

November 7, 2011

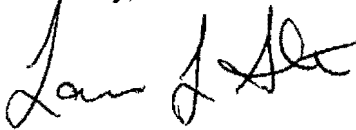
U.S. Nuclear Regulatory Commission,
Region IV
Attn: Jacqueline D. Cook
612 E. Lamar Blvd., Suite 400
Arlington, TX 76011-4125

Re: License No 25-10994-04
Docket No 030-33305
Control No 575798

Please find attached for your review and consideration the information you requested about Dr. Albert Paul Meier's submitted paperwork to add him to our license. Also would like to ignore the topic of Dr. Alderman. We will leave him as the license as is.

Thank you for your time and consideration

Sincerely,

A handwritten signature in black ink, appearing to read "Lawrence Slate", written in a cursive style.

Lawrence Slate
Radiation Safety Officer/Medical Physicist
406 522-1626

This application is based on the guidelines NUREG-1556 Volume 9 "Consolidated Guidance About Materials Licenses: Program Specific Guidance About Medical Material Use Licenses."

Item 1 License Application Type

This is an application to amend the facilities present NRC License # 25-10994-04

Item 2 Applicant's Name and Mailing Address

Bozeman Deaconess Hospital
915 Highland Boulevard
Bozeman, Montana 59715

Item 3 Address Where Licensed Material will be Used or Possessed

Bozeman Deaconess Hospital
915 Highland Boulevard
Bozeman, Montana 59715

Item 4 Person to be contacted about the Application

Lawrence J. Slate
Radiation Oncology
Bozeman Deaconess Hospital
915 Highland Boulevard
Bozeman, Montana 59715
406 522-1626

Please find for your review and consideration the documentation to add the following individuals as Authorized users on our license for 10 CFR 100 and 10 CFR 200 and 10 CFR 300:

Albert Paul Meier, MD

Also, please ignore the previous request that Daniel F. Alderman, MD be added as 10 CFR 300 instead on Oral administration of sodium iodide I-131. We will leave the license as is.

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

Note: All references to "35.XXX," or "10 CFR 35.XXX" contained within this form refer to the incorporation by reference of 10 CFR Part 35 in R313-32.

Name of Proposed Authorized User

Albert Paul Meier, MD

State or Territory Where Licensed

Utah

Requested Authorization(s) (check all that apply):

☐ 35.300 Use of unsealed radioactive 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)

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☒ 3. Training and Experience for Proposed Authorized Usera. 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	Department of Radiology, University of Utah, Salt Lake City, UT	30	Multiple training sessions from 7/1/2006-6/30/2010
Radiation protection	Department of Radiology, University of Utah, Salt Lake City, UT	20	
Mathematics pertaining to the use and measurement of radioactivity	Department of Radiology, University of Utah, Salt Lake City, UT	10	" "
Chemistry of radioactive material for medical use	Department of Radiology, University of Utah, Salt Lake City, UT	5	" "
Radiation biology	Department of Radiology, University of Utah, Salt Lake City, UT	15	" "
Total Hours of Training:		80	

b. Supervised Work Experience ☐ 35.390 ☒ 35.392 ☒ 35.394 ☐ 35.396

(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: Included in 700 hours of supervised work experience	
Description of Experience	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	University of Utah Hospital and Intermountain Radiopharmacy Salt Lake City, UT	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	multiple sessions during residency 7/1/2006-6/30/2010
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters	University of Utah Hospital and Intermountain Radiopharmacy Salt Lake City, UT	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	" "
Calculating, measuring, and safely preparing patient or human research subject dosages	University of Utah Hospital and Intermountain Radiopharmacy Salt Lake City, UT	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	" "
Using administrative controls to prevent a medical event involving the use of unsealed radioactive material	University of Utah Hospital and Intermountain Radiopharmacy Salt Lake City, UT	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	" "
Using procedures to contain spilled radioactive material safely and using proper decontamination procedures	University of Utah Hospital and Intermountain Radiopharmacy Salt Lake City, UT	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	" "

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

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

b. Supervised Work Experience. (continued)

Supervising Individual Kathryn A. Morton, MD	License/Permit Number listing supervising individual as an authorized user UT1800001
Supervising individual meets the requirements below, or equivalent Agreement State requirements (<i>check all that apply</i>)**:	
<input checked="" type="checkbox"/> 35.390 <input checked="" type="checkbox"/> 35.392 <input checked="" type="checkbox"/> 35.394 <input checked="" type="checkbox"/> 35.396	With experience administering dosages of: <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"/> Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries) <input checked="" type="checkbox"/> 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 <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

See attached case log

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)	3	University of Utah, UT1800001	11/3/2009 11/12/2009 11/12/2009
Oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 1.22 gigabecquerels (33 millicuries)	3	University of Utah, UT1800001	10/22/2009 11/5/2009 11/6/2009
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			
(List radionuclides)			

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

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

c. Supervised Clinical Case Experience (continued)

Supervising Individual Kathryn A. Morton, MD	License/Permit Number listing supervising individual as an authorized user UT 1800001
Supervising individual meets the requirements below, or equivalent Agreement State requirements (<i>check all that apply</i>)**:	
<input checked="" type="checkbox"/> 35.390 <input checked="" type="checkbox"/> 35.392 <input checked="" type="checkbox"/> 35.394 <input checked="" type="checkbox"/> 35.396	With experience administering dosages of: <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"/> Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries) <input checked="" type="checkbox"/> 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 <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.	

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.

First Section

Check one of the following for each use requested:

For 35.390

Board Certification

☐ I attest that _____ has satisfactorily completed the requirements in
Name of Proposed Authorized User
10 CFR 35.390(a)(1).

OR

Training and Experience

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

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

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Preceptor Attestation (continued)

First Section (continued)

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

- ☒ I attest that Albert Paul Meier, MD has satisfactorily completed the 80 hours of
Name of Proposed Authorized User
classroom 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 Albert Paul Meier, MD has satisfactorily completed the 80 hours of
Name of Proposed Authorized User
classroom 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 Albert Paul Meier, MD has satisfactorily completed the required
Name of Proposed Authorized User
clinical case 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 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 requiring a written directive

Third Section

- ☒ I attest that Albert Paul Meier, MD has satisfactorily achieved a level of competency
Name of Proposed Authorized User
to 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 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 requiring a written directive

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

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Fourth Section

For 35.396:

Current 35.490 or 35.690 authorized user:

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

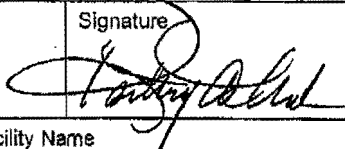
Board Certification:

- ☐ 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 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 requiring a written directive

Name of Preceptor Kathryn A. Morton, MD	Signature 	Telephone Number 801-581-7553	Date 11/7/11
License/Permit Number/Facility Name UT 1800001/ University of Utah Hospital and School of Medicine			