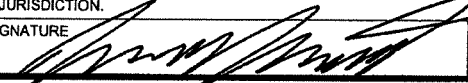


JUN 17 2011

NRC FORM 313 (3-2009) 10 CFR 30, 32, 33, 34, 35, 36, 39, and 40	U.S. NUCLEAR REGULATORY COMMISSION	APPROVED BY OMB: NO. 3150-0120 DNMS Estimated burden per response to comply with this mandatory collection request: 4.3 hours. Submittal of the application is necessary to determine that the applicant is qualified and that adequate procedures exist to protect the public health and safety. Send comments regarding burden estimate to the Records and FOIA/Privacy Services Branch (T-5 F53), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to infocollects.resource@nrc.gov , and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0120), Office of Management and Budget, Washington, DC 20503. If a means used to impose an information collection does not display a currently valid OMB control number, the NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.	EXPIRES: 3/31/2012		
<h2 style="margin: 0;">APPLICATION FOR MATERIALS LICENSE</h2>					
INSTRUCTIONS: SEE THE APPROPRIATE LICENSE APPLICATION GUIDE FOR DETAILED INSTRUCTIONS FOR COMPLETING APPLICATION. SEND TWO COPIES OF THE ENTIRE COMPLETED APPLICATION TO THE NRC OFFICE SPECIFIED BELOW.					
APPLICATION FOR DISTRIBUTION OF EXEMPT PRODUCTS FILE APPLICATIONS WITH: OFFICE OF FEDERAL & STATE MATERIALS AND ENVIRONMENTAL MANAGEMENT PROGRAMS DIVISION OF MATERIALS SAFETY AND STATE AGREEMENTS U.S. NUCLEAR REGULATORY COMMISSION WASHINGTON, DC 20555-0001 ALL OTHER PERSONS FILE APPLICATIONS AS FOLLOWS: IF YOU ARE LOCATED IN: ALABAMA, CONNECTICUT, DELAWARE, DISTRICT OF COLUMBIA, FLORIDA, GEORGIA, KENTUCKY, MAINE, MARYLAND, MASSACHUSETTS, NEW HAMPSHIRE, NEW JERSEY, NEW YORK, NORTH CAROLINA, PENNSYLVANIA, PUERTO RICO, RHODE ISLAND, SOUTH CAROLINA, TENNESSEE, VERMONT, VIRGINIA, VIRGIN ISLANDS, OR WEST VIRGINIA, SEND APPLICATIONS TO: LICENSING ASSISTANCE TEAM DIVISION OF NUCLEAR MATERIALS SAFETY U.S. NUCLEAR REGULATORY COMMISSION, REGION I 475 ALLENDALE ROAD KING OF PRUSSIA, PA 19406-1415		IF YOU ARE LOCATED IN: ILLINOIS, INDIANA, IOWA, MICHIGAN, MINNESOTA, MISSOURI, OHIO, OR WISCONSIN, SEND APPLICATIONS TO: MATERIALS LICENSING BRANCH U.S. NUCLEAR REGULATORY COMMISSION, REGION III 2443 WARRENVILLE ROAD, SUITE 210 Lisle, IL 60532-4352 ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, COLORADO, HAWAII, IDAHO, KANSAS, LOUISIANA, MISSISSIPPI, MONTANA, NEBRASKA, NEVADA, NEW MEXICO, NORTH DAKOTA, OKLAHOMA, OREGON, PACIFIC TRUST TERRITORIES, SOUTH DAKOTA, TEXAS, UTAH, WASHINGTON, OR WYOMING, SEND APPLICATIONS TO: NUCLEAR MATERIALS LICENSING BRANCH U.S. NUCLEAR REGULATORY COMMISSION, REGION IV 612 E. LAMAR BOULEVARD, SUITE 400 ARLINGTON, TX 76011-4125			
PERSONS LOCATED IN AGREEMENT STATES SEND APPLICATIONS TO THE U.S. NUCLEAR REGULATORY COMMISSION ONLY IF THEY WISH TO POSSESS AND USE LICENSED MATERIAL IN STATES SUBJECT TO U.S. NUCLEAR REGULATORY COMMISSION JURISDICTIONS.					
1. THIS IS AN APPLICATION FOR (Check appropriate item) <input type="checkbox"/> A. NEW LICENSE <input checked="" type="checkbox"/> B. AMENDMENT TO LICENSE NUMBER <u>42-19113-01</u> <input type="checkbox"/> C. RENEWAL OF LICENSE NUMBER _____		2. NAME AND MAILING ADDRESS OF APPLICANT (Include ZIP code) Carl R. Darnall Army Medical Center Attn: Jacob B Morton, Radiation Safety Office 36000 Darnall Loop Ft. Hood, TX 76544-4752			
3. ADDRESS WHERE LICENSED MATERIAL WILL BE USED OR POSSESSED Carl R. Darnall Army Medical Center 36000 Darnall Loop Ft. Hood, TX 76544-4752		4. NAME OF PERSON TO BE CONTACTED ABOUT THIS APPLICATION CPT Jacob B Morton TELEPHONE NUMBER (808) 489-3955			
SUBMIT ITEMS 5 THROUGH 11 ON 8-1/2 X 11" PAPER. THE TYPE AND SCOPE OF INFORMATION TO BE PROVIDED IS DESCRIBED IN THE LICENSE APPLICATION GUIDE.					
5. RADIOACTIVE MATERIAL a. Element and mass number; b. chemical and/or physical form; and c. maximum amount which will be possessed at any one time.		6. PURPOSE(S) FOR WHICH LICENSED MATERIAL WILL BE USED.			
7. INDIVIDUAL(S) RESPONSIBLE FOR RADIATION SAFETY PROGRAM AND THEIR TRAINING EXPERIENCE.		8. TRAINING FOR INDIVIDUALS WORKING IN OR FREQUENTING RESTRICTED AREAS.			
9. FACILITIES AND EQUIPMENT.		10. RADIATION SAFETY PROGRAM.			
11. WASTE MANAGEMENT.		12. LICENSE FEES (See 10 CFR 170 and Section 170.31) FEE CATEGORY _____ AMOUNT ENCLOSED \$ _____			
13. CERTIFICATION. (Must be completed by applicant) THE APPLICANT UNDERSTANDS THAT ALL STATEMENTS AND REPRESENTATIONS MADE IN THIS APPLICATION ARE BINDING UPON THE APPLICANT. THE APPLICANT AND ANY OFFICIAL EXECUTING THIS CERTIFICATION ON BEHALF OF THE APPLICANT, NAMED IN ITEM 2, CERTIFY THAT THIS APPLICATION IS PREPARED IN CONFORMITY WITH TITLE 10, CODE OF FEDERAL REGULATIONS, PARTS 30, 32, 33, 34, 35, 36, 39, AND 40, AND THAT ALL INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF THEIR KNOWLEDGE AND BELIEF. WARNING: 18 U.S.C. SECTION 1001 ACT OF JUNE 25, 1948 62 STAT. 749 MAKES IT A CRIMINAL OFFENSE TO MAKE A WILLFULLY FALSE STATEMENT OR REPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION.					
CERTIFYING OFFICER - TYPED/PRINTED NAME AND TITLE CPT Jacob Morton, Radiation Safety Officer		SIGNATURE 	DATE 06/17/2011		
FOR NRC USE ONLY					
TYPE OF FEE	FEE LOG	FEE CATEGORY	AMOUNT RECEIVED	CHECK NUMBER	COMMENTS
			\$		
APPROVED BY				DATE	

No 575433

**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

Ashley L. Booth

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**

- Provide a copy of the board certification.
- Use Table 3.c. to describe training in radiation safety, regulatory issues, and emergency procedures for all types of medical use on the license.
- 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**

- 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.
- Skip to and complete Part II Preceptor Attestation.

OR☒ **3. Structured Educational Program for Proposed Radiation Safety Officer**

- Classroom and Laboratory Training

Description of Training	Location of Training	Clock Hours	Dates of Training*
Radiation physics and instrumentation	Carl R Darnall Army Medical Center	40	June09-present
	AMEDD Center and School X-ray Survey Course	40	March 10
	AMEDD C&S Health Physics Course	54	Mar-Jun 09
Radiation protection	Carl R Darnall Army Medical Center	40	June09-present
	AMEDD Center and School X-ray Survey Course	20	March 10
	AMEDD C&S Health Physics Course	93	Mar-Jun 09
Mathematics pertaining to the use and measurement of radioactivity	Carl R Darnall Army Medical Center	20	June09-present
	AMEDD Center and School X-ray Survey Course	10	March 10
	AMEDD C&S Health Physics Course	44	Mar-Jun 09
Radiation biology	Carl Darnall Army Medical Center	20	June09-Present
	AMEDD C&S Health Physics Course	12	Mar-Jun09
	Medical Effects of Ionizing Radiation Course	40	Mar 10
Radiation dosimetry	AMEDD C&S Health Physics Course	13	June09-Present
Total Hours of Training:		370.0	

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	Carl R. Darnall Army Medical Center (CRDAMC) (42-19113-01)	June 09- 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	CRDAMC (42-19113-01)	June 09- Present
Securing and controlling byproduct material	CRDAMC (42-19113-01)	June 09- Present
Using administrative controls to avoid mistakes in administration of byproduct material	CRDAMC (42-19113-01)	June 09- Present
Using procedures to prevent or minimize radioactive contamination and using proper decontamination procedures	CRDAMC (42-19113-01)	June 09- Present
Using emergency procedures to control byproduct material	CRDAMC (42-19113-01)	June 09- Present
Disposing of byproduct material	CRDAMC (42-19113-01)	June 09- Present
Licensed Material Used (e.g., 35.100, 35.200, etc.)+ 35.100, 35.200, & 35.300 _____ _____ _____ _____	CRDAMC (42-19113-01)	June 09- Present

+ 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 CPT Jacob B. Morton	License/Permit Number listing supervising individual as a Radiation Safety Officer NRC License # 42-19113-01
This license authorizes the following medical uses:	
<input checked="" type="checkbox"/> 35.100 <input checked="" type="checkbox"/> 35.200 <input checked="" 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	CPT Jacob B Morton, Radiation Safety Officer	June 09- Present
Radiation safety, regulatory issues, and emergency procedures for 35.300 uses	CPT Jacob B Morton, Radiation Safety Officer	June 09- Present
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.)*

CPT Jacob B. Morton

License/Permit Number listing supervising individual

NRC License # 42-19113-01

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 Ashley L. Booth 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 Ashley L. Booth 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 Ashley L. Booth 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 Carl R. Darnall Army Medical Center
Name of Facility

License/Permit Number: 42-19113-01

Name of Preceptor Jacob B. Morton	Signature 	Telephone Number (254) 288-8249	Date 06/17/2011
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BETWEEN:

Accounts Receivable/Payable
and
Regional Licensing Branches

[FOR ARPB USE]
INFORMATION FROM LTS

Program Code: 02120
Status Code: Pending Amendment
Fee Category: 3E 3P 7C
Exp. Date:
Fee Comments:
Decom Fin Assur Req: N

License Fee Worksheet - License Fee Transmittal

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: ARMY, DEPARTMENT OF THE
Received Date: 06/17/2011
Docket Number: 3016084
Mail Control Number: 575433
License Number: 42-19113-01
Action Type: Amendment

2. FEE ATTACHED

Amount: _____

Check No.: _____

3. COMMENTS

Signed: _____

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 _____

Signed: _____

Date: _____

JUN 22 2011

DATE

This is to acknowledge the receipt of your letter/application dated
6/17/11, 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 additional 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** 575433.
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