

Wyoming Medical Center

1233 E. Second St.
Casper, WY 82601
307.577.7201

October 8, 2008

US NRC Region IV
Texas Health Resources Tower
611 Ryan Plaza, Suite 400
Arlington, TX 76011-4005

RECEIVED

OCT 14 2008

DNMS

Dear Sir or Madam;

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

Wyoming Medical Center would like to add William Ketcham II, MD to the subject radioactive materials license. Dr. Ketcham has been previously listed on license # 49-01380-01 under Amendment No. 68. This license is for Memorial Hospital of Laramie County, dba Cheyenne Regional Medical Center.

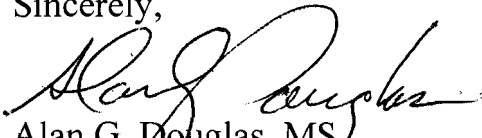
Dr. Ketcham is joining a practice in Casper, Wyoming and we need to add him to the Wyoming Medical Center radioactive materials license for the same authorized uses as he had on his previous license.

Specifically, it is requested that the license be amended to authorize Dr. Ketcham to use the 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

471990

MATERIALS LICENSE

ursuant to the Atomic Energy Act of 1954, as amended, the Energy Reorganization Act of 1974 (Public Law 93-438), and Title 10, Code of Federal Regulations, Chapter I, Parts 30, 31, 32, 33, 34, 35, 36, 39, 40, and 70, and in reliance on statements and representations heretofore made by the licensee, a license is hereby issued authorizing the licensee to receive, acquire, possess, and transfer byproduct, source, and special nuclear material designated below; to use such material for the purpose(s) and at the place(s) designated below; to deliver or transfer such material to persons authorized to receive it in accordance with the regulations of the applicable Part(s). This license shall be deemed to contain the conditions specified in Section 183 of the Atomic Energy Act of 1954, as amended, and is subject to all applicable rules, regulations, and orders of the Nuclear Regulatory Commission now or hereafter in effect and to any conditions specified below.

Licensee 1. Memorial Hospital of Laramie County dba Cheyenne Regional Medical Center 2. Department of Radiology 214 East 23rd Street Cheyenne, Wyoming 82001	In accordance with letter dated October 29, 2007 3. License number 49-01380-01 is amended in its entirety to read as follows: 4. Expiration date March 31, 2015 5. Docket No. 030-03496 Reference No.
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6. Byproduct, source, and/or special nuclear material	7. Chemical and/or physical form	8. Maximum amount that licensee may possess at any one time under this license
A. Any byproduct material permitted by 10 CFR 35.100	A. Any	A. As needed
B. Any byproduct material permitted by 10 CFR 35.200	B. Any	B. As needed
C. Any byproduct material permitted by 10 CFR 35.300	C. Any	C. 2 curies
D. Any byproduct material permitted by 10 CFR 35.400	D. Sealed sources (AEA/QSA Technology Model CDCT1; Amersham Model 6711; Theragenics Model 200)	D. 2 curies
E. Any byproduct material permitted by 10 CFR 31.11	E. Prepackaged Kits	E. 5 millicuries

9. Authorized use:
- A. Any uptake, dilution and excretion study permitted by 10 CFR 35.100.
 - B. Any imaging and localization study permitted by 10 CFR 35.200.
 - C. Any use permitted by 10 CFR 35.300.
 - D. Any manual brachytherapy procedure permitted by 10 CFR 35.400.
 - E. In vitro studies.

CONDITIONS

10. Licensed material may be used or stored only at the licensee's facilities located at 214 East 23rd Street, Cheyenne, Wyoming.

No 471990

**MATERIALS LICENSE
SUPPLEMENTARY SHEET**

License Number
49-01380-01

Docket or Reference Number
030-03496

Amendment No. 68

11. The Radiation Safety Officer for this license is Todd Christensen, M.S.
12. A. Licensed material is only authorized for use by, or under the supervision of individuals permitted to work as an authorized user, authorized nuclear pharmacist, and/or authorized medical physicist in accordance with 10 CFR 35.13 and 35.14.
- B. The following individuals are authorized users for medical use:

<u>Authorized Users</u>	<u>Material and Use</u>
D. Michael Kellam, M.D.	35.100; 35.200; 35.300; 31.11
Scott A. Hayden, M.D.	35.100; 35.200; 31.11; 35.300 oral administration of sodium iodide I-131 in quantities less than or equal to 33 millicuries only for imaging and localization studies
James G. Hubbard, M.D.	35.100; 35.200; 31.11; 35.300 oral administration of sodium iodide I-131 in quantities less than or equal to 33 millicuries only for imaging and localization studies
John W. Wright, M.D.	35.100; 35.200; 31.11; 35.300 oral administration of sodium iodide I-131 in quantities less than or equal to 33 millicuries only for imaging and localization studies
x Michael L. Sloan, M.D.	35.100; 35.200; 35.300; 31.11
Larry James Hattel, M.D.	35.200
Jeffrey C. Carlton, M.D.	35.300; 35.400; 31.11
William Ketcham II, M.D.	35.100; 35.200; 35.300; 31.11
Don R. Dickerson, M.D.	35.300; 35.400; 31.11
Michael Higginbotham, M.D.	35.200
Robert Stears, M.D.	35.100; 35.200; 35.300; 31.11

**MATERIALS LICENSE
SUPPLEMENTARY SHEET**License Number
49-01380-01Docket or Reference Number
030-03496

Amendment No. 68

18. Except as specifically provided otherwise in this license, the licensee shall conduct its program in accordance with the statements, representations, and procedures contained in the documents, including any enclosures, listed below. This license condition applies only to those procedures that are required to be submitted in accordance with the regulations. Additionally, this license condition does not limit the licensee's ability to make changes to the radiation protection program as provided for in 10 CFR 35.26. The U.S. Nuclear Regulatory Commission's regulations shall govern unless the statements, representations, and procedures in the licensee's application and correspondence are more restrictive than the regulations.
- A. Application dated October 11, 2004
 - B. Letter dated March 2, 2005
 - C. E-mail dated May 2, 2005
 - D. Letter dated September 6, 2006 (ML062680366)

FOR THE U.S. NUCLEAR REGULATORY COMMISSION

Date January 28, 2008By: 

Jacqueline D. Cook, Senior Health Physicist
Nuclear Materials Safety Branch B
Region IV
Arlington, Texas 76011

ACCEPTANCE REVIEW MEMO (ARM)

Licensee: Wyoming Medical Center **License No.:** 49-00152-02
Docket No.: 030-03495 **Mail Control No.:** 471990
Type of Action: Notify **Date of Requested Action:** 10-08-2008

Reviewer Assigned: **ARM reviewer(s):** J. Cook

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:** _____

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Request for unrestricted release Group 2 or >. Consult with Bravo Branch.
<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 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

Branch Chief's and/or HP's Initials: *JAC* **Date:** DEC 12 2008

DEC 17 2008

DATE

This is to acknowledge the receipt of your letter/application dated 10-08-08, 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 other 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 — 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** 471990.
When calling to inquire about this action, please refer to this mail control number.
You may call me at 817-860-8103.

Sincerely,



Licensing Assistant

: (FOR LFMS USE)
: INFORMATION FROM LTS
: -----
:
: Program Code: 02120
: Status Code: 0
: Fee Category: 7C
: Exp. Date: 20150531
: Fee Comments:
: Decom Fin Assur Reqd: N
:

BETWEEN:
License Fee Management Branch, ARM
and
Regional Licensing Sections

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
Applicant/Licensee: WYOMING MEDICAL CENTER
Received Date: 20081014
Docket No: 3003495
Control No.: 471990
License No.: 49-00152-02
Action Type: Notifications

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

3. COMMENTS
Signed Colleen Murnahan
Date 12-09-08

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 _____



Wyoming
Medical
Center

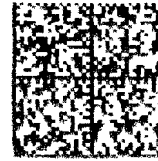
RADIOLOGY

1233 East Second Street
Casper, Wyoming 82601

Address Service Requested

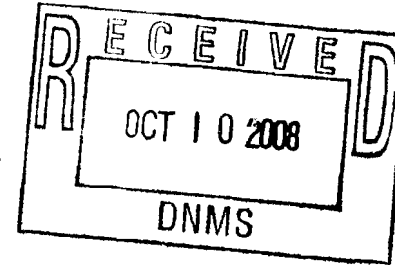
Attn: Alan Douglas
Radiation Safety Officer

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Arlington, TX 76011-4005



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