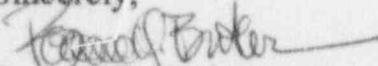
Enclosed are copies of Dr. Strobel's:

- Board Certification by The American Board of Radiology
- Training and Experience document
- Preceptor statement
- State of Nebraska License he is an authorized user on.

The amendment fee of \$440.00 is enclosed.

If you need additional information or clarification regarding this amendment request, please contact Debra Barlow, R.T.(R), Director of Medical Imaging. She can be reached directly at 208-529-6362.

Sincerely,


Ronald G. Butler
Chief Executive Officer

RB/deb
Enclosures

4 6 6 3 3 0

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 Therapeutic Radiology and Oncology, the Association of
University Radiologists, and American Association of Physicists in Medicine*
Hereby certifies that

John J. Strobel

*Has pursued an accepted course of graduate study
and clinical work, has met certain standards and qualifications and
has passed the examinations conducted under the authority of
The American Board of Radiology*

On this ninth day of June, 1994

*Thereby demonstrating to the satisfaction of the Board
that he is qualified to practice the specialty of
Diagnostic Radiology*



Lee F. Rogers ^{M.D.}
President
Lauren J. Patten
Secretary-Treasurer
M. Paul Capp ^{M.D.}
Executive Director



NEBRASKA DEPARTMENT OF HEALTH
DIVISION OF RADIOLOGICAL HEALTH

RADIOACTIVE MATERIAL LICENSE

supplemental sheet

TO READ:

10. Licensed material listed in Item 6. above is only authorized for use by, or under the supervision of, the following individuals for the materials and uses indicated:

| <u>Authorized User</u> | <u>Material and Use</u> |
|--------------------------------|--|
| A. Patricia Eastman, M.D. | All licensed materials and uses except G. and 180 NAC 1-007.35F. |
| B. R.G. Heasty, M.D. | All licensed materials and uses except G.-I. and 180 NAC 1-007.35F. |
| C. T.L. Stahly, M.D. | All licensed materials and uses except G.-I. and 180 NAC 1-007.35F. |
| D. John J. Strobel, M.D. | All licensed materials and uses except G.-I., 180 NAC 1-007.35B-D and 180 NAC 1-007.35F. |
| E. J.H. Chain, M.D. | All licensed materials and uses except G.-I., 180 NAC 1-007.35B-D and 180 NAC 1-007.35F. |
| F. Stephen Craig Johnson, M.D. | All licensed materials and uses except G.-I., 180 NAC 1-007.35B-D and 180 NAC 1-007.35F. |
| G. Julie A. McKay, M.D. | All licensed materials and uses except G.-I., 180 NAC 1-007.35B-D and 180 NAC 1-007.35F. |
| H. Erin Masada, M.D. | All licensed materials and uses except C. and G.-I. |
| I. Roddy L. Wilson, D.O. | All licensed materials and uses in G. only. |

Date: October 31, 1996

FOR THE NEBRASKA DEPARTMENT OF HEALTH:

by Brian P. Hearty
Brian P. Hearty, Manager
Radioactive Materials Program

EXHIBIT 2
SUPPLEMENT A

| SUPPLEMENT | | U.S. NUCLEAR REGULATORY COMMISSION | | |
|---|---------------------------------------|--|---|-------------|
| TRAINING AND EXPERIENCE AUTHORIZED USER OR RADIATION SAFETY OFFICER | | | | |
| 1. NAME OF PROPOSED AUTHORIZED USER OR RADIATION SAFETY OFFICER <div style="font-family: cursive; font-size: 1.2em;">John Jacob Strobel, m.d.</div> | | 2. FOR PHYSICIANS, STATE OR TERRITORY WHERE LICENSED <div style="font-family: cursive; font-size: 1.2em;">NE, ID, WY</div> | | |
| 3. CERTIFICATION | | | | |
| SPECIALTY BOARD A | CATEGORY B | MONTH AND YEAR CERTIFIED C | | |
| <div style="font-family: cursive; font-size: 1.2em;">American Board of Radiology</div> | | <div style="font-family: cursive; font-size: 1.2em;">6/94</div> | | |
| 4. TRAINING RECEIVED IN BASIC RADIOISOTOPE HANDLING TECHNIQUES | | | | |
| FIELD OF TRAINING A | LOCATION AND DATE(S) OF TRAINING B | TYPE AND LENGTH OF TRAINING | | |
| | | CLOCK HOURS IN LECTURE OR LABORATORY | CLOCK HOURS OF SUPERVISED ON-THE-JOB EXPERIENCE | |
| a. RADIATION PHYSICS AND INSTRUMENTATION | UNMC 6/90 - 6/94 | | | |
| b. RADIATION PROTECTION | UNMC 6/90 - 6/94 | | | |
| c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY | UNMC 6/90 - 6/94 | | | |
| d. RADIATION BIOLOGY | UNMC 6/90 - 6/94 | | | |
| e. RADIOPHARMACEUTICAL CHEMISTRY | UNMC 6/90 - 6/94 | | | |
| 5. EXPERIENCE WITH RADIATION. (Actual use of Radioisotopes or Equivalent Experience) | | | | |
| ISOTOPE | mCi USED AT ONE TIME | LOCATION | CLOCK HOURS | TYPE OF USE |
| | | | | |

Lee E. Rogers, M.D., Assoc. Pres.
Chicago, Illinois
C. Douglas Maynard, M.D., Vice President
Winston-Salem, North Carolina
Lester J. Peters, M.D., Secretary/Treasurer
Houston, Texas
David G. Bragg, M.D.
Salt Lake City, Utah
Robert E. Campbell, M.D.
Philadelphia, Pennsylvania
William J. Casarella, M.D.
Atlanta, Georgia
Edward L. Cheney, Ph.D.
Chapel Hill, North Carolina
Lawrence W. Davis, M.D.
Atlanta, Georgia
Gerald D. Dodd, M.D.
Houston, Texas
Brian S. Donaldson, M.D.
Stanford, California
Malcolm Etkin, M.D.
New York, New York

The American Board of Radiology

M. Paul Capp, M.D., Executive Director
Kenneth L. Krabbenhoft, M.D., Associate Executive Director
Jerome F. Wist, M.D., Assistant Executive Director

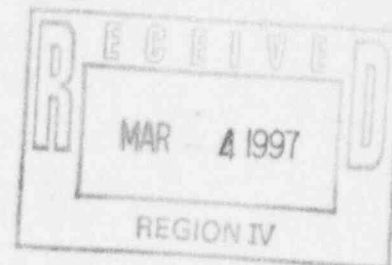
5255 E. WILLIAMS CIRCLE, SUITE 6800
TUCSON, AZ 85711

PHONE (602) 790-2900
FAX (602) 790-3200

June 20, 1994

Thomas L. Haric, M.D.
Houston, Texas
David M. Hussey, M.D.
Iowa City, Iowa
George E. Leopold, M.D.
San Diego, California
Rodney R. Millon, M.D.
Ocala, Florida
Carrie A. Persh, M.D.
St. Louis, Missouri
Andrew K. Poznanski, M.D.
Chicago, Illinois
Helen C. Rodman, M.D.
Dallas, Texas
Joseph F. Seckert, M.D.
Madison, Wisconsin
Isaac Sanders, M.D.
Los Angeles, California
Melvyn H. Schreiber, M.D.
Galveston, Texas
James E. Youker, M.D.
Milwaukee, Wisconsin

27749 DR 06 419
JOHN JACOB STROBEL MD
7116 SOUTH 81ST STREET
LA VISTA, NE 68128



DEAR DOCTOR STROBEL:

I am pleased to inform you that you passed the June 1994 oral examination, and The American Board of Radiology grants you its certificate in DIAGNOSTIC RADIOLOGY.

A certificate will be sent to you when we have received verification from your Program Director that you have fulfilled all training requirements.

Please return the enclosed "Request for Certificate Card" to the Board Office by July 10. Delivery of certificates will take approximately 3-4 months.

Your name will be included in the official ABMS Directory of Board Certified Medical Specialists unless you specify otherwise in writing to the ABMS. It is your responsibility to notify your local and state medical organizations of your certification.

With personal congratulations on your achievement, I am

Sincerely yours,

M. Paul Capp, M.D.

MPC:mk

(TELETERAPY) - SUPPLEMENT A

TRAINING AND EXPERIENCE AUTHORIZED USER OR RADIATION SAFETY OFFICER

1. NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER

John J. Strobel, M.D.

2. THE USING PHYSICIAN IS LICENSED TO DISPENSE DRUGS IN THE
PRACTICE OF MEDICINE IN NEBRASKA. YES ☒ NO ☐

3. CERTIFICATION

| SPECIALTY BOARD A | CATEGORY B | MONTH AND YEAR CERTIFIED C |
|----------------------|---------------|-------------------------------|
| | | |

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 | University of Nebraska Medical Center - July 1990 - June 1994 | 100 ✓ | 100 |
| b. RADIATION PROTECTION | Same | 40 ✓ | 150 |
| c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY | Same | 20 ✓ | 50 |
| d. BIOLOGICAL EFFECTS OF RADIATION | Same | 20 ✓ | 50 |
| e. RADIOPHARMACEUTICAL CHEMISTRY | Same | 40 ✓ | 150 |

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

| ISOTOPE | MAXIMUM AMOUNT | WHERE EXPERIENCE WAS GAINED | DURATION OF EXPERIENCE | TYPE OF USE |
|---------|----------------|---------------------------------------|------------------------|-------------|
| Tc-99m | 50 mCi | University of Nebraska Medical Center | 4 years | Diagnostic |
| I-123 | 9 mCi | University of Nebraska Medical Center | 4 years | Diagnostic |
| I-125 | 0.3 mCi | University of Nebraska Medical Center | 4 years | Diagnostic |
| In-111 | 5 mCi | University of Nebraska Medical Center | 4 years | Diagnostic |
| Ga-67 | 10 mCi | University of Nebraska Medical Center | 4 years | Diagnostic |
| Tl-201 | 5 mCi | University of Nebraska Medical Center | 4 years | Diagnostic |
| Xe-133 | 30 mCi | University of Nebraska Medical Center | 4 years | Diagnostic |
| Co-57 | 0.5 uCi | University of Nebraska Medical Center | 4 years | Therapeutic |
| I-131 | 200 mCi | University of Nebraska Medical Center | 4 years | Therapeutic |
| P-32 | 10 mCi | University of Nebraska Medical Center | 4 years | Therapeutic |
| Y-90 | 25 mCi | University of Nebraska Medical Center | 3 years | Therapeutic |
| Sr-89 | 4 mCi | University of Nebraska Medical Center | 1 year | Therapeutic |

NEBRASKA DEPARTMENT OF HEALTH
DIVISION OF RADIOLOGICAL HEALTH

PRECEPTOR STATEMENT

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

APPLICANT PHYSICIAN'S NAME AND ADDRESS

NAME
John J. Strobel, M.D.

STREET ADDRESS

2 West 42nd Street
Suite #2600

CITY

Scottsbluff

STATE

NE

ZIP CODE

69361

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 | 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 | | Please see attached sheet for tabulation of clinical experience. |
| | 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 | | |
| | THYROID IMAGING | | |
| | SALIVARY GLAND IMAGING | | |
| | BLOOD POOL IMAGING | | |
| | PLACENTA LOCALIZATION | | |
| | LIVER AND SPLEEN IMAGING | | |
| | LUNG IMAGING | | |
| | BONE IMAGING | | |
| OTHER | | | |

PRECEPTOR STATEMENT (Continued)

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

| TYPE | 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 |
| P-32 (Soluble) | TREATMENT OF POLYCYTHEMIA VERA, LEUKEMIA, AND BONE METASTASES | | |
| P-32 (Colloidal) | INTRACAVITARY TREATMENT | | |
| 1-131 | TREATMENT OF THYROID CARCINOMA | | |
| | TREATMENT OF HYPERTHYROIDISM | | |
| Au-198 | INTRACAVITARY TREATMENT | | |
| Co-60 or | INTERSTITIAL TREATMENT | | |
| Cs-137 | INTRACAVITARY TREATMENT | | |
| 1-125 or In-192 | INTERSTITIAL TREATMENT | | |
| Ra-226 | INTRACAVITARY TREATMENT | | |
| | INTERSTITIAL TREATMENT | | |
| | SUPERFICIAL 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 | | |
| X-Ray And Accelerator Therapy | COURSES OF THERAPY TREATMENT | | |
| Other | | | |

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

July 1990 through June 1994

640 hours of clinical radioisotope training ✓

559-6188

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

a. NAME OF SUPERVISOR

Katherine A. Harrison, M.D.

b. NAME OF INSTITUTION

Univ. of Nebraska Medical Center

c. MAILING ADDRESS

600 South 42nd Street - Box 981045

d. CITY

Omaha, NE 68198-1045

e. MATERIALS LICENSE NUMBER(S)

6. PRECEPTOR'S SIGNATURE

Katherine A. Harrison

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

Katherine A. Harrison, M.D.

8. DATE

June 15, 1994

| IMAGING DIAGNOSTIC STUDIES | |
|--|-------------|
| CNS | |
| Brain | 20 |
| Cisternography - CSF Dynamics | 2 |
| Thyroid Scan | 41 |
| Thyroid Uptake | 40 |
| Cardiovascular | |
| Myocardial Perfusion: Rest Only | 57 |
| Myocardial Perfusion: Exercise | 179 |
| Myocardial Wall Motion: Rest Only | 82 |
| Myocardial Wall Motion: Exercise | 29 |
| Infarct Avid | 1 |
| Venography | 9 |
| Pulmonary | |
| Aerosol | 6 |
| Perfusion | 107 |
| Ventilation | 98 |
| Gastrointestinal | |
| Liver | 15 |
| Hepatobiliary | 20 |
| Gastric (e.g., ectopic mucosa, emptying, reflux, etc.) | 32 |
| Acute Gastrointestinal Bleeding | 12 |
| Genitourinary | |
| Renal-Static | 4 |
| Renal-Perfusion | 51 |
| Renogram | 48 |
| Cystography | 2 |
| Hematologic | |
| Lymph Nodes | 2 |
| Skeletal | |
| Bone | 210 |
| Other | |
| Pyogenic Site Localization | 18 |
| Tumor Localization - Gallium | 136 |
| Adrenal | 4 |
| Testicular | 1 |
| Peritoneal-Venous Shunt Patency | 1 |
| Hepatic Artery Line Localization | 7 |
| Radioimmunoconjugate Imaging | 4 |
| Total Number of Imaging Studies | 1238 |

| NON-IMAGING DIAGNOSTIC STUDIES | |
|---|------------|
| Genitourinary | |
| Glomerular Filtration Rate | 132 |
| Effective Renal Plasma Flow | 132 |
| Hematologic | |
| Shilling Test | 24 |
| Red Cell Mass | 14 |
| Plasma Volume | 11 |
| Subtotal of Nuclear Nonimaging Studies | 313 |

| Therapeutic | |
|---|-----------|
| Hyperthyroidism | 11 |
| Thyroid Carcinoma | 7 |
| Bone pain palliation | 1 |
| Other (Specify) | |
| Intracavitary P-32 | 1 |
| Radioimmunotherapy | 3 |
| Total Number of Therapeutic Procedures | 23 |

IN ADDITION TO DR. STROBELS PRECEPTORSHIP STATEMENT THE FOLLOWING
EXAMINATION TOTALS NEED TO BE DOCUMENTED:

STRONTIUM 89 THERAPY

6 STUDIES FROM 6/94 TO 10/30/96

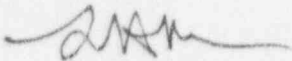
IODINE 131 THERAPY

<30 mCi 7 STUDIES

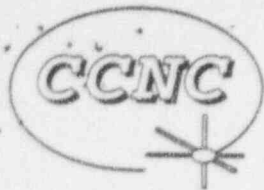
>30 mCi 3 STUDIES

CARDIAC IMAGING
FUNCTIONAL AND PERFUSION IMAGING

207 STUDIES



GARY MILLER
NUCLEAR MEDICINE SUPERVISOR



Certification Council of Nuclear Cardiology

9111 Old Georgetown Road Bethesda, MD 20814 Phone: (301) 493-2370 Fax: (301) 493-2376

October 25, 1996

BOARD OF DIRECTORS

Representing the American
Society of Nuclear Cardiology

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E. Gordon DePuey, MD

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Steven C. Port, MD

Frans J. Th. Wackers, MD, PhD

Barry L. Zaret, MD

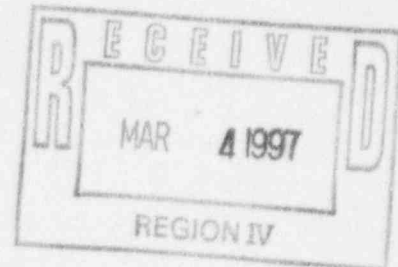
Jack A. Ziffer, MD, PhD

Representing the American
College of Cardiology

George A. Beller, MD

John J. Strobel, MD
Regional West Medical Center
Two West 42nd Street Suite 2600
Scottsbluff, NE 69361

Dear Dr. Strobel:



We are pleased to inform you that the Board of Directors of the Certification Council of Nuclear Cardiology has determined that your score on the written examination of September, 1996 meets the standards it has established for certification in nuclear cardiology. Congratulations on your achievement!

The passing score was determined by an independent panel of peers, representing the disciplines involved in the practice of nuclear cardiology, drawn from both private practice and academia.

Please send your name and degrees exactly as you would like them to appear on your certificate to the address above no later than November 18. If you have not contacted the Council by then, the name on your certificate will be as it is currently listed in our files. You can expect receipt of the certificate in approximately six weeks.

It is important for future mailings and directories that you keep the Council informed of any address changes.

On behalf of the Board of Directors, I wish to thank you for your participation in the CCNC examination and credentialing process.

Sincerely,

Frans J. Th. Wackers, M.D., Ph.D.
President

466330