



DEPARTMENT OF THE ARMY
 HEADQUARTERS, US ARMY MEDICAL DEPARTMENT ACTIVITY
 4301 WILSON STREET
 FORT SILL, OK 73502-9042

RECEIVED
 SEP 11 2017

REPLY TO
 ATTENTION OF

MCUA-PMR

DNMS

31 August 2017

MEMORANDUM FOR U. S. Nuclear Regulatory Commission, Region IV, 1600 E. Lamar Blvd, Arlington, Texas 76011-4511

SUBJECT: Amendment Request for US Nuclear Regulatory Commission (NRC) Byproduct Material License Number 35-10202-01

1. Request NRC License No. 35-10202-01 is amended with the following change:

a. Add Luis A. Huitron, as the radiation safety officer effective date 4 December 20147. Enclosure 1 contains Luis A. Huitron's supporting documents for addition as the radiation safety officer.

b. Delete CPT William C. House II, as the radiation safety officer effective date 4 December 2017.

2. The Radiation Safety Committee has reviewed and approved these actions.

3. The point of contact for this memorandum is CPT William House at (254) 466-0415 william.c.house3.mil@mail.mil.

William C House II

2 Enclosures

WILLIAM C. HOUSE II
 CPT, MS
 Radiation Safety Officer

CF:
 RAHC Radiation Safety Committee Members
 RMC-C Command Radiation Safety Officer
 USAPHC (ATTN: Craig Jones)

PUBLIC
 Immediate Release
 Normal Release

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

Reviewer: BJC Date: 9-13-17

600790



**RADIATION SAFETY OFFICER TRAINING
AND EXPERIENCE AND PRECEPTOR ATTESTATION
[10 CFR 35.50]**

APPROVED BY OMB: NO. 3150-0120
EXPIRES: 06/30/2019

Name of Proposed Radiation Safety Officer

Luis A. Huitron

Requested Authorization(s) *The license authorizes the following medical uses (check all that apply):*

- 35.100
 35.200
 35.300
 35.400
 35.500
 35.600 (remote afterloader)
 35.600 (teletherapy)
 35.600 (gamma stereotactic radiosurgery)
 35.1000 (_____)

PART I – TRAINING AND EXPERIENCE

(Select one of the four methods below)

*Training and Experience, including board certification, must have been obtained within the 7 years preceding the date of application or the individual must have obtained related continuing education and experience since the required training and experience was completed. Provide dates, duration, and description of continuing education and experience related to the uses checked above.

1. Board Certification

- a. Provide a copy of the board certification.
- b. Use Table 3.c. to describe training in radiation safety, regulatory issues, and emergency procedures for all types of medical use on the license.
- c. Skip to and complete Part II Preceptor Attestation.

OR

2. Current Radiation Safety Officer Seeking Authorization to Be Recognized as a Radiation Safety Officer for the Additional Medical Uses Checked Above

- a. Use the table in section 3.c. to describe training in radiation safety, regulatory issues, and emergency procedures for the additional types of medical use for which recognition as RSO is sought.
- b. Skip to and complete Part II Preceptor Attestation.

OR

3. Structured Educational Program for Proposed Radiation Safety Officer

a. Classroom and Laboratory Training

Description of Training	Location of Training	Clock Hours	Dates of Training*
Radiation physics and instrumentation	AMEDDCS - Health Physics Course	138	26Apr-22Jul16
Radiation protection	AMEDDCS - Health Physics Course	51	26Apr-22Jul16
Mathematics pertaining to the use and measurement of radioactivity	AMEDDCS - Health Physics Course	40	26Apr-22Jul16
Radiation biology	APG - Medical Effects of Ionizing Radiation Course	2	29Mar-2Apr16
Radiation dosimetry	AMEDDCS - Health Physics Course	20	26Apr-22Jul16

Total Hours of Training:

* 600790

RADIATION SAFETY OFFICER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Structured Educational Program for Proposed Radiation Safety Officer (continued)

b. Supervised Radiation Safety Experience

(If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this section.)

Description of Experience	Location of Training/ License or Permit Number of Facility	Dates of Training*
Shipping, receiving, and performing related radiation surveys	Fort Sill Oklahoma/35-10202-01	9Jan-13Jan17
Using and performing checks for proper operation of instruments used to determine the activity of dosages, survey meters, and instruments used to measure radionuclides	Fort Sill Oklahoma/35-10202-01	9Jan-13Jan17
Securing and controlling byproduct material	Fort Sill Oklahoma/35-10202-01	17Jan-20Jan17
Using administrative controls to avoid mistakes in administration of byproduct material	Fort Sill Oklahoma/35-10202-01	23Jan-27Jan17
Using procedures to prevent or minimize radioactive contamination and using proper decontamination procedures	Fort Sill Oklahoma/35-10202-01	30Jan-3Feb17
Using emergency procedures to control byproduct material	Fort Sill Oklahoma/35-10202-01	6Feb-10Feb17
Disposing of byproduct material	Fort Sill Oklahoma/35-10202-01	13Feb-16Feb17
Licensed Material Used (e.g., 35.100, 35.200, etc.)+ 35.100, 35.200 and 35.300	Fort Sill Oklahoma/35-10202-01	21Feb-15Aug 17

+ Choose all applicable sections of 10 CFR Part 35 to describe radioisotopes and quantities used: 35.100, 35.200, 35.300, 35.400, 35.500, 35.600 remote afterloader units, 35.600 teletherapy units, 35.600 gamma stereotactic radiosurgery units, emerging technologies (provide list of devices).

RADIATION SAFETY OFFICER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Structured Educational Program for Proposed Radiation Safety Officer (continued)

b. Supervised Radiation Safety Experience (continued)

(If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this section.)

Supervising Individual	License/Permit Number listing supervising individual as a Radiation Safety Officer
William Carl House II	35-10202-01
This license authorizes the following medical uses:	
<input checked="" type="checkbox"/> 35.100	<input checked="" type="checkbox"/> 35.200
<input checked="" type="checkbox"/> 35.300	<input type="checkbox"/> 35.400
<input type="checkbox"/> 35.500	<input type="checkbox"/> 35.600 (remote afterloader)
<input type="checkbox"/> 35.600 (gamma stereotactic radiosurgery)	<input type="checkbox"/> 35.600 (teletherapy)
	<input type="checkbox"/> 35.1000 (_____)

c. Describe training in radiation safety, regulatory issues, and emergency procedures for all types of medical use on the license.

Description of Training	Training Provided By	Dates of Training*
Radiation safety, regulatory issues, and emergency procedures for 35.100, 35.200, and 35.500 uses	Captain William Carl House II	21Feb-15Aug 17
Radiation safety, regulatory issues, and emergency procedures for 35.300 uses	Captain William Carl House II	21Feb-15Aug 17
Radiation safety, regulatory issues, and emergency procedures for 35.400 uses		
Radiation safety, regulatory issues, and emergency procedures for 35.600 - teletherapy uses		
Radiation safety, regulatory issues, and emergency procedures for 35.600 - remote afterloader uses		
Radiation safety, regulatory issues, and emergency procedures for 35.600 - gamma stereotactic radiosurgery uses		
Radiation safety, regulatory issues, and emergency procedures for 35.1000, specify use(s):		

RADIATION SAFETY OFFICER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Structured Educational Program for Proposed Radiation Safety Officer (continued)

c. Training in radiation safety, regulatory issues, and emergency procedures for all types of medical use on the license (continued)

Supervising Individual <i>If training was provided by supervising RSO, AU, AMP, or ANP. (If more than one supervising individual is necessary to document supervised training, provide multiple copies of this page.)</i>	License/Permit Number listing supervising individual
William Carl House II	35-10202-01
License/Permit lists supervising individual as:	
<input checked="" type="checkbox"/> Radiation Safety Officer <input type="checkbox"/> Authorized User <input type="checkbox"/> Authorized Nuclear Pharmacist <input type="checkbox"/> Authorized Medical Physicist	
Authorized as RSO, AU, ANP, or AMP for the following medical uses:	
<input checked="" type="checkbox"/> 35.100 <input checked="" type="checkbox"/> 35.200 <input checked="" type="checkbox"/> 35.300 <input type="checkbox"/> 35.400 <input type="checkbox"/> 35.500 <input type="checkbox"/> 35.600 (remote afterloader) <input type="checkbox"/> 35.600 (teletherapy) <input type="checkbox"/> 35.600 (gamma stereotactic radiosurgery) <input type="checkbox"/> 35.1000 (_____)	

d. Skip to and complete Part II Preceptor Attestation.

OR

4. Authorized User, Authorized Medical Physicist, or Authorized Nuclear Pharmacist identified on the licensee's license

- a. Provide license number.
- b. Use the table in section 3.c. to describe training in radiation safety, regulatory issues, and emergency procedures for all types of medical use on the license.
- c. Skip to and complete Part II Preceptor Attestation.

PART II – PRECEPTOR ATTESTATION

Note: This part must be completed by the individual's preceptor. The preceptor does not have to be the supervising individual as long as the preceptor provides, directs, or verifies training and experience required. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each.

First Section

Check one of the following:

1. Board Certification

I attest that _____ has satisfactorily completed the requirements in
Name of Proposed Radiation Safety Officer
 10 CFR 35.50(a)(1)(i) and (a)(1)(ii); or 35.50 (a)(2)(i) and (a)(2)(ii); or 35.50(c)(1).

OR

2. Structured Educational Program for Proposed Radiation Safety Officers

I attest that Luis A Huitron has satisfactorily completed a structural educational
Name of Proposed Radiation Safety Officer
 program consisting of both 200 hours of classroom and laboratory training and one year of full-time radiation safety experience as required by 10 CFR 35.50(b)(1).

OR

RADIATION SAFETY OFFICER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

Preceptor Attestation (continued)

First Section (continued)

Check one of the following:

3. Additional Authorization as Radiation Safety Officer

I attest that _____ is an
Name of Proposed Radiation Safety Officer

Authorized User

Authorized Nuclear Pharmacist

Authorized Medical Physicist

identified on the Licensees license and has experience with the radiation safety aspects of similar type of use of byproduct material for which the individual has Radiation Safety Officer responsibilities

AND

Second Section

Complete for all (check all that apply):

I attest that Luis A. Huitron _____ has training in the radiation safety, regulatory issues, and
Name of Proposed Radiation Safety Officer

emergency procedures for the following types of use:

35.100

35.200

35.300 oral administration of less than or equal to 33 millicuries of sodium iodide I-131, for which a written directive is required

35.300 oral administration of greater than 33 millicuries of sodium iodide I-131

35.300 parenteral administration of any beta-emitter, or a photon-emitting radionuclide with a photon energy less than 150 keV for which a written directive is required

35.300 parenteral administration of any other radionuclide for which a written directive is required

35.400

35.500

35.600 remote afterloader units

35.600 teletherapy units

35.600 gamma stereotactic radiosurgery units

35.1000 emerging technologies, including:

6 0 0 7 9 0

RADIATION SAFETY OFFICER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

AND


Third Section
Complete for ALL

I attest that Luis A Huitron has achieved a level of radiation safety knowledge
Name of Proposed Radiation Safety Officer
sufficient to function independently as a Radiation Safety Officer for a medical use licensee.

Fourth Section
Complete the following for Preceptor Attestation and signature

I am the Radiation Safety Officer for Reynolds Army Health Clinic
Name of Facility

License/Permit Number: 35-10202-01

Name of Preceptor	Signature	Telephone Number	Date
CPT William House		254 466 0415	31 Aug 17



Reynolds Army Health Clinic
4301 Wilson Street
ATTN: MCUA-PMR (Health Physics)
Fort Sill, OK 73503-9042

RECEIVED
SEP 11 2017
DNMS

UNITED STATES NUCLEAR REGULATORY
COMMISSION
REGION IV
1600 E. LAMAR BLVD
ARLINGTON, TEXAS 760111-4511

067009



ACKNOWLEDGEMENT - RECEIPT OF CORRESPONDENCE

Name and Address of Applicant and/or Licensee CPT William C. House, II Radiation Safety Officer Department of the Army Reynolds Army Health Clinic 4301 Wilson Street Ft Sill, OK 73503-9042	Date 09/11/2017
	License Number(s) 35-10202-01
	Mail Control Number(s) 600790
	Licensing and/or Technical Reviewer or Branch C. Hill, Licensing Assistant

This is to acknowledge receipt of your: Letter and/or Application Dated: 08/31/2017

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 complete and submit NRC Form 531, Request for Taxpayer Identification Number, located at the following link: <http://www.nrc.gov/reading-rm/doc-collections/forms/nrc531.pdf>
Follow the instructions on the form for submission.

The following administrative omissions have been identified:

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) 200-1209 or (817) 200-1140

✓ 9/11/17

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: 01/31/2023
Fee Comments:
Decom Fin Assur Reqd: N

License Fee Worksheet - License Fee Transmittal

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: Department of the Army
Received Date: 09/11/2017
Docket Number: 3002902
Mail Control Number: 600790
License Number: 35-10202-01
Action Type: Amendment

2. FEE ATTACHED

Amount: _____

Check No.: _____

3. COMMENTS

Signed: _____

Carol L. Heice

Date: _____

9/11/17

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: _____