

RECEIVED
09/28/2021

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Chubbuck, ID 83202
208.237.9730 voice
208.237.9432 fax
nukedoses@gmail.com

Mail Control Number: 628759
Docket Number : 3033775
License Number : 11-29085-01
Licensee Name : Minidoka Memorial Hospital

September 28, 2021

Carol L. Hill
Licensing Assistant
US Nuclear Regulatory Commission
Region IV
611 East Lamar Boulevard, Suite 400
Arlington, Texas 76011-4511

Dear Ms. Hill,

I am writing in the capacity of radiation consultant to request an amendment for Minidoka Memorial's RAM license 11-29085-01 (Docket no. 030-33775).

We are requesting that Stephen R Preece, MD be named as RSO for Minidoka Memorial Hospital to replace James P Edlin, MD. Dr. Edlin is retiring and should be removed as RSO and authorized user on the license.

Thank you for your consideration and we look forward to your response.

Sincerely,

A handwritten signature in black ink that reads 'Catherine Heyneman'.

Catherine Heyneman, ANP, RSO
Advanced Isotopes of Idaho

NRC FORM 313A (RSO)

(01-2020)



U. S. NUCLEAR REGULATORY COMMISSION

**RADIATION SAFETY OFFICER OR
ASSOCIATE RADIATION SAFETY OFFICER
TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION**
[10 CFR 35.57, 35.50]

APPROVED BY OMB: NO. 3150-0120

EXPIRES: 01/31/2023

Name of Individual

☒ RSO☐ ARSO

Stephen R Preece, MD

Requested Authorization(s) *The license authorizes the following medical uses (check all that apply):*

- ☒ 35.100 ☒ 35.200 ☐ 35.300 ☐ 35.400 ☐ 35.500 ☐ 35.600 (remote afterloader)
☐ 35.600 (teletherapy) ☐ 35.600 (gamma stereotactic radiosurgery) ☐ 35.1000 (_____)

PART I -- TRAINING AND EXPERIENCE*(Select one of the five 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. If the board certification process has been recognized by the Commission or an Agreement State under 10 CFR 35.50;
 - (i) Go to the table in 5c and describe training provider and dates of training for each type of use for which authorization is sought.
 - (ii) Stop here
- c. If the board certification was issued on or before October 24, 2005 and is listed in 10 CFR 35.57 (a)(2);
 - (i) Provide documentation demonstrating that the individual was using the requested materials and uses on or before October 24, 2005;
 - (ii) Stop here

OR☐ **2. Current Radiation Safety Officer (RSO) or Associate Radiation Safety Officer (ARSO) Seeking Authorization to Be Recognized as a RSO or ARSO for the Additional Medical Uses Checked Above**

- a. Use the table in section 5.c. to describe training in radiation safety, regulatory issues, and emergency procedures for the additional types of medical use for which recognition as RSO or ARSO is sought.
- b. If board certified, provide a copy of the certificate and stop here. If not board certified, skip to and complete Part II Preceptor Attestation.

OR☒ **3. Authorized User (AU), Authorized Medical Physicist (AMP), or Authorized Nuclear Pharmacist (ANP) Identified on a license or permit in accordance with 10 CFR 35.50 (c)(2)**

- a. Provide license number.
- b. Use the table in section 5.c. to describe training in radiation safety, regulatory issues, and emergency procedures for all types of medical use on the license.
- 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.

OR

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TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION [10 CFR 35.57, 35.50] (continued)**☐ **4. Individuals applying simultaneously to be the RSO and AU on a new license**

- ☐ a. Documentation of training and experience to be a new AU is attached
- ☐ b. The new license application is attached.
- c. Stop here.

OR☐ **5. Structured Educational Program for Proposed RSO or ARSO****a. Classroom and Laboratory Training**

Description of Training	Location of Training	Clock Hours	Dates of Training*
Radiation physics and instrumentation			
Radiation protection			
Mathematics pertaining to the use and measurement of radioactivity			
Radiation biology			
Radiation dosimetry			
Total Hours of Training: <input type="text"/>			

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TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION [10 CFR 35.57, 35.50] (continued)**

5. Structured Educational Program for Proposed RSO or ARSO (continued)**b. Supervised Radiation Safety 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 Training/ License or Permit Number of Facility	Dates of Training*
Shipping, receiving, and performing related radiation surveys		
Using and performing checks for proper operation of instruments used to determine the activity of dosages, survey meters, and instruments used to measure radionuclides		
Securing and controlling byproduct material		
Using administrative controls to avoid mistakes in administration of byproduct material		
Using procedures to prevent or minimize radioactive contamination and using proper decontamination procedures		
Using emergency procedures to control byproduct material		
Disposing of byproduct material		
Licensed Material Used (e.g., 35.100, 35.200, etc.)+ <div style="border: 1px solid black; height: 40px; width: 100%; margin-top: 5px;"></div>		

+ Choose all applicable sections of 10 CFR Part 35 to describe radioisotopes and quantities used: 35.100, 35.200, 35.300, 35.400, 35.500, 35.600 remote afterloader units, 35.600 teletherapy units, 35.600 gamma stereotactic radiosurgery units, emerging technologies (provide list of devices).

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**RADIATION SAFETY OFFICER OR
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TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION [10 CFR 35.57, 35.50] (continued)**

5. Structured Educational Program for Proposed RSO or ARSO (continued)**b. Supervised Radiation Safety Experience (continued)**

(If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this section.)

Supervising Individual	License/Permit Number listing supervising individual as a Radiation Safety Officer or Associate Radiation Safety Officer
The supervising individual is authorized as the for the following medical uses:	
<input type="checkbox"/> 35.100 <input type="checkbox"/> 35.200 <input type="checkbox"/> 35.300 <input type="checkbox"/> 35.500 <input type="checkbox"/> 35.600 (remote afterloader) <input type="checkbox"/> 35.600 (gamma stereotactic radiosurgery)	<input type="checkbox"/> Radiation Safety Officer or the <input type="checkbox"/> Associate Radiation Safety Officer <input type="checkbox"/> 35.400 <input type="checkbox"/> 35.600 (teletherapy) <input type="checkbox"/> 35.1000 (_____)

c. Describe training in radiation safety, regulatory issues, and emergency procedures for all types of medical use on the license for the RSO or types of use for which the ARSO will be listed on the license.

Description of Training	Training Provided By	Dates of Training*
Radiation safety, regulatory issues, and emergency procedures for 35.100, 35.200, and 35.500 uses	Versant Education NV5 Virtual MRSO Course 20.58 CE credits approved by CAMPEP	6/2/2020 - 1/28/2021
Radiation safety, regulatory issues, and emergency procedures for 35.300 uses		
Radiation safety, regulatory issues, and emergency procedures for 35.400 uses		
Radiation safety, regulatory issues, and emergency procedures for 35.600 - teletherapy uses		
Radiation safety, regulatory issues, and emergency procedures for 35.600 - remote afterloader uses		
Radiation safety, regulatory issues, and emergency procedures for 35.600 - gamma stereotactic radiosurgery uses		
Radiation safety, regulatory issues, and emergency procedures for 35.1000, specify use(s):		

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**RADIATION SAFETY OFFICER OR
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TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION [10 CFR 35.57, 35.50] (continued)**

5. Structured Educational Program for Proposed RSO or ARSO (continued)

- c. Training in radiation safety, regulatory issues, and emergency procedures for all types of medical use on the license (continued)

Supervising Individual If training was provided by supervising RSO, ARSO, AU, AMP, or ANP. (If more than one supervising individual is necessary to document supervised training, provide multiple copies of this page.)

James P Edlin, MD

License/Permit Number listing supervising individual

11-29085-01

License/Permit lists supervising individual as:

- ☒ Radiation Safety Officer ☐ Associate Radiation Safety Officer
☐ Authorized User ☐ Authorized Nuclear Pharmacist ☐ Authorized Medical Physicist

Authorized as RSO, ARSO, AU, ANP, or AMP for the following medical uses:

- ☒ 35.100 ☒ 35.200 ☐ 35.300 ☐ 35.400
☐ 35.500 ☐ 35.600 (remote afterloader) ☐ 35.600 (teletherapy)
☐ 35.600 (gamma stereotactic radiosurgery) ☐ 35.1000 (_____)

- d. Skip to and complete Part II Preceptor Attestation.

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.

First Section**Structured Educational Program for Proposed RSO or ARSO**

- ☒ I attest that Stephen R Preece, MD has satisfactorily completed
 Name of Proposed RSO/ARSO
 a structural educational program consisting of both 200 hours of classroom and laboratory training and one year of full-time radiation safety experience as required by 10 CFR 35.50(b)(1).

Second Section**AND**

- ☒ I attest that Stephen R Preece, MD has training in
 Name of Proposed RSO/ARSO
 radiation safety, regulatory issues, and emergency procedures for the following types of use:

Check all that apply:

- ☒ 35.100 ☒ 35.200
☐ 35.300 oral administration of less than or equal to 33 millicuries of sodium iodide I-131, for which a written directive is required
☐ 35.300 oral administration of greater than 33 millicuries of sodium iodide I-131
☐ 35.300 Parenteral administration of any radioactive drug that contains a radionuclide that is primarily used for its electron emission, beta radiation characteristics, alpha radiation characteristics, or photon energy of less than 150 keV, for which a written directive is required

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(01-2020)

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**RADIATION SAFETY OFFICER OR
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TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION [10 CFR 35.57, 35.50] (continued)****PART II - PRECEPTOR ATTESTATION (continued)**

Check all that apply:

- ☐ 35.400
☐ 35.500
☐ 35.600 remote afterloader units
☐ 35.600 teletherapy units
☐ 35.600 gamma stereotactic radiosurgery units
☐ 35.1000 emerging technologies, including:

Third Section**AND**☒ I attest that Stephen R Preece

Name of Proposed Radiation Safety Officer or Associate Radiation Safety Officer

is able to independently fulfill the radiation safety-related duties as:

☒ A Radiation Safety Officer for a medical use licensee.**OR**☐ An Associate Radiation Safety Officer for a medical use licensee.**Fourth Section****Complete the following for Preceptor Attestation and signature**☒ I am the Radiation Safety Officer for ☐ I am the Associate Radiation Safety Officer forName of Facility: Minidoka Memorial HospitalLicense/Permit Number: 11-29085-01

Name of Preceptor (Typed or printed)

James P Edlin

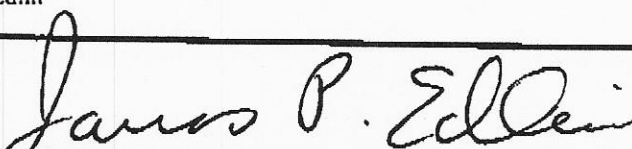
Telephone Number

2085214177

Date

9/3/2021

Signature

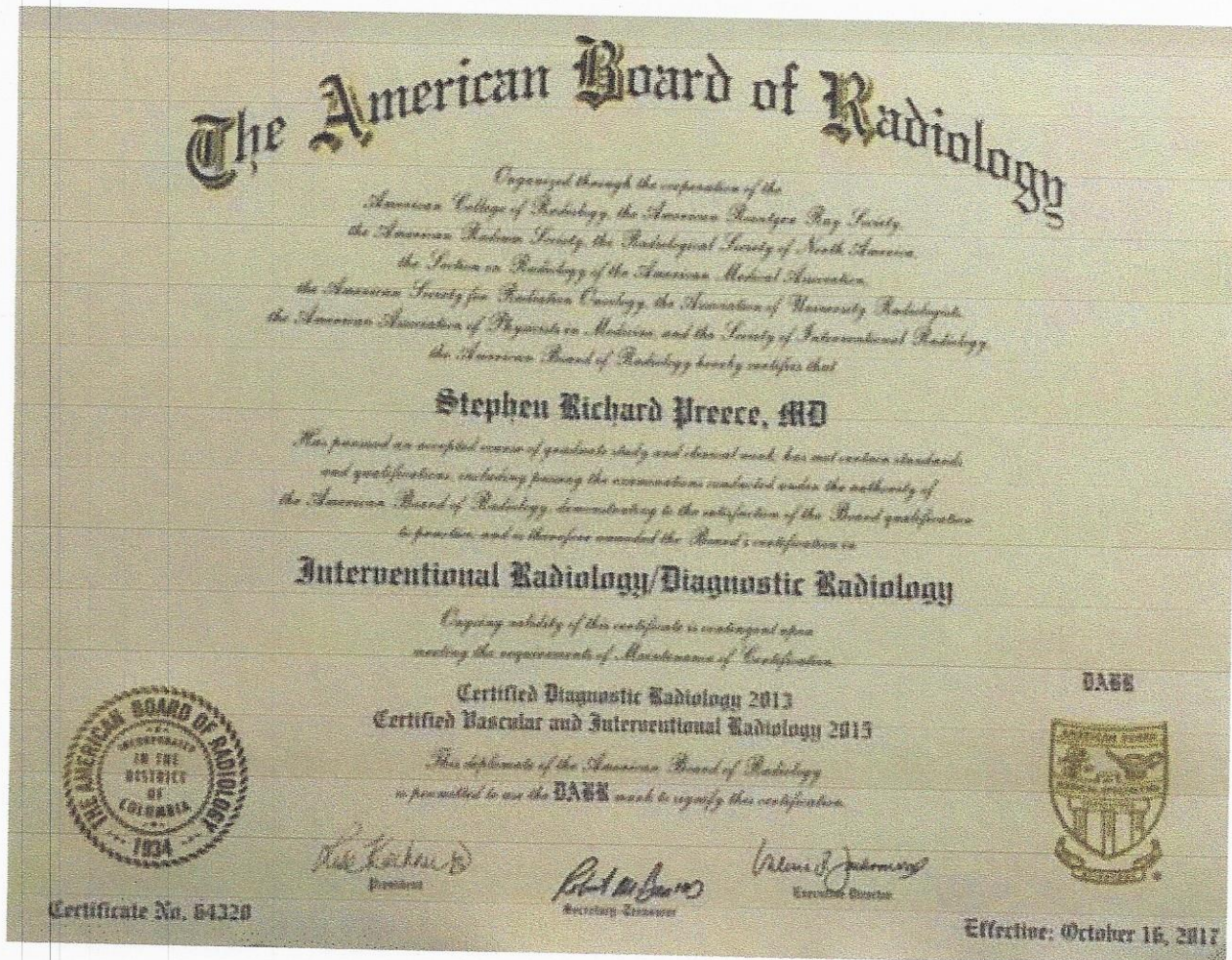


NRC FORM 313A (RSO) (01-2020)

Additional Information from Form 313A(RSO) to identify Stephen R. Preece, MD as RSO for Minidoka Memorial Hospital (RAM License 11-29085-01):

3. Authorized User (AU), Authorized Medical Physicist (AMP), or Authorized Nuclear Pharmacist (ANP) identified on a license or permit in accordance with 10 CFR 35.50 (c)(2)

- a. Provide license number: Dr. Preece is listed as an AU on RAM License 11-27358-01 (Madison Memorial Hospital).
- b. Use the table in section 5.c. to describe training in radiation safety, regulatory issues, and emergency procedures for all types of medical use on the license: See form for details.
- 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:





Certificate of Completion

THIS ACKNOWLEDGES THAT

Stephen Preece

HAS SUCCESSFULLY COMPLETED

NV5 Virtual MRSO Course

A handwritten signature in black ink, reading "Marcie Ramsay", written over a horizontal line.

MARCIE RAMSAY - MANAGING DIRECTOR

A handwritten signature in black ink, reading "Sandy Konerth", written over a horizontal line.

SANDY KONERTH / DIRECTOR OF EDUCATION

20.58 Continuing Education Credits Approved by CAMPEP

Memo To: Stephen R Preece, MD
From: Chief Executive Officer
Subject: Delegation of Authority

You, Stephen R. Preece, MD, have been appointed Radiation Safety Officer and are responsible for ensuring the safe and secure use of radiation and radioactive material. You are responsible for managing the radiation protection program; identifying radiation protection problems; initiating, recommending, or providing corrective actions; verifying implementation of corrective actions; stopping unsafe activities; and ensuring compliance with regulations. You are hereby delegated the authority necessary to meet those responsibilities, including prohibiting the use of byproduct material by employees who do not meet the necessary requirements and shutting down operations when justified to maintain radiation safety. You are required to notify management if staff does not cooperate and does not address radiation safety issues. In addition, you are free to raise issues with the U.S. Nuclear Regulatory Commission at any time. It is estimated that you will spend 2 hours per week conducting radiation protection activities.

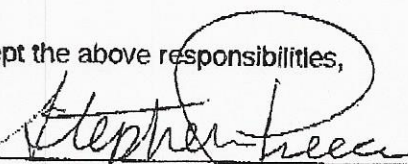


Signature of Management Representative

9/24/21

Date

I accept the above responsibilities,



Signature of Radiation Safety Officer

9/3/21

Date

cc: Affected department heads

From: [Advanced Isotopes](#)
To: [Hill, Carol](#)
Subject: [External_Sender] Amendment Request for Minidoka Memorial Hospital
Date: Tuesday, September 28, 2021 11:58:53 AM
Attachments: [Amendment Request Minidoka Memorial Hospital 2021.pdf](#)

Hello Ms Hill,

Please find attached an amendment request to replace the RSO for Minidoka Memorial Hospital. If you have any questions or concerns please let me know.

Thank you so much,

Cathy Heyneman

--

Advanced Isotopes of Idaho

Mailing address: PO Box 2105 Pocatello, ID 83206

Physical address: 4968 Rainbow Lane Chubbuck, ID 83202

(208) 237-9730

(208) 237-6878 (message line)

(208) 237-9432 (fax)



ACKNOWLEDGEMENT - RECEIPT OF CORRESPONDENCE

Name and Address of Applicant and/or Licensee

Mr. Michael D. Olson
Corporate Radiation Safety Officer
Strata, Inc.
8653 West Hackamore Drive
Boise, ID 83709

Date

10/05/2021

License Number(s)

11-27320-01

Mail Control Number(s)

628757

Licensing and/or Technical Reviewer or Branch

C. Hill

This is to acknowledge receipt of your: ☒ Letter and/or ☐ Application Dated: 09/24/2021

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

BETWEEN:

Accounts Receivable/Payable
and
Regional Licensing Branches

[FOR ARPB USE]
INFORMATION FROM WBL

Program Code: 02121
Status Code: Pending Amendment
Fee Category: 7C
Exp. Date: 10/31/2025
Fee Comments:
Decom Fin Assur Reqd: N

License Fee Worksheet - License Fee Transmittal

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: Minidoka Memorial Hospital
Received Date: 09/28/2021
Docket Number: 3033775
Mail Control Number: 628759
License Number: 11-29085-01
Action Type: Amendment

2. FEE ATTACHED

Amount: N/A

Check No.: N/A

3. COMMENTS

Signed: Carol L Hill

Date: 10/05/2021
1

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

1. Fee Category and Amount: _____

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

Amendment: _____

Renewal: _____

License: _____

3. OTHER _____

Signed: _____

Date: _____

Agency: NRC

WBL WORKSHEET

DOCKET NUMBER: 3033775	LICENSE NUMBER: 11-29085-01	STATUS: Pending Amendment
MAIL CONTROL NUMBER: 628759	RECEIPT DATE: 09/28/2021	ACTION TYPE: Amendment
DUE DATE: 12/27/2021	INST. CODE: 29085	LICENSE REGION: Region 4
LICENSE TYPE: 30	ENTITY TYPE: C	LICENSE GROUP: Medical
ISSUE DATE:	ORIGINAL DATE: 03/15/1995	EXPIRATION DATE: 10/31/2025
DECOMMISSIONING CATEGORY: Group 2	LAST ISSUE DATE:	
LICENSEE NAME: Minidoka Memorial Hospital	DECOM FIN ASSUR REQD: N SUBM: N	
MAILING ADDRESS LINE1: 1224 8th Street	CONT PLAN REQD: N APPRV: N	
MAILING ADDRESS LINE 2:		
CITY: Rupert	STATE: ID	ZIP: 83350
CONTACT PERSON: PREFIX:	FIRST NAME: Gayla	MIDDLE INITIAL:
LAST NAME: Staker	SUFFIX:	
JOB TITLE:	PHONE: 208-436-8141	FAX: EMAIL:
BILLING ADDRESS LINE 1:		
BILLING ADDRESS LINE 2:		
CITY:	STATE: Idaho	ZIP:
BILLING CONTACT PERSON: FIRST NAME:	MIDDLE INITIAL:	LAST NAME:
PHONE:	EMAIL:	FAX:
PRIMARY PGM CODE: 02121	SECONDARY PGM CODE:	
INSPECTION REGION: Region 4	PRIORITY: 5	
RSO: PREFIX:	FIRST NAME: James	MIDDLE INITIAL: P. LAST NAME Edlin
SUFFIX: M.D.	RSO JOB TITLE:	
RSO PHONE: 208-436-0481	RSO FAX: 208-436-6038	RSO EMAIL: jedlin@cableone.net
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):		