

## ACCEPTANCE REVIEW MEMO

Licensee: Evanston Hospital Corporation

License No.: 49-27532-01

Docket No.: 030-33981

Mail Control No.: 470957

Type of Action: Amend Date of Requested Action: 04-11-06

Reviewer Assigned: Date Assigned to Reviewer: 04-25-06

Reviewer(s) Who  
Performed Review: Torres

Response Received	Deficiencies Noted During Acceptance Review
	1.
	2.
	3.
	4.

Reviewer's Initials: \_\_\_\_\_

Date: \_\_\_\_\_

Branch Chief's and/or SR. HP's Initials: \_\_\_\_\_

Date: \_\_\_\_\_

- ☐ Yes ☐ No Action - decommissioning notification should be issued within 30 days.
- ☐ Yes ☐ No Termination request < 90 days from date of expiration
- ☐ Yes ☐ No Action to be expedited
- \_\_\_\_\_ Medical emergency
- \_\_\_\_\_ Licensee in noncompliance (i.e. no RSO, location of use/storage not on license, radioactive material in possession not on license)
- \_\_\_\_\_ National Security
- \_\_\_\_\_ Other (\_\_\_\_\_)

Branch Chief's and/or Sr. HP's Initials: \_\_\_\_\_

Date: \_\_\_\_\_

- SUNSI* ~~SR~~ Review
- ☐ Yes ☒ No Non-Publicly Available, Sensitive if any item below is checked
- \_\_\_\_\_ Radionuclides, forms, and quantities
- \_\_\_\_\_ Location of RAM
- \_\_\_\_\_ Building drawings with locations of RAM
- \_\_\_\_\_ Security of RAM (locks, alarms, etc.)
- \_\_\_\_\_ SS&D Catalog information
- \_\_\_\_\_ Specifics of Emergency Plan (routes to and from RAM, response to security events, etc.)
- \_\_\_\_\_ Safeguards Information

Branch Chief's and/or Sr. HP's Initials: *R/T*

Date: *4/25/06*



EVANSTON  
REGIONAL  
HOSPITAL

190 Arrowhead Drive  
Evanston, Wyoming 82930-9266  
(307) 789-3636  
(307) 783-8167 Fax

RSO / EXECUTIVE MANAGEMENT  
LETTER OF UNDERSTANDING

March 23, 2006

William Bradley Hale, M.D.  
Radiation Safety Officer  
EVANSTON REGIONAL HOSPITAL  
190 Arrowhead Drive  
Evanston, WY 82930

Re: Radiation Safety Officer / Executive Management  
Letter of Understanding

Dear Dr. Hale:

You have been appointed the Radiation Safety Officer (RSO) of this facility for our United States Nuclear Regulatory Commission Materials License. This "Letter of Understanding" is prepared to comply with Title 10 Code of Federal Regulations (CFR) Part 35.24(b). This section of the regulations requires that you agree in writing to the following:

- Assume responsibility for implementing the Radiation Protection Program
- Ensure that radiation safety activities are being performed in accordance with our own approved procedures and all regulatory requirements.

Furthermore, in compliance with 10 CFR 35.24(e),(g), the executive management of this facility agrees to provide you as RSO:

- Specific written notation of your authority, duties and responsibilities, see attached.
- Sufficient authority, organizational freedom, time, resources and management prerogative to:
  1. Identify radiation safety problems;
  2. Initiate, recommend, or provide corrective actions;
  3. Stop unsafe operations; and,
  4. Verify implementation of corrective actions.

Our signatures noted below will attest to the issues noted above. Please make a copy of this document for your files and return the original to my attention.

Sincerely,

  
Executive Management

  
Radiation Safety Officer



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**March 23, 2006**

United States Nuclear Regulatory Commission  
Region IV, Materials Licensing  
Texas Health Resources Tower  
611 Ryan Plaza, Suite 400  
Arlington, TX 76011-4005

RE: Amendment to NRC License  
Change of Radiation Safety Officers  
**NRC License No. 49-27532-01**  
**Facility Name: Evanston Regional Hospital**

Dear Sir/Madam:

The purpose of this letter is to request a change in Radiation Safety Officer to our current NRC license.

**Item #1.** Please remove the following physician as Radiation Safety Officer to our current NRC license.

**Marvin J. Friedenberg, M.D.**

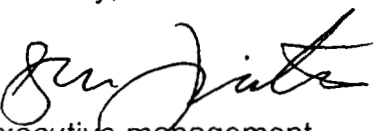
**Item #2.** Please add the following physician as Radiation Safety Officer to our current NRC license.

**William Bradley Hale, M.D.**

He is listed on our current NRC license as an Authorized User. We have enclosed copy of his American Board of Radiology certificate, an attestation letter regarding his RSO qualifications, and the 'Letter of Understanding' signed by him and Evanston Regional Hospital's Executive management.

Thank you for your cooperation. If you have any questions or require additional information, please contact Mark Hiatt at 307-789-3636.

Sincerely,



Executive management



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**March 23, 2006**

United States Nuclear Regulatory Commission  
Region IV, Materials Licensing  
Texas Health Resources Tower  
611 Ryan Plaza, Suite 400  
Arlington, TX 76011-4005

Dear Sir/Madam:

Name of Individual: **William Bradley Hale, M.D.**

I attest that the above named individual has the following training and experience and has satisfactorily completed the requirements to become a Radiation Safety Officer.

The individual listed above is an authorized user identified on NRC license # **49-27532-01**.

**William Bradley Hale, M.D.**

Has experience with the radiation safety aspects of byproduct material for which they will have Radiation Safety Officer Responsibilities.

Has achieved a level of radiation safety knowledge sufficient to function independently as a Radiation Safety Officer.

Has training in radiation safety, regulatory issues, and emergency procedures for the following types of use: **35.100 and 35.200**.

Has achieved a level of radiation safety knowledge sufficient to function independently as a Radiation Safety Officer for a medical use license.

I am Radiation Safety Officer for **Evanston Regional Hospital**  
License Number: **49-27532-01**

Sincerely,

Name: **Marvin J. Friedenber, M.D.**  
Telephone Number: **208-677-6516 (wk)**  
Date: **30 MAR 06**

# 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*

**William Bradley Hale, MD**

*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 eighth day of November, 2004*

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

**Diagnostic Radiology**



Certificate No. 48864

*Allen A. Glick, M.D.*  
President

*Richard T. Hoppe MD*  
Secretary-Treasurer

*R.P. Hooten MD*  
Executive Director



Valid through 2014

**TRAINING AND EXPERIENCE AND PRECEPTOR STATEMENT****PART I -- TRAINING AND EXPERIENCE**

**Note:** Descriptions of training and experience must contain sufficient detail to match the training and experience criteria in the applicable regulations.

1. Name of Individual, Proposed Authorization (e.g., Radiation Safety Officer), and Applicable Training Requirements (e.g., 10 CFR 35.50)

WILLIAM BRADLEY HALE, M.D.

2. For Physicians, Podiatrists, Dentists, Pharmacists -- State or Territory Where Licensed

UTAH

**3. CERTIFICATION**

Specialty Board	Category	Month and Year Certified
AMERICAN BOARD OF RADIOLOGY	DIAGNOSTIC RADIOLOGY	JUNE 2004

*Stop here when using Board Certification to meet 10 CFR Part 35 training and experience requirements.*

**4. DIDACTIC OR CLASSROOM AND LABORATORY TRAINING (optional for Medical Physicists)**

Description of Training	Location	Clock Hours	Dates of Training
Radiation Physics and Instrumentation	University of New Mexico Department of Radiology	103	6/24/99-7/30/2004
Radiation Protection	University of New Mexico Department of Radiology	30	6/24/99-7/30/2004
Mathematics Pertaining to the Use and Measurement of Radioactivity	University of New Mexico Department of Radiology	20	6/24/99-7/30/2004
Radiation Biology	University of New Mexico Department of Radiology	20	6/24/99-7/30/2004
Chemistry of Byproduct Material for Medical Use	University of New Mexico Department of Radiology	30	6/24/99-7/30/2004
OTHER	University of New Mexico Department of Radiology  (See Attached Syllabus for Details)		6/24/99-7/30/2004

TRAINING AND EXPERIENCE AND PRECEPTOR STATEMENT (continued)

5a. WORK EXPERIENCE WITH RADIATION

Description of Experience	Name of Supervising Individual(s)	Location and Corresponding Materials License Number	Dates and Clock Hours of Experience
(SEE ATTACHED SHEET)	Michael Hartshorne, M.D.	BM 233-64-New Mexico	600 clock hours during 6 mths

5b. SUPERVISED CLINICAL CASE EXPERIENCE

Radionuclide	Type of Use	No. of Cases Involving Personal Participation	Name of Supervising Individual	Location and Corresponding Materials License Number	Dates and Clock Hours of Experience
	SEE ATTACHED LIST		Michael Hartshorne, M.D.	University of New Mexico	6/24/99-7/1/2004

## TRAINING AND EXPERIENCE AND PRECEPTOR STATEMENT (continued)

## 6. FORMAL TRAINING (applies to Medical Physicists and Therapy Physicians)

Degree, Area of Study or Residency Program	Name of Program and Location with Corresponding Materials License Number	Dates	Name of Organization that Approved the Program (e.g., Accreditation Council for Graduate Medical Education) and the Applicable Regulation (e.g., 10 CFR 35.490)
M.D. Radiology Residency	University of New Mexico Department of Radiology Albuquerque, NM 87131  BM 233-64-New Mexico	6/24/99-6/30/04	Accreditation Council for Graduate Medical Education  10 CFR 35.294

## 7. RADIATION SAFETY OFFICER -- ONE-YEAR FULL-TIME WORK EXPERIENCE

- ☐ YES Completed 1-year of full-time radiation safety experience (in areas identified in item 5a) under supervision  
☐ N/A of \_\_\_\_\_ the RSO for License No. \_\_\_\_\_

## 8. MEDICAL PHYSICIST -- ONE-YEAR FULL-TIME TRAINING/WORK EXPERIENCE

- ☐ YES Completed 1-year of full-time training in therapeutic radiological physics under the supervision of  
☐ N/A \_\_\_\_\_ who meets requirements for Authorized Medical Physicists; and
- ☐ YES Completed 1-year of full-time work experience (for areas identified in item 5a) for \_\_\_\_\_  
☐ N/A modality(ies) under the supervision of \_\_\_\_\_ who meets  
requirements of Authorized Medical Physicists for \_\_\_\_\_ modality(ies).

## 9. SUPERVISING INDIVIDUAL -- IDENTIFICATION AND QUALIFICATIONS

The training and experience indicated above was obtained under the supervision of (if more than one supervising individual is needed to meet requirements in 10 CFR 35, provide the following information for each) :

A. Name of Supervisor

Michael Hartshorne, M.D.

B. Supervisor is:



Authorized User



Authorized Medical Physicist



Radiation Safety Officer



Authorized Nuclear Pharmacist

C. Supervisor meets requirements of Part 35, Section(s) Yes \_\_\_\_\_

for medical uses in Part 35, Section(s) Yes \_\_\_\_\_

D. Address

Department of Radiology  
MSC 10 5530  
1 University of New Mexico  
Albuquerque, NM 87131-0001

E. Materials License Number

BM 233-64 New Mexico Expires  
6/30/04



TRAINING AND EXPERIENCE AND PRECEPTOR STATEMENT (continued)

PART II -- PRECEPTOR STATEMENT

**Note:** This part must be completed by the individual's preceptor. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each. This part is not required to meet the training requirements in 10 CFR 35.590.

Item 10 must be completed for Nuclear Pharmacists meeting the requirements of 10 CFR Part 35, Subpart J. Preceptors do not have to complete items 11a, 11b, or the certifying statements for other individuals meeting the requirements of 10 CFR Part 35, Subpart J.

☐ YES      10. The individual named in item 1 has satisfactorily completed the training requirements in  
☐ N/A      10 CFR 35.980 and is competent to independently operate a nuclear pharmacy.

☐ YES      11a. The individual named in Item 1 has satisfactorily completed the requirements in Part 35, Section(s)  
☐ N/A      and Paragraph(s) \_\_\_\_\_.

☐ YES      11b. The individual named in Item 1. is competent to independently function as an authorized  
☐ N/A      \_\_\_\_\_ for \_\_\_\_\_ uses (or units).

12. PRECEPTOR APPROVAL AND CERTIFICATION

☐ I certify the approval of item 10 and certify I am an Authorized Nuclear Pharmacist;

or

☐ I certify the approval of items 11a and 11b, and certify I am an Authorized Nuclear Pharmacist;

or

☐ I certify the approval of Items 11a and 11b, and I certify that I meet the requirements of \_\_\_\_\_  
or equivalent Agreement State requirements to be a preceptor authorized \_\_\_\_\_  
for the following uses (or units) of byproduct material: \_\_\_\_\_

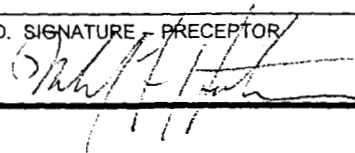
A. Address

B. Materials License Number

C. NAME OF PRECEPTOR (print clearly)

Michael Hartshorne, M.D.

D. SIGNATURE - PRECEPTOR



E. DATE

6/17/04

4-26-06  
DATE

This is to acknowledge the receipt of your letter/application dated  
04-23-06, and to inform you that the initial processing,  
which includes an administrative review, has been performed.

☒ There were no administrative omissions. Your application will be assigned to a technical reviewer. Please note that the technical review may identify additional omissions or require additional information.

☐ Please provide to this office within 30 days of your receipt of this card:

The action you requested is normally processed within 90 days.

☐ A copy of your action has been forwarded to our License Fee & Accounts Receivable Branch, who will contact you separately if there is a fee issue involved.

Your action has been assigned Mail Control Number 470 957.  
When calling to inquire about this action, please refer to this mail control number.  
You may call me at 817-860-8103.

Sincerely,

*Cecilia Murnahan*  
Licensing Assistant

BETWEEN:

License Fee Management Branch, ARM  
and  
Regional Licensing Sections

(FOR LEMS USE)  
INFORMATION FROM LTS

Program Code: 02121  
Status Code: 0  
Fee Category: 7C  
Exp. Date: 20110430  
Fee Comments:  
Decom Fin Assur Req'd: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: EVANSTON HOSPITAL CORPORATION  
Received Date: 20060410  
Docket No: 3033981  
Control No.: 470957  
License No.: 49-27532-01  
Action Type: Amendment

2. FEE ATTACHED

Amount:  
Check No.: 7

3. COMMENTS

Signed Colleen Murawski  
Date 4-21-06

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



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Mark Hiatt

Evanston Regional Hospital

190 Arrowhead Drive

Evanston, WY 82930

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TELEPHONE

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 Region IV, Materials Licensing  
 Texas Health Resources Tower

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611 Ryan Plaza, Suite 400

Arlington, TX

76011-4005

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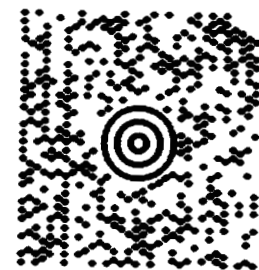
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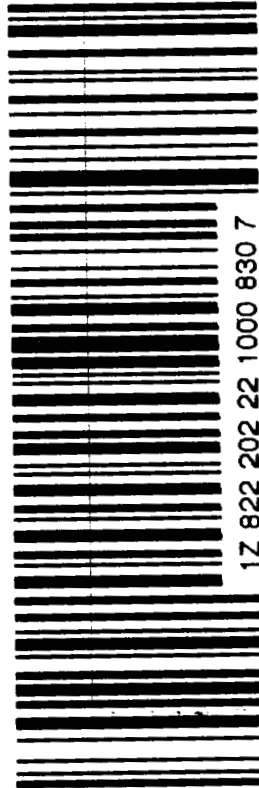


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