

SARA A.B. FORSTER  
MATERIALS LICENSING BRANCH

TELECON & FAX TRANSMITTAL



NUCLEAR REGULATORY COMMISSION  
REGION III  
2443 WARRENVILLE ROAD  
LISLE, ILLINOIS 60532-4351  
(630) 829-9892 FAX: (630) 515-1078

TO: \_\_\_\_\_ File \_\_\_\_\_

COMPANY: \_\_\_\_\_ N/A, see below \_\_\_\_\_

# PAGES: \_\_\_\_\_ N/A \_\_\_\_\_ TEL.: \_\_\_\_\_ N/A \_\_\_\_\_

FAX #: \_\_\_\_\_ N/A \_\_\_\_\_

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**CONVERSATION RECORD**

	TIME	DATE
	2:00 pm	12/16 & 19/2011
NAME OF PERSON(S) CONTACTED	TELEPHONE NO.	ORGANIZATION
Gloria Neill	(816) 698-7130	Centerpoint Medical Center of Independence,
Linda Dunaway, Director	(816) 698-7132	LLC d/b/a Centerpoint Medical Center
Jennifer Duane, Office Asst.	(617) 355-7935	Children's Hospital Boston, S.T. Treves, M.D.
REPRESENTED PERSON or PERSONS		ORGANIZATION
Robert F. Thompson, M.D., Radiation Safety Officer		Centerpoint Medical Center of Independence, LLC d/b/a Centerpoint Medical Center
SUBJECT		
License No.: 24-18655-01		Control No.: 576497

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**SUMMARY**

We have conducted the review your license amendment request and find that we are unable to continue this action until we have received information regarding the following:

To add Aaron M. Lewis, M.D., as an Authorized User, with an authorization to use radioactive materials permitted by 10 CFR 35.300, a preceptor attestation is required under 10 CFR 35.390(b)(2). The preceptor attestation should affirm that Dr. Lewis has both complied with the board certification requirement indicated in 10 CFR 35.390(a)(1), and the case experience requirements described in 10 CFR 35.390(b)(1)(ii)G). The preceptor Authorized User must be authorized for the same dosage category or categories as those requested by Dr. Lewis.

**RESPONSE:** Ms. Dunaway indicated that a completed forms 313A (AUT) had been submitted previously, in support of the licensing action completed under Mail Control Number 575583. Dr. Lewis was added as an Authorized User at that time. In reviewing the Form 313A, I noted that the permit – submitted to demonstrate that the preceptor Authorized User was authorized as required – was expired. Ms. Duane indicated that a current permit would be submitted on or before December 22, 2011. The permit was received on December 19, 2011. Dr. Lewis' authorizations will be expanded per request.

We have requested that you submit any additional information via facsimile, to (630) 515-1078. Please reference the Control No. 576497, as listed at the top of this memo. No further information is required.

**For future reference, please always include the name, phone number and fax number of at least one person whom we may contact for additional information when reviewing your licensing correspondence and requests.**

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No further information is required at this time.

Please direct any questions you have to me at (630) 829-9892 or sara.forster@nrc.gov.

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NAME OF PERSON DOCUMENTING CONVERSATION

|SIGNATURE

|DATE

Sara A.B. Forster

*Sara A.B. Forster*

12/20/2011