

ACCEPTANCE REVIEW MEMO (ARM)

Licensee: Rocky Mountain Oncology

License No.: 49-29254-01

Docket No.: 030-37415

Mail Control No.: 471518

Type of Action: Amend

Date of Requested Action: 09-20-07

Reviewer Assigned:

ARM reviewer(s): Torres

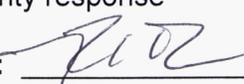
Response	Deficiencies Noted During Acceptance Review
	<ul style="list-style-type: none"> [] Open ended possession limits. Limit possession. Submit inventory. [] Submit copies of most recent leak test results. [] Add - delete IC license condition. Add IC paragraph in cover letter. [] Split license from cover letter. Add SUNSI marking to license. [] Ask the licensee if they have any type-amount of EPAct Material.

Reviewer's Initials: _____

Date: _____

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

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

SUNSI Screening according to RIS 2005-31	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Non-Publicly Available, Sensitive if <u>any</u> 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:	 _____
Date:	OCT - 3 2007 _____

Pre-Licensing Screening

Applicant Information:

Control No. 471518

Name: Rocky Mountain Oncology	Type of Request: Amend Program Code(s): 02230	
Location: WY	License No.: 49-29254-01	Docket No.: 030-37415

STEP 1—Radioactive Materials and Quantities Requested:

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.	Yes or No
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.

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).	Yes, No, or Not Applicable (NA)
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:

[Signature]

License Reviewer and Date

OCT - 3 2007



ROCKY MOUNTAIN ONCOLOGY

One Team. One Focus. Life.

6501 East Second Street :: Casper, WY 82609 :: www.rockymountainoncology.com
tel 307.235.5433 (LIFE) :: fax 307.233.4700 :: toll-free 866.796.5433

September 20, 2007

RECEIVED

SEP 25 2007

DNMS

US Nuclear Regulatory Commission Region IV
Nuclear Materials Licensing Branch
611 Ryan Plaza Drive
Suite 400
Arlington, Texas 76011-8084

RE: Application for Radioactive Materials License Amendment

Dear Sir or Madam:

This is a letter requesting an amendment to Radioactive Materials License # 49-29254-01 issued to Rocky Mountain Oncology, in Casper, WY. The amendment request specifically requests the **addition of Alan G. Douglas, MS as Authorized Medical Physicist.**

In accordance with your instructions, and in addition to previously supplied HDR training and experience that was received more than 7 years ago, he has documented additional training received at Penrose Hospital, in Colorado Springs, CO, training from the manufacturer in a dedicated training facility in Charlottesville, VA and on-site training received at Rocky Mountain Oncology in Casper. The physicist that signed the 313A (AMP) is Gregory L. Gibbs, MS, the current AMP for this license.

For further information, please contact Mr. Alan G. Douglas, MS, who is also the RSO for this license, at (307) 233-4751 or fax (307) 233-4700.

Sincerely,

Alan G Douglas, MS DABR
Rocky Mountain Oncology
6501 E. 2nd Street
Casper, WY 82609

**AUTHORIZED MEDICAL PHYSICIST TRAINING AND EXPERIENCE
AND PRECEPTOR ATTESTATION
[10 CFR 35.51]**

APPROVED BY OMB: NO. 3150-0120
EXPIRES: 10/31/2008

Name of Proposed Authorized Medical Physicist

ALAN G. DOUGLAS

- Requested Authorization(s) (check all that apply)
- 35.400 Ophthalmic use of strontium-90
 - 35.600 Teletherapy unit(s)
 - 35.600 Remote afterloader unit(s)
 - 35.600 Gamma stereotactic radiosurgery unit(s)

PART I -- TRAINING AND EXPERIENCE
(Select one of the three 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. Go to the table in 3.c. and describe training provider and dates of training for each type of use for which authorization is sought.
 - c. Skip to and complete Part II Preceptor Attestation.
- 2. Current Authorized Medical Physicist Seeking Additional Authorization for use(s) checked above**
 - a. Go to the table in section 3.c. to document training for new device.
 - b. Skip to and complete Part II Preceptor Attestation
- 3. Education, Training, and Experience for Proposed Authorized Medical Physicist**
 - a. Education: Document master's or doctor's degree in physics, medical physics, other physical science, engineering, or applied mathematics from an accredited college or university.

Degree	Major Field
College or University	

b. Supervised Full-Time Medical Physics Training and Work Experience in clinical radiation facilities that provide high-energy external beam therapy (photons and electrons with energies greater than or equal to 1 million electron volts) and brachytherapy services.

Yes. Completed 1 year of full-time training in medical physics (for areas identified below) under the supervision of _____ who meets the requirements for an Authorized Medical Physicist.

AND

Yes. Completed 1 year of full-time work experience in medical physics (for areas identified below) under the supervision of _____ who meets the requirements for an Authorized Medical Physicist.

AUTHORIZED MEDICAL PHYSICIST TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Education, Training, and Experience for Proposed Authorized Medical Physicist (continued)

b. Supervised Full-Time Medical Physics Training and Work Experience (continued)

If more than one supervising individual is necessary to document supervised training, provide multiple copies of this page.

Description of Training/ Experience	Location of Training/License or Permit Number of Training Facility/Medical Devices Used+	Dates of Training*	Dates of Work Experience*
Medical Physics			
Performing sealed source leak tests and inventories			
Performing decay corrections			
Performing full calibration and periodic spot checks of external beam treatment unit(s)			
Performing full calibration and periodic spot checks of stereotactic radiosurgery unit(s)			
Performing full calibration and periodic spot checks of remote afterloading unit(s)			
Conducting radiation surveys around external beam treatment unit(s), stereotactic radiosurgery unit(s), remote after loading unit(s)			

Supervising Individual** License/Permit Number listing supervising individual as an authorized Medical Physicist

for the following types of use:

- Remote afterloader unit(s)
 Teletherapy unit(s)
 Gamma stereotactic radiosurgery unit(s)

+ Training and work experience must be conducted in clinical radiation facilities that provide high-energy external beam therapy (photons and electrons with energies greater than or equal to 1 million electron volts) and brachytherapy services.

* 1 year of Full-time medical physics training and 1 year of full time work experience cannot be concurrent.

** If the supervising medical physicist is not an authorized medical physicist, the licensee must submit evidence that the supervising medical physicist meets the training and experience requirements in 10 CFR 35.51 and 35.59 for the types of use for which the individual is seeking authorization.

AUTHORIZED MEDICAL PHYSICIST TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Education, Training, and Experience for Proposed Authorized Medical Physicist (continued)

c. Describe training provider and dates of training for each type of use for which authorization is sought.

Description of Training	Training Provider and Dates		
	Remote Afterloader	Teletherapy	Gamma Stereotactic Radiosurgery
Hands-on device operation	VARIAN Medical Systems 7/9/07 - 7/13/07 8/20 - 8/21/07 8/23/07 - 8/24/07		
Safety procedures for the device use	VARIAN Medical Systems 7/9/07 - 7/13/07 8/20/07 - 8/21/07 8/23/07 - 8/24/07		
Clinical use of the device	VARIAN Medical Systems 8/23/07 - 8/24/07 Greg Gibbs MS Penrose Hosp., Colorado Springs, CO 7/16/07, 9/19/07, 9/20/07		
Treatment planning system operation	VARIAN Medical Systems 7/9/07 - 7/13/07 Greg Gibbs, MS Penrose Hosp. Colorado Spgs, CO 7/16/07, 9/19/07, 9/20/07		

Supervising Individual

If training is provided by Supervising Medical Physicist, (If more than one supervising individual is necessary to document supervised training, provide multiple copies of this page.)

License/Permit Number listing supervising individual as an authorized Medical Physicist

for the following types of use:

- Remote afterloader unit(s)
 Teletherapy unit(s)
 Gamma stereotactic radiosurgery unit(s)

If Applicable:

Authorization Sought	Device	Training Provided By	Dates of Training
35.400 Ophthalmic Use of strontium-90			

d. Skip to and complete Part II Preceptor Attestation.

AUTHORIZED MEDICAL PHYSICIST TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

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

Check one of the following:

1. Board Certification

I attest that _____ has satisfactorily completed the requirements in
Name of Proposed Authorized Medical Physicist
10 CFR 35.51(a)(1) and (a)(2).

OR

2. Education, Training, and Experience

I attest that ALAN G. DOUGLAS has satisfactorily completed the 1-year of full-time
Name of Proposed Authorized Medical Physicist
training in medical physics and an additional year of full-time work experience as required by 10 CFR 35.51(b)(1).

AND

Second Section

Complete the following:

I attest that ALAN G. DOUGLAS has training for the types of use for which authorization
Name of Proposed Authorized Medical Physicist
is sought that include hands-on device operation, safety procedures, clinical use, and the operation of a treatment planning system.

AND

Third Section

Complete the following:

I attest that ALAN G. DOUGLAS has achieved a level of competency sufficient to
Name of Proposed Authorized Medical Physicist
function independently as an Authorized Medical Physicist for the following:

- 35.400 Ophthalmic use of strontium-90 35.600 Teletherapy unit(s)
- 35.600 Remote afterloader unit(s) 35.600 Gamma stereotactic radiosurgery unit(s)

AND

Fourth Section

Complete the following for preceptor attestation and signature:

I meet the requirements in 10 CFR 35.51, or equivalent Agreement State requirements for Authorized Medical Physicist for the following:

- 35.400 Ophthalmic use of strontium-90 35.600 Teletherapy unit(s)
- 35.600 Remote afterloader unit(s) 35.600 Gamma stereotactic radiosurgery unit(s)

Name of Preceptor <u>Gregory Lee Gibbs</u>	Signature <u>Gregory Lee Gibbs</u>	Telephone Number <u>719 332 1571</u>	Date <u>20 Sept 07</u>
License/Permit Number/Facility Name <u>49-29254-01</u>	<u>/Rocky Mountain Oncology</u>		

10-03-07
DATE

This is to acknowledge the receipt of your letter/application dated 09-20-07, 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** 471518.
When calling to inquire about this action, please refer to this mail control number.
You may call me at 817-860-8103.

Sincerely,

Colleen Murnahan
Licensing Assistant

(FOR LFMS USE)
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

: Program Code: 02230
: Status Code: 0
: Fee Category: 3P
: Exp. Date: 20170531
: Fee Comments: POSSESSION ONLY
: Decom Fin Assur Req'd: N
:.....

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: ROCKY MOUNTAIN ONCOLOGY
Received Date: 20070925
Docket No.: 3037415
Control No.: 471518
License No.: 49-29254-01
Action Type: Amendment

2. FEE ATTACHED

Amount: _____
Check No.: /

3. COMMENTS

Signed Colleen Murnahan
Date 9-28-07

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 _____