

Department of Nuclear Medicine
Frances Mahon Deaconess Hospital
621 3rd St. S.
Glasgow, MT 59230
May 27, 2010

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DNMS

Roberto J. Torres
U.S. Nuclear Regulatory Commission – Region IV
Division of Nuclear Materials Safety
Nuclear Medicine Materials Safety Branch B
612 East Lamar Boulevard, Suite 400
Arlington, TX 76011-4125

Dear Mr. Torres,

Thank you for the information on May 17 that you emailed me. I have filled out the forms and am submitting them to you.

Sincerely,

Roberta Britzman, CNMT, RT
Roberta Britzman, CNMT

**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

Roberta Britzman

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	<i>Billings Clinic School of Radiology Billings, MT 59101</i>	<i>2080 hrs</i>	<i>Sept. 1972 to Jan. 1975</i>
Radiation protection	"	<i>1040</i>	"
Mathematics pertaining to the use and measurement of radioactivity	"	<i>480</i>	"
Radiation biology	"	<i>480</i>	"
Radiation dosimetry	"	<i>480</i>	"
Total Hours of Training:		<i>4560</i>	

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	Frances Mahon Deaconess Hospital Glasgow, MT Lic # 25-16906-01	1976 to 1979 1983 to Present
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.)+ <u>35.100, 35.200</u>	"	"

+ 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 <i>Martin A. Kurland, M.D.</i>	License/Permit Number listing supervising individual as a Radiation Safety Officer <i>25-16906-01</i>
This license authorizes the following medical uses:	
<input checked="" type="checkbox"/> 35.100 <input checked="" type="checkbox"/> 35.200 <input type="checkbox"/> 35.300 <input type="checkbox"/> 35.400 <input type="checkbox"/> 35.500 <input type="checkbox"/> 35.600 (remote afterloader) <input type="checkbox"/> 35.600 (teletherapy) <input type="checkbox"/> 35.600 (gamma stereotactic radiosurgery) <input type="checkbox"/> 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	<i>Martin A. Kurland, M.D., RSO</i>	<i>1995 to Present</i>
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):	<i>Martin A. Kurland</i>	<i>1995 to present</i>

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.)*

Martin A. Kurland, M.D.

License/Permit Number listing supervising individual

25-16906-01

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 *Roberta Britzman* 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 _____ 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 Roberta Britzman has training in the radiation safety, regulatory issues, and
Name of Proposed Radiation 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 Roberta Britzman 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 Frances Mahon Deaconess Hospital
Name of Facility

License/Permit Number: 25-16906-01

Name of Preceptor	Signature	Telephone Number	Date
Martin A. Kurland		406 228 3630	5-27-10

Nuclear Medicine Technology Certification Board

No. 573068

SPONSORED BY

THE BOARD OF REGISTRY OF THE AMERICAN SOCIETY OF CLINICAL PATHOLOGISTS

THE SOCIETY OF NUCLEAR MEDICINE

AND

TECHNOLOGIST SECTION OF THE SOCIETY OF NUCLEAR MEDICINE

HEREBY CERTIFIES THAT

Roberta K. Britzman

HAS MET THE REQUIREMENTS THROUGH EXAMINATION BY THIS BOARD

AND IS HEREBY QUALIFIED TO PRACTICE THE SPECIALITY OF

NUCLEAR MEDICINE TECHNOLOGY

September 23, 1995



Karen J. Blondeau

D.P. Munkley

Paul Richards

John R. Findley

Thomas H. Miller

Nancy L. Larson

David J. Kelley

James L. Douglas

Patricia C. Wells

Shirley H. Ledbetter

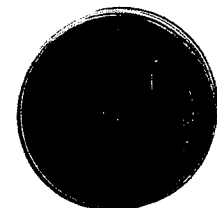
Martha Bickett

James J. Smith

Richard S. Lucas

Myra P. Payne

Michael V. Genter



CERTIFICATE NUMBER

018983

7-13-2010
DATE

This is to acknowledge the receipt of your letter/application dated 5-27-2010, 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** 573068.
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

BETWEEN:

Accounts Receivable/Payable
and
Regional Licensing Branches

[FOR ARPB USE]
INFORMATION FROM LTS

Program Code: 02121
Status Code: Pending Amendment
Fee Category: 7C
Exp. Date:
Fee Comments:
Decom Fin Assur Req: N

License Fee Worksheet - License Fee Transmittal

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: FRANCES MAHON DEACONESS HOSPITAL
Received Date: 07/01/2010
Docket Number: 3011841
Mail Control Number: 573068
License Number: 25-16906-01
Action Type: Amendment

2. FEE ATTACHED

Amount: _____
Check No.: _____

3. COMMENTS

[Handwritten signature/initials]

Signed: *Colleen Munnahan*
Date: 6-30-2010

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: _____

First

05/26/2010

US POSTAGE

\$01.05⁰



ZIP 59230
011D11608700

Roberto Torres
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