ACCEPTANCE REVIEW MEMO (ARM)

Licensee: Wyoming Medical Center **License No.:** 49-00152-02

Docket No.: 030-03495 **Mail Control No.:** 471161

Type of Action: Amend **Date of Requested Action:** 10-11-06

Reviewer Assigned: **ARM reviewer(s):** Torres

Response	Deficiencies Noted During Acceptance Review
	[ ] Open ended possession limits. Limit possession. Submit inventory. [ ] Submit copies of most recent leak test results. [ ] Add - delete IC license condition. Add IC paragraph in cover letter. [ ] Split license from cover letter. Add SUNSI marking to license. [ ] Ask the licensee if they have any type-amount of EPAct Material.
	Note: Check w/ State of Kansas to see if Dr. Wright was named on a KS license.

RTC

Reviewer's Initials: _____ **Date:** _____

☐Yes ☐No	Unrestricted release Group 2 or >: Transfer memo to FCDB within 10 days.
☐Yes ☐No	Decommissioning notification should be completed within 30 days.
☐Yes ☐No	Termination request < 90 days from date of expiration
☐Yes ☐No	Expedite (medical emergency, no RSO, location of use/storage not on license, RAM in possession not on license, other)
☐Yes ☐No	TAR needed to complete action.

Branch Chief's and/or Sr. HP's Initials: _____ **Date:** _____

SUNSI Screening according to RIS 2005-31

☐Yes ☑No **Non-Publicly Available, Sensitive** if any item below is checked

General guidance:

_____RAM = or > than Category 3 (Table 1, RIS 2005-31), use Unity Rule
_____Exact location of RAM (whether = or > than Category 3 or not)
_____Design of structure and/or equipment (site specific)
_____Information on nearby facilities
_____Detailed design drawings and/or performance information
_____Emergency planning and/or fire protection systems

Specific guidance for medical, industrial and academic (above Category 3):

_____RAM quantities and inventory
_____Manufacturer's name and model number of sealed sources & devices
_____Site drawings with exact location of RAM, description of facility
_____RAM security program information (locks, alarms, etc.)
_____Emergency Plan specifics (routes to/from RAM, response to security events)
_____Vulnerability/security assessment/accident-safety analysis/risk assess
_____Mailing lists related to security response

Branch Chief's and/or Sr. HP's Initials: RTC **Date:** 10/30/06

Pre-Licensing Screening

Applicant Information: **Control No.** 471161

Name: Wyoming Medical Center	Type of Request: Amend Program Code(s):
Location: WY	License No.: 49-00152-02 Docket No.: 030-03495

STEP 1–Radioactive Materials and Quantities Requested:

		Yes or No
Instructions for Step 1: **Complete Step 1 for all applications**. If all your responses in Step 1 are "No" then do not complete Step 2 (Screening Criteria). Sign and date the completed step-sheet and add it as the sensitive and non-publicly available OAR in ADAMS. If a "yes" response is indicated for any item in Step 1, also complete Step 2. If the type of use is subject to a Security Order or the requirements for increased controls, complete Step 3 (Item A or Item B) without delay.		
A.	The request is from a new applicant.	No
B.	NUREG-1556, Volume 20, Section 4.9 indicates a licensing site visit is needed for the requested type of use, e.g., (1) Type A broad scope license, (2) panoramic irradiator containing > 10000 curies, (3) manufacturers or distributors using unsealed radioactive material or significant quantities of sealed material, (4) radioactive waste brokers, (5) radioactive waste incinerators, (6) commercial nuclear laundries, and (7) any other application that in the judgement of the reviewer and cognizant supervisor involves complex technical issues, complex safety questions, or unprecedented issues that warrant a site visit.	No
C.	The applicant requested certain radionuclides and quantities that equal or exceed the Risk Significant Quantity (TBq) values in the table, below, that have been **"highlighted"** by the reviewer	No

Table of Risk Significant Quantities

(Category 2 Quantities, IAEA Safety Guide No. RS-G-1.9, Categorization of Radioactive Sources, August 2005)

Radionuclide	Risk Significant Quantity (TBq[1])	Risk Significant Quantity (Ci[1])	Radionuclide	Risk Significant Quantity (TBq[1])	Risk Significant Quantity (Ci[1])
Am-241	0.6	16	Pm-147	400	11,000
Am-241/Be	0.6	16	Pu-238	0.6	16
Cf-252	0.2	5.4	Pu-239/Be	0.6	16
Cm-244	0.5	14	Ra-226[2]	0.4	11
Co-60	0.3	8.1	Se-75	2	54
Cs-137	1	27	Sr-90 (Y-90)	10	270
Gd-153	10	270	Tm-170	200	5,400
Ir-192	0.8	22	Yb-169	3	81

[1] The primary values are TBq. The curie (Ci) values are for informational purposes only.

[2] The Atomic Energy Act, as amended by the Energy Policy Act of 2005, authorizes NRC to regulate Ra-226 and NRC is in the process of amending its regulations for discrete sources of Ra-226.

	Yes , No, or Not Applicable (NA)
Calculations of the Total Activity or the Unity Rule are attached to document whether or not the screening criteria in Step 2 were also completed to evaluate the application. **NOTE–If an amendment of an existing license is being requested, the calculations will include the previously authorized quantities for the radionuclide(s).**	
Total Activity–multiple activities are requested for a single radionuclide and the sum of the activities equals or exceeds the quantity of concern for the radionuclide	—
Unity Rule--multiple radionuclides are requested and the sum of the ratios equals or exceeds unity, e.g.,[(total activity for radionuclide A) ÷ (risk significant quantity for radionuclide A)] + [(total activity for radionuclide B) ÷ (risk significant quantity for radionuclide B)] ≥ 1.0.	—

Signature and Date for Step 1:

RJTZ 10/30/06

License Reviewer and Date

Wyoming Medical Center

1233 E. Second St.
Casper, WY 82601
307.577.7201

RECEIVED
OCT 16 2006
DNMS

October 11, 2006

US NRC Region IV
Texas Health Resources Tower
611 Ryan Plaza, Suite400
Arlington, TX 76011-4005

R ITC

Dear Sir or Madam;

Subj: Amendment to RAM Lic. # 49-00152-02

Enclosed please find two copies of the NRC Form 313A and ABR certification for Aaron David Lee Wright, MD. Dr. Wright has joined a practice in Casper, Wyoming and we need to add him to the Wyoming Medical Center radioactive materials license for diagnostic uses.

Specifically, it is requested that the license be amended to authorize Dr. Wright to use of materials and quantities as provided under parts 35.100; 35.200; 35.300 and 31.11.

If you require any further information, please contact me at any time. The best number to reach me is, 307-233-4751.

Thank you for your prompt attention.

Sincerely,

Alan G. Douglas, MS
Radiation Safety Officer

7 1 1 6 1

The American Board of Radiology

Diagnostic Radiology Radiation Oncology Radiologic Physics

Officers
[illegible]

June 14, 2006

520[illegible] DR [illegible] Aaron David Lee Wright, MD

Diagnostic Radiology

Dear Dr. Wright:

I am pleased to inform you that you passed the oral examination held on June 11-14, 2006. The American Board of Radiology grants you its Certificate in Diagnostic Radiology. This is a ten-year time-limited certificate. In addition, because you received the appropriate training to make you AU-Eligible and passed the NRC-related portions of the nuclear medicine section, you will receive the AU-Eligible designation on your certificate.

The certificate will be sent to the above address in approximately three months from our printer, Jim Henry, Inc. Your name will appear on the certificate as shown above. If you wish your name to appear differently or you have an address change, please notify the Board office in writing by July 14, 2006. Your name and demographic information will be included in a Directory published by the American Board of Medical Specialties. It is your responsibility to notify other local and state or national organizations of your certification.

Important information about your Maintenance of Certification process is enclosed. Please review it and respond as requested.

Personally and on behalf of the Board of Trustees of The American Board of Radiology, I wish to congratulate you for this distinguished achievement. You have accomplished one of the most significant milestones in your career.

Sincerely,

R.R. Hattery

Robert R. Hattery, MD

Enclosures

Radiation Oncology
[illegible]

Radiologic Physics
[illegible]

Robert R. Hattery, M.D., *Executive Director*
Lawrence W. Davis, M.D., *Associate Executive Director*

Assistant Executive Directors
Primary Certification
[illegible]

Assistant Executive Directors
Maintenance of Certification
[illegible]

5441 E. WILLIAMS BOULEVARD, SUITE 200 • TUCSON, ARIZONA 85711-4493 • PHONE (520) 790-2900 • FAX (520) 790-2906
E-mail: information@theabr.org • Web Site: www.theabr.org

A Member Board of the American Board of Medical Specialties (ABMS)

NRC FORM 313A (10-2001) U.S. NUCLEAR REGULATORY COMMISSION

MEDICAL USE TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

6a. WORK OR PRACTICAL EXPERIENCE WITH RADIATION

Description of Experience	Name of Supervising Individual(s)	Location and Corresponding Materials License Number	Dates and/or Clock Hours of Experience
I-131 Tx all ≤ 30.0 mCi	Dr. Householder	Wesley medical center with this RS	See attached 2.5.1 7/05 - 6/06

6b. SUPERVISED CLINICAL CASE EXPERIENCE (describe experience elements in 6a)

Radionuclide	Type of Use	No. of Cases Involving Personal Participation	Name of Supervising Individual	Location and Corresponding Materials License Number	Dates and/or Clock Hours of Experience
7/15/05 I-131	Multinodular goiter (MNG)	2	Dr. Householder	Wesley medical center with this RS	2
8/21/05 "	Graves	1	"	"	1
10/27/05 I-131	Toxic MNG	1	"	"	1
10/28/05 I-131	Graves	1	"	"	1
11/4/05 I-131	Graves	1	"	"	1
11/11/05 I-131	Graves	1	"	"	1
11/08/05	MNG	1	"	"	1

PAGE 2

NRC FORM 313A (10-2001) U.S. NUCLEAR REGULATORY COMMISSION

MEDICAL USE TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

10. 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 Part 35, provide the following information for each)* :

A. Name of Supervisor: Daniel F. Householder, MD

B. Supervisor is: [X] Authorized User [ ] Authorized Medical Physicist [ ] Radiation Safety Officer [ ] Authorized Nuclear Pharmacist

C. Supervisor meets requirements of Part 35, Section(s) 290 390 for medical uses in Part 35, Section(s)

D. Address: Wesley Medical Center, 550 N. Hillside, Wichita, KS 67208

E. Materials License Number:

PART II -- PRECEPTOR ATTESTATION

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 training requirements in 35.590 or Part 35, Subpart J (except 35.980).*

I attest the individual named in Item 1:

11a. [X] has satisfactorily completed the requirements in Part 35, Section(s) and Paragraph(s) 290 as documented in section(s) of this form.

11b. Select one

[ ] meets the requirements in [ ] 35.50(e) [ ] 35.51(c) [ ] 35.390(b)(1)(ii)(G) [ ] 35.690(c) for types of use, as documented in section(s) of this form.

[X] N/A

11c.

[ ] has achieved a level of competency sufficient to independently operate a nuclear pharmacy (for 35.980), **or**

[X] has achieved a level of competency sufficient to function independently as an authorized user for nuclear medicine uses (or units); **or**

[ ] has achieved a level of radiation safety knowledge sufficient to function independently as a Radiation Safety Officer for a medical use licensee ; **or**

[ ] N/A

11d.

[ ] I am an Authorized Nuclear Pharmacist; **or** [ ] I am a Radiation Safety Officer; **or**

[X] I meet the requirements of 290, 392 section(s) of 10 CFR Part 35 or equivalent Agreement State requirements to be a preceptor [X] AU or [ ] AMP KANSAS for the following byproduct material uses (or units) Nuclear Medicine

A. Address: Wesley Medical Center, 550 N. Hillside, Wichita KS 67205

B. Materials License Number:

C. NAME OF PRECEPTOR *(print clearly)*: Daniel F. Householder, MD

D. SIGNATURE -- PRECEPTOR: Daniel F. Householder, MD

E. DATE: 7/21/2006

Daniel F. Householder, MD Daniel F. Householder, MD 7/21/06

PAGE 4

The American Board of Radiology

Diagnostic Radiology Radiation Oncology Radiologic Physics

Officers

[illegible]

Diagnostic Radiology

[illegible]

Radiation Oncology

[illegible]

Radiologic Physics

[illegible]

June 14, 2006

52077 DR [illegible] Aaron David Lee Wright, MD

Dear Dr. Wright:

I am pleased to inform you that you passed the oral examination held on June 11-14, 2006. The American Board of Radiology grants you its Certificate in Diagnostic Radiology. This is a ten-year time-limited certificate. In addition, because you received the appropriate training to make you AU-Eligible and passed the NRC-related portions of the nuclear medicine section, you will receive the AU-Eligible designation on your certificate.

The certificate will be sent to the above address in approximately three months from our printer, Jim Henry, Inc. Your name will appear on the certificate as shown above. If you wish your name to appear differently or you have an address change, please notify the Board office in writing by July 14, 2006. Your name and demographic information will be included in a Directory published by the American Board of Medical Specialties. It is your responsibility to notify other local and state or national organizations of your certification.

Important information about your Maintenance of Certification process is enclosed. Please review it and respond as requested.

Personally and on behalf of the Board of Trustees of The American Board of Radiology, I wish to congratulate you for this distinguished achievement. You have accomplished one of the most significant milestones in your career.

Sincerely,

R.R. Hattery

Enclosures

Robert R. Hattery, MD

Robert R. Hattery, M.D., *Executive Director*
Lawrence W. Davis, M.D., *Associate Executive Director*

Assistant Executive Directors
Primary Certification
[illegible]

Assistant Executive Directors
Maintenance of Certification
[illegible]

5441 E. WILLIAMS BOULEVARD, SUITE 200 • TUCSON, ARIZONA 85711-1480 • PHONE (520) 790-2900 • FAX (520) 790-2900
E-mail: information@theabr.org • Web Site: www.theabr.org

A Member Board of the American Board of Medical Specialties

NRC FORM 313A U.S. NUCLEAR REGULATORY COMMISSION

MEDICAL USE TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

6a. WORK OR PRACTICAL EXPERIENCE WITH RADIATION

Description of Experience	Name of Supervising Individual(s)	Location and Corresponding Materials License Number	Dates and/or Clock Hours of Experience
I-131 Tx all ≤ 30.0 mCi	Dr. Hurshalder	Wesley medical center wichita KS	See attached 2.31 7/05 - 6/06

6b. SUPERVISED CLINICAL CASE EXPERIENCE (describe experience elements in 6a)

Radionuclide	Type of Use	No. of Cases Involving Personal Participation	Name of Supervising Individual	Location and Corresponding Materials License Number	Dates and/or Clock Hours of Experience
7/15/05 I-131	Multinodular goiter (MNG)	2	Dr. Hurshalder	wesley medical center wichita KS	<
8/21/05 I-131	Graves	1	"	"	1
10/27/05 I-131	Toxic MNG	1	"	"	1
10/28/05 I-131	Graves	1	"	"	1
11/4/05 I-131	Graves	1	"	"	1
11/11/05 I-131	Graves	1	"	"	1
11/08/05 I-131	MNG	1	"	"	1

PAGE 2

FROM :RADIOLOGY FAX NO. 316 [illegible] Jul. 21 2006 08:45AM P4

NRC FORM 313A (10-2001) U.S. NUCLEAR REGULATORY COMMISSION

MEDICAL USE TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

10. 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 Part 35, provide the following information for each)*:

A. Name of Supervisor: Daniel F. Householder, MD

B. Supervisor is:
- [X] Authorized User
- [ ] Authorized Medical Physicist
- [ ] Radiation Safety Officer
- [ ] Authorized Nuclear Pharmacist

C. Supervisor meets requirements of Part 35, Section(s) 290 390

for medical uses in Part 35, Section(s)

D. Address: Wesley Medical Center, 550 N. Hillside, Wichita, KS 67208

E. Materials License Number

PART II -- PRECEPTOR ATTESTATION

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 training requirements in 35.590 or Part 35, Subpart J (except 35.980).*

I attest the individual named in Item 1:

11a
- [X] has satisfactorily completed the requirements in Part 35, Section(s) and Paragraph(s) 290, as documented in section(s) of this form

11b. Select one
- [ ] meets the requirements in [ ] 35.50(e) [ ] 35.51(c) [ ] 35.390(b)(1)(ii)(G) [ ] 35.690(c) for types of use, as documented in section(s) of this form.
- [X] N/A

11c.
- [ ] has achieved a level of competency sufficient to independently operate a nuclear pharmacy (for 35.980). **or**
- [X] has achieved a level of competency sufficient to function independently as an authorized user for nuclear medicine uses (or units). **or**
- [ ] has achieved a level of radiation safety knowledge sufficient to function independently as a Radiation Safety Officer for a medical use licensee. **or**
- [ ] N/A

11d.
- [ ] I am an Authorized Nuclear Pharmacist: **or** [ ] I am a Radiation Safety Officer: **or**
- [X] I meet the requirements of 290, 392 section(s) of 10 CFR Part 35

or equivalent Agreement State requirements to be a preceptor [X] AU or [ ] AMP KANSAS

for the following byproduct material uses (or units) Nuclear Medicine

A. Address: Wesley Medical Center, 550 N. Hillside, Wichita KS 67205

B. Materials License Number

C. NAME OF PRECEPTOR *(print clearly)*: Daniel F. Householder, MD

D. SIGNATURE -- PRECEPTOR: Daniel F. Householder, MD

E. DATE: 7/21/2006

Daniel F. Householder, MD Daniel F. Householder, MD 7/21/06

PAGE 4

471161

OCT 31 2006

DATE

This is to acknowledge the receipt of your letter/application dated 10-11-06, 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** 471161.
When calling to inquire about this action, please refer to this mail control number.
You may call me at 817-860-8103.

Sincerely,

Colleen Mursahan

Licensing Assistant

NRC FORM 532 (RIV)
(10-2006)

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

(FOR LFMS USE)
INFORMATION FROM LTS

Program Code: 02240
Status Code: 0
Fee Category: 7C
Exp. Date: 20150531
Fee Comments: CODE 13
Decom Fin Assur Reqd: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
   Applicant/Licensee: WYOMING MEDICAL CENTER
   Received Date: 20061016
   Docket No: 3003495
   Control No.: 471161
   License No.: 49-00152-02
   Action Type: Amendment

2. FEE ATTACHED
   Amount: /
   Check No.: /

3. COMMENTS

Signed Collen Murnahan
Date 10/25/06

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 _____

Wyoming Medical Center

RADIOLOGY

1233 East Second Street
Casper, Wyoming 82601

Address Service Requested

Attn: Alan Douglas
Radiation Safety Officer

PRESORTED FIRST CLASS

$ 00.53⁰

MAILED FROM ZIP CODE

US NRC Region IV
Texas Health Resources Tower
611 Ryan Plaza, Suite400
Arlington, TX 76011-4005

49-00152-02
030 03445

HIBSEM3 76011