

RUC

Wyoming Medical Center

1233 E. Second St.
Casper, WY 82601
307.577.7201

RECEIVED

FEB 25 2011

DNMS

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February 21, 2011

Nuclear Materials Licensing Branch
U.S. Nuclear Regulatory Commission, Region IV
611 Ryan Plaza Drive, Suite 400
Arlington, TX 76011-4005

Wyoming Medical Center requests an amendment to our license # 49-00152-02 to add Bexxar (I^{131} Tositumomab). Specifically, we would like to add the following:

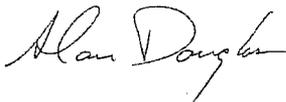
I^{131}	Liquid as Glaxo Smith Kline Pharmaceuticals <i>Bexxar</i>	250 mCi	Any use permitted under 10 CFR 35.300
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Also, Robert L. Tobin, M.D. will be the authorized user. Dr. Tobin is currently listed on this license for part 300 uses.

The radio-labeled Tositumomab will be obtained in patient specific unit doses from the Pharma-Logic radiopharmacy in Casper, WY. The training and certification of the physician, pharmacist, nuclear medicine technologists and the physicist in the use of Bexxar will be in accordance with the Glaxo Smith Kline training protocol. This FDA approved protocol requires that the manufacturer supply on-site supervision of the administration of the Bexxar product for the first three patients in order to certify that the AU physician is properly trained to deliver this treatment.

If there is anything further you require in order to complete the amendment, please feel free to contact me at 307-233-4751 or at the address on the license, Attn: Alan Douglas, MS, Radiation Safety Officer, Radiation Safety Mailbox, Wyoming Medical Center.

Thank you for your assistance,



Alan G. Douglas, MS
Radiation Safety Officer
Wyoming Medical Center

Wyoming Medical Center

1233 E. Second St.
Casper, WY 82601
307.577.7201

February 21, 2011

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

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FEB 25 2011

DNMS

RE: Amendment for Radioactive Materials License #49-00152-02

Dear Sir or Madam:

Wyoming Medical Center requests that Joseph C. McGinley, M.D. be added to the subject license as an authorized user for 35.100; 35.200; 35.300 materials. The qualifications for Dr. McGinley are outlined in the two attached copies (ea.) of the NRC Forms 313A(AUD) and 313A(AUT). Also included ~~is~~ are copies of Dr. McGinley's ABR Certification.

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

Sincerely,

Alan G. Douglas, MS
Radiation Safety Officer
Wyoming Medical Center
1233 E. 2nd Street
Casper, WY 82601

The American Board of Radiology

Organized through the cooperation of the
American College of Radiology, the American Roentgen Ray Society,
the American Radium Society, the Radiological Society of North America,
the Section on Radiology of the American Medical Association,
the American Society for Radiation Oncology, the Association of
University Radiologists, and the American Association of Physicists in Medicine

Hereby certifies that

Joseph Charles McGinley, M.D.

Has pursued an accepted course of graduate study
and clinical work, has met certain standards and qualifications and
has passed the examinations conducted under the authority of

The American Board of Radiology

On this third day of June, 2009

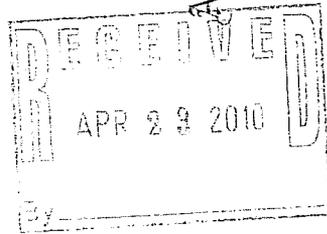
Thereby demonstrating to the satisfaction of the Board
that he is qualified to practice the specialty of

Diagnostic Radiology

H. Reed Spornish, MD
President

Richard A. Moran
Secretary-Treasurer

Henry P. ...
Executive Director



Certificate No. 56530

Valid through 2019

The American Board of Radiology

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the Section on Radiology of the American Medical Association,
the American Society for Radiation Oncology, the Association of
University Radiologists, and the American Association of Physicians in Medicine

Hereby certifies that

Joseph Charles McGinley, MD

Has pursued an accepted course of graduate study
and clinical work, has met certain standards and qualifications and
has passed the examinations conducted under the authority of

The American Board of Radiology

On this third day of June, 2009

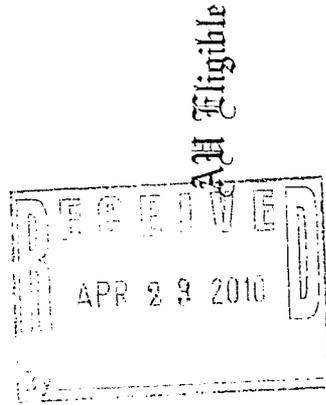
Thereby demonstrating to the satisfaction of the Board
that he is qualified to practice the specialty of

Diagnostic Radiology

M. Reed
President

Richard T. Mann
Secretary-Treasurer

Henry J. Schaefer, MD
Executive Director



Certificate No. 56530

574574

Valid through 2019

**AUTHORIZED USER TRAINING AND EXPERIENCE
AND PRECEPTOR ATTESTATION**
(for uses defined under 35.100, 35.200, and 35.500)
[10 CFR 35.190, 35.290, and 35.590]

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

Name of Proposed Authorized User: Joseph McGinley State or Territory Where Licensed: NY, CA

- Requested Authorization(s) (check all that apply)
- 35.100 Uptake, dilution, and excretion studies
 - 35.200 Imaging and localization studies
 - 35.500 Sealed sources for diagnosis (specify device _____)

PART I – TRAINING AND EXPERIENCE
(Select one of the three 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. If using only 35.500 materials, stop here. If using 35.100 and 35.200 materials, skip to and complete Part II Preceptor Attestation.

2. Current 35.390 Authorized User Seeking Additional 35.290 Authorization

- a. Authorized user on Materials License _____ meeting 10 CFR 35.390 or equivalent Agreement State requirements seeking authorization for 35.290.
- b. Supervised Work 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 Experience/License or Permit Number of Facility	Clock Hours	Dates of Experience*
Eluting generator systems appropriate for the preparation of radioactive drugs for imaging and localization studies, measuring and testing the eluate for radionuclidic purity, and processing the eluate with reagent kits to prepare labeled radioactive drugs			

Total Hours of Experience:

Supervising Individual _____ License/Permit Number listing supervising individual as an authorized user _____

Supervisor meets the requirements below, or equivalent Agreement State requirements (check all that apply).

- 35.290
- 35.390 + generator experience in 32.290(c)(1)(ii)(G)

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Training and Experience for Proposed Authorized User

a. Classroom and Laboratory Training.

Description of Training	Location of Training	Clock Hours	Dates of Training*
Radiation physics and instrumentation	Nuclear Medicine Dept, Stanford Hospital & Clinics	60	07/2005- 06/2009
Radiation protection	"	20	"
Mathematics pertaining to the use and measurement of radioactivity	"	20	"
Chemistry of byproduct material for medical use (not required for 35.590)	"	20	"
Radiation biology	"	20	"
Total Hours of Training:		140	

b. Supervised Work Experience (completion of this table is not required for 35.590).
(If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this section.)

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 safely and performing the related radiation surveys	Nuclear Medicine Dept., Stanford Hospital & Clinics, 06716-43	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	07/2005- 06/2009
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters	"	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	07/2005- 06/2009

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

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

b. Supervised Work Experience. (continued)

Description of Experience Must include:	Location of Experience/License or Permit Number of Facility	Confirm	Dates of Experience*
Calculating, measuring, and safely preparing patient or human research subject dosages	Nuclear Medicine Dept, Stanford Hospital + Clinics, 0676-43	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	07/2005 - 06/2009
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material	U	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	U
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures	U	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	U
Administering dosages of radioactive drugs to patients or human research subjects	U	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	U
Eluting generator systems appropriate for the preparation of radioactive drugs for imaging and localization studies, measuring and testing the eluate for radionuclidic purity, and processing the eluate with reagent kits to prepare labeled radioactive drugs	U	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	U
Supervising Individual <i>Michael L. Goris, M.D.</i>		License/Permit Number listing supervising individual as an authorized user <i>0676-43</i>	
Supervisor meets the requirements below, or equivalent Agreement State requirements (check one).			
<input type="checkbox"/> 35.190 <input type="checkbox"/> 35.290 <input type="checkbox"/> 35.390 <input checked="" type="checkbox"/> 35.390 + generator experience in 35.290(c)(1)(ii)(G)			

c. For 35.590 only, provide documentation of training on use of the device.

Device	Type of Training	Location and Dates

d. For 35.500 uses only, stop here. For 35.100 and 35.200 uses, skip to and complete Part II Preceptor Attestation.

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

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. (Not required to meet training requirements in 35.590)

By checking the boxes below, the preceptor is attesting that the individual has knowledge to fulfill the duties of the position sought and not attesting to the individual's "general clinical competency."

First Section

Check one of the following for each use requested:

For 35.190

Board Certification

I attest that _____ has satisfactorily completed the requirements in
Name of Proposed Authorized User

10 CFR 35.190(a)(1) and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100.

OR

Training and Experience

I attest that Joseph McGinley has satisfactorily completed the 60 hours of training and
Name of Proposed Authorized User

experience, including a minimum of 8 hours of classroom and laboratory training, required by 10 CFR 35.190(c)(1), and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100.

For 35.290

Board Certification

I attest that _____ has satisfactorily completed the requirements in
Name of Proposed Authorized User

10 CFR 35.290(a)(1) and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100 and 35.200.

OR

Training and Experience

I attest that Joseph McGinley has satisfactorily completed the 700 hours of training
Name of Proposed Authorized User

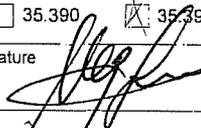
and experience, including a minimum of 80 hours of classroom and laboratory training, required by 10 CFR 35.290(c)(1), and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100 and 35.200.

Second Section

Complete the following for preceptor attestation and signature:

I meet the requirements below, or equivalent Agreement State requirements, as an authorized user for:

- 35.190
- 35.290
- 35.390
- 35.390 + generator experience

Name of Preceptor <u>Michael L. Goris</u>	Signature 	Telephone Number <u>650-725-4713</u>	Date <u>2/9/11</u>
License/Permit Number/Facility Name <u>0676-43/Stanford University Hospital + Clinics</u>			

**AUTHORIZED USER TRAINING AND EXPERIENCE
AND PRECEPTOR ATTESTATION**
(for uses defined under 35.300)
[10 CFR 35.390, 35.392, 35.394, and 35.396]

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

Name of Proposed Authorized User: Joseph McGinley State or Territory Where Licensed: WT, CA

- Requested Authorization(s) (check all that apply):
- 35.300 Use of unsealed byproduct material for which a written directive is required
- OR**
- 35.300 Oral administration of sodium iodide I-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)
 - 35.300 Oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 1.22 gigabecquerels (33 millicuries)
 - 35.300 Parenteral administration of any beta-emitter, or 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

PART I – TRAINING AND EXPERIENCE

(Select one of the three 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 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. For 35.390, provide documentation on supervised clinical case experience. The table in section 3.c. may be used to document this experience.
 - c. For 35.396, provide documentation on classroom and laboratory training, supervised work experience, and supervised clinical case experience. The tables in sections 3.a., 3.b., and 3.c. may be used to document this experience.
 - d. Skip to and complete Part II Preceptor Attestation.
- 2. Current 35.300, 35.400, or 35.600 Authorized User Seeking Additional Authorization**
 - a. Authorized User on Materials License _____ under the requirements below or equivalent Agreement State requirements (check all that apply):
 - 35.390 35.392 35.394 35.490 35.690
 - b. If currently authorized for a subset of clinical uses under 35.300, provide documentation on additional required supervised case experience. The table in section 3.c. may be used to document this experience. Also provide completed Part II Preceptor Attestation.
 - c. If currently authorized under 35.490 or 35.690 and requesting authorization for 35.396, provide documentation on classroom and laboratory training, supervised work experience, and supervised clinical case experience. The tables in sections 3.a., 3.b., and 3.c. may be used to document this experience. Also provide completed Part II Preceptor Attestation.

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Training and Experience for Proposed Authorized User

a. Classroom and Laboratory Training 35.390 35.392 35.394 35.396

Description of Training	Location of Training	Clock Hours	Dates of Training*
Radiation physics and instrumentation	Nuclear Medicine Dept., Stanford Hospital & Clinics	60	07/2005 - 06/2009
Radiation protection	"	20	"
Mathematics pertaining to the use and measurement of radioactivity	"	20	"
Chemistry of byproduct material for medical use	"	20	"
Radiation biology	"	20	"
Total Hours of Training:		140	

b. Supervised Work Experience 35.390 35.392 35.394 35.396

If more than one supervising individual is necessary to document supervised training, 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 safely and performing the related radiation surveys	Nuclear Medicine Dept., Stanford Hospital & Clinics, 0676-43	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	07/2005 - 06/2009
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters	"	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	07/2005 - 06/2009 "
Calculating, measuring, and safely preparing patient or human research subject dosages	"	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	"
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material	"	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	"
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures	"	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	"

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

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

b. Supervised Work Experience (continued)

Supervising Individual <i>Michael L. Goris, M.D.</i>	License/Permit Number listing supervising individual as an authorized user <i>0676-43</i>
Supervising individual meets the requirements below, or equivalent Agreement State requirements (check all that apply)**:	
<input checked="" type="checkbox"/> 35.390	With experience administering dosages of:
<input checked="" type="checkbox"/> 35.392	<input checked="" type="checkbox"/> Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)
<input checked="" type="checkbox"/> 35.394	<input checked="" type="checkbox"/> Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)
<input checked="" type="checkbox"/> 35.396	<input checked="" type="checkbox"/> Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required
	<input checked="" type="checkbox"/> Parenteral administration of any other radionuclide requiring a written directive
** Supervising Authorized User must have experience in administering dosages in the same dosage category or categories as the individual requesting authorized user status.	

c. Supervised Clinical Case Experience

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

Description of Experience	Number of Cases Involving Personal Participation	Location of Experience/License or Permit Number of Facility	Dates of Experience*
Oral administration of sodium iodide I-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)	<i>3</i>	<i>Nuclear Medicine Dept, Stanford Hospital & Clinics, 0676-43</i>	<i>07/2005 - 06/2009</i>
Oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 1.22 gigabecquerels (33 millicuries)	<i>0</i>	<i> </i>	<i> </i>
Parenteral administration of any beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV for which a written directive is required	<i>0</i>	<i> </i>	<i> </i>
Parenteral administration of any other radionuclide for which a written directive is required	<i>0</i>	<i> </i>	<i> </i>
(List radionuclides)			

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

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

c. Supervised Clinical Case Experience (continued)

Supervising Individual	License/Permit Number listing supervising individual as an authorized user
Michael L. Goris, M.D.	0676-43

Supervising individual meets the requirements below, or equivalent Agreement State requirements (check all that apply)**:

- 35.390 With experience administering dosages of:
- 35.392 Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)
- 35.394 Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)
- 35.396 Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required
- Parenteral administration of any other radionuclide requiring a written directive

** Supervising Authorized User must have experience in administering dosages in the same dosage category or categories as the individual requesting authorized user status.

d. Provide completed 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.

By checking the boxes below, the preceptor is attesting that the individual has knowledge to fulfill the duties of the position sought and not attesting to the individual's "general clinical competency."

First Section

Check one of the following for each requested authorization:

For 35.390:

Board Certification

I attest that _____ has satisfactorily completed the training and experience requirements in 35.390(a)(1).
Name of Proposed Authorized User

OR

Training and Experience

I attest that Joseph McKinley has satisfactorily completed the 700 hours of training and experience, including a minimum of 200 hours of classroom and laboratory training, as required by 10 CFR 35.390 (b)(1).
Name of Proposed Authorized User

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

Preceptor Attestation (continued)

First Section (continued)

For 35.392 (Identical Attestation Statement Regardless of Training and Experience Pathway):

I attest that Joseph McGinley has satisfactorily completed the 80 hours of classroom
Name of Proposed Authorized User
and laboratory training, as required by 10 CFR 35.392(c)(1), and the supervised work and clinical case
experience required in 35.392(c)(2).

For 35.394 (Identical Attestation Statement Regardless of Training and Experience Pathway):

I attest that Joseph McGinley has satisfactorily completed the 80 hours of classroom
Name of Proposed Authorized User
and laboratory training, as required by 10 CFR 35.394 (c)(1), and the supervised work and clinical case
experience required in 35.394(c)(2).

Second Section

I attest that Joseph McGinley has satisfactorily completed the required clinical case
Name of Proposed Authorized User
experience required in 35.390(b)(1)(ii)G listed below:

- Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)
- Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)
- Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required
- Parenteral administration of any other radionuclide requiring a written directive

Third Section

I attest that Joseph McGinley has satisfactorily achieved a level of competency to
Name of Proposed Authorized User
function independently as an authorized user for:

- Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)
- Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)
- Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required
- Parenteral administration of any other radionuclide requiring a written directive

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

Fourth Section

For 35.396:

Current 35.490 or 35.690 authorized user:

N/A

I attest that _____ is an authorized user under 10 CFR 35.490 or 35.690
Name of Proposed Authorized User

or equivalent Agreement State requirements, has satisfactorily completed the 80 hours of classroom and laboratory training, as required by 10 CFR 35.396 (d)(1), and the supervised work and clinical case experience required by 35.396(d)(2), and has achieved a level of competency sufficient to function independently as an authorized user for:

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

OR

Board Certification:

I attest that _____ has satisfactorily completed the board certification
Name of Proposed Authorized User

requirements of 35.396(c), has satisfactorily completed the 80 hours of classroom and laboratory training required by 10 CFR 35.396 (d)(1) and the supervised work and clinical case experience required by 35.396(d)(2), and has achieved a level of competency sufficient to function independently as an authorized user for:

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

Fifth Section

Complete the following for preceptor attestation and signature:

I meet the requirements below, or equivalent Agreement State requirements, as an authorized user for:

35.390 35.392 35.394 35.396

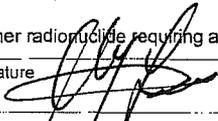
I have experience administering dosages in the following categories for which the proposed Authorized User is requesting authorization.

Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)

Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)

Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required

Parenteral administration of any other radionuclide requiring a written directive

Name of Preceptor <i>Michael L. Goris MD</i>	Signature 	Telephone Number <i>650-725-4713</i>	Date
License/Permit Number/Facility Name <i>0676-43 / Stanford University Hospital & Clinics</i>			

3-10-2011

DATE

This is to acknowledge the receipt of your letter/application dated 2-21-2011, 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** 574574.
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: 02120
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: WYOMING MEDICAL CENTER
Received Date: 03/04/2011
Docket Number: 3003495
Mail Control Number: 574574
License Number: 49-00152-02
Action Type: Amendment

2. FEE ATTACHED

Amount: _____

Check No.: _____

3. COMMENTS

Signed: Colleen Murnahan

Date: 3-4-2011

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: _____