Bartlett Regional Hospital

3260 Hospital Drive • Juneau, Alaska 99801 • Telephone 907-796-8900

RECEIVED
MAR 19 2010
DNMS

March 15, 2010

United States Nuclear Regulatory Commission
Nuclear Materials Licensing Branch
Region IV
611 Ryan Plaza Drive, Suite 400
Arlington, TX 70611-8064

RE; License Number- 50-17686-01
Change of RSO

We would like to have Steven T. Strickler, DO replace William A. Richey, MD as acting RSO at Bartlett Regional Hospital. Enclosed is NRC Form 313A (RSO) along with a copy of Dr. Strickler's residency training in Nuclear Medicine.

Thank you for your assistance in this matter. Please contact me if you should need further assistance.

Sincerely,

Debbi Lehner

Debbi Lehner, Chief Operating Officer

472645

NRC FORM 313A (RSO)
(3-2009)

U.S. NUCLEAR REGULATORY COMMISSION

RADIATION SAFETY OFFICER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION [10 CFR 35.50]

APPROVED BY OMB: NO. 3150-0120
EXPIRES: 3/31/2012

Name of Proposed Radiation Safety Officer

Steven R. Strickler, DO

Requested Authorization(s) *The license authorizes the following medical uses (check all that apply):*

☑ 35.100 ☑ 35.200 ☐ 35.300 ☐ 35.400 ☐ 35.500 ☐ 35.600 (remote afterloader)

☐ 35.600 (teletherapy) ☐ 35.600 (gamma stereotactic radiosurgery) ☐ 35.1000 (_____)

PART I – TRAINING AND EXPERIENCE
(Select one of the four 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. Use Table 3.c. to describe training in radiation safety, regulatory issues, and emergency procedures for all types of medical use on the license.

c. Skip to and complete Part II Preceptor Attestation.

OR

☐ 2. **Current Radiation Safety Officer Seeking Authorization to Be Recognized as a Radiation Safety Officer for the Additional Medical Uses Checked Above**

a. Use the table in section 3.c. to describe training in radiation safety, regulatory issues, and emergency procedures for the additional types of medical use for which recognition as RSO is sought.

b. Skip to and complete Part II Preceptor Attestation.

OR

☐ 3. **Structured Educational Program for Proposed Radiation Safety Officer**

a. Classroom and Laboratory Training

Description of Training	Location of Training	Clock Hours	Dates of Training*
Radiation physics and instrumentation			
Radiation protection			
Mathematics pertaining to the use and measurement of radioactivity			
Radiation biology			
Radiation dosimetry			
Total Hours of Training:			

472645

RADIATION SAFETY OFFICER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. **Structured Educational Program for Proposed Radiation Safety Officer (continued)**

b. Supervised Radiation Safety Experience
(If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this section.)

Description of Experience	Location of Training/ License or Permit Number of Facility	Dates of Training*
Shipping, receiving, and performing related radiation surveys		
Using and performing checks for proper operation of instruments used to determine the activity of dosages, survey meters, and instruments used to measure radionuclides		
Securing and controlling byproduct material		
Using administrative controls to avoid mistakes in administration of byproduct material		
Using procedures to prevent or minimize radioactive contamination and using proper decontamination procedures		
Using emergency procedures to control byproduct material		
Disposing of byproduct material		
Licensed Material Used (e.g., 35.100, 35.200, etc.)+ _____		

+ Choose all applicable sections of 10 CFR Part 35 to describe radioisotopes and quantities used: 35.100, 35.200, 35.300, 35.400, 35.500, 35.600 remote afterloader units, 35.600 teletherapy units, 35.600 gamma stereotactic radiosurgery units, emerging technologies (provide list of devices).

RADIATION SAFETY OFFICER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Structured Educational Program for Proposed Radiation Safety Officer (continued)

b. Supervised Radiation Safety Experience (continued)

(If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this section.)

Supervising Individual	License/Permit Number listing supervising individual as a Radiation Safety Officer

This license authorizes the following medical uses:

- ☐ 35.100
- ☐ 35.200
- ☐ 35.300
- ☐ 35.400
- ☐ 35.500
- ☐ 35.600 (remote afterloader)
- ☐ 35.600 (teletherapy)
- ☐ 35.600 (gamma stereotactic radiosurgery)
- ☐ 35.1000 (_____)

c. Describe training in radiation safety, regulatory issues, and emergency procedures for all types of medical use on the license.

Description of Training	Training Provided By	Dates of Training*
Radiation safety, regulatory issues, and emergency procedures for 35.100, 35.200, and 35.500 uses	**Providence Hospital Southfield, MI**	**7-1-1991 to 7-30-1995**
Radiation safety, regulatory issues, and emergency procedures for 35.300 uses		
Radiation safety, regulatory issues, and emergency procedures for 35.400 uses		
Radiation safety, regulatory issues, and emergency procedures for 35.600 - teletherapy uses		
Radiation safety, regulatory issues, and emergency procedures for 35.600 - remote afterloader uses		
Radiation safety, regulatory issues, and emergency procedures for 35.600 - gamma stereotactic radiosurgery uses		
Radiation safety, regulatory issues, and emergency procedures for 35.1000, specify use(s):		

RADIATION SAFETY OFFICER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Structured Educational Program for Proposed Radiation Safety Officer (continued)

c. Training in radiation safety, regulatory issues, and emergency procedures for all types of medical use on the license (continued)

Supervising Individual *If training was provided by supervising RSO, AU, AMP, or ANP. (If more than one supervising individual is necessary to document supervised training, provide multiple copies of this page.)*	License/Permit Number listing supervising individual
William A. Richey, MD	50-17686-01

License/Permit lists supervising individual as:

☑ Radiation Safety Officer ☐ Authorized User ☐ Authorized Nuclear Pharmacist
☐ Authorized Medical Physicist

Authorized as RSO, AU, ANP, or AMP for the following medical uses:

☑ 35.100 ☑ 35.200 ☐ 35.300 ☐ 35.400
☐ 35.500 ☐ 35.600 (remote afterloader) ☐ 35.600 (teletherapy)
☐ 35.600 (gamma stereotactic radiosurgery) ☐ 35.1000 (_____)

d. Skip to and complete Part II Preceptor Attestation.

OR

☐ **4. Authorized User, Authorized Medical Physicist, or Authorized Nuclear Pharmacist identified on the licensee's license**

a. Provide license number.

b. Use the table in section 3.c. to describe training in radiation safety, regulatory issues, and emergency procedures for all types of medical use on the license.

c. Skip to and complete Part II Preceptor Attestation.

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 Radiation Safety Officer

10 CFR 35.50(a)(1)(i) and (a)(1)(ii); or 35.50 (a)(2)(i) and (a)(2)(ii); or 35.50(c)(1).

OR

☐ **2. Structured Educational Program for Proposed Radiation Safety Officers**

☐ I attest that _____ has satisfactorily completed a structural educational
Name of Proposed Radiation Safety Officer

program consisting of both 200 hours of classroom and laboratory training and one year of full-time radiation safety experience as required by 10 CFR 35.50(b)(1).

OR

RADIATION SAFETY OFFICER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

Preceptor Attestation (continued)

First Section (continued)
Check one of the following:

☐ **3. Additional Authorization as Radiation Safety Officer**

☐ I attest that Steven T. Strickler, DO is an
Name of Proposed Radiation Safety Officer

☑ Authorized User ☐ Authorized Nuclear Pharmacist

☐ Authorized Medical Physicist

identified on the Licensees license and has experience with the radiation safety aspects of similar type of use of byproduct material for which the individual has Radiation Safety Officer responsibilities

---

AND

Second Section
Complete for all *(check all that apply)*:

☑ I attest that Steven T. Strickler, DO has training in the radiation safety, regulatory issues, and
Name of ProposedRadiation Safety Officer

emergency procedures for the following types of use:

☑ 35.100

☑ 35.200

☐ 35.300 oral administration of less than or equal to 33 millicuries of sodium iodide I-131, for which a written directive is required

☐ 35.300 oral administration of greater than 33 millicuries of sodium iodide I-131

☐ 35.300 parenteral administration of any beta-emitter, or a photon-emitting radionuclide with a photon energy less than 150 keV for which a written directive is required

☐ 35.300 parenteral administration of any other radionuclide for which a written directive is required

☐ 35.400

☐ 35.500

☐ 35.600 remote afterloader units

☐ 35.600 teletherapy units

☐ 35.600 gamma stereotactic radiosurgery units

☐ 35.1000 emerging technologies, including:

_____

_____

_____

RADIATION SAFETY OFFICER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

AND

Third Section
Complete for ALL

☐ I attest that Steven T. Strickler, DO has achieved a level of radiation safety knowledge
Name of Proposed Radiation Safety Officer

sufficient to function independently as a Radiation Safety Officer for a medical use licensee.

Fourth Section
Complete the following for Preceptor Attestation and signature

I am the Radiation Safety Officer for Bartlett Regional Hospital
Name of Facility

License/Permit Number: 50-17686-01

Name of Preceptor	Signature	Telephone Number	Date
William A. Richey, MD	MD		3-15-2010

PROVIDENCE

PROVIDENCE HOSPITAL
AND MEDICAL CENTERS
16001 West Nine Mile Road
P.O. Box 2043
Southfield, MI 48037-2043
248-424-3000

August 15, 1997

Subject: Steven T. Strickler, D.O.

To whom it may concern:

Dr. Steven Strickler successfully completed his residency in Diagnostic Radiology on June 30, 1995. During the period of his residency program (July 1, 1991 to July 30, 1995), Dr. Strickler received the following training and experience specific to Nuclear Medicine:

Field of Training	Location	Lecture/Laboratory	Supervised On-The-Job Experience (Clock Hours)
Radiation Physics & Instrumentation	Providence Hospital Southfield, MI	50	120
Radiation Protection	Providence Hospital Southfield, MI	50	120
Mathematics pertaining to the use and measurement of radioactivity.	Providence Hospital Southfield, MI	50	120
Radiation Biology	Providence Hospital Southfield, MI	50	120
Radiopharmaceutical Chemistry	Providence Hospital Southfield, MI	50	120

Sincerely,

David L. Osher MD

David L. Osher, M.D.
Radiology Residency Program Director

DLO/paf

NRC FORM 313A (RSO)
(3-2009)

U.S. NUCLEAR REGULATORY COMMISSION

RADIATION SAFETY OFFICER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION [10 CFR 35.50]

APPROVED BY OMB: NO. 3150-0120
EXPIRES: 3/31/2012

Name of Proposed Radiation Safety Officer

Steven R. Strickler, DO

Requested Authorization(s) *The license authorizes the following medical uses (check all that apply):*

☑ 35.100 ☑ 35.200 ☐ 35.300 ☐ 35.400 ☐ 35.500 ☐ 35.600 (remote afterloader)

☐ 35.600 (teletherapy) ☐ 35.600 (gamma stereotactic radiosurgery) ☐ 35.1000 ( )

PART I – TRAINING AND EXPERIENCE
(Select one of the four 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. Use Table 3.c. to describe training in radiation safety, regulatory issues, and emergency procedures for all types of medical use on the license.

c. Skip to and complete Part II Preceptor Attestation.

OR

☐ 2. **Current Radiation Safety Officer Seeking Authorization to Be Recognized as a Radiation Safety Officer for the Additional Medical Uses Checked Above**

a. Use the table in section 3.c. to describe training in radiation safety, regulatory issues, and emergency procedures for the additional types of medical use for which recognition as RSO is sought.

b. Skip to and complete Part II Preceptor Attestation.

OR

☐ 3. **Structured Educational Program for Proposed Radiation Safety Officer**

a. Classroom and Laboratory Training

Description of Training	Location of Training	Clock Hours	Dates of Training*
Radiation physics and instrumentation			
Radiation protection			
Mathematics pertaining to the use and measurement of radioactivity			
Radiation biology			
Radiation dosimetry			
Total Hours of Training:			

4 / 2 6 4 5

RADIATION SAFETY OFFICER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Structured Educational Program for Proposed Radiation Safety Officer (continued)

b. Supervised Radiation Safety Experience
(If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this section.)

Description of Experience	Location of Training/ License or Permit Number of Facility	Dates of Training*
Shipping, receiving, and performing related radiation surveys		
Using and performing checks for proper operation of instruments used to determine the activity of dosages, survey meters, and instruments used to measure radionuclides		
Securing and controlling byproduct material		
Using administrative controls to avoid mistakes in administration of byproduct material		
Using procedures to prevent or minimize radioactive contamination and using proper decontamination procedures		
Using emergency procedures to control byproduct material		
Disposing of byproduct material		
Licensed Material Used (e.g., 35.100, 35.200, etc.)+ _____ _____ _____ _____		

+ Choose all applicable sections of 10 CFR Part 35 to describe radioisotopes and quantities used: 35.100, 35.200, 35.300, 35.400, 35.500, 35.600 remote afterloader units, 35.600 teletherapy units, 35.600 gamma stereotactic radiosurgery units, emerging technologies (provide list of devices).

RADIATION SAFETY OFFICER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. **Structured Educational Program for Proposed Radiation Safety Officer (continued)**

b. Supervised Radiation Safety Experience (continued)

(If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this section.)

Supervising Individual	License/Permit Number listing supervising individual as a Radiation Safety Officer

This license authorizes the following medical uses:

- ☐ 35.100
- ☐ 35.200
- ☐ 35.300
- ☐ 35.400
- ☐ 35.500
- ☐ 35.600 (remote afterloader)
- ☐ 35.600 (teletherapy)
- ☐ 35.600 (gamma stereotactic radiosurgery)
- ☐ 35.1000 (_____)

c. Describe training in radiation safety, regulatory issues, and emergency procedures for all types of medical use on the license.

Description of Training	Training Provided By	Dates of Training*
Radiation safety, regulatory issues, and emergency procedures for 35.100, 35.200, and 35.500 uses	Providence Hospital Southfield, MI	7-1-1991 to 7-30-1995
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Radiation safety, regulatory issues, and emergency procedures for 35.600 - gamma stereotactic radiosurgery uses		
Radiation safety, regulatory issues, and emergency procedures for 35.1000, specify use(s):		

RADIATION SAFETY OFFICER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. **Structured Educational Program for Proposed Radiation Safety Officer** (continued)

c. Training in radiation safety, regulatory issues, and emergency procedures for all types of medical use on the license (continued)

Supervising Individual *If training was provided by supervising RSO, AU, AMP, or ANP. (If more than one supervising individual is necessary to document supervised training, provide multiple copies of this page.)*	License/Permit Number listing supervising individual
William A. Richey, MD	50-17686-01

License/Permit lists supervising individual as:

☑ Radiation Safety Officer ☐ Authorized User ☐ Authorized Nuclear Pharmacist
☐ Authorized Medical Physicist

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☑ 35.100 ☑ 35.200 ☐ 35.300 ☐ 35.400
☐ 35.500 ☐ 35.600 (remote afterloader) ☐ 35.600 (teletherapy)
☐ 35.600 (gamma stereotactic radiosurgery) ☐ 35.1000 (_____)

d. Skip to and complete Part II Preceptor Attestation.

OR

☐ 4. **Authorized User, Authorized Medical Physicist, or Authorized Nuclear Pharmacist identified on the licensee's license**

a. Provide license number.

b. Use the table in section 3.c. to describe training in radiation safety, regulatory issues, and emergency procedures for all types of medical use on the license.

c. Skip to and complete Part II Preceptor Attestation.

PART II – PRECEPTOR ATTESTATION

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First Section
Check one of the following:

☐ 1. **Board Certification**

☐ I attest that _____ has satisfactorily completed the requirements in
Name of Proposed Radiation Safety Officer

10 CFR 35.50(a)(1)(i) and (a)(1)(ii); or 35.50 (a)(2)(i) and (a)(2)(ii); or 35.50(c)(1).

OR

☐ 2. **Structured Educational Program for Proposed Radiation Safety Officers**

☐ I attest that _____ has satisfactorily completed a structural educational
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program consisting of both 200 hours of classroom and laboratory training and one year of full-time radiation safety experience as required by 10 CFR 35.50(b)(1).

OR

RADIATION SAFETY OFFICER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

Preceptor Attestation (continued)

First Section (continued)
Check one of the following:

☐ 3. **Additional Authorization as Radiation Safety Officer**

☐ I attest that Steven T. Strickler, DO is an
Name of Proposed Radiation Safety Officer

☑ Authorized User ☐ Authorized Nuclear Pharmacist

☐ Authorized Medical Physicist

identified on the Licensees license and has experience with the radiation safety aspects of similar type of use of byproduct material for which the individual has Radiation Safety Officer responsibilities

---

AND

Second Section
Complete for all ***(check all that apply)*****:**

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Name of ProposedRadiation Safety Officer

emergency procedures for the following types of use:

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☑ 35.200

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☐ 35.400

☐ 35.500

☐ 35.600 remote afterloader units

☐ 35.600 teletherapy units

☐ 35.600 gamma stereotactic radiosurgery units

☐ 35.1000 emerging technologies, including:

_____

_____

_____

RADIATION SAFETY OFFICER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

AND

Third Section
Complete for ALL

☐ I attest that Steven T. Strickler, DO has achieved a level of radiation safety knowledge
Name of Proposed Radiation Safety Officer

sufficient to function independently as a Radiation Safety Officer for a medical use licensee.

Fourth Section
Complete the following for Preceptor Attestation and signature

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Name of Facility

License/Permit Number: 50-17686-01

Name of Preceptor	Signature	Telephone Number	Date
William A. Richey, MD	MD		3-15-2010

PROVIDENCE

PROVIDENCE HOSPITAL
AND MEDICAL CENTERS
16001 West Nine Mile Road
P.O. Box 2043
Southfield, MI 48037-2043
248-424-3000

August 15, 1997

Subject: Steven T. Strickler, D.O.

To whom it may concern:

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Mathematics pertaining to the use and measurement of radioactivity.	Providence Hospital Southfield, MI	50	120
Radiation Biology	Providence Hospital Southfield, MI	50	120
Radiopharmaceutical Chemistry	Providence Hospital Southfield, MI	50	120

Sincerely,

David L. Osher MD

David L. Osher, M.D.
Radiology Residency Program Director

DLO/paf

N 472045

4-05-2010
DATE

This is to acknowledge the receipt of your letter/application dated 3-15-2010, 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 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** 472645.
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

NRC FORM 532 (RIV)
(10-2008)

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

(FOR LFMS USE)
INFORMATION FROM LTS

Program Code: 02121
Status Code: 0
Fee Category: 7C
Exp. Date: 20140930
Fee Comments: _____
Decom Fin Assur Reqd: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
   Applicant/Licensee: BARTLETT REGIONAL HOSPITAL
   Received Date: 20100319
   Docket No: 3013158
   Control No.: 472645
   License No.: 50-17686-01
   Action Type: Amendment

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

3. COMMENTS

Signed Colleen Murnahan
Date 3-31-2010

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 _____

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Flat Rate ☐ or Weight: lbs. 5 ozs.	Military: ☐ 2nd Day ☐ 3rd Day	Total Postage & Fees: $ 18.30
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Bartlett Regional Hospital
3260 Hospital Dr.
Juneau, AK 99801

Attn: Frank S.

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☐ **NO DELIVERY** Weekend Holiday ☐

Mailer Signature

TO: (PLEASE PRINT) PHONE (817) 860-8188

NRC
Nuclear Materials Licensing
Region IV
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Arlington, TX 76011-8064

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