ROCKY MOUNTAIN ONCOLOGY ONE TEAM. ONE FOCUS. LIFE. RECEIVED

SEP 2 4 2010

DNMS

September 21, 2010

US Nuclear Regulatory Commission Region IV Nuclear Materials Licensing Branch 611 Ryan Plaza Drive Suite 400 Arlington, Texas 76011-8064

RE: Amendment for Radioactive Materials License #49-29254-01

Dear Sir or Madam:

Rocky Mountain Oncology requests that Robert L. Tobin; M.D. be added to the subject license as an authorized user for part 35.600 remote afterloader units. The qualifications for Dr. Tobin are that he has completed training from the manufacturer and has completed three years supervision under Dr. John Purviance, a named authorized user.

Two copies of the current 313A(AUS) are enclosed in support of this request.

For further information, please contact me at: (307) 233-4751 or fax (307) 233-4700.

Sincerely. In due

Alan G. Douglas, MS Radiation Safety Officer Rocky Mountain Oncology 6501 E. 2nd Street Casper, WY 82609

Attachment: NRC Form 313A(AUS), two copies

AND PRECE (for uses defined	U.S. NUCLEAR REGULA TRAINING AND EXPERIE PTOR ATTESTATION under 35.400 and 35.600 90, 35.491, and 35.690]	NCE	APPROVED BY EXPIRES: 3/31/	ÒMB: NO. 3150-0120 2012
Name of Proposed Authorized User Robert L. Tobin	State or Te	rritory Where License	ed	
Authorization(s) 35.400 Op	anual brachytherapy sources ohthalmic use of strontium-90 emote afterloader unit(s)	35.600 Telethera 35.600 Gamma s		liosurgery unit(s)
	PART I TRAINING AND EXI (Select one of the three method			
* Training and Experience, including date of application or the individual required training and experience wand experience related to the use	al must have obtained related co was completed. Provide dates, o	ntinuing education	and experienc	e since the
1. Board Certification				
a. Provide a copy of the board ce	ertification.			
b. For 35.600, go to the table in 3 which authorization is sought.	3.e. and describe training provide	er and dates of train	ning for each ty	/pe of use for
c. Skip to and complete Part II Pr	receptor Attestation.			
imes 2. Current 35.600 Authorized Use	er Requesting Additional Auth	orization for 35.60	00 Use(s) Che	cked Above
a. Go to the table in section 3.e.	to document training for new dev	vice.		
b. Skip to and complete Part II Pi	receptor Attestation.			
3. Training and Experience for	Proposed Authorized User			
a. Classroom and Laboratory Tra		491 35.0	690	
Description of Training	Location of Train	ing	Clock Hours	Dates of Training*
Radiation physics and instrumentation				
Radiation protection				
Mathematics pertaining to the use and measurement of radioactivity				
Radiation biology				
	Total Hours of Trainin	g:		

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

U.S. NUCLEAR REGULATORY COMMISSION

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Training and Experience for Proposed Authorized User (continued)

b. Supervised Work and Clinical Experience for 10 CFR 35.490 (If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this page.)

Supervised Work Experience	Total Hours of Experience:		
Description of Experience Must Include:	Location of Experience/License or Permit Number of Facility	Confirm	Dates of Experience*
Ordering, receiving, and unpacking radioactive materials		Yes	
safely and performing the related radiation surveys		No	
Checking survey meters for		Yes	
proper operation		No	
Preparing, implanting, and safely removing brachytherapy sources		Yes	
removing bracitymerapy sources		No	
Maintaining running inventories		Yes	
of material on hand		No	
Using administrative controls to prevent a medical event		Yes	
involving the use of byproduct material		No	
Using emergency procedures to		Yes	
control byproduct material		No	
Clinical experience in radiation oncology as part of an approved formal training program	Location of Experience/License or Permit Number of Facility		Dates of Experience*
Approved by:			1 1
Residency Review Committee for Radiation Oncology of the ACGME			
Royal College of Physicians and Surgeons of Canada			
Committee on Postdoctoral Training of the American Osteopathic Association			
Supervising Individual	License/Permit Number listing Authorized User	supervising ind	ividual as an

FORM 313A (AUS) ⁹⁾		U.S. NU	CLEAR REGULA	TORY COMMISSION
AUTHORIZED USER TRAINING	3 AND EXPERIENCE AND PRE		STATION (co	ntinued)
Training and Experience for Propo		ied)		
c. Supervised Clinical Experience for	10 CFR 35.491			
Description of Experience	Location of Experience/Lic Permit Number of Fac		Clock Hours	Dates of Experience*
Use of strontium-90 for ophthalmic treatment, including: examination of each individual to be treated; calculation of the dose to be administered; administration of the dose; and follow up and review of each individual's case history				
Supervising Individual	License/Perr Authorized U	nit Number listing Jser	supervising ind	ividual as an
d. Supervised Work and Clinical Exp	cricpes for 10 CER 35 690			
Remote afterloader unit(s)	Teletherapy unit(s)	Gamma :	stereotactic ra	diosurgery unit(s)
Supervised Work Experience		al Hours of perience:		
Description of Experience Must Include:	Location of Experience/Lic Permit Number of Fac		Confirm	Dates of Experience*
Reviewing full calibration measurements and periodic spot-checks			Yes No	
Preparing treatment plans and calculating treatment doses and times			Yes No	
Using administrative controls to prevent a medical event involving the use of byproduct material			Yes No	
Implementing emergency procedures to be followed in the event of the abnormal operation of the medical unit or console			Yes No	
Checking and using survey meters			Yes No	
Selecting the proper dose and how it is to be administered			Yes No	

	D USER TRAINING AND EXPE	RIENCE AND PRECEPTOR ATTE		rory commission
	erience for Proposed Authoriz	, , ,		
d. Supervised Wo	rk and Clinical Experience for 10) CFR 35.690 (continued)		
Clinical experier oncology as part formal trainir	of an approved	ocation of Experience/License or Permit Number of Facility		Dates of Experience*
Approved by: Residency Re Committee for	Radiation			
Oncology of th Royal College and Surgeons	of Physicians			
Committee on Training of the Osteopathic A	American			
Supervising Individu	al	License/Permit Number listing Authorized User	supervising indi	vidual as an
e. For 35.600, de sought.	scribe training provider and date	s of training for each type of use fo	or which author	zation is
Description of Training		Training Provider and Dates		
	Remote Afterloader	Teletherapy	1	Stereotactic surgery
Device operation	8-23-07 & 8-24-07 ON- Site Operation Class from Manu facturee, 4-18-08 UCSD Med Ctr clas			
Safety procedures for the device use	4-18-08 UCSD Med Ctr clas 8-24-07 Emergency & Safety Operat H-18-08 UCSDMC SAVI Applicator Training 8-24-07	fions		
Clinical use of the device	8-24-07 Applications & Accessories tmining 4-18-08 UCSD SAVI ANDIGA	br		
Clinical use of the device Supervising Indivi- Individual (If more tha	Applications & Accessories +mining 4-18-08 UCSD SAVI Applica dual. If training provided by Supervising none supervising individual is necessary	lon License/Permit Number listing supe	-	as an
Clinical use of the device Supervising Indivi Individual (If more that to document supervise copies of this page.) John Purvin	Applications & Accessories +mining 4-18-08 UCSD SAVI Applica dual. If training provided by Supervising none supervising individual is necessary	be License/Permit Number listing supe Authorized User	-	as an

3-2009)			
	AUTHORIZED U	SER TRAINING AND EXPE	RIENCE AND PRECEPTOR ATTESTATION (continued)
		PART II – PR	ECEPTOR ATTESTATION
Note:	individual as long a	as the preceptor provides, d	s preceptor. The preceptor does not have to be the supervising irects, or verifies training and experience required. If more that rience, obtain a separate preceptor statement from each.
	By checking the bo position sought an	oxes below, the preceptor is d not attesting to the individ	attesting that the individual has knowledge to fulfill the duties out of a state of the state of
Circt C	Section		
		ng for each requested aut	horization:
For 3	35.490:		
	Board Certification		
	l attest that		has satisfactorily completed the requirements in
	i dicot indi	Name of Proposed Authorized L	
			ompetency sufficient to function independently as an sources for the medical uses authorized under 10 CFR 35.400.
			OR
T	raining and Experie	ence	
	I attest that		has satisfactorily completed the 200 hours of
		Name of Proposed Authorized U	Jser
	clinical experie level of compe	nce in radiation oncology, a	urs of supervised work experience, and 3 years of supervised s required by 10 CFR 35.490(b)(1) and (b)(2), and has achieve ndependently as an authorized user of manual brachytherapy nder 10 CFR 35.400.
For 3	clinical experie level of compe	nce in radiation oncology, a tency sufficient to function ir	s required by 10 CFR 35.490(b)(1) and (b)(2), and has achieve ndependently as an authorized user of manual brachytherapy
For 3	clinical experie level of compet sources for the	nce in radiation oncology, a tency sufficient to function ir	s required by 10 CFR 35.490(b)(1) and (b)(2), and has achieve ndependently as an authorized user of manual brachytherapy
For 3	clinical experie level of compe sources for the 35.491: I attest that	nce in radiation on cology, a tency sufficient to function ir medical uses authorized ur Name of Proposed Authorized U	s required by 10 CFR 35.490(b)(1) and (b)(2), and has achieve independently as an authorized user of manual brachytherapy inder 10 CFR 35.400. has satisfactorily completed the 24 hours of Jser
For 3	clinical experie level of compet sources for the 35.491: I attest that classroom and has used stron	nce in radiation on cology, a tency sufficient to function ir medical uses authorized ur Name of Proposed Authorized L laboratory training applicab tium-90 for ophthalmic treat el of competency sufficient t	s required by 10 CFR 35.490(b)(1) and (b)(2), and has achieve ndependently as an authorized user of manual brachytherapy nder 10 CFR 35.400. has satisfactorily completed the 24 hours of
	clinical experie level of compet sources for the 35.491: I attest that classroom and has used stron achieved a leve ophthalmic use	nce in radiation on cology, a tency sufficient to function ir medical uses authorized ur Name of Proposed Authorized L laboratory training applicab tium-90 for ophthalmic treat el of competency sufficient t	s required by 10 CFR 35.490(b)(1) and (b)(2), and has achieve independently as an authorized user of manual brachytherapy inder 10 CFR 35.400. has satisfactorily completed the 24 hours of Jser le to the medical use of strontium-90 for ophthalmic radiotherap ment of 5 individuals, as required by 10 CFR 35.491(b), and has
Seco	clinical experie level of compet sources for the 35.491: I attest that classroom and has used stron achieved a leve ophthalmic use	nce in radiation on cology, a tency sufficient to function ir medical uses authorized ur Name of Proposed Authorized L laboratory training applicab tium-90 for ophthalmic treat el of competency sufficient t	s required by 10 CFR 35.490(b)(1) and (b)(2), and has achieve independently as an authorized user of manual brachytherapy inder 10 CFR 35.400. has satisfactorily completed the 24 hours of Jser le to the medical use of strontium-90 for ophthalmic radiotherap ment of 5 individuals, as required by 10 CFR 35.491(b), and has
Seco For 3	clinical experie level of compet sources for the 35.491: I attest that classroom and has used stron achieved a leve ophthalmic use	nce in radiation on cology, a tency sufficient to function ir medical uses authorized ur Name of Proposed Authorized L laboratory training applicab tium-90 for ophthalmic treat el of competency sufficient t	s required by 10 CFR 35.490(b)(1) and (b)(2), and has achieve independently as an authorized user of manual brachytherapy inder 10 CFR 35.400. has satisfactorily completed the 24 hours of Jser le to the medical use of strontium-90 for ophthalmic radiotherap ment of 5 individuals, as required by 10 CFR 35.491(b), and has
Seco For 3	clinical experie level of compe- sources for the 35.491: I attest that classroom and has used stron achieved a leve ophthalmic use ond Section 35.690: Board Certification	nce in radiation on cology, a tency sufficient to function ir medical uses authorized ur Name of Proposed Authorized L laboratory training applicab tium-90 for ophthalmic treat el of competency sufficient t	s required by 10 CFR 35.490(b)(1) and (b)(2), and has achieve independently as an authorized user of manual brachytherapy inder 10 CFR 35.400. has satisfactorily completed the 24 hours of User le to the medical use of strontium-90 for ophthalmic radiotheral ment of 5 individuals, as required by 10 CFR 35.491(b), and has o function independently as an authorized user of strontium-90
Seco For 3	clinical experie level of compe- sources for the 35.491: I attest that classroom and has used stron achieved a leve ophthalmic use ond Section 35.690: Board Certification I attest that	nce in radiation oncology, a tency sufficient to function ir medical uses authorized ur Name of Proposed Authorized U laboratory training applicab tium-90 for ophthalmic treat el of competency sufficient t	s required by 10 CFR 35.490(b)(1) and (b)(2), and has achieve independently as an authorized user of manual brachytherapy inder 10 CFR 35.400. Jser le to the medical use of strontium-90 for ophthalmic radiotherapy ment of 5 individuals, as required by 10 CFR 35.491(b), and has o function independently as an authorized user of strontium-90 has satisfactorily completed the requirements in
Seco For 3	clinical experie level of compe- sources for the 35.491: I attest that classroom and has used stron achieved a leve ophthalmic use ond Section 35.690: Board Certification	nce in radiation on cology, a tency sufficient to function ir medical uses authorized ur Name of Proposed Authorized L laboratory training applicab tium-90 for ophthalmic treat el of competency sufficient t	s required by 10 CFR 35.490(b)(1) and (b)(2), and has achieve independently as an authorized user of manual brachytherapy inder 10 CFR 35.400. Jser le to the medical use of strontium-90 for ophthalmic radiotherapy ment of 5 individuals, as required by 10 CFR 35.491(b), and has o function independently as an authorized user of strontium-90 has satisfactorily completed the requirements in
Seco For 3	clinical experie level of compet sources for the 35.491: I attest that classroom and has used stron achieved a leve ophthalmic use ond Section 35.690: Board Certification I attest that 35.690(a)(1).	nce in radiation on cology, a tency sufficient to function ir medical uses authorized ur Name of Proposed Authorized U laboratory training applicab tium-90 for ophthalmic treat el of competency sufficient t	s required by 10 CFR 35.490(b)(1) and (b)(2), and has achieve independently as an authorized user of manual brachytherapy inder 10 CFR 35.400. Jser le to the medical use of strontium-90 for ophthalmic radiotherapy ment of 5 individuals, as required by 10 CFR 35.491(b), and has o function independently as an authorized user of strontium-90 has satisfactorily completed the requirements in
Seco For 3	clinical experie level of compet sources for the 35.491: I attest that classroom and has used stron achieved a leve ophthalmic use ond Section 35.690: Board Certification I attest that 35.690(a)(1).	nce in radiation oncology, a tency sufficient to function ir medical uses authorized ur Name of Proposed Authorized U laboratory training applicab tium-90 for ophthalmic treat el of competency sufficient t Name of Proposed Authorized U	s required by 10 CFR 35.490(b)(1) and (b)(2), and has achieve independently as an authorized user of manual brachytherapy inder 10 CFR 35.400. Jser le to the medical use of strontium-90 for ophthalmic radiotherapy ment of 5 individuals, as required by 10 CFR 35.491(b), and has o function independently as an authorized user of strontium-90 has satisfactorily completed the requirements in Jser OR
Seco For 3	clinical experie level of compet- sources for the 35.491: I attest that classroom and has used stron achieved a leve ophthalmic use ond Section 35.690: Board Certification I attest that 35.690(a)(1). Training and Experience X I attest that	nce in radiation oncology, a tency sufficient to function ir medical uses authorized ur Name of Proposed Authorized U laboratory training applicab tium-90 for ophthalmic treat el of competency sufficient t Name of Proposed Authorized U Name of Proposed Authorized U Name of Proposed Authorized U	s required by 10 CFR 35.490(b)(1) and (b)(2), and has achieve independently as an authorized user of manual brachytherapy inder 10 CFR 35.400. has satisfactorily completed the 24 hours of Jeer le to the medical use of strontium-90 for ophthalmic radiotheral ment of 5 individuals, as required by 10 CFR 35.491(b), and has o function independently as an authorized user of strontium-90 has satisfactorily completed the requirements in Jeer OR has satisfactorily completed 200 hours of classroom d User
Seco For 3	clinical experie level of compet sources for the 35.491: I attest that classroom and has used stron achieved a leve ophthalmic use ond Section 35.690: Board Certification I attest that 35.690(a)(1). Training and Experient X I attest that and laborator	nce in radiation oncology, a tency sufficient to function ir medical uses authorized ur Name of Proposed Authorized U laboratory training applicab tium-90 for ophthalmic treat el of competency sufficient t Name of Proposed Authorized U Name of Proposed Authorized U Name of Proposed Authorized U Name of Proposed Authorized U	s required by 10 CFR 35.490(b)(1) and (b)(2), and has achieve independently as an authorized user of manual brachytherapy inder 10 CFR 35.400. Jser le to the medical use of strontium-90 for ophthalmic radiotherapy ment of 5 individuals, as required by 10 CFR 35.491(b), and has o function independently as an authorized user of strontium-90 has satisfactorily completed the requirements in Jser OR

NRC FORM 212A (AUS)

NUCLEAR RECULATORY COMMISSION

(3-2009)	U.S. NUCLEAR REGULA	IORT CONNISSION
AUTHORIZED USER TRAINING AND EXPERIE	INCE AND PRECEPTOR ATTESTATION (co	ntinued)
Preceptor Attestation (continued)		
Third Section		
For 35.690: (continued)		
X lattest that Robert L. Tobin, M.D. Name of Proposed Authorized User	has received training required in 35.690(c) for device
operation, safety procedures, and clinical use checked below.	for the type(s) of use for which authorization is	sought, as
X Remote afterloader unit(s) Telethera	oy unit(s) Gamma stereotactic radiosurg	ery unit(s)
	AND	
Fourth Section		
X lattest that Rober L. Tobin, M.D., Name of Proposed Authorized User	has achieved a level of competency suff	cient to
achieve a level of competency sufficient to fun	ction independently as an authorized user for:	
Remote afterloader unit(s) Telethera	oy unit(s) Gamma stereotactic radiosurg	ery unit(s)
Fifth Section		
Complete the following for preceptor attestation and	signature:	
I meet the requirements in 10 CFR 35.490, 35 an authorized user for:	.491, 35.690, or equivalent Agreement State re	equirements, as
35.400 Manual brachytherapy sources	35.600 Teletherapy unit(s)	
35.400 Ophthalmic use of strontium-90	35.600 Gamma stereotactic radiosurgery uni	t(s)
X 35.600 Remote afterloader unit(s)		
Name of Preceptor John Purvinnce	Telephone Number	Date
Rocky Mountain Oncology		

PAGE 6

NRC FORM 313A (AUS) (3-2009) AUTHORIZED USER	U.S. NUCLEAR REGULATORY COMMISSION		ÓND. NO. 2450 0400
(for uses defined	EPTOR ATTESTATION I under 35.400 and 35.600) 90, 35.491, and 35.690]	EXPIRES: 3/31/	OMB: NO. 3150-0120 2012
Name of Proposed Authorized User Robert L. Tobin	State or Territory Where Licen	sed	
Authorization(s) 35.400 Op (check all that apply)	anual brachytherapy sources 35.600 Telethe ohthalmic use of strontium-90 35.600 Gamma emote afterloader unit(s)		liosurgery unit(s)
	PART I TRAINING AND EXPERIENCE (Select one of the three methods below)		
date of application or the individu	g Board Certification, must have been obtained w al must have obtained related continuing educatio was completed. Provide dates, duration, and des s checked above.	n and experience	e since the
1. Board Certification			
a. Provide a copy of the board ce	ertification.		
 b. For 35.600, go to the table in 3 which authorization is sought. 	3.e. and describe training provider and dates of tra	ining for each ty	vpe of use for
c. Skip to and complete Part II P	receptor Attestation.		
imes 2. <u>Current 35.600 Authorized Us</u>	er Requesting Additional Authorization for 35.	500 Use(s) Che	cked Above
a. Go to the table in section 3.e.	to document training for new device.		
b. Skip to and complete Part II P	receptor Attestation.		
3. Training and Experience for	Proposed Authorized User		
a. Classroom and Laboratory Tra	ining 35.490 35.491 35	.690	
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			
	Total Hours of Training:	-	
NRC FORM 313A (AUS) (3-2009)	PRINTED ON RECYCLED PAPER		PAGE 1

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

U.S. NUCLEAR REGULATORY COMMISSION

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Training and Experience for Proposed Authorized User (continued)

b. Supervised Work and Clinical Experience for 10 CFR 35.490 (If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this page.)

Supervised Work Experience	Total Hours of Experience:		
Description of Experience Must Include:	Location of Experience/License or Permit Number of Facility	Confirm	Dates of Experience
Drdering, receiving, and unpacking radioactive materials safely and performing the related		Yes	
adiation surveys			
Checking survey meters for		Yes	
proper operation		No	
Preparing, implanting, and safely		Yes	
emoving brachytherapy sources		No	
laintaining running inventories		Yes	
f material on hand		No	
Jsing administrative controls to prevent a medical event		Yes	
nvolving the use of byproduct naterial		No	
Jsing emergency procedures to		Yes	
control byproduct material		No	
Clinical experience in radiation oncology as part of an approved formal training program	Location of Experience/License or Permit Number of Facility	ſſ	Dates of Experience
Approved by:			
Residency Review Committee for Radiation Oncology of the ACGME			
Royal College of Physicians and Surgeons of Canada			
Committee on Postdoctoral Training of the American Osteopathic Association			
Supervising Individual	License/Permit Number listin Authorized User	ig supervising indi	ividual as an

FORM 313A (AUS) 9)		U.S. NUCLEAR REGULA	FORY COMMISSION
	AND EXPERIENCE AND PRECEP	PTOR ATTESTATION (co	ntinued)
Training and Experience for Propos	ed Authorized User (continued)		
c. Supervised Clinical Experience for	10 CFR 35.491		
Description of Experience	Location of Experience/License Permit Number of Facility	e or Clock Hours	Dates of Experience*
Use of strontium-90 for ophthalmic treatment, including: examination of each individual to be treated; calculation of the dose to be administered; administration of the dose; and follow up and review of each individual's case history			
Supervising Individual	License/Permit N Authorized User	umber listing supervising indi	vidual as an
d. Supervised Work and Clinical Expe	erience for 10 CFR 35.690		and a second sec
Remote afterloader unit(s)	Teletherapy unit(s)	Gamma stereotactic rac	diosurgery unit(s)
Supervised Work Experience	Total Ho Experie		
Description of Experience Must Include:	Location of Experience/License Permit Number of Facility	e or Confirm	Dates of Experience*
Reviewing full calibration measurements and periodic spot-checks		Yes No	
Preparing treatment plans and calculating treatment doses and times		Yes No	
Using administrative controls to prevent a medical event involving the use of byproduct material		Yes No	
Implementing emergency procedures to be followed in the event of the abnormal operation of the medical unit or console		Yes	
Checking and using survey meters		Yes No	
Selecting the proper dose and how it is to be administered		Yes No	

Training and Exp	erience for Prop	osed Authorize	<u>d User</u> (c	ontinued)		
d. Supervised Wo	rk and Clinical Ex	perience for 10 C	CFR 35.690) (continued)		
Clinical experien oncology as part formal trainin	of an approved	Lo		xperience/License umber of Facility	or	Dates of Experience
Approved by:						
Residency Re Committee for Oncology of th	Radiation e ACGME					
Royal College and Surgeons						
Committee on Training of the Osteopathic A	American					
Supervising Individu	lal			se/Permit Number lis rized User	ting supervising indi	ividual as an
e. For 35.600, de sought.	scribe training pr	ovider and dates	of training	for each type of us	e for which author	ization is
Description of Training			Training I	Provider and Dates	1	
	Remote A	fterloader		Teletherapy		Stereotactic surgery
Device operation	8-23-07 É E Site Operation Manu Stature					
Safety procedures for the device use	8-24-07 Emergency & H-18-08 UC Applicator	Safety Operations SDMC SAVI Training				
	8-24-07 Applications	& Accessories				
Clinical use of the device	THINKS	D CAUT				l as an
device Supervising Indivi Individual (If more that to document supervise conies of this page)	n one supervising ind	vidual is necessary rovide multiple	92 License/Per Authorized	rmit Number listing si User 49-292		
device Supervising Indivi Individual (If more that to document supervise conies of this page)	n one supervising indi n one supervising indi d work experience, pi nwce, M.D.	ided by Supervising vidual is necessary ovide multiple	License/Pei	User		

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NRC FORM 313A (AUS)

U.S. NUCLEAR REGULATORY COMMISSION

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)	
Preceptor Attestation (continued)	
Third Section	
For 35.690: (continued)	
\times I attest that $R_{0} \downarrow_{eR} \downarrow_{L}, T_{0} \downarrow_{iN}, M_{D}$ has received training required in 35.690(c) for device	
operation, safety procedures, and clinical use for the type(s) of use for which authorization is sought, as checked below.	
X Remote afterloader unit(s) Teletherapy unit(s) Gamma stereotactic radiosurgery unit(s)	
AND	
Fourth Section	
X I attest that Rober L. Tobin, M.D., has achieved a level of competency sufficient to	
achieve a level of competency sufficient to function independently as an authorized user for:	
Remote afterloader unit(s) Teletherapy unit(s) Gamma stereotactic radiosurgery unit(s)	
Fifth Section	-
Complete the following for preceptor attestation and signature:	
X I meet the requirements in 10 CFR 35.490, 35.491, 35.690, or equivalent Agreement State requirements, an authorized user for:	as
35.400 Manual brachytherapy sources 35.600 Teletherapy unit(s)	
35.400 Ophthalmic use of strontium-90 35.600 Gamma stereotactic radiosurgery unit(s)	
X 35.600 Remote afterloader unit(s)	
Name of Preceptor John Purvinnce License/Permit Number/Facility Name	
Rocky Mountain Oncology 49-29254-01	
	AGE 6

Accounts Receivable/Payable and **Regional Licensing Branches**

[FOR ARPB USE] INFORMATION FROM LTS

Program Code: 02230 Status Code: Pending Amendment Fee Category: 7C Exp. Date: Fee Comments: Decom Fin Assur Reqd: N

License Fee Worksheet - License Fee Transmittal

A. REGION

1. APPLICATION ATTAC	CHED
Applicant/Licensee:	ROCKY MOUNTAIN ONCOLOGY
Received Date:	09/24/2010
Docket Number:	3037415
Mail Control Number:	573613
License Number:	49-29254-01
Action Type:	Amendment

2. FEE ATTACHED

Amount:	/
Check No.:	

3. COMMENTS

Colleen Murnahan Signed: 9-29-2010

Date:

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		
<u></u>		
	Signed:	
	Date:	