



Bozeman Deaconess
HOSPITAL

RECEIVED

OCT 21 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 Bratke C.N.M.T.
Nuclear Medicine
Bozeman Deaconess Hospital
915 Highland Blvd.
Bozeman, Montana 59715

**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 Training and Experience of the Proposed Physician User

	Column A Radionuclide	Column B Conditions Diagnosed or Evaluated	Column C Number of Cases Involving Personal Participation*	Column D Comments
1	I-125	Diagnosis of Thyroid Function	-	
2	or	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) In-111 Octreoscan	5	
6	I-125	Detection of Thrombus	-	
(x)		Labelled WBC for Infection Imaging	53	
a	In-111	Cisternogram/Shunt Patency Imaging	1	
n	Ga-67	Abscess or Tumor Imaging	10	
d	Xe-133	Pulmonary Ventilation/Blood Flow Imaging	117	
(y)	I-123	Thyroid Imaging/Uptake	112	
	Tl-201	Cardiac Perfusion Imaging	139	
	Tc-99m	Cardiac Perfusion, E.F., Gated Wall Motion	79	
		Blood Pool Imaging	65	
		Bone Imaging	280	
		Sentinel Node Imaging	33	
		Breast (Mammoscintigraphy) Imaging	-	
		Cystography/Ureteral Reflux Imaging	-	
		Diverticulum Imaging	-	
		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	-	
RADIOPHARMACEUTICAL PREPARATION				
2	Mo/Tc	Generator Elution and Testing	-	
5	Tc-99m	Reagent Kit Preparation and Testing	-	
6		(other)	-	
z)			-	

Column A Radionuclide	Column B Condition Treated	Column C Number of Cases Involving Personal	Column D Comments
I-131 (NaI)	Hyperthyroidism/Graves/Multinodular Goiters	33	
	Thyroid Cancer/Metastasis	9	
I-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	-	
Sm-153	Palliative Bone Pain from Bone Metastasis	2	
	(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		

*KEY TO COLUMN ACR

- 1) Supervise examination of patients to determine the suitability for radionuclide diagnosis and/or treatment and recommendation for prescribed dosage.
- 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 radioactive patients and follow patients through diagnosis and/or course of treatment.

SEE 25 TAC '289.256(f)

A. TOTAL HOURS OF TRAINING COMBINED CLINICAL AND WORK
EXPERIENCE: _____ HOURS WHERE OBTAINED _____

- ! (DIAGNOSTIC PHYSICIAN USER TRAINING MUST HAVE INCLUDED THE FOLLOWING)
- ! ORDERING, RECEIVING, UNPACKAGING, SURVEYING
- ! CALIBRATING DOSE CALIBRATORS AND DIAGNOSTIC INSTRUMENTS
- ! CALIBRATING AND PREPARING PATIENT DOSES
- ! USING ADMINISTRATIVE CONTROLS TO PREVENT MISADMINISTRATIONS
- ! CONTAIN SPILLS AND PERFORM DECONTAMINATION
- ! ELUTE Mo/Tc GENERATORS, TEST ELUATE AND PREPARE KITS
- ! REVIEW PATIENT HISTORY; SELECT MEASURE AND ADMINISTER DOSAGES; COLLABORATIVE REPORTING; FOLLOW-UP
- ! PHYSICS AND INSTRUMENTATION; PROTECTION; MATHEMATICS; PHARMACEUTICAL CHEMISTRY; RADIATION BIOLOGY

TOTAL HOURS OF DIDACTIC (CLASSROOM AND LABORATORY
TRAINING: _____ HOURS WHERE ATTENDED _____

[OR]

B. COMPLETE FULL-SCOPE NUCLEAR MEDICINE TRAINING IN A RESIDENCY ACCREDITED BY ACGME OR COPT-AOA.
PROGRAM DIRECTOR _____ TOTAL NO. OF MONTHS COMPLETED _____

[OR]

C. ACCEPTED BOARD SPECIALTY: American Board of Radiology DATE ISSUED June 2007

I CERTIFY THAT THE ABOVE NAMED PHYSICIAN SUCCESSFULLY COMPLETED THE SPECIFIED TRAINING
WITHIN THE INSTITUTIONAL APPROVED TRAINING PROGRAM

William A. Erdman, M.D.

UT Southwestern Medical Center - Radiology Dept.

William A. Erdman

NAME OF PHYSICIAN (PRECEPTOR)

INSTITUTION

SIGNATURE

L00384

5323 Harry Hines Boulevard

214-590-5120

INSTITUTIONAL RAM LICENSE No.

ADDRESS

TELEPHONE No.

NRC State ☐

Agreement State ☐

Expiration Date _____

Dallas, TX 75390-8896

June 30, 2007

CITY/STATE/ZIP

DATE

472005

**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 A Radionuclide	Column B Conditions Diagnosed or Evaluated	Column C Number of Cases Involving Personal Participation*	Column D Comments
1	I-125	Diagnosis of Thyroid Function	-	
2	or	Blood Volume or Blood Plasma Volume	-	
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9	or	Kidney Function Studies	-	
.	Co-57	In vitro Studies	-	
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5	Co-58	(other)	-	
6	I-125	Detection of Thrombus	-	
(x)		Labelled WBC for Infection Imaging	21	
a	In-111	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	
	Tl-201	Cardiac Perfusion Imaging	145	
	Tc-99m	Cardiac Perfusion, E.F., Gated Wall Motion	61	
		Blood Pool Imaging	75	
		Bone Imaging	235	
		Sentinel Node Imaging	21	
		Breast (Mammoscintigraphy) Imaging	-	
		Cystography/Ureteral Reflux Imaging	-	
		Diverticulum Imaging	-	
		Gastric Emptying and Reflux Imaging	5	
		GI Bleed Imaging	15	
		Hepatobiliary Imaging	21	
		Liver/Spleen and Bone Marrow Imaging	2	
		Lung Perfusion Imaging	128	
		Myocardial Infarction Imaging	-	
		Renal Perfusion/GFR Imaging	47	
		Thyroid and Salivary Imaging	-	
		Venography/Thrombus Imaging	-	
		Parathyroid (other)	7	
	F-18(etc.)	P.E.T. Imaging	-	
RADIOPHARMACEUTICAL PREPARATION				
2	Mo/Tc	Generator Elution and Testing	-	
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(z)			-	

Proposed Physician User:

Column A Radionuclide	Column B Condition Treated	Column C Number of Cases Involving Personal	Column D Comments
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Au-198	Interstitial Cancer	-	
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Ir-192	High Dose Rate After-loader Therapy	-	System
Sr-90, P-32, Ir-192	Intravascular Brachytherapy	-	System
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*KEY TO COLUMN ACB

- 1) Supervise examination of patients to determine the suitability for radionuclide diagnosis and/or treatment and recommendation for prescribed dosage.
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SEE 25 TAC '289.256(ff)

A. TOTAL HOURS OF TRAINING COMBINED CLINICAL AND WORK EXPERIENCE: _____ HOURS WHERE OBTAINED _____

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 - ! CALIBRATING AND PREPARING PATIENT DOSES
 - ! USING ADMINISTRATIVE CONTROLS TO PREVENT MISADMINISTRATIONS
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 - ! ELUTE Mo/Tc GENERATORS, TEST ELUATE AND PREPARE KITS
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 - ! PHYSICS AND INSTRUMENTATION; PROTECTION; MATHEMATICS; PHARMACEUTICAL CHEMISTRY; RADIATION BIOLOGY

TOTAL HOURS OF DIDACTIC (CLASSROOM AND LABORATORY TRAINING: _____ HOURS WHERE ATTENDED _____

[OR]

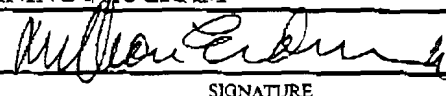
B. COMPLETE FULL-SCOPE NUCLEAR MEDICINE TRAINING IN A RESIDENCY ACCREDITED BY ACGME OR COPT-AOA. PROGRAM DIRECTOR _____ TOTAL NO. OF MONTHS COMPLETED _____

[OR]

C. 'ACCEPTED BOARD SPECIALTY: _____ American Board of Radiology _____ DATE ISSUED _____ June, 2006

I CERTIFY THAT THE ABOVE NAMED PHYSICIAN SUCCESSFULLY COMPLETED THE SPECIFIED TRAINING WITHIN THE INSTITUTIONAL APPROVED TRAINING PROGRAM

William A. Erdman, M.D. , at UT Southwestern Medical Center - Radiology Dept.
NAME OF PHYSICIAN (PRECEPTOR) INSTITUTION


SIGNATURE

L00384
INSTITUTIONAL RRM LICENSE No.

5223 Harry Hines Boulevard
ADDRESS

214-590-5120
TELEPHONE No.

NRC State ☐
Agreement State ☐
Expiration Date _____

Dallas, TX 75390-8896
CITY/STATE/ZIP

April 30, 2007
DATE

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
	<ul style="list-style-type: none">[] 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
- ☐ 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 ☒ No 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
- _____ 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

NOV - 5 2008

Branch Chief's and/or HP's Initials: RTT Date: _____

NOV 10 2008

DATE

This is to acknowledge the receipt of your letter/application dated 10-02-08, 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** 472005.
When calling to inquire about this action, please refer to this mail control number.
You may call me at 817-860-8103.

Sincerely,

Colleen Munnahan

Licensing Assistant

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

: (FOR LFMS USE)
: INFORMATION FROM LTS
: -----
: Program Code: 02120
: Status Code: 0
: Fee Category: 7C
: Exp. Date: 20150131
: Fee Comments:
: Decom Fin Assur Req'd: N
: ::

LICENSE FEE TRANSMITTAL

A. REGION

1. 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

Signed Colleen Murahan
Date 10-30-08

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 _____

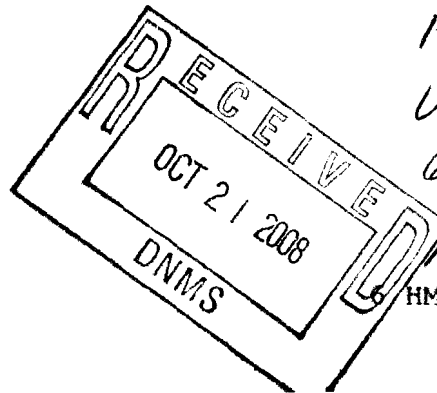
3. OTHER _____

Signed _____
Date _____

Bozeman
Deaconess
HOSPITAL

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

J BRATKE
NLE MED



ADDRESS SERVICE
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PRESORTED
FIRST CLASS



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NUCLEAR MATERIAL Licensing Branch
Region IV
UNITED STATES NUCLEAR REGULATORY COMMISSION
611 RYAN PLAZA DRIVE, Suite 400
DARLINGTON, TX 76011-8064

HMERN11 76011

