Bozeman Deaconess

RECEIVED 0CT 2 1 2008 DNMS

October 2nd, 2008

Nuclear Material Licensing Branch Region IV United States Nuclear Regulatory Commission 611 Ryan Plaza Drive, Suite 400 Arlington, TX 76011-8064

RE: Adding an authorized user to Bozeman Deaconess Hospital License #25-10994-04

Dear Sir/Madam;

We would like to amend our license to include Lindy Kurz Paradise, M.D. For material and use for 35:100 . (see attached sheets) 35:200 and oral administration of sodium iodide iodine 131

If you have any questions regarding this notification please call me at (406) 585-5033

Sincerely,

John Bratte

John Bratke C.N.M.T. Nuclear Medicine Bozeman Deaconess Hospital 915 Highland Blvd. Bozeman, Montana 59715

Ma 472005

*(Rev. 09/05)

Texas Department of State Health Services PRECEPTOR STATEMENT FOR LICENSE APPLICATION

PREPARED FOR CONSIDERATION TO RAM LICENSE NUMBER: L00384

Statement must be completed and signed by the physician=s preceptor. If more than one preceptor is necessary to document experience, obtain a separate statement from each. Equivalent forms, including those from other Regulatory Agencies, will be accepted. Print or type.

1. Applicant's full name and address:

Lindy Kurz Paradise, M.D. 4058 Lomita Lane Dallas, TX 75220 Dates of training:

Mar. 1-31, 2004, June 1-30, 2006, Jan. 1-31, 2007

Clinical 7	Taining and	Experience	of the Proposed	Physician U	ser

Column A			
Column A Column B		Number of Cases	Column D
Radionuclide	Conditions Diagnosed or Evaluated	Involving Personal	Comments
		Participation*	
I-125	Diagnosis of Thyroid Function	-	
or	Blood Volume or Blood Plasma Volume	-	
1-131	Liver Function	-	
or	Kidney Function Studies	-	
Co-57	In vitro Studies	•	
or	Schilling Test	-	
Co-58	(other) In-111 Octreoscan	5	
1-125	Detection of Thrombus		
	Labelled WBC for Infection Imaging	53	
In-11)	Cisternogram/Shunt Patency Imaging	1	
Ga-67	Abscess or Tumor Imaging	10	
Xe-133	Pulmonary Ventilation/Blood Flood Imaging	117	
I-123	Thyroid Imaging/Uptake	112	
Ti-201	Cardiac Perfusion Imaging	-139	
	Cardiac Perfusion, E.F., Gated Wall Motion	79	
	Blood Pool Imaging	65	
	Bone Imaging	280	
	Sentinel Node Imaging	33	
	Breast (Mammoscintography) Imaging		
	Cystography/Ureteral Reflux Imaging		
	Diverticulum Imaging	-	
Tc-99m	Gastric Emptying and Reflux Imaging	8	
	GI Bleed Imaging	19	
	Hepatobiliary Imaging	14	
	Liver/Spleen and Bone Marrow Imaging	8	
	Lung Perfusion Imaging	133	
	Myocardial Infarction Imaging	-	
	Renal Perfusion/GFR Imaging	47	
	Thyroid and Salivary Imaging	-	
	Venography/Thrombus Imaging		
	Parathyroid (other)	11	
F-18(etc.)	P.E.T. Imaging		
	RADIOPHARMACE	UTICAL PREPARAT	TION
Mo/Tc	Generator Elution and Testing	•	
Tc-99m	Reagent Kit Preparation and Testing	~	
	(other)	······································	
	I-125 or I-131 or Co-57 or Co-58 I-125 In-111 Ga-67 Xe-133 I-123 TI-201 Tc-99m	1-125 Diagnosis of Thyroid Function or Blood Volume or Blood Plasma Volume 1-131 Liver Function or Kidney Function Studies Co-57 In vitro Studies or Schilling Test Co-58 (other) In-111 Octroscan 1-125 Detection of Thrombus Labelled WBC for Infection Imaging Ga-67 Abscess or Tumor Imaging Xe-133 Pulmonary Ventilation/Blood Flood Imaging I-123 Thyroid Imaging/Uptake Tl-201 Cardiac Perfusion Imaging Cardiac Perfusion E.F., Gated Wall Motion Blood Pool Imaging Bone Imaging Sentinel Node Imaging Schrillery Imaging Cystography/Ureteral Reflux Imaging Diverticulum Imaging Gi Bleed Imaging Bised Imaging Hepatobiliary Imaging Liver/Spleen and Bone Marrow Imaging Liver/Spleen and Bone Marrow Imaging Myocardial Infarction Imaging Myocardial Infarction Imaging Myocardial Infarction Imaging Parathyroid (other) F-18(etc.) F.E.T. Imaging Parathyroid (other) F-18(etc.) F.E.T. Imaging	Participation* 1-125 Diagnosis of Thyroid Function or Blood Volume or Blood Plasma Volume 1-131 Liver Function or Kidney Function Studies or Schilling Test co-57 In vitro Studies or Schilling Test co-58 (ather) In-111 Octreoscan 1-125 Detection of Thrombus Labelled WBC for Infection Imaging 53 1-125 Detection of Thrombus Labelled WBC for Infection Imaging 10 Xc-133 Pulmonary Ventilation/Blood Flood Imaging 117 1-125 Cardiac Perfusion Imaging -139 Cardiac Perfusion Imaging -139 Cardiac Perfusion Imaging 65 Bone Imaging 280 Scentinel Node Imaging - Diverticulum Imaging - Diverticulum Imaging - Diverticulum Imaging - Gastric Emptying and Reflux Imaging 8 Git Bleed Imaging 133 Mycoardial Infarction Imaging - Renal Perfusion/GFR Imaging -

Page two of two			Proposed Physician User:
PRECEPTOR FO		Column C	<u> </u>
Column A	Colume B	Number of Cases	Column D
Radionuclide	Column B Condition Treated	Involving Personal	Comments
Kadionuciide			
I-131 (Nal)	Hyperthyroidism/Graves/Multinodular Goiters	33	·
	Thyroid Cancer/Metastasis	9	
I-131 (MoAb)	Non-Hodgkin=s Lymphoma	└──── ^{──} ───	
Y-90 (MoAb)	Non-Hodgkin=s Lymphoma	├ <u>`</u>	
P-32(soluble)	Polycythemia etc.	└── <u>─</u> ───	
P-32(colloidal)	Intracavitary malignant effusions etc.	<u> </u>	
Sr-89	Palliative Bone Pain from Bone Metastasis		
<u>Sm-153</u>	Palliative Bone Pain from Bone Metastasis	2	
	(other e.g., Investigational Drugs)		<u></u>
Sr-90	Superficial eye conditions	<u>_</u>	
<u>I-125</u>	Eye plaques		<u> </u>
<u>I-125</u>	Interstitial Cancer	├ ──── [•] ────	
Pd-103	Interstitial Cancer	_	
Au-198	Interstitial Cancer	·	
<u>Cs-137</u>	Intercavitary Cancer	·	
IT-192	Interstitial Cancer		
Co-60	External Beam Therapy		
Ir-192	High Dose Rate After-loader Therapy		System
Sr-90, P-32, Ir-192	Intravascular Brachytherapy	-	System
	(other) - Bone Density		
 Collaboration in Adequate period 	d of training to enable physician to manage radioactive patien SEE 25 T URS OF TRAINING COMBINED CLINICAL ,	ent including calculation of is and follow patients throu AC 289.256(ff)	the radiation dose, related measurements and plotting of data.
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h 472005

(Rev. 09/05)

Texas Department of State Health Services PRECEPTOR STATEMENT FOR LICENSE APPLICATION

PREPARED FOR CONSIDERATION TO RAM LICENSE NUMBER: L00384

Statement must be completed and signed by the physician=s preceptor. If more than one preceptor is necessary to document experience, obtain a separate statement from each. Equivalent forms, including those from other Regulatory Agencies, will be accepted. Print or type.

1. Applicant's full name and address:

Michael Robert Paradise, M.D. 4058 Lomita Lane Dallas, TX 75220 Dates of training: Feb. 1-28, 2002, Jan. 1-31, 2006, Feb. 1-28, 2006

Clinical Training and Experience of the Proposed Physician User

			Column C	
	Column A	Column B	Number of Cases	Column D
]	Radionuclide	Conditions Diagnosed or Evaluated	Involving Personal	Comments
			Participation*	
· {	I-125	Diagnosis of Thyroid Function	-	
2	0r	Blood Volume or Blood Plasma Volume		
8	I-131	Liver Function	-	
9	or	Kidney Function Studies	-	
	Co-57	In vitro Studies	-	
2	or	Schilling Test	•	
5	Co-58	(other)		_
6 [I-125	Detection of Thrombus		
(x)		Labelled WBC for Infection Imaging	21	
a	In-117	Cisternogram/Shunt Patency Imaging	1	
n	Ga-67	Abscess or Tumor Imaging	7	
d	Xc-133	Pulmonary Ventilation/Blood Flood Imaging	113	
(y)	I-123	Thyroid Imaging/Uptake	71	
	T1-201	Cardiac Perfusion Imaging	145	
Ī		Cardiac Perfusion, E.F., Gated Wall Motion	61	
}		Blood Pool Imaging	75	
		Bone Imaging	235	
l		Sentinel Node Imaging	21	
		Brcast (Mammoscintography) Imaging	-	
		Cystography/Ureteral Reflux Imaging		
		Diverticulum Imaging	-	
·	Tc-99m	Gastric Emptying and Reflux Imaging	5	
		GI Bleed Imaging	1.5	
Į		Hepatobiliary Imaging	21	
		Liver/Spleen and Bone Marrow Imaging	2	
1		Lung Perfusion Imaging	128	
}		Myocardial Infarction Imaging		
		Renal Perfusion/GFR Imaging	47	
		Thyroid and Salivary Imaging	-	
		Venography/Thrombus Imaging		
}		Parathyroid (other)	7	
Ī	F-18(etc.)	P.E.T. Imaging		
	<u>`````````````````````````````````</u>	RADIOPHARMACE	UTICAL PREPARA'	FION
2	Mo/Tc	Generator Elution and Testing		
$\frac{2}{5}$ $\frac{6}{(z)}$	Tc-99m	Reagent Kit Preparation and Testing	•	└──── <u>──</u> ──
6	······	(other)		·
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Page two of two RC Form 252-2b PRECEPTOR FORM (continued)			Proposed Physician User:
Column A	Column B	Column C Number of Cases	Column D
Radionuclide	Condition Treated	Involving Personal	Comments
I-131 (NaI)	Hyperthyroidism/Graves/Multinodular Goiters Thyroid Cancer/Metastasis	21	
1-131 (MoAb)	Non-Hodgkin=s Lymphoma		
Y-90 (MoAb)	Non-Hodgkin=s Lymphoma		
P-32(soluble)	Polycythemia etc.	•	
P-32(colloidal)	Intracavitary malignant effusions etc.	-	
Sr-89	Palliative Bone Pain from Bone Metastasis	2	
Sm-153	Palliative Bone Pain from Bone Metastasis		
	(other e.g., Investigational Drugs)	-	
Sr-90	Superficial eye conditions	-	
I-125	Eye plaques	-	
I-125	Interstitial Cancer		
Pd-103	Interstitial Cancer		
Au-198	Interstitial Cancer		
Cs-137	Intercavitary Cancer	·	
Ir-192	Interstitial Cancer		
Co-60	External Beam Therapy		
Ir-192	High Dose Rate After-loader Therapy		System
Sr-90, P-32, Ir-192	Intravascular Brachytherapy		System
	(other) - Bone Density		
2) Collaboration in dose calibration 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 radiagective patients through diagnosis and/or course of treatment SEE 25 TAC '289.256(ff) A. TOTAL HOURS OF TRAINING COMBINED CLINICAL AND WORK EXPERIENCE:			
C. ACCEPTED BOARD SPECIALTY: <u>American Board of Radiology</u> DATE ISSUED June, 2006 I CERTIFY THAT THE ABOVE NAMED PHYSICIAN SUCCESSFULLY COMPLETED THE SPECIFIED TRAINING			
WITHIN THE INSTITUTIONAL APPROVED TRAINING PROGRAM			
William A. Eximen, M.D.	, at UT Southwestern Medical Center	- Radiology Dept.	My low Eron -
NAME OF PHYSICI			SIGNATURE
Loga	84 5323 Harry Mines Bo	levard	714 600 5120
INSTITUTIONAL R.		arc. • n thi	
			, CDLETINITE INC.
NRC State			
Agreement Stat		8896	April 30, 2007
Expiration Date			
DATE			DATE

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ACCEPTANCE REVIEW MEMO (ARM)

Licensee:	Bozeman Deaconess Foundation/Hosp	License No.: 25-10994-04
Docket No.:	030-33305	Mail Control No.: 4712005
Type of Action:	Amend	Date of Requested Action: 10-02-2008

Reviewer Assigned:

ARM reviewer(s): Torres

Response	Deficiencies Noted During Acceptance Review	
	 Open ended possession limits. Submit inventory. Limit possession. Submit copies of latest leak test results. Add IC L.C./Fingerprint LC, add SUNSI markings to license. Confirm with licensee if they have NARM material. 	

Reviewer's Initials: Date: □Yes No Request for unrestricted release Group 2 or >. Consult with Bravo Branch. □Yes No Termination request < 90 days from date of expiration</td> □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 HP's Initials: Date: ______

SUNSI Screening according to RIS 2005-31
□Yes ⅣNo Sensitive and Non-Publicly Available 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 [suite #, bldg. #, location different from mailing address] (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 RAM quantities 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 NOV - 5 2008
Branch Chief's and/or HP's Initials: Date:

DATE

This is to acknowledge the receipt of your letter/application dated $\underline{10 - 02 - 03}$, and to inform you that the initial processing, which includes an administrative review, has been performed.

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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** 472005. When calling to inquire about this action, please refer to this mail control number. You may call me at 817-860-8103.

Sincerely, Collien Munahan

NRC FORM 532 (RIV) (10-2006)

Licensing Assistant

BETWEEN:	: (FOR LFMS USE) : INFORMATION FROM LTS :
License Fee Management Branch, ARM and Regional Licensing Sections	Program Code: 02120 Status Code: 0 Fee Category: 7C Exp. Date: 20150131 Fee Comments: Decom Fin Assur Reqd: N

LICENSE FEE TRANSMITTAL

A. REGION

 APPLICATION ATTACHED Applicant/Licensee: BOZEMAN DEACONESS FOUNDATION Received Date: 20081021 Docket No: 3033305 Control No.: 472005 License No.: 25-10994-04 Action Type: Amendment

- 2. FEE ATTACHED Amount: Check No.:
- 3. COMMENTS

Jurnahan Signed Date

- B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone O3 is entered $/_/$)
- 1. Fee Category and Amount: _
- 2. Correct Fee Paid. Application may be processed for: Amendment Renewal License
- 3. OTHER

Signed Date



915 Highland Blvd. Bozeman, MT 59715-6999 (406) 585-5000 FAX (406) 585-1070 I BRATHE

0CT 2/ 2008

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PRESORTED 0.2 IM 0004248147 MAILED FROM 7IP CODE NUCLEAR MATERIAL LICENSING BRANCH REGION IN UNITED STATES NUCLEAR REQULATING COMMISSION MARLINGTON, TX 76011-8064 HMERN11 76011

ADDRESS SERVICE REQUESTED

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