

Received
01/07/2021

January 6, 2021

Mail Control Number: 624439
Docket Number : 3031200
License Number : 53-23297-01
Licensee Name : Hawaii Pacific Health, Inc.

Nuclear Materials Licensing Branch
U.S. Nuclear Regulatory Commission, Region IV
1600 E. Lamar Blvd.
Arlington, TX 76011-4511

Subject: Notification
NRC License No. 53-23297-01
Docket No. 030-31200

Dear License Reviewer:

We are requesting the following physicians be added as Authorized Users for byproduct material listed in 10 CFR 35.200:

Jeffrey M. Bender, M.D.
Panupong Jiamsripong, M.D.

Forms 313(AUD) which document their training and experience are enclosed.

In addition, please remove Lynn Derek Madanay, M.D. from the list of Authorized Users.


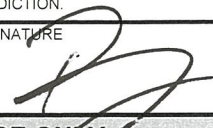
If you require any additional information please contact our Radiation Safety Officer, Ronald Frick, at (808) 373-7009.

Sincerely,



Raymond P. Vara, Jr.
President & CEO

Enclosures

NRC FORM 313 (01-2020) 10 CFR 30, 32, 33, 34, 35, 36, 37, 39, and 40		U.S. NUCLEAR REGULATORY COMMISSION APPLICATION FOR MATERIALS LICENSE	APPROVED BY OMB: NO. 3150-0120 Estimated burden per response to comply with this mandatory collection request: 4.3 hours. Submittal of the application is necessary to determine that the applicant is qualified and that adequate procedures exist to protect the public health and safety. Send comments regarding burden estimate to the Information Services Branch (T-6 A10M), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by e-mail to Infocollects.Resource@nrc.gov , and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0120), Office of Management and Budget, Washington, DC 20503. If a means used to impose an information collection does not display a currently valid OMB control number, the NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.				
INSTRUCTIONS: SEE THE CURRENT VOLUMES OF THE NUREG-1556 TECHNICAL REPORT SERIES ("CONSOLIDATED GUIDANCE ABOUT MATERIALS LICENSES") FOR DETAILED INSTRUCTIONS FOR COMPLETING THIS FORM: http://www.nrc.gov/reading-rm/doc-collections/nuregs/staff/sr1556/. SEND TWO COPIES OF THE COMPLETED APPLICATION TO THE NRC OFFICE SPECIFIED BELOW.							
APPLICATION FOR DISTRIBUTION OF EXEMPT PRODUCTS FILE APPLICATIONS WITH: MATERIALS SAFETY LICENSING BRANCH DIVISION OF MATERIAL SAFETY, STATE, TRIBAL AND RULEMAKING PROGRAMS OFFICE OF NUCLEAR MATERIALS SAFETY AND SAFEGUARDS U.S. NUCLEAR REGULATORY COMMISSION WASHINGTON, DC 20555-0001		IF YOU ARE LOCATED IN: ILLINOIS, INDIANA, IOWA, MICHIGAN, MINNESOTA, MISSOURI, OHIO, OR WISCONSIN, SEND APPLICATIONS TO: MATERIALS LICENSING BRANCH U.S. NUCLEAR REGULATORY COMMISSION, REGION III 2443 WARRENVILLE ROAD, SUITE 210 Lisle, IL 60532-4352					
ALL OTHER PERSONS FILE APPLICATIONS AS FOLLOWS: IF YOU ARE LOCATED IN: ALABAMA, CONNECTICUT, DELAWARE, DISTRICT OF COLUMBIA, FLORIDA, GEORGIA, KENTUCKY, MAINE, MARYLAND, MASSACHUSETTS, NEW HAMPSHIRE, NEW JERSEY, NEW YORK, NORTH CAROLINA, PENNSYLVANIA, PUERTO RICO, RHODE ISLAND, SOUTH CAROLINA, TENNESSEE, VERMONT, VIRGINIA, VIRGIN ISLANDS, OR WEST VIRGINIA, SEND APPLICATIONS TO: LICENSING ASSISTANCE TEAM DIVISION OF NUCLEAR MATERIALS SAFETY U.S. NUCLEAR REGULATORY COMMISSION, REGION I 2100 RENAISSANCE BOULEVARD, SUITE 100 KING OF PRUSSIA, PA 19406-2713		IF YOU ARE LOCATED IN: ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, COLORADO, HAWAII, IDAHO, KANSAS, LOUISIANA, MISSISSIPPI, MONTANA, NEBRASKA, NEVADA, NEW MEXICO, NORTH DAKOTA, OKLAHOMA, OREGON, PACIFIC TRUST TERRITORIES, SOUTH DAKOTA, TEXAS, UTAH, WASHINGTON, OR WYOMING, SEND APPLICATIONS TO: NUCLEAR MATERIALS LICENSING BRANCH U.S. NUCLEAR REGULATORY COMMISSION, REGION IV 1600 E. LAMAR BOULEVARD ARLINGTON, TX 76011-4511					
PERSONS LOCATED IN AGREEMENT STATES SEND APPLICATIONS TO THE U.S. NUCLEAR REGULATORY COMMISSION ONLY IF THEY WISH TO POSSESS AND USE LICENSED MATERIAL IN STATES SUBJECT TO U.S. NUCLEAR REGULATORY COMMISSION JURISDICTIONS.							
1. THIS IS AN APPLICATION FOR (Check appropriate item) <input type="checkbox"/> A. NEW LICENSE <input checked="" type="checkbox"/> B. AMENDMENT TO LICENSE NUMBER <u>53-23297-01</u> <input type="checkbox"/> C. RENEWAL OF LICENSE NUMBER _____		2. NAME AND MAILING ADDRESS OF APPLICANT (Include zip code) Hawaii Pacific Health, Inc. 98-1079 Moanalua Road Aiea, HI 96701					
3. ADDRESS WHERE LICENSED MATERIALS WILL BE USED OR POSSESSED Same as 2.		4. NAME OF PERSON TO BE CONTACTED ABOUT THIS APPLICATION Ronald Frick <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">BUSINESS TELEPHONE NUMBER 808-373-7009</td> <td style="width: 50%;">BUSINESS CELLULAR TELEPHONE NUMBER</td> </tr> <tr> <td colspan="2">BUSINESS E-MAIL ADDRESS rfrick@gammacorp.com</td> </tr> </table>		BUSINESS TELEPHONE NUMBER 808-373-7009	BUSINESS CELLULAR TELEPHONE NUMBER	BUSINESS E-MAIL ADDRESS rfrick@gammacorp.com	
BUSINESS TELEPHONE NUMBER 808-373-7009	BUSINESS CELLULAR TELEPHONE NUMBER						
BUSINESS E-MAIL ADDRESS rfrick@gammacorp.com							
SUBMIT ITEMS 5 THROUGH 11 ON 8-1/2 X 11" PAPER. THE TYPE AND SCOPE OF INFORMATION TO BE PROVIDED IS DESCRIBED IN THE LICENSE APPLICATION GUIDE.							
5. RADIOACTIVE MATERIAL a. Element and mass number; b. chemical and/or physical form; and c. maximum amount which will be possessed at any one time.		6. PURPOSE(S) FOR WHICH LICENSED MATERIAL WILL BE USED.					
8. TRAINING FOR INDIVIDUALS WORKING IN OR FREQUENTING RESTRICTED AREAS.		7. INDIVIDUAL(S) RESPONSIBLE FOR RADIATION SAFETY PROGRAM AND THEIR TRAINING AND EXPERIENCE.					
10. RADIATION SAFETY PROGRAM.		9. FACILITIES AND EQUIPMENT.					
12. LICENSE FEES (Fees required only for new applications, with few exceptions*) (See 10 CFR 170 and Section 170.31) *Amendments/Renewals that increase the scope of the existing license to a new or higher fee category will require a fee.		11. WASTE MANAGEMENT.					
		FEE CATEGORY <div style="border: 1px solid black; padding: 2px; display: inline-block;">7C</div>	AMOUNT ENCLOSED \$ <div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>				
PER THE DEBT COLLECTION IMPROVEMENT ACT OF 1996 (PUBLIC LAW 104-134), YOU ARE REQUIRED TO PROVIDE YOUR TAXPAYER IDENTIFICATION NUMBER. PROVIDE THIS INFORMATION BY COMPLETING NRC FORM 531: https://www.nrc.gov/reading-rm/doc-collections/forms/nrc531info.html.							
13. CERTIFICATION. (Must be completed by applicant) THE APPLICANT UNDERSTANDS THAT ALL STATEMENTS AND REPRESENTATIONS MADE IN THIS APPLICATION ARE BINDING UPON THE APPLICANT. THE APPLICANT AND ANY OFFICIAL EXECUTING THIS CERTIFICATION ON BEHALF OF THE APPLICANT, NAMED IN ITEM 2, CERTIFY THAT THIS APPLICATION IS PREPARED IN CONFORMITY WITH TITLE 10, CODE OF FEDERAL REGULATIONS, PARTS 30, 32, 33, 34, 35, 36, 37, 39, AND 40, AND THAT ALL INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF THEIR KNOWLEDGE AND BELIEF. WARNING: 18 U.S.C. SECTION 1001 ACT OF JUNE 25, 1948 62 STAT. 749 MAKES IT A CRIMINAL OFFENSE TO MAKE A WILLFULLY FALSE STATEMENT OR REPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION.							
CERTIFYING OFFICER -- TYPED/PRINTED NAME AND TITLE Raymond P. Vara, Jr., President and CEO		SIGNATURE 	DATE 1/7/21				
FOR NRC USE ONLY							
TYPE OF FEE	FEE LOG	FEE CATEGORY	AMOUNT RECEIVED	CHECK NUMBER	COMMENTS		
			\$				
APPROVED BY				DATE			



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

State or Territory Where Licensed

Jeffrey M. Bendon, M.D. *HAWAII*

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: _____

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.

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](continued)

☒ **3. Training and Experience for Proposed Authorized User**

a. Classroom and Laboratory Training

Description of Training	Location of Training	Clock Hours	Dates of Training*
Radiation physics and instrumentation	ST VINCENT HOSPITAL, IN		7/1/13 - 4/30/15
Radiation protection	ST. VINCENT HOSPITAL, IN		7/1/13 - 4/30/15
Mathematics pertaining to the use and measurement of radioactivity	ST. VINCENT HOSPITAL, IN		7/1/13 - 4/30/15
Chemistry of byproduct material for medical use (not required for 35.590)	ST. VINCENT HOSPITAL, IN		7/1/13 - 4/30/15
Radiation biology	ST VINCENT HOSPITAL, IN		7/1/13 - 4/30/15

Total Hours of Training: 80

- ☐ Supervised Work Experience (completion of this table is not required for 35.590)
(If more than one supervising individual is necessary to document supervised work experience provide multiple copies of this section.)

Supervised Work Experience

Total Hours of Experience: 620

Description of Experience Must Include	Location of Experience/License or Permit Number of Facility	Confirm	Dates of Experience*
Ordering, receiving, and unpacking radioactive materials safely and performing the related radiation surveys	ST VINCENT HOSPITAL, IN CARDIOLOGY FELLOW	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/1/13 - 4/30/15
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters	ST VINCENT HOSPITAL, IN CARDIOLOGY FELLOW	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/1/13 - 4/30/15

01-2020

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](continued)

3. Training and Experience for Proposed Authorized User (continued)**b. Supervised Work Experience. (continued)**

Description of Experience Must Include	Location of Experience/License or Permit Number of Facility	Confirm	Dates of Experience*
Calculating, measuring, and safely preparing patient or human research subject dosages	ST. VINCENT HOSPITAL, IN CARDIOLOGY FELLOW	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/1/13 - 4/30/15
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material	ST. VINCENT HOSPITAL, IN CARDIOLOGY FELLOW	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/1/13 - 4/30/15
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures	ST. VINCENT HOSPITAL, IN CARDIOLOGY FELLOW	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/1/13 - 4/30/15
Administering dosages of radioactive drugs to patients or human research subjects	ST. VINCENT HOSPITAL, IN CARDIOLOGY FELLOW	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/1/13 - 4/30/15
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	ST. VINCENT HOSPITAL, IN CARDIOLOGY FELLOW	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No*	7/1/13 - 4/30/15

Supervising Individual

License/Permit Number listing supervising individual as an authorized user or an authorized nuclear pharmacist for generator training

Mary Dorian Walsh

13-19923-01

Supervisor meets the requirements below or equivalent Agreement State requirements (check one).

☐ 35.190 ☐ 35.290 ☐ 35.390 ☐ 35.390 + generator experience in 35.290(c)(1)(ii)(G)☐ 35.55 ☐ 35.57 for 35.200 uses

*Not required for 10 CFR 35.100 use

c. For 35.590 only provide documentation of training on use of the device.

Device	Type of Training	Location and Dates

d. For 35.500 uses only, stop here. For 35.100 and 35.200 uses, skip to and complete Part II Preceptor Attestation

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](continued)

PART II - PRECEPTOR ATTESTATION

Note This part must be completed by the individual's preceptor. The preceptor does not have to be the supervising individual as long as the preceptor provides, directs, or verifies training and experience required. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each. (Not required to meet training requirements in 35.590)

By checking the boxes below, the preceptor is not attesting to the individual's "general clinical competency."

First Section

Check one of the following for each use requested:

For 35.190

☐ I attest that _____ has satisfactorily completed the 60 hours of training and
Name of Proposed Authorized User
 experience, including a minimum of 8 hours of classroom and laboratory training required by 10 CFR 35.190(c)(1) and is able to independently fulfill the radiation safety-related duties as an authorized user for the medical uses authorized under 10 CFR 35.100

For 35.290

☒ I attest that Jeffrey Bender has satisfactorily completed the 700 hours of training
Name of Proposed Authorized User
 and experience, including a minimum of 80 hours of classroom and laboratory training required by 10 CFR 35.290(c)(1) and is able to independently fulfill the radiation safety-related duties as an authorized user for the medical uses under 10 CFR 35.100 and 35.200

Second Section

Complete one of the following for attestation and signature:

☐ Authorized User
☐ I meet the requirements below or equivalent Agreement State requirements as an authorized user for
☐ 35.190 ☐ 35.290 ☐ 35.390 ☐ 35.390 + generator experience ☐ 35.57 for 35.200 uses
 OR

☒ Residency Program Director
☒ I affirm that the attestation represents the consensus of the residency program faculty where at least one faculty member is an authorized user who meets the requirements below or equivalent Agreement State requirements for
☐ 35.190 ☐ 35.290 ☐ 35.390 ☐ 35.390 + generator experience ☐ 35.57 for 35.200 uses

☐ I affirm that this facility member concurs with the attestation I am providing as program director

☒ I affirm that the residency training program is approved by the

☒ Residency Review Committee of the Accreditation Council for Graduate Medical Education

☐ Royal College of Physicians and Surgeons of Canada

☐ Council on Post-Graduate Training of the American Osteopathic Association

☐ I affirm that the residency training program includes training and experience specified in

☐ 35.190 ☐ 35.290

Name of Facility

Mary Norine Walsh

License/Permit Number

13-19923-01

Name of Preceptor or Residency Program Director (Typed or Printed)

Mary Norine Walsh

Telephone Number

3173386045

Date

12/2/20

Signature

MN Walsh, MD

Cardiology
8333 Naab Rd., Suite 400
Indianapolis, IN 46260
10590 N. Meridian St.
Indianapolis, IN 46290
317.338.6666
800.732.1484

Core Values
We are called to

Service of the Poor
Generosity of spirit, especially for persons most in need

Reverence
Respect and compassion for the dignity and diversity of life

Integrity
Inspiring trust through personal leadership

Wisdom
Integrating excellence and stewardship

Creativity
Courageous innovation

Dedication
Affirming the hope and joy of our ministry

May 22, 2015

Certification Board of Nuclear Cardiology/
Hospital Credentialing Committee

RE: Jeffrey Bender, M.D.

TO WHOM IT MAY CONCERN:

Dr. Jeffrey Bender has completed a nuclear cardiology training program that meets the requirements for Level 2 as outlined in the ACC Foundation/ASNC COCATS Guidelines for Training in Nuclear Cardiology, revised 2008 with an accredited program. Dr. Jeffrey Bender completed Level 2 nuclear cardiology training between the dates of July 1, 2013 and April 30, 2015. I attest that Dr. Jeffrey Bender is competent to independently function as an authorized user under NRC 10 CFR 35.200 Users. He did complete a minimum of 80 hours of classroom and laboratory training that meets the NRC requirements external to his fellowship program.

Please don't hesitate to contact me with any questions regarding Dr. Bender's training.

Sincerely,



Mary Norine Walsh, M.D., F.A.S.N.C.
Nuclear Cardiology License #13-19923-01

**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

State or Territory Where Licensed

PANUPONG JIAMSATPONG, MD

Hawaii

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:

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.

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](continued)

☐ 3. Training and Experience for Proposed Authorized User

a. Classroom and Laboratory Training.

Description of Training	Location of Training	Clock Hours	Dates of Training*
Radiation physics and instrumentation	Queen medical center, HI		7/1/18 - 6/30/20
Radiation protection	Queen medical center, HI		7/1/18 - 6/30/20
Mathematics pertaining to the use and measurement of radioactivity	Queen medical center, HI		7/1/18 - 6/30/20
Chemistry of byproduct material for medical use (not required for 35.590)	Queen medical center, HI		7/1/18 - 6/30/20
Radiation biology	Queen medical center, HI		7/1/18 - 6/30/20
Total Hours of Training: 80			

b. Supervised Work Experience (completion of this table is not required for 35.590).
 (If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this section.)

Supervised Work Experience		Total Hours of Experience: 700	
Description of Experience Must Include:	Location of Experience/License or Permit Number of Facility	Confirm	Dates of Experience*
Ordering, receiving, and unpacking radioactive materials safely and performing the related radiation surveys	Queen medical center, HI cardiology fellow	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/1/18 - 6/30/20
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters	Queen medical center, HI cardiology fellow	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/1/18 - 6/30/20

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](continued)**3. Training and Experience for Proposed Authorized User (continued)****b. Supervised Work Experience. (continued)**

Description of Experience Must Include:	Location of Experience/License or Permit Number of Facility	Confirm	Dates of Experience*
Calculating, measuring, and safely preparing patient or human research subject dosages	Queen medical center, HT cardiology fellow	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/1/18 - 6/30/20
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material	Queen medical center, HT cardiology fellow	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/1/18 - 6/30/20
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures	Queen medical center, HT cardiology fellow	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/1/18 - 6/30/20
Administering dosages of radioactive drugs to patients or human research subjects	Queen medical center, HT cardiology fellow	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/1/18 - 6/30/20
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	Queen medical center, HT cardiology fellow.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No*	7/1/18 - 6/30/20

Supervising Individual:

License/Permit Number listing supervising individual as an authorized user or an authorized nuclear pharmacist for generator training

Supervisor meets the requirements below, or equivalent Agreement State requirements (check one).

- ☐ 35.190 ☐ 35.290 ☐ 35.390 ☐ 35.390 + generator experience in 35.290(c)(1)(ii)(G)
☐ 35.55 ☐ 35.57 for 35.200 uses

*Not required for 10 CFR 35.100 use.

c. For 35.590 only, provide documentation of training on use of the device.

Device	Type of Training	Location and Dates

d. For 35.500 uses only, stop here. For 35.100 and 35.200 uses, skip to and complete Part II Preceptor Attestation.

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](continued)

PART II – PRECEPTOR ATTESTATION

Note: This part must be completed by the individual's preceptor. The preceptor does not have to be the supervising individual as long as the preceptor provides, directs, or verifies training and experience required. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each. (Not required to meet training requirements in 35.590)

By checking the boxes below, the preceptor is not attesting to the individual's "general clinical competency."

First Section

Check one of the following for each use requested:

For 35.190

☐ I attest that _____ has satisfactorily completed the 60 hours of training and
Name of Proposed Authorized User
experience, including a minimum of 8 hours of classroom and laboratory training, required by 10 CFR 35.190(c)(1), and is able to independently fulfill the radiation safety-related duties as an authorized user for the medical uses authorized under 10 CFR 35.100.

For 35.290

☐ I attest that _____ has satisfactorily completed the 700 hours of training
Name of Proposed Authorized User
and experience, including a minimum of 80 hours of classroom and laboratory training, required by 10 CFR 35.290(c)(1), and is able to independently fulfill the radiation safety-related duties as an authorized user for the medical uses under 10 CFR 35.100 and 35.200.

Second Section

Complete one of the following for attestation and signature:

☐ Authorized User:

☐ I meet the requirements below, or equivalent Agreement State requirements, as an authorized user for:
☐ 35.190 ☐ 35.290 ☐ 35.390 ☐ 35.390 + generator experience ☐ 35.57 for 35.200 uses
OR

☐ Residency Program Director:

☐ I affirm that the attestation represents the consensus of the residency program faculty where at least one faculty member is an authorized user who meets the requirements below or equivalent Agreement State requirements for:
☐ 35.190 ☐ 35.290 ☐ 35.390 ☐ 35.390 + generator experience ☐ 35.57 for 35.200 uses

☐ I affirm that this facility member concurs with the attestation I am providing as program director.

☐ I affirm that the residency training program is approved by the:

- ☐ Residency Review Committee of the Accreditation Council for Graduate Medical Education
- ☐ Royal College of Physicians and Surgeons of Canada
- ☐ Council on Post-Graduate Training of the American Osteopathic Association

☐ I affirm that the residency training program includes training and experience specified in:

☐ 35.190 ☐ 35.290

Name of Facility:		License/Permit Number:	
Name of Preceptor or Residency Program Director (Typed or Printed)		Telephone Number	Date
Signature			

University of Hawaii Program

Queens Heart Pauahi 3rd floor
1301 Punchbowl St
Honolulu HI 96813

Date: 06/12/2020

To: Certification Board of Nuclear Cardiology

Dr. Panupong Jiamsripong, M.D. has completed training and/or experience that meets the requirements for Level 2 as outlined in the ACC Core Cardiovascular Training Statement (COCATS) 4 Task Force 6: Training in Nuclear Cardiology, revised 2015.

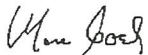
Dr. Jiamsripong completed Level 2 nuclear cardiology training between the dates of 09/23/2019 and 06/12/2020.

I attest that Dr. Jiamsripong has satisfactorily completed the 700 hours of training and experience, including a minimum of 80 hours of classroom and laboratory training, required by 10 CFR 35.290 (c)(1), and is able to independently fulfill the radiation safety-related duties as an Authorized User for the medical uses under 10 CFR 35.100 and 35.200.

The above-named applicant completed a minimum of 80 hours of classroom and laboratory training that meets the NRC requirements EXTERNAL to his/her fellowship. This training was taken in a course offered by Corscan, LLC and was completed between the dates of 11/19/2019 and 06/12/2020.

I attest that the above-named applicant completed hands-on laboratory training that meets the training and experience requirements of NRC 10 CFR 35.290 or Agreement State equivalent as part of his/her nuclear cardiology training and experience.

Sincerely,



Name of Preceptor: Marc Coel, M.D.

Authorized User on RAM License: 53-16533-02 Issuance State of RAM License: Hawaii

Title/Relationship to Applicant: nuclear cardiology training director and preceptor authorized user

Institution: University of Hawaii Program

A statement regarding COCATS Level 2 Training in Nuclear Cardiology at our institution as well as my status as preceptor or nuclear cardiology program director is on file at the CBNC Office. The training of the above-named applicant complies with all components of the statement on file.

generated by Corscan

*Copies of pdf files are not to be considered valid.

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This document is linked to issued Corscan certificate of completion number 13654

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RightSignature

SIGNATURE CERTIFICATE



REFERENCE NUMBER

2C96B129-884B-4253-8D2E-D802FA46C9AC

TRANSACTION DETAILS

Reference Number
2C96B129-884B-4253-8D2E-D802FA46C9AC

Transaction Type
Signature Request

Sent At
06/12/2020 17:03 EDT

Executed At
06/12/2020 19:18 EDT

Identity Method
email

Distribution Method
email

Signed Checksum
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Signer Sequencing
Disabled

Document Passcode
Disabled

DOCUMENT DETAILS

Document Name
CBNC Preceptor Document

Filename
corscanpreceptorletter.pdf


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SIGNERS

SIGNER	E-SIGNATURE	EVENTS
Name Marc Coel, M.D. Email mcoel@queens.org Components 1	Status signed Multi-factor Digital Fingerprint Checksum C053daa79b1ae510929bd01d4e5dd0774ccb1839f7921350622a054a571a7cb IP Address 64.75.214.120 Device Internet Explorer via Windows Drawn Signature  Signature Reference ID A0EBFEC4 Signature Biometric Count 587	Viewed At 06/12/2020 19:17 EDT Identity Authenticated At 06/12/2020 19:18 EDT Signed At 06/12/2020 19:18 EDT

AUDITS

TIMESTAMP	AUDIT
06/12/2020 19:18 EDT	Marc Coel, M.D. (mcoel@queens.org) signed the document on Internet Explorer via Windows from 64.75.214.120.
06/12/2020 19:18 EDT	Marc Coel, M.D. (mcoel@queens.org) authenticated via email on Internet Explorer via Windows from 64.75.214.120.
06/12/2020 19:17 EDT	Marc Coel, M.D. (mcoel@queens.org) viewed the document on Internet Explorer via Windows from 64.75.214.120.
06/12/2020 17:03 EDT	Marc Coel, M.D. (mcoel@queens.org) was emailed a link to sign.
06/12/2020 17:03 EDT	Steven Walter, M.D. (swalter@corscanplus.com) created document 'corscanpreceptorletter.pdf' from 198.46.87.52.



ACKNOWLEDGEMENT - RECEIPT OF CORRESPONDENCE

Name and Address of Applicant and/or Licensee

Raymond P. Vara, Jr.
President and CEO
Hawaii Pacific Health, Inc.
98-1079 Moanalua Road
Aiea, HI 96701

Date

01/29/2021

License Number(s)

53-23297-01

Mail Control Number(s)

624439

Licensing and/or Technical Reviewer or Branch

C. Hill

This is to acknowledge receipt of your: ☒ Letter and/or ☐ Application Dated: 01/06/2021

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: 02120
Status Code: Pending Amendment
Fee Category: 3E 7C
Exp. Date: 08/31/2025
Fee Comments: 3E EFF 5/5/95
Decom Fin Assur Req: N

A. REGION

Applicant/Licensee: Hawaii Pacific Health, Inc.
Received Date: 01/07/2021
Docket Number: 3031200
Mail Control Number: 624439
License Number: 53-23297-01
Action Type: Amendment

Check No.: N/A

Date: 01/28/2021

1. Fee Category and Amount:

License:

Date: _____

Agency: NRC

WBL WORKSHEET

DOCKET NUMBER: 3031200	LICENSE NUMBER: 53-23297-01	STATUS: Pending Amendment
MAIL CONTROL NUMBER: 624439	RECEIPT DATE: 01/07/2021	ACTION TYPE: Amendment
DUE DATE: 04/07/2021	INST. CODE: 23297	LICENSE REGION: Region 4
LICENSE TYPE: 30	ENTITY TYPE: C	LICENSE GROUP: Medical
ISSUE DATE:	ORIGINAL DATE: 08/29/1989	EXPIRATION DATE: 08/31/2025
DECOMMISSIONING CATEGORY: Group 2	LAST ISSUE DATE:	
LICENSEE NAME: Hawaii Pacific Health, Inc.	DECOM FIN ASSUR REQD: N SUBM: N	
MAILING ADDRESS LINE1: 98-1079 Moanalua Road	CONT PLAN REQD: N APPRV: N	
MAILING ADDRESS LINE 2:		
CITY: Aiea	STATE: HI	ZIP: 96701
CONTACT PERSON: PREFIX:	FIRST NAME: Raymond	MIDDLE INITIAL: P.
LAST NAME: Vara	SUFFIX: Jr.	
JOB TITLE: President & CEO	PHONE: 808-486-6000 FAX:	EMAIL: rvara@straub.net
BILLING ADDRESS LINE 1:		
BILLING ADDRESS LINE 2:		
CITY:	STATE: Hawaii	ZIP:
BILLING CONTACT PERSON: FIRST NAME:	MIDDLE INITIAL:	LAST NAME:
PHONE:	EMAIL:	FAX:
PRIMARY PGM CODE: 02120	SECONDARY PGM CODE: 03510	
INSPECTION REGION: Region 4	PRIORITY: 3	
RSO: PREFIX:	FIRST NAME: Ronald	MIDDLE INITIAL: W. LAST NAME Frick
SUFFIX: M.S., CHP, DABR	RSO JOB TITLE:	
RSO PHONE: 808-373-7009/808-28- -0169 Cell	RSO FAX: 808-373-7017	RSO EMAIL: rflick@gammacorp.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):		