January 3, 2017

Michelle M. Hammond, Health Physicist U.S. Nuclear Regulatory Commission, Region IV 1600 East Larmar Blvd. Arlington, TX 76011-4125

Re: Request for additional information for Amendment Request dated 10/10/16 for St. Vincent Healthcare License Number 25-07553-01. Docket 030-02396. Control 592095

Dear Ms. Hammond:

Thank you for your phone call and email dated January 3, 2017. We wish to clarify our request from October 10, 2016.

We request to add Rebecca Tarlton, M.D., as an authorized user for the same uses she was authorized on the Georgia license included in the original request. We request to add her for Sr-89, Sm-153, and Ra-223 (Xofigo). Dr.. Tarlton was approved on Georgia License# GA 1227-1 for the same uses with the exception of Xofigo as it was not approved for use at that time. I apologize for the confusion and believe form 313 is not required since we are requesting the same approvals as she was previously approved.

We wish to remove Dr. Lee K. McNeely from our license and understand that you will have to remove the 10 CFR 35.400 uses for seeds as an authorization from our license.

Thank you for your review and I hope this response clarifies our request as was discussed. Please contact me at 1 (925) 550-7720 should you require further information concerning this request.

Sincerely,

Christopher Fitz, JD, MS, ABSNM Radiation Safety Officer

St. Vincent Healthcare Radiology

1233 N 301h Street Billings, MT 59101

PUBLIC

☐ Immediate Release

☑ Normal Release

NON-PUBLIC

☐ A.3 Sensitive-Security Related

■ A.7 Sensitive Internal

Other:

UNITED STATES NUCLEAR REGULATORY COMMISSION



REGION IV 1600 E. LAMAR BLVD. ARLINGTON, TX 76011-4511



EMAIL

Name:

Organization:

Christopher Fitz, RSO

St. Vincent Healthcare

License: 25-07553-01 Docket: 030-02396 Control: 592095

Phone:

406-672-6756

E-mail Address:

chrisfitz65@hotmail.com

From:

Michelle M. Hammond

Date:

January 3, 2017

Subject:

Application dated October 10, 2016 for License Amendment

Pages:

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Mr. Fitz,

Per your letter dated October 10, 2016 for your license amendment, the items on the next page are deficiencies which require your response. Our fax number is (817) 200-1188. You may respond by e-mail in pdf format if you'd like. My email address is Michelle.Hammond@nrc.gov. When responding to this e-mail, please include the license, docket and control numbers located at the top of this page.

Thanking you in advance for your cooperation, assistance, and prompt response in this matter.

Michelle M. Hammond

Health Physicist 817-200-1127

- Please provide the NRC Form 313AU for the proposed authorized user Dr. Tarlton for 35.300. The Agreement State License you provided did not include all applicable information.
- 2. Please confirm your request to remove Dr. McNeely (35.400). Dr. McNeely is the only Authorized User listed on your license for the use of 35.400. If Dr. McNeely is removed, 35.400 material authorization will be "for storage only" pending the approval of another Authorized User.