

Billings Clinic

November 11, 2013
Roberto J. Torres
Senior Health Physicist
U.S. Nuclear Regulatory Commission, Region IV
612 East Larmar Blvd., Suite 400
Arlington, TX 76011-4125
817-860-8188

Re: Amendment Request for Billings Clinic License Number 25-01051-01

Dear Mr. Torres:

We wish to amend the above- referenced license to add Michelle A. Proper, MD as an authorized user for 10 CFR 35.400 and 600 uses. Dr. Proper has completed the necessary training and experience to function as an authorized user for manual brachytherapy sources and remote afterloader uses. Dr. Proper was previously authorized for these uses at Virginia Commonwealth University (VCU). VCU's broadscope license is 760-215-1 . Please find attached the following documents for Dr. Proper: training and experience forms from Virginia, ABR Board certification, and a copy of approval from VCU's RSO. Dr. Proper will receive device specific training from our chief medical physicist, Dennis Check, Ph.D., prior to

operating the HDR unit. Users with approval for these use categories will be considered authorized users for the appropriate categories.

We also wish to increase our possession limit for 1-131 . Please increase our limit to 900 mCi. Please contact me at 925-550-7720 or cfitz@billingsclinic.org should you require further information concerning this amendment request.

Sincerely,

Christopher K. Fitz, J.D., M.S.
Radiation Safety Officer

Cc: Peggy Wharton, Vice President
John Schallenkamp, M.D.

Michelle A. Proper, M.D.

2800 Tenth Avenue North- P.O. Box 37000 Billings, Montana 59107-7000 Billings Clinic Hospital (406) 657-4000 Billings Clinic (406) 238 2500 www.billingsclinic.com

RECEIVED

NOV 11 2013

DNMS

PUBLIC

- Immediate Release
- Normal Release

NON-PUBLIC

- A.3 Sensitive-Security Related
- A.7 Sensitive Internal
- Other: _____

Reviewer: MTZ Date: 11-20-13

No 582450

Hill, Carol

From: Chris Fitz <chrisfitz65@hotmail.com>
Sent: Monday, November 11, 2013 3:49 PM
To: Torres, RobertoJ; Hill, Carol
Cc: Peggy Wharton; John Schallenkamp; mproper@billingsclinic.org
Subject: Amendment Request for Billings Clinic 25-01051-01
Attachments: proper_nrc_amendment111113.pdf; Dr Michelle Proper ABR certificate.pdf; Dr Michelle Proper Board passing letter.pdf; Michelle Proper HDR Paperwork 11.6.2012.pdf; Michelle Proper LDR Paperwork 11.6.2012.pdf; Proper AU approval letter 10-29-13.pdf

Good Afternoon Mr. Torres,

Please find attached an amendment request for Billings Clinic.

Thank you for your help.

Chris Fitz, RSO
Billings Clinic



Billings Clinic

September 11, 2013

Roberto J. Torres
Senior Health Physicist
U.S. Nuclear Regulatory Commission
612 East Lamar Blvd., Suite 4
Arlington, TX 76011-4125
817-860-8188

cc: Armando Rodriguez, Armando Rodriguez, Armando Rodriguez

From: Billings Clinic

Dear Mr. Torres, we are pleased to announce that Billings Clinic has been selected to provide services to the U.S. Nuclear Regulatory Commission (NRC) for the next five years. This selection is a testament to the high quality of our services and the trust that the NRC has placed in our organization. We are committed to providing the highest quality of service to our clients and to maintaining the highest standards of safety and security. We look forward to continuing our partnership with the NRC and to providing the highest quality of service to our clients.

Our services include the following: **November 11, 2013**

We are proud to be a part of the NRC team and to provide the highest quality of service to our clients.

Thank you for your interest in our services. We look forward to hearing from you.

Respectfully,
 **Roberto J. Torres**

Senior Health Physicist
U.S. Nuclear Regulatory Commission

612 East Lamar Blvd., Suite 4

Arlington, TX 76011-4125

817-860-8188

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,
the American Association of Physicists in Medicine, and the Society of Interventional Radiology,
the American Board of Radiology hereby certifies that

Michelle Ann Proper, MD

Has pursued an accepted course of graduate study and clinical work; has met certain standards
and qualifications, including passing the examinations conducted under the authority of
the American Board of Radiology, demonstrating to the satisfaction of the Board qualification
to practice; and is therefore awarded the Board's certification in

Radiation Oncology

All Eligible



Ongoing validity of this certificate is contingent upon
meeting the requirements of Maintenance of Certification.

This diplomate of the American Board of Radiology
is permitted to use the **DABR** mark to signify this certification.

DABR



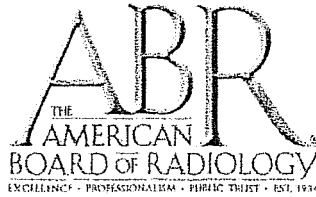
James P. Bryant, MD
President

S. Brown
Secretary-Treasurer

Harold S. ...
Executive Director

Certificate No. 65247

Effective: June 11, 2013



Jun 28, 2013

Radiation Oncology
ABR ID: 65247

Michelle Ann Proper, MD
2706 Melbourne Dr
Richmond, VA 23225

Dear Dr. Proper:

I am pleased to inform you that you passed the Oral Examination held on June 9-11, 2013, in Louisville, Kentucky. The American Board of Radiology hereby grants you a Certificate in Radiation Oncology.

In addition, because you received the appropriate training to make you Authorized User (AU) eligible, you will receive the AU-eligible designation on your certificate.

All new diplomates will be enrolled in Continuous Certification, a process that links the ongoing validity of certificates to meeting the requirements of Maintenance of Certification (MOC). Certificates no longer have "valid-through" dates but instead have the date of initial certification accompanied by the statement that "ongoing validity of this certificate is contingent upon meeting the requirements of Maintenance of Certification." Further information regarding the MOC process will be provided to you in a separate communication.

You may now use the ABR's registered certification mark, DABR® (Diplomate, American Board of Radiology), following your name and degree. (More information can be found on the policies page of the ABR website: <http://www.theabr.org/all-policies>.)

Our printer will send your certificate to the above address in approximately four months. If you have an address change, you must update your address via your myABR portal by Jul 28, 2013. Your name will appear on the certificate as it is shown above. If you wish to have your name displayed differently on your certificate, please email info@theabr.org with your requested change by Jul 28, 2013. Please be sure to title the email "Certificate Name Change." Legal name changes cannot be made via your myABR portal as they require supporting documentation, which can be emailed to info@theabr.org.

Your name and demographic information also will be included in a directory published by the American Board of Medical Specialties. It is your responsibility to notify other local, state, or national organizations of your certification.

Personally, and on behalf of the Board of Trustees of the American Board of Radiology, I wish to congratulate you for this distinguished achievement.

Sincerely,

Gary J. Becker, MD
Executive Director



TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION STATEMENT – D
(Authorized User for Manual Brachytherapy Sources)

The Virginia Department of Health is requesting disclosure of all information on this statement for the purpose of authorizing an individual to work with radioactive material. Failure to provide any information may result in denial or delay of authorizing an individual to work with radioactive material.

Instructions: Complete all applicable items. Refer to VAREG "Guidance for Medical Use of Radioactive Material." Use supplementary sheets where necessary. Retain one copy and submit original of the document to the Virginia Department of Health, Radioactive Materials Program, 109 Governor Street, Room 730, Richmond, VA 23219.

PART I TRAINING AND EXPERIENCE

Describe training and experience in sufficient detail to match the training and experience criteria in applicable regulations.

1. Name of Individual

Michelle A Proper

2. State Licensure

A copy of license to practice Medicine in Virginia is available in the department of radiation oncology

3. Certification (attach copy of current certificate)

Specialty Board	Category	Month and Year Certified

Note: Items 4-8 do not need to be completed when using Board Certification to meet 12VAC5-481, Part VII, training and experience requirements.
 Note: Items 4-6 do not need to be completed for individuals requesting ophthalmic use only.

4. Classroom and Laboratory Training

Description of Training	Location	Dates and Clock Hours of Training
Radiation Physics and Instrumentation	University of Colorado	July 2008 - June 2012 50 hours
Radiation Protection	University of Colorado	July 2008 - June 2012 50 hours
Mathematics Pertaining to Use and Measurement of Radioactivity	University of Colorado	July 2008 - June 2012 50 hours
Radiation Biology	University of Colorado	July 2008 - June 2012 50 hours

5. Supervised Work Experience

Description of Experience	Location	Dates of Experience
Ordering, receiving and unpacking radioactive materials	University of Colorado	July 2008 – June 2012 100 hours
Checking survey meters for proper operation and performing radiation surveys	University of Colorado	July 2008 – June 2012 100 hours
Preparing, implanting and removing brachytherapy sources	University of Colorado	July 2008 – June 2012 100 hours
Maintaining running inventories of radioactive materials on hand	University of Colorado	July 2008 – June 2012 100 hours

№ 5 8 2 4 5 0

Using administrative controls to avoid medical events in the administration of radioactive material.	University of Colorado	July 2008 – June 2012 100 hours
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TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION STATEMENT – D
(Authorized User for Manual Brachytherapy Sources)

6. Supervised Clinical Experience in Radiation Oncology

Description of Experience	Location	Dates of Experience
Prostate LDR brachytherapy	University of Colorado	July 2008 – June 2012
Oral cavity LDR brachytherapy	University of Colorado	July 2009

7a. Training and Experience for Ophthalmic uses of Strontium-90 under 12VAC5-481-2010 N/A

Classroom and Laboratory training for Ophthalmic uses of Strontium-90

Description of Experience	Location	Dates of Experience
Radiation Physics and Instrumentation		
Radiation Protection		
Mathematics Pertaining to Use and Measurement of Radioactivity		
Radiation Biology		

7b. Supervised Clinical Training for Ophthalmic use of Strontium-90. N/A

Description of Topics	Number of Cases Involving Personal Participation	Location	Dates of Experience
Examination of each person to be treated			
Calculation of the dose to be administered.			
Administration of Dose			
Follow-up and review of each individual's case history			

8. Supervising Individual – Identification and Qualifications

If more than one supervising individual is needed to meet requirements in 12 VAC 5-481, Part VII, provide the following information for each.

Supervisor meets the requirements of 12VAC5-481-2010 or equivalent NRC or another Agreement State requirements for the type(s) of use for which the person named in Item 1 is seeking authorization.

Name of Supervising Individual

Kelly Stuhr, M.S., DABR

Name of License on which Supervising Individual is Authorized

University of Colorado Hospital

Materials License Number –(Indicate which State or if NRC)

State: Colo. 828-01

PART II – PRECEPTOR ATTESTATION

Note: This part must be completed by the individual's preceptor. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each.

9. Preceptor Approval and Attestation

I meet VDH requirements to be a preceptor authorized user for the type(s) of use for which the individual named in Item 1 is seeking authorization.

N/A **Manual Brachytherapy**

Has satisfactorily completed the training requirements in **12VAC5-481-2010**;
AND

Has achieved a level of competency sufficient to independently function as an authorized user of manual brachytherapy sources for the medical uses authorized under **12VAC5-481-2010**.

N/A **Ophthalmic Uses of Strontium-90**

I attest that the individual named in Number 1 has:

Satisfactorily completed the training requirements in **12VAC5-481-2010**

Achieved a level of competency sufficient to function independently as an authorized user of Strontium-90 for ophthalmic use.

Name of License on which Preceptor is Authorized

University of Colorado Hospital

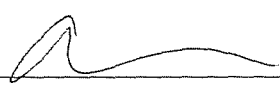
Materials License Number –(Indicate which State or if NRC)

State: Colo. 828-01

Print Name of Preceptor

Arthur K. Liu, MD, PhD

SIGNATURE - Preceptor



Date Signed

11/6/12



TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION STATEMENT – E
(Authorized User of Remote Afterloader, Teletherapy or Gamma Stereotactic Radiosurgery Units)

The Virginia Department of Health (VDH) is requesting disclosure of all information on this statement for the purpose of authorizing an individual to work with radioactive material. Failure to provide any information may result in denial or delay of authorizing an individual to work with radioactive material. For authorized user of remote afterloader, teletherapy, or gamma stereotactic radiosurgery units (12VAC5-481-2040).

Instructions: Complete all applicable items. Refer to VAREG "Guidance for Medical Use of Radioactive Material." Use supplementary sheets where necessary. Retain one copy and submit original of the document to the Virginia Department of Health, Radioactive Materials Program, 109 Governor Street, Room 730, Richmond, VA 23219.

PART I TRAINING AND EXPERIENCE

Describe training and experience in sufficient detail to match the training and experience criteria in applicable regulations.

1. Name of Individual

Michelle Proper

2. State Licensure

A copy of license to practice Medicine in Virginia is available in the department of radiation oncology

3. Certification (attach copy of current certificate)

Specialty Board	Category	Month and Year Certified

4. Device-Specific Training

Documentation of device-specific training is attached.

5. Classroom and Laboratory Training

Individuals who are using Board Certification to meet 12VAC5-481, Part VII training and experience requirements do not need to complete Items 5-8.

Description of Training	Location	Dates and Clock Hours of Training
Radiation Physics and Instrumentation	University of Colorado	July 2008- Jun 2012 50 hrs
Radiation Protection	University of Colorado	July 2008- Jun 2012 50 hrs
Mathematics Pertaining to Use and Measurement of Radioactivity	University of Colorado	July 2008- Jun 2012 50 hrs
Radiation Biology	University of Colorado	July 2008- Jun 2012 50 hrs

6. Supervised Work Experience

Description of Experience	Location	Dates and Clock Hours of Experience
Reviewing Full Calibration Measurements and Periodic Spot Checks	University of Colorado	July 2008- Jun 2012 100 hrs
Preparing Treatment Plans and Calculating Treatment Times and Doses	University of Colorado	July 2008- Jun 2012 100 hrs
Using Administrative Controls to Prevent a Medical Event of the Abnormal Operation of Medical Unit or Console	University of Colorado	July 2008- Jun 2012 100 hrs
Checking and Using Survey Meters	University of Colorado	July 2008- Jun 2012 100 hrs

Selecting the Proper Dose and How it is to be Administered	University of Colorado	July 2008- Jun 2012 100 hrs
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TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION STATEMENT – E
(Authorized User of Remote Afterloader, Teletherapy or Gamma Stereotactic Radiosurgery Units)

7. Supervised Clinical Experience in Radiation Therapy

Type of Use	Number of Cases	Location	Dates of Experience
Remote Afterloader	44	University of Colorado	July 2008 – June 2012

8. Supervising Individual – Identification and Qualifications

If more than one supervising individual is needed to meet requirements in 12VAC5-481, Part VII, provide the following information for each.

- Supervisor meets the requirements of 12VAC5-481-2040 or equivalent NRC or another Agreement State requirement for the type(s) of use for which the person named in Item 1 is seeking authorization.

Name of Supervising Individual

Kelly Stuhr, M.S. DABR

Name of License on which Supervising Individual is Authorized	Materials License Number –(Indicate which State or if NRC)
University of Colorado Hospital	State: Colo. 828-01

PART II – PRECEPTOR ATTESTATION

Note: This part must be completed by the individual’s preceptor. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each.

9. Preceptor Approval and Attestation

- I am an authorized user authorized for the type(s) of use for which the individual named in Item 1 is seeking authorized user status.

I attest that the individual named in Item 1

- Has satisfactorily completed the training requirements in 12VAC5-481-2040;

AND

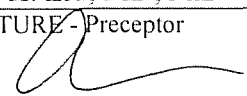
- Has achieved a level of competency sufficient to independently function as an authorized user for each type of therapeutic medical unit for which the individual is requesting authorized user status.

Name of License on which Preceptor is Authorized	Materials License Number –(Indicate which State or if NRC)
University of Colorado Hospital	State: Colo. 828-01

Print Name of Preceptor

Arthur K. Liu, MD, PhD

SIGNATURE - Preceptor



Date Signed

11/6/12



MCV Campus

V i r g i n i a C o m m o n w e a l t h U n i v e r s i t y

**Environmental Health and
Safety**

Sanger Hall
1101 East Marshall Street
P.O. Box 980112
Richmond, Virginia 23298-0112

804 828-6347
Fax: 804 828-1157
TDD: 1-800-828-1120
<http://www.vcu.edu/oehs>

October 29, 2013

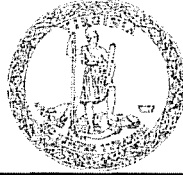
To Whom it May Concern:

This is to verify that Michelle A. Proper, M.D. was approved by the University's Radiation Safety Committee on 12/13/12 as an authorized user for radioactive material use under 12VAC5-481-2010 (I-125, Pd-103, Cs-137, and Ir-192) and 12VAC5-481-2040 (Ir-192). Our Commonwealth of Virginia Agreement State license number is 760-215-1.

Should you have any questions or need any additional information, please contact Mary Beth Taormina in our Radiation Safety section at (804) 828-7097.

Sincerely,

Dean W. Broga, Ph.D.
Director - Office of Environmental Health & Safety
Radiation Safety Officer



TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION STATEMENT – E
(Authorized User of Remote Afterloader, Teletherapy or Gamma Stereotactic Radiosurgery Units)

The Virginia Department of Health (VDH) is requesting disclosure of all information on this statement for the purpose of authorizing an individual to work with radioactive material. Failure to provide any information may result in denial or delay of authorizing an individual to work with radioactive material. For authorized user of remote afterloader, teletherapy, or gamma stereotactic radiosurgery units (12VAC5-481-2040).

Instructions: Complete all applicable items. Refer to VAREG "Guidance for Medical Use of Radioactive Material." Use supplementary sheets where necessary. Retain one copy and submit original of the document to the Virginia Department of Health, Radioactive Materials Program, 109 Governor Street, Room 730, Richmond, VA 23219.

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Checking and Using Survey Meters	University of Colorado	July 2008- Jun 2012 100 hrs

Selecting the Proper Dose and How it is to be Administered	University of Colorado	July 2008- Jun 2012 100 hrs
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TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION STATEMENT – E
(Authorized User of Remote Afterloader, Teletherapy or Gamma Stereotactic Radiosurgery Units)

Page 2 of 2

7. Supervised Clinical Experience in Radiation Therapy

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- Supervisor meets the requirements of 12VAC5-481-2040 or equivalent NRC or another Agreement State requirement for the type(s) of use for which the person named in Item 1 is seeking authorization.

Name of Supervising Individual

Kelly Stuhr, M.S. DABR

Name of License on which Supervising Individual is Authorized	Materials License Number –(Indicate which State or if NRC)
University of Colorado Hospital	State: Colo. 828-01

PART II – PRECEPTOR ATTESTATION

Note: This part must be completed by the individual’s preceptor. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each.

9. Preceptor Approval and Attestation

- I am an authorized user authorized for the type(s) of use for which the individual named in Item 1 is seeking authorized user status.

I attest that the individual named in Item 1

- Has satisfactorily completed the training requirements in 12VAC5-481-2040;

AND

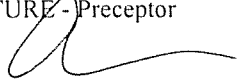
- Has achieved a level of competency sufficient to independently function as an authorized user for each type of therapeutic medical unit for which the individual is requesting authorized user status.

Name of License on which Preceptor is Authorized	Materials License Number –(Indicate which State or if NRC)
University of Colorado Hospital	State: Colo. 828-01

Print Name of Preceptor

Arthur K. Liu, MD, PhD

SIGNATURE - Preceptor



Date Signed

11/6/12



DATE
11/18/2013

NAME AND ADDRESS OF APPLICANT AND/OR LICENSEE

Billings Clinic
Department of Nuclear Medicine
ATTN: Christopher K. Fitz, J.D., M.S.
Radiation Safety Officer
P.O. Box 37000
Billings, Montana 59107

LICENSE NUMBER

25-01051-01

MAIL CONTROL NUMBER

582450

LICENSING AND/OR TECHNICAL REVIEWER

ch

This is to acknowledge the receipt of your:

LETTER and/or APPLICATION DATED: 11/11/2013

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 Boulevard
Arlington, TX 76011-4511
(817) 200-1103 or (817) 200-1140

✓ 11/19/13

BETWEEN:

Accounts Receivable/Payable
and
Regional Licensing Branches

[FOR ARPB USE]
INFORMATION FROM WBL

Program Code: 02230
Status Code: Pending Amendment
Fee Category: 7A 7C
Exp. Date:
Fee Comments: CODE 23
Decom Fin Assur Reqd: N

License Fee Worksheet - License Fee Transmittal

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: BILLINGS CLINIC
Received Date: 11/11/2013
Docket Number: 3002389
Mail Control Number: 582450
License Number: 25-01051-01
Action Type: Amendment


2. FEE ATTACHED

Amount: _____

Check No.: _____

3. COMMENTS

Signed: _____



Date: _____

11/18/13

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: _____