

Hill, Carol

From: Cook, Jackie
Sent: Tuesday, January 06, 2015 12:55 PM
To: Hill, Carol
Subject: FW: Sheridan Memorial Hospital; License No. 49-10982-02 Amendment Request
Attachments: Dr. Wm Taylor (AU)(RSO) Face Letter.pdf; Dr. Wm. Taylor Preceptor Form.pdf; MHSC Materials License 49-10982-02; Amend No. 30.pdf

Carol:

Please set up this amendment request. I'll check it for the correct profile – public or non-public so it can be expedited. You can give to me to work.

Thanks,

Jackie

From: Tom Nance [<mailto:tomnance@sheridanhospital.org>]
Sent: Tuesday, January 06, 2015 12:31 PM
To: Cook, Jackie
Cc: Hill, Carol
Subject: Sheridan Memorial Hospital; License No. 49-10982-02 Amendment Request

RECEIVED
JAN - 6 2015
DNMS

Hello Jackie and Carol,

I was informed by the administrative assistant in your office that I could e-mail this communication to you, I will fax it as well.

Long story short, I just received extremely short notice that my RSO's contact is being terminated effective January 31st 2015. I am urgently trying to sort things out in order that our activities continue to be compliant with the USNRC. We do want to do things the right way.

I am attaching:

1. Face Letter describing our request.
2. Preceptor Form outlining Dr. Taylor's Training.
3. Copy of our current Materials License.

As stated in my letter, please advise me if I can provide any further information or assistance.

Appreciatively,

Tom Nance

PUBLIC

- ☐ Immediate Release
☒ Normal Release

NON-PUBLIC

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

Reviewer:  Date: 1/7/15



1401 West 5th Street
Sheridan, WY 82801
(307) 672-1000

January 6, 2015

www.sheridanhospital.org

U.S. Nuclear Regulatory Commission
Region IV
Material Radiation Protection Section
1600 E. Lamar Blvd
Arlington, Texas 76011-4511

License Amendment Section:

The purpose of this communication is to request your approval to add the following named physician as an Authorized User to this facilities' Materials License No. 49-10982-02 currently held by the Licensee Memorial Hospital of Sheridan County, 1401 West 5th Street, Sheridan, WY. (Copy attached).

We (MHSC) request the addition of William Bryon Taylor III, MD for material identified in 10 CFR 35.100, 35.200 and Oral administration of I-131; 31.11.

I am attaching copies of Dr. Taylor's Preceptor Statement outlining his training and experience from July 2009-June 2013 under Texas License L01290 (Copies attached).

Additionally, with the potential pending loss (January 31, 2015) of our current RSO, Dr. Daniel R. Alzheimer, we (MHSC) have approved the appointment of Dr. William Bryon Taylor III to serve as RSO, pending the approval of the NRC to allow him to serve as an Authorized User and Radiation Safety Officer.

Please note that although he will no longer serve as RSO, it is our request to keep Dr. Alzheimer on this license as an AU until further notice.

Please contact Thomas R. Nance RT(R) ARRT at (307) 672-1051 or thomasnance@sheridanhospital.org should there be any questions or if you require additional information or if I may be of any assistance.

Sincerely,

Thomas R. Nance, RT(R)ARRT

Attachments:

Memorial Hospital of Sheridan County Materials License No. 4910982-02.
Preceptor Statement~William Bryon Taylor III, MD

Taking
Your Health
to Heart

No. 5 8 5 6 4 7

**Texas Department of State Health Services
PRECEPTOR STATEMENT FOR LICENSE APPLICATION**

PREPARED FOR CONSIDERATION TO RAM LICENSE NUMBER: _____

Statement must be completed and signed by the physician's preceptor. If more than one preceptor is necessary to document experience, obtain a separate statement from each. Equivalent forms, including those from other Regulatory Agencies, will be accepted. Print or type.

1. Applicant's full name and address. William Byron Taylor, III, M.D. 1024 Elmshade Lane Nashville, TN 37211			Dates of training 7/1/09 - 6/30/13 (Diagnostic Radiology Residency)		
Clinical Training and Experience of the Proposed Physician User					
	Column A Radionuclide	Column B Conditions Diagnosed or Evaluated	Column C Number of Cases Involving Personal Participation*	Column D Comments	
(x) a n d (y)	I-125	Diagnosis of Thyroid Function	0	OTHER DIAGNOSTIC STUDIES	
	or	Blood Volume or Blood Plasma Volume	0	Tc-99m	
	I-131	Liver Function	0	Sentinel Node Injxn -29	
	or	Kidney Function Studies	0	Parathyroid - 13	
	Co-57	In vitro Studies	0	Peritoneal Shunt - 0	
	or	Schilling Test	0	Liver Blood Pool - 1	
	Co-58	See Column D (other)	See Column D	Lung Aerosol - 33	
	I-125	Detection of Thrombus	0	Misc. Tumor - 1	
		Labelled WBC for Infection Imaging	20	Brain - 3	
	In-111	Cisternogram/Shunt Patency Imaging	2		
	Ga-67	Abscess or Tumor Imaging	6	Tl -201 Tumor - 0	
	Xe-133	Pulmonary Ventilation/Blood Flood Imaging	7		
	I-123	Thyroid Imaging/Uptake	41	I-131	
	Tl-201	Cardiac Perfusion Imaging	2	Thyroid Cancer - 21	
	Tc-99m		Cardiac Perfusion, E.F., Gated Wall Motion	80	
			Blood Pool Imaging (Cardiac)	12	In-111
			Bone Imaging	142	OctreoScan - 15
			Sentinel Node Imaging	9	ProstaScint - 3
			Breast (Mammoscintigraphy) Imaging	0	
			Cystography/Ureteral Reflux Imaging	0	I-123
			Diverticulum Imaging	1	MIBG - 2
			Gastric Emptying and Reflux Imaging	38	
			GI Bleed Imaging	13	
		Hepatobiliary Imaging	61		
		Liver/Spleen and Bone Marrow Imaging	12		
		Lung Perfusion Imaging	47		
		Myocardial Infarction Imaging	0		
		Renal Perfusion/GFR Imaging	11		
		Thyroid and Salivary Imaging	0		
	Venography/Thrombus Imaging	0			
	See Column D (other)	See Column D			
F-18(etc.)	P.E.T. Imaging	231			
RADIOPHARMACEUTICAL PREPARATION					
2	Mo/Tc	Generator Elution and Testing	3		
5	Tc-99m	Reagent Kit Preparation and Testing	10		
6		(other)			
(z)					

Column A Radionuclide	Column B Condition Treated	Column C Number of Cases Involving Personal Participation*	Column D Comments
I-131 (NaI)	Hyperthyroidism/Graves/Multinodular Goiters	17	
	Thyroid Cancer/Metastasis	7	
I-131 (MoAb)	Non-Hodgkin=s Lymphoma	0	
Y-90 (MoAb)	Non-Hodgkin=s Lymphoma	0	
P-32(soluble)	Polycythemia etc.	0	
P-32(colloidal)	Intracavitary malignant effusions etc.	0	
Sr-89	Palliative Bone Pain from Bone Metastasis	0	
Sm-153	Palliative Bone Pain from Bone Metastasis	0	
	(other e.g., Investigational Drugs)	0	
Sr-90	Superficial eye conditions	0	
I-125	Eye plaques	0	
I-125	Interstitial Cancer	0	
Pd-103	Interstitial Cancer	0	
Au-198	Interstitial Cancer	0	
Cs-137	Intercavitary Cancer	0	
Ir-192	Interstitial Cancer	0	
Co-60	External Beam Therapy	0	
Ir-192	High Dose Rate After-loader Therapy	0	System
Sr-90, P-32, Ir-192	Intravascular Brachytherapy	0	System
	(other)	0	

*KEY TO COLUMN AC®

- 1) Supervise examination of patients to determine the suitability for radionuclide diagnosis and/or treatment and recommendation for prescribed dosage.
- 2) Collaboration in dose calibration and actual administration of dose to the patient including calculation of the radiation dose, related measurements and plotting of data.
- 3) Adequate period of training to enable physician to manage radioactive patients and follow patients through diagnosis and/or course of treatment.

SEE 25 TAC '289.256(ff)

A. TOTAL HOURS OF TRAINING COMBINED CLINICAL AND WORK
EXPERIENCE: 640 HOURS WHERE OBTAINED

Baylor University Medical Center

- ! (DIAGNOSTIC PHYSICIAN USER TRAINING MUST HAVE INCLUDED THE FOLLOWING)
- ! ORDERING, RECEIVING, UNPACKAGING, SURVEYING
 - ! CALIBRATING DOSE CALIBRATORS AND DIAGNOSTIC INSTRUMENTS
 - ! CALIBRATING AND PREPARING PATIENT DOSES
 - ! USING ADMINISTRATIVE CONTROLS TO PREVENT MISADMINISTRATIONS
 - ! CONTAIN SPILLS AND PERFORM DECONTAMINATION
 - ! ELUTE Mo/Tc GENERATORS, TEST ELUATE AND PREPARE KITS
 - ! REVIEW PATIENT HISTORY; SELECT MEASURE AND ADMINISTER DOSAGES; COLLABORATIVE REPORTING; FOLLOW-UP
 - ! PHYSICS AND INSTRUMENTATION; PROTECTION; MATHEMATICS; PHARMACEUTICAL CHEMISTRY; RADIATION BIOLOGY

TOTAL HOURS OF DIDACTIC (CLASSROOM AND LABORATORY
TRAINING: 80 HOURS WHERE ATTENDED

Baylor University Medical Center

[OR]

B. COMPLETE FULL-SCOPE NUCLEAR MEDICINE TRAINING IN A RESIDENCY ACCREDITED BY ACGME OR COPT-AOA.
PROGRAM DIRECTOR Landis Griffeth, MD, PhD TOTAL NO. OF MONTHS COMPLETED 5 mo

[OR]

C. ACCEPTED BOARD SPECIALTY: American Board of Radiology (Diagn.) DATE ISSUED 6/12/13 (AU-Eligible)

I CERTIFY THAT THE ABOVE NAMED PHYSICIAN SUCCESSFULLY COMPLETED THE SPECIFIED TRAINING
WITHIN THE INSTITUTIONAL APPROVED TRAINING PROGRAM and ACHIEVED A LEVEL OF COMPETENCE TO
FUNCTION INDEPENDENTLY AS AN AUTHORIZED USER.

Landis K. Griffeth, M.D., Ph.D. at Baylor University Medical Center
NAME OF PHYSICIAN (PRECEPTOR) INSTITUTION

William K. Taylor, III, M.D.
SIGNATURE

L01290 (TX)
INSTITUTIONAL RAM LICENSE No.

3500 Gaston Avenue
ADDRESS

214-820-4057
TELEPHONE No.

NRC State ☐
Agreement State X

Dallas, TX 75246

April 17, 2014

Expiration Date 01/31/2014

CITY/STATE/ZIP

DATE

CORRECTED COPY

MATERIALS LICENSE

Pursuant to the Atomic Energy Act of 1954, as amended, the Energy Reorganization Act of 1974 (Public Law 93-438), and Title 10, Code of Federal Regulations, Chapter I, Parts 30, 31, 32, 33, 34, 35, 36, 37, 39, 40, 70 and 71, and in reliance on statements and representations heretofore made by the licensee, a license is hereby issued authorizing the licensee to receive, acquire, possess, and transfer byproduct, source, and special nuclear material designated below; to use such material for the purpose(s) and at the place(s) designated below; to deliver or transfer such material to persons authorized to receive it in accordance with the regulations of the applicable Part(s). This license shall be deemed to contain the conditions specified in Section 183 of the Atomic Energy Act of 1954, as amended, and is subject to all applicable rules, regulations, and orders of the Nuclear Regulatory Commission now or hereafter in effect and to any conditions specified below.

Licensee		In accordance with letter dated April 25, 2014
1. Memorial Hospital of Sheridan County		3. License number 49-10982-02 is renewed in its entirety to read as follows:
2. 1401 West 5th Street		4. Expiration date December 31, 2021
Sheridan, Wyoming 82801		5. Docket No. 030-13772 Reference No.
6. Byproduct, source, and/or special nuclear material	7. Chemical and/or physical form	8. Maximum amount that licensee may possess at any one time under this license
A. Any byproduct material permitted by 10 CFR 35.100	A. Any	A. As needed
B. Any byproduct material permitted by 10 CFR 35.200	B. Any	B. As needed
C. Any byproduct material permitted by 10 CFR 35.300	C. Any	C. 1,100 millicuries
D. Any byproduct material permitted by 10 CFR 35.400	D. Sealed sources (GM Health Physics Service, and Minnesota Mining and Manufacturing Model Series 6500, formerly Model 6D6C)	D. 500 millicuries
E. Any byproduct material permitted by 10 CFR 31.11	E. Prepackaged kits	E. 50 millicuries
9. Authorized use:		
A. Any uptake, dilution and excretion studies permitted by 10 CFR 35.100.		
B. Any imaging and localization studies permitted by 10 CFR 35.200.		
C. Any use permitted by 10 CFR 35.300.		
D. For storage only.		
E. <u>In vitro</u> studies.		

**MATERIALS LICENSE
SUPPLEMENTARY SHEET**License Number
49-10982-02Docket or Reference Number
030-13772Amendment No. 30
CORRECTED COPY**CONDITIONS**

10. Licensed material may be used or stored only at the licensee's facilities located at 1401 West 5th Street, Sheridan, Wyoming.
11. The Radiation Safety Officer for this license is Daniel R. Alzheimer, M.D.
12. Licensed material is only authorized for use by, or under the supervision of:
- A. Individuals permitted to work as an authorized user, authorized nuclear pharmacist, and/or authorized medical physicist in accordance with 10 CFR 35.13 and 35.14.
- B. The following individuals are authorized users for the material and medical uses indicated:
- | <u>Authorized Users</u> | <u>Material and Use</u> |
|---------------------------|---|
| Robert L. Stears, M.D. | 35.100; 35.200; Oral administration of sodium iodide I-131; 31.11 |
| Jason M. White, M.D. | 35.100; 35.200; Oral administration of sodium iodide I-131; 31.11 |
| Daniel R. Alzheimer, M.D. | 35.100; 35.200; Oral administration of sodium iodide I-131; 31.11 |
| Michael W. Brennan, M.D. | 35.200 |
| Joseph Garcia, M.D. | 35.200 |
| John P. Stamato, M.D. | 35.300; 35.400 |
13. In addition to the possession limits in Item 8, the licensee shall further restrict the possession of licensed material to quantities below the minimum limit specified in 10 CFR 30.35(d) for establishing financial assurance for decommissioning.
14. The licensee shall conduct a physical inventory every 6 months, or at other intervals approved by the U.S. Nuclear Regulatory Commission, to account for all sources and/or devices received and possessed under the license. Records of inventories shall be maintained for 3 years from the date of each inventory and shall include the radionuclides, quantities, manufacturer's name and model numbers, and the date of the inventory.
15. The licensee is authorized to transport licensed material in accordance with the provisions of 10 CFR Part 71, "Packaging and Transportation of Radioactive Material."

**MATERIALS LICENSE
SUPPLEMENTARY SHEET**License Number
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030-13772Amendment No. 30
CORRECTED COPY

16. Except as specifically provided otherwise in this license, the licensee shall conduct its program in accordance with the statements, representations, and procedures contained in the documents, including any enclosures, listed below. This license condition applies only to those procedures that are required to be submitted in accordance with the regulations. Additionally, this license condition does not limit the licensee's ability to make changes to the radiation protection program as provided for in 10 CFR 35.26. The U.S. Nuclear Regulatory Commission's regulations shall govern unless the statements, representations, and procedures in the licensee's application and correspondence are more restrictive than the regulations.

- A. Application dated August 26, 2011 (ML11244A032)
B. Letter dated December 8, 2011 (ML113480266)
C. Facsimile dated July 22, 2014 (ML14213A412)



FOR THE U.S. NUCLEAR REGULATORY COMMISSION

Date August 28, 2014

By

Jacqueline D. Cook, Senior Health Physicist
Nuclear Materials Safety Branch B
Region IV
Arlington, Texas 76011-4511

Hill, Carol

From: Cook, Jackie
Sent: Tuesday, January 06, 2015 12:55 PM
To: Tom Nance
Cc: Hill, Carol
Subject: RE: Sheridan Memorial Hospital; License No. 49-10982-02 Amendment Request

Thanks Tom! We acknowledge receipt of your expedited request. We'll do our best to issue by 1/31/15.

From: Tom Nance [<mailto:tomnance@sheridanhospital.org>]
Sent: Tuesday, January 06, 2015 12:31 PM
To: Cook, Jackie
Cc: Hill, Carol
Subject: Sheridan Memorial Hospital; License No. 49-10982-02 Amendment Request

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I am attaching:

1. Face Letter describing our request.
2. Preceptor Form outlining Dr. Taylor's Training.
3. Copy of our current Materials License.

As stated in my letter, please advise me if I can provide any further information or assistance.

Appreciatively,

Tom Nance



DATE

01/07/2015

NAME AND ADDRESS OF APPLICANT AND/OR LICENSEE

Thomas R. Nance, RT(R), ARRT
Medical Imaging Supervisor
Memorial Hospital of Sheridan County
1401 West 5th Street
Sheridan, WY 82801

LICENSE NUMBER

49-10982-02

MAIL CONTROL NUMBER

585647

LICENSING AND/OR TECHNICAL REVIEWER

CH

This is to acknowledge the receipt of your:

☒ LETTER and/or ☒ APPLICATION

DATED: 01/06/2015

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

V 1/7/15

BETWEEN:

Accounts Receivable/Payable
and
Regional Licensing Branches

[FOR ARPB USE]
INFORMATION FROM WBL

Program Code: 02120
Status Code: Pending Amendment
Fee Category: 7C
Exp. Date: 09/30/2011
Fee Comments: CODE 13
Decom Fin Assur Req: N

License Fee Worksheet - License Fee Transmittal

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: MEMORIAL HOSPITAL OF SHERIDAN COUNTY
Received Date: 01/06/2015
Docket Number: 3013772
Mail Control Number: 585647
License Number: 49-10982-02
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: _____