Campbell County
Memorial Hospital
Dedicated to Caring for You

RECEIVED
SEP 28 2015
DNMS

US NRC Region IV
Attn: DNMS Licensing Assistant
1600 East Lamar Blvd
Arlington, TX 76011-4511

PUBLIC
☐ Immediate Release
☒ Normal Release

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

Reviewer: RTR Date: 10-13-15

September 18, 2015

Dear licensing assistant,

Enclosed please find articles for an amendment to our NRC Materials License #49-18030-01 for Campbell County Memorial Hospital. This amendment request is for the following:

1. Please add 35.100 to our new radiologist, Paul W. Rigsby D.O., material and use privileges.

Alan L Mitchell MD, RSO

Alan L Mitchell MD
Radiation Safety Officer
Campbell County Memorial Hospital
P.O. Box 3011
Gillette WY 82717
Phone: 307.688.1601
Fax: 307.688.1640
mitch@vcn.com

P.O. Box 3011
Gillette, WY 82717-3011
307.688.1000
www.ccmh.net

589037

Hill, Carol

From: Alger, Mariah <Mariah.Alger@ccmh.net>
Sent: Monday, September 28, 2015 4:25 PM
To: Hill, Carol
Subject: [External_Sender] FW: License 49-18030-01 Amendment
Attachments: rso signed dr rigsby.jpg

From: Alger, Mariah
Sent: Friday, September 18, 2015 9:57 AM
To: 'carol.hill@nrc.gov'
Subject: License 49-18030-01 Amendment

Dear Carol,

Attached is a RSO signed amendment for our new license at Campbell County Memorial Hospital in Gillette Wyoming. We needed Dr. Rigsby to be authorized for 35.100 in addition to 35.200 and I-131 administration. Please let me know if you need any further information. Thank you for your time.
Mariah Alger

589037

NRC FORM 532
(1-2012)

U. S. NUCLEAR REGULATORY COMMISSION

DATE

10/09/2015

NAME AND ADDRESS OF APPLICANT AND/OR LICENSEE	LICENSE NUMBER
Alan L. Mitchell, M.D., Radiation Safety Officer Campbell County Memorial Hospital 501 South Burma Avenue Gillette, Wyoming 82716	49-18030-01
	MAIL CONTROL NUMBER 589037
	LICENSING AND/OR TECHNICAL REVIEWER CH

This is to acknowledge the receipt of your:

☑ LETTER and/or ☐ APPLICATION DATED: 09/18/2015

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

√10/9

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: 04/30/2015
Fee Comments:
Decom Fin Assur Reqd: N

License Fee Worksheet - License Fee Transmittal

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee:	CAMPBELL COUNTY MEMORIAL HOSPITAL
Received Date:	09/28/2015
Docket Number:	3014365
Mail Control Number:	589037
License Number:	49-18030-01
Action Type:	Amendment

2. FEE ATTACHED

Amount: _____

Check No.: _____

3. COMMENTS

Signed: Carl L Hice

Date: 10/9/15

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: _____