DL-100495_04

Beckley Hospital, Inc.

1007 S. OAKWOOD AVENUE
BECKLEY, WEST VIRGINIA 25801
304 252-[illegible]

October 4, 1995

US Nuclear Regulatory Commission
Region II
101 Marietta St., NW, Suite 2900
Atlanta, GA 30323

RE: Request for License Amendment
NRC Materials License 47-25125-01

To Whom It May Concern:

Please amend our license to include Alan H. Lintala, MD as an authorized user.

Please remove James M. Wills, MD from the license. He is no longer affiliated with this institution.

Thank you,

Emmett P. Hirtzel

Emmett P. Hirtzel
Assistant Administrator

25[illegible]

NRC FORM 313
(9-88)
10 CFR 30, 32, 33, 34, 35 and 40

U.S. NUCLEAR REGULATORY COMMISSION
APPROVED BY OMB
3150-0120
Expires 6/30/90

APPLICATION FOR MATERIAL LICENSE

INSTRUCTIONS SEE THE APPROPRIATE LICENSE APPLICATION GUIDE FOR DETAILED INSTRUCTIONS FOR COMPLETING APPLICATION. SEND TWO COPIES OF THE ENTIRE COMPLETED APPLICATION TO THE NRC OFFICE SPECIFIED BELOW.

APPLICATIONS FOR DISTRIBUTION OF EXEMPT PRODUCTS FILE APPLICATIONS WITH

U.S. NUCLEAR REGULATORY COMMISSION
DIVISION OF INDUSTRIAL AND MEDICAL NUCLEAR SAFETY, NMSS
WASHINGTON, DC 20555

ALL OTHER PERSONS FILE APPLICATIONS AS FOLLOWS: IF YOU ARE LOCATED IN

CONNECTICUT, DELAWARE, DISTRICT OF COLUMBIA, MAINE, MARYLAND, MASSACHUSETTS, NEW HAMPSHIRE, NEW JERSEY, NEW YORK, PENNSYLVANIA, RHODE ISLAND, OR VERMONT, SEND APPLICATIONS TO

U.S. NUCLEAR REGULATORY COMMISSION, REGION I
NUCLEAR MATERIALS SAFETY SECTION B
475 ALLENDALE ROAD
KING OF PRUSSIA, PA 19406

ALABAMA, FLORIDA, GEORGIA, KENTUCKY, MISSISSIPPI, NORTH CAROLINA, PUERTO RICO, SOUTH CAROLINA, TENNESSEE, VIRGINIA, VIRGIN ISLANDS, OR WEST VIRGINIA, SEND APPLICATIONS TO

U.S. NUCLEAR REGULATORY COMMISSION, REGION II
NUCLEAR MATERIALS SAFETY SECTION
101 MARIETTA STREET, SUITE 2900
ATLANTA, GA 30323

IF YOU ARE LOCATED IN

ILLINOIS, INDIANA, IOWA, MICHIGAN, MINNESOTA, MISSOURI, OHIO, OR WISCONSIN, SEND APPLICATIONS TO

U.S. NUCLEAR REGULATORY COMMISSION, REGION III
MATERIALS LICENSING SECTION
799 ROOSEVELT ROAD
GLEN ELLYN, IL 60137

ARKANSAS, COLORADO, IDAHO, KANSAS, LOUISIANA, MONTANA, NEBRASKA, NEW MEXICO, NORTH DAKOTA, OKLAHOMA, SOUTH DAKOTA, TEXAS, UTAH, OR WYOMING, SEND APPLICATIONS TO

U.S. NUCLEAR REGULATORY COMMISSION, REGION IV
MATERIAL RADIATION PROTECTION SECTION
611 RYAN PLAZA DRIVE, SUITE 1000
ARLINGTON, TX 76011

ALASKA, ARIZONA, CALIFORNIA, HAWAII, NEVADA, OREGON, WASHINGTON, AND U.S. TERRITORIES AND POSSESSIONS IN THE PACIFIC, SEND APPLICATIONS TO

U.S. NUCLEAR REGULATORY COMMISSION, REGION V
NUCLEAR MATERIALS SAFETY SECTION
1450 MARIA LANE, SUITE 210
WALNUT CREEK, CA 94596

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 JURISDICTION.

1. THIS IS AN APPLICATION FOR (Check appropriate item)

- [ ] A. NEW LICENSE
- [X] B. AMENDMENT TO LICENSE NUMBER [illegible]
- [ ] C. RENEWAL OF LICENSE NUMBER [illegible]

2. NAME AND MAILING ADDRESS OF APPLICANT (Include Zip Code)

[illegible] Hospital, Inc.
[illegible]

3. ADDRESS(ES) WHERE LICENSED MATERIAL WILL BE USED OR POSSESSED

4. NAME OF PERSON TO BE CONTACTED ABOUT THIS APPLICATION | TELEPHONE NUMBER

SUBMIT ITEMS 5 THROUGH 11 ON SEPARATE 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 physical form c. Maximum amount which will be possessed at any one time

6. PURPOSE(S) FOR WHICH LICENSED MATERIAL WILL BE USED

7. INDIVIDUAL(S) RESPONSIBLE FOR RADIATION SAFETY PROGRAM AND THEIR TRAINING AND EXPERIENCE

8. TRAINING FOR NON-RADIOLOGY WORKERS WHO ENTER RESTRICTED AREAS

9. FACILITIES AND EQUIPMENT

10. RADIATION SAFETY PROGRAM

11. WASTE MANAGEMENT

12. LICENSE FEES (See 10 CFR 170 and Section 170.31)
FEE CATEGORY | AMOUNT ENCLOSED $

13. CERTIFICATION (Must be completed by the applicant)
I UNDERSTAND THAT ALL STATEMENTS AND REPRESENTATIONS MADE IN THIS APPLICATION ARE BINDING UPON THE APPLICANT.

THE APPLICANT AND THE [illegible] CERTIFY THIS CERTIFICATION ON BEHALF OF THE APPLICANT AND HEREBY STATE THAT THIS APPLICATION IS PREPARED IN CONFORMITY WITH TITLE [illegible] OF THE FEDERAL REGULATIONS, PARTS [illegible] AND THAT ALL INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE APPLICANT.

WARNING: 18 U.S.C. SECTION 1001 ACT OF JUNE 25, 1948, 62 STAT. 749; MAKES IT A CRIMINAL OFFENSE TO MAKE A WILLFUL FALSE STATEMENT OR REPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION.

SIGNATURE OF CERTIFYING OFFICIAL | TYPED OR PRINTED NAME AND TITLE | DATE

FOR NRC USE ONLY

TYPE OF FEE	FEE CATEGORY	FEE AMOUNT	ACCOUNT

AMOUNT RECEIVED	CHECK NUMBER

APPROVED BY | DATE

NRC FORM 313 (9-88)

INSTRUCTIONS: [illegible] REQUEST FOR [illegible] MANAGEMENT BRANCH, [illegible] U.S. NUCLEAR REGULATORY COMMISSION, WASHINGTON, DC 20555, AND TO THE PAPERWORK REDUCTION PROJECT (3150-0120), OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, DC 20503.

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	2. FOR PHYSICIANS, STATE OR TERRITORY WHERE LICENSED
ALAN M. LINTALA, M.D.	

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: CLOCK HOURS IN LECTURE OR LABORATORY	TYPE AND LENGTH OF TRAINING: CLOCK HOURS OF SUPERVISED ON-THE-JOB EXPERIENCE
a. RADIATION PHYSICS AND INSTRUMENTATION	ILLINOIS MASONIC MEDICAL CTR. 1991;'92;'93;'94	64	
b. RADIATION PROTECTION	ILLINOIS MASONIC MEDICAL CTR. 1991; '92; '93; '94	24	
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY	ILLINOIS MASONIC MEDICAL CTR. 1991; '92; '93; '94; '95	120	
d. RADIATION BIOLOGY	ILLINOIS MASONIC MEDICAL CTR. 1991; '92; '93; '94; '95	32	
e. RADIOPHARMACEUTICAL CHEMISTRY	ILLINOIS MASONIC MEDICAL CTR. 1991; '92; '93; '94; '95	160	

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

ISOTOPE	#CI USED AT ONE TIME	LOCATION	CLOCK HOURS	TYPE OF USE

000650

EXHIBIT 3

SUPPLEMENT 2

SUPPLEMENT — U. S. NUCLEAR REGULATORY COMMISSION

PRECEPTOR STATEMENT

Supplement 2 must be completed by the applicant physician's preceptor. If more than one preceptor is necessary to document experience, attach a separate statement for each.

1. PROPOSED PHYSICIAN USER'S NAME AND ADDRESS

FULL NAME: ALAN M. LINTALA, M.D.

STREET ADDRESS

CITY | STATE | ZIP CODE

KEY TO COLUMN C

PERSONAL PARTICIPATION SHOULD INCLUDE BUT NOT LIMITED TO:

1. Supervised examination of patients to determine the suitability for radiotherapy diagnosis and/or treatment and recommendation for prescribed dosage.
2. Collaboration in dose calculation 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

HOSPITAL A	CONDITIONS DIAGNOSED OR TREATED B	NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION C	COMMENTS (additional information or comments may be included in attached or separate sheet.) D
	Thyroid scan	253	
	Thyroid uptake	226	
	Lung perfusion scan	1786	
	Xenon ventilation study	321	
	Aerosol ventilation scan		
	Renal flow scan	349	
	Brain scan	162	
	Liver/spleen scan	33	
	Bone scan	3642	
	Gastroesophageal study	24	
	LeVeen shunt study	1	
	Cystogram	2	
	Dacryocystogram		
	Cardiac perfusion scan.	3731	
	Cardiac stress ventriculogram		
	Cardiac rest ventriculogram	1424	
	Gallium scan	392	

EXHIBIT 3 (Continued)

PROPOSED PHYSICIAN USER
ALAN M. LINTALA, M.D.

PRECEPTOR STATEMENT (Continued)

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

ISOTOPE A	RADIATIONS DIAGNOSED OR TREATED B	NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION C	COMMENTS (Additional information or comments may be submitted in attached or separate sheet.) D
P-32 (Colloid)	TREATMENT OF POLYCYTHEMIA VERA, LEUKEMIA, AND BONE METASTASES	1	
P-32 (Compound)	INTRACAVITARY TREATMENT		
I-131	TREATMENT OF THYROID CARCINOMA	5	
	TREATMENT OF HYPERTHYROIDISM	30	
Au-198	INTRACAVITARY TREATMENT		
Iridium or Cs-137	INTERSTITIAL TREATMENT		
	INTRACAVITARY TREATMENT		
I-125 or I-192	INTERSTITIAL TREATMENT		
Cobalt or Cs-137	TELETHERAPY TREATMENT		
Sr-90	TREATMENT OF EYE DISEASE		
	RADIOPHARMACEUTICAL PREPARATION		
Mo-99/ Tc-99m	GENERATOR	12	
Sn-113/ In-113m	GENERATOR		
Tc-99m	REAGENT KITS	12	
Other Sr-89	METASRON INJECTION FOR BONE METASTASIS PAIN	4	

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

LOCATION	DATES	CLOCK HOURS OF EXPERIENCE

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

a. NAME OF SUPERVISOR: ARUN N. SUKERKAR, M.D.

b. NAME OF INSTITUTION: ILLINOIS MASONIC MEDICAL CENTER

c. MAILING ADDRESS: 836 W. WELLINGTON

d. CITY: CHICAGO, ILLINOIS 60657

e. MATERIALS LICENSE NUMBER(S): IL-01224-02 & IL-01224-01

f. PRECEPTOR'S SIGNATURE: A. N. Sukerkar

g. PRECEPTOR'S NAME (Please type or print): ARUN N. SUKERKAR, M.D.

h. DATE: 9/1/95

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