

*RIT*

RECEIVED

OCT 10 2012

DNMS

October 5, 2012

Michelle Simmons  
Health Physicist  
U.S. Nuclear Regulatory Commission  
Division of Nuclear Materials Safety

**RE: Amendment Request for Frontier Cancer Center License Number 25-29392-01**

Dear Ms. Simmons:

We wish to amend the above referenced license to remove one authorized user from our license and add one authorized user. Please remove Kathleen A. Ryan, M.D. as Authorized User and add John Hanson, M.D. as Authorized User for 35.200. Dr. Hanson is currently on the Materials License for St. Vincent Healthcare in Billings, MT (License Number 25-07553-01).

Please contact me at 406-238-6883 should you require any further information concerning this amendment request.

Sincerely,



**Justin Sherman, M.S.**  
Medical Physicist  
Radiation Safety Officer



Department of Radiation Oncology  
406-238-6883 (Phone)  
419-618-3466 (Cell)  
406-238-6961 (Fax)  
jsherman@frontiercancer.com

**PUBLIC**

- Immediate Release
- Normal Release

**NON-PUBLIC**

- A.3 Sensitive-Security Related
- A.7 Sensitive Inter.ial
- Other: \_\_\_\_\_

Reviewer: *RIT* Date: 10-29-12

Ma 579297

# 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 and the American Society of Therapeutic Radiologists*

*Hereby certifies that*

**John Vernon Hamann, 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*

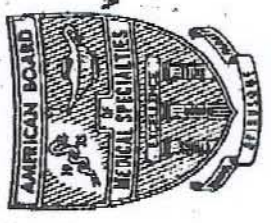
*On this fifteenth day of June, 1979*

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

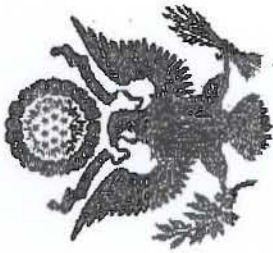
**Diagnostic Radiology**

*E. Richard King*

*C. Allen Good*



# U.S. Army Medical Department



*This is to certify that*

Captain John H. Hanson, MC

*has successfully completed*

Residency Training in Radiology

*at*

Walter Reed Army Medical Center  
Washington, D. C.

From 1 July 1976 to 30 June 1979

*Joseph J. Barlak*  
Joseph J. Barlak, MC  
Colonel, MC  
Chief, Department of Radiology

*Georg J. Baker*  
Georg J. Baker, MC  
Major General, MC  
Commanding



DATE  
10/30/2012

NAME AND ADDRESS OF APPLICANT AND/OR LICENSEE  Frontier Cancer Center and Blood Institute ATTN: Justin Sherman, M.S. Radiation Safety Officer P.O. Box 30976 Billings, MT 59107	LICENSE NUMBER 25-29392-01
	MAIL CONTROL NUMBER 579297
	LICENSING AND/OR TECHNICAL REVIEWER cmurnahan <i>cm</i>

This is to acknowledge the receipt of your:

LETTER and/or  APPLICATION      DATED: 10/05/2012

The initial processing, which included an administrative review, has been performed.

AMENDMENT     TERMINATION     NEW LICENSE     RENEWAL

- There were no administrative omissions identified during our initial review.
- This is to acknowledge receipt of your application for renewal of the material(s) license identified above. Your application is deemed timely filed, and accordingly, the license will not expire until final action has been taken by this office.
- Your application for a new NRC license did not include your taxpayer identification number. Please fill out NRC Form 531, located at the following link:

<http://www.nrc.gov/reading-rm/doc-collections/forms/nrc531.pdf>

Send the completed NRC Form 531, by facsimile, to the following number: (301) 415-5387

A copy of your action has been emailed to our License Fee and Accounts Receivable Branch, in our Headquarters office in Rockville, MD. You will be contacted separately if there is a fee issue involved.

Your application has been assigned the above listed **MAIL CONTROL NUMBER**. When calling to inquire about this action, please refer to this control number. Your application has been forwarded to a technical reviewer. Please note that the technical review, which is normally completed within 180 days for a renewal application (90 days for all other requests), may identify additional omissions or require additional information. If you have any questions concerning the processing of your application, our contact information is listed below:

Region IV  
U. S. Nuclear Regulatory Commission  
DNMS/NMSB - B  
1600 E. Lamar Blvd.  
Arlington, TX 76011-4511  
(817) 200-1103 or (817) 200-1140

*emailed to licensee  
10/30/12 cm*

BETWEEN:

Accounts Receivable/Payable  
and  
Regional Licensing Branches

[ FOR ARPB USE ]  
INFORMATION FROM WBL

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 ATTACHED

Applicant/Licensee: FRONTIER CANCER CENTERS AND BLOOD INSTITUTE  
Received Date: 10/10/2012  
Docket Number: 3038298  
Mail Control Number: 579297  
License Number: 25-29392-01  
Action Type: Amendment

##### 2. FEE ATTACHED

Amount: \_\_\_\_\_

Check No.: \_\_\_\_\_

Decom Fin Assur Reqd: N

##### 3. COMMENTS

Signed: Colleen Murnahan

Date: 10-26-12

#### 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: \_\_\_\_\_