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Reviewer: ALL Date: 9/11/18

August 30th 2018

Nuclear Regulatory Commission
DNMS Licensing Assistant
1600 East Lamar Boulevard
Arlington, TX 76011

Re: License No.: 49-18030-01

To Whom It May Concern;

I Dr. Alan Mitchell am the Radiation Safety Officer at Campbell County Health in Gillette Wyoming. This letter is to inform the NRC of two amendment requests for material license 49-18030-01.

1. Dr. Douglas Watt needs to be added as an authorized user. Included is form 313A(AUD) and 313A(AUT) for Douglas Watt's authorized use for 35.100, 35.200 and 35.300.

2. Please remove Dr. James R. Lamanna, M.D. from this license. Dr. Lamanna has since retired and is no longer part of this organization.

Thank you for your assistance and please let me know if you need any further information.

Alan L Mitchell MD
8-24-18 13:15

Alan Mitchell, M.D.
Radiation Safety Officer
501 South Burma Ave.
PO Box 3011
Gillette, WY 82717
Office.307.688.1600
FAX.307.688.1640
mitch@vcn.com

No. 6098665

P.O. Box 3011
Gillette, Wyoming 82717
307-688-1000

NRC FORM 374

U.S. NUCLEAR REGULATORY COMMISSION

Amendment No. 23

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 September 18, 2015
1. Campbell County Memorial Hospital	3. License number 49-18030-01 is amended in its entirety to read as follows:
2. 501 South Burma Avenue Gillette, Wyoming 82716	4. Expiration date September 30, 2025
	5. Docket No. 030-14365 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 curie total
D. Gadolinium-153	D. Sealed sources (Isotope Products Laboratories Model A-3410 or NES-8426, or AEA Technology Model GD.LIN2)	D. 120 millicuries in 14 line sources, and 240 millicuries total in 28 line sources

9. Authorized use:

A. Any uptake, dilution and excretion study permitted by 10 CFR 35.100.

B. Any imaging and localization study permitted by 10 CFR 35.200.

C. Any use permitted by 10 CFR 35.300 for which the patient can be released under the provisions of 10 CFR 35.75.

D. For use as calibration, transmission, or reference sources in a Siemens Medical Solutions USA, Inc., attenuation correction device.

MATERIALS LICENSE
SUPPLEMENTARY SHEET

License Number
49-18030-01

Docket or Reference Number
030-14365

Amendment No. 23

CONDITIONS

10. Licensed material may be used and/or stored only at the licensee's facilities located at 501 South Burma Avenue, Gillette, Wyoming.

11. The Radiation Safety Officer for this license is Alan L. Mitchell, 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:

Authorized Users	Material and Use
James R. LaManna, M.D.	35.100; 35.200
Paul W. Rigsby, D.O.	35.100; 35.200; Oral administration of sodium iodide I-131 in quantities less than or equal to 33 millicuries
Joseph J. Lawrence, D.O.	35.100; 35.200; 35.300
Alan L. Mitchell, M.D.	35.100; 35.200; 35.300
John P. Stamato, M.D.	35.300

C. The following individuals are authorized users for non-medical uses indicated:

Authorized Users	Material and Use
James R. LaManna, M.D.	Gadolinium-153 for attenuation correction
Joseph J. Lawrence, D.O.	Gadolinium-153 for attenuation correction
Alan L. Mitchell, M.D.	Gadolinium-153 for attenuation correction
John P. Stamato, M.D.	Gadolinium-153 for attenuation correction

13. For sealed sources not associated with 10 CFR Part 35 use, the following conditions apply:

A. Sealed sources and detector cells shall be tested for leakage and/or contamination at intervals not to exceed 6 months or at such other intervals specified in the certificate of registration issued by the U.S. Nuclear Regulatory Commission under 10 CFR 32.210 or by an Agreement State.

B. Notwithstanding Paragraph A of this Condition, sealed sources designed to primarily emit alpha particles shall be tested for leakage and/or contamination at intervals not to exceed 3 months.

MATERIALS LICENSE
SUPPLEMENTARY SHEET

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C. In the absence of a certificate from a transferor indicating that a leak test has been made within the intervals specified in the certificate of registration issued by the U.S. Nuclear Regulatory Commission under 10 CFR 32.210 or under equivalent regulations of an Agreement State, prior to the transfer, a sealed source received from another person shall not be put into use until tested and the test results received.

D. Sealed sources need not be tested if they contain only hydrogen-3; or they contain only a radioactive gas; or the half-life of the isotope is 30 days or less; or they contain not more than 100 microcuries of beta- and/or gamma-emitting material or not more than 10 microcuries of alpha-emitting material.

E. Sealed sources need not be tested if they are in storage and are not being used; however, when they are removed from storage for use or transferred to another person and have not been tested within the required leak test interval, they shall be tested before use or transfer. No sealed source shall be stored for a period of more than 10 years without being tested for leakage and/or contamination.

F. The leak test shall be capable of detecting the presence of 0.005 microcurie (185 becquerels) of radioactive material on the test sample. If the test reveals the presence of 0.005 microcurie (185 becquerels) or more of removable contamination, a report shall be filed with the U.S. Nuclear Regulatory Commission in accordance with 10 CFR 30.50(c)(2), and the source shall be removed immediately from service and decontaminated, repaired, or disposed of in accordance with Commission regulations. The report shall be filed within 5 days of the date the leak test result is known with the U.S. Nuclear Regulatory Commission, Region IV, 1600 East Lamar Boulevard, Arlington, Texas 76011-4511, ATTN: Director, Division of Nuclear Materials Safety. The report shall specify the source involved, the test results, and corrective action taken.

G. Tests for leakage and/or contamination, including leak test sample collection and analysis, shall be performed by the licensee or by other persons specifically licensed by the U.S. Nuclear Regulatory Commission or an Agreement State to perform such services.

H. Records of leak test results shall be kept in units of microcuries and shall be maintained for 3 years.

14. Except for maintaining labeling as required by 10 CFR Part 20 or 71, the licensee shall obtain authorization from the U.S. Nuclear Regulatory Commission before making any changes in the sealed source, device, or source-device combination that would alter the description or specifications as indicated in the respective Registration Certificates issued either by the Commission pursuant to10 CFR 2.210 or by an Agreement State.

15. Sealed sources containing licensed material shall not be opened or sources removed from source holders by the licensee.

16. 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.

MATERIALS LICENSE
SUPPLEMENTARY SHEET

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17. 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.

18. The licensee is authorized to transport licensed material in accordance with the provisions of 10 CFR Part 71, "Packaging and Transportation of Radioactive Material."

19. 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 March 17, 2015 (ML15090A802)
B. Letter dated August 5, 2015 (ML15090A802)
C. Letter dated July 27, 2015 with enclosure (ML15243A149)
D. Letter dated August 17, 2015 with enclosure (ML15243A149)
E. Letter dated September 3, 2015 (ML15247A220)

FOR THE U.S. NUCLEAR REGULATORY COMMISSION

Date December 23, 2015

By Jacqueline D. Cook

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

NRC FORM 313A (AUD)
(06-2016)

U.S. NUCLEAR REGULATORY COMMISSION

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION
(for uses defined under 35.100, 35.200, and 35.500) [10 CFR 35.190, 35.290, and 35.590]

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

Name of Proposed Authorized User	State or Territory Where Licensed
Douglas Watt	Wyoming

Requested Authorization(s) *(check all that apply)*

- [x] 35.100 Uptake, dilution, and excretion studies
- [x] 35.200 Imaging and localization studies
- [ ] 35.500 Sealed sources for diagnosis (specify device) _____

PART I -- TRAINING AND EXPERIENCE
(Select one of the three 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.

- [x] **1. Board Certification**

  a. Provide a copy of the board certification.

  b. If using only 35.500 materials, stop here. If using 35.100 and 35.200 materials, skip to and complete Part II Preceptor Attestation.

- [ ] **2. Current 35.390 Authorized User Seeking Additional 35.290 Authorization**

  a. Authorized user on Materials License _____ meeting 10 CFR 35.390 or equivalent Agreement State requirements seeking authorization for 35.290.

  b. Supervised Work 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 Experience/License or Permit Number of Facility	Clock Hours	Dates of Experience*
Eluting generator systems appropriate for the preparation of radioactive drugs for imaging and localization studies, measuring and testing the eluate for radionuclidic purity, and processing the eluate with reagent kits to prepare labeled radioactive drugs			
Total Hours of Experience:			

Supervising Individual	License/Permit Number listing supervising individual as an authorized user

Supervisor meets the requirements below, or equivalent Agreement State requirements *(check all that apply).*

- [ ] 35.290
- [ ] 35.390 + generator experience in 32.290(c)(1)(ii)(G)

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

☐ **3. Training and Experience for Proposed Authorized User**

a. Classroom and Laboratory Training.

Description of Training	Location of Training	Clock Hours	Dates of Training*
Radiation physics and instrumentation			
Radiation protection			
Mathematics pertaining to the use and measurement of radioactivity			
Chemistry of byproduct material for medical use *(not required for 35.590)*			
Radiation biology			
Total Hours of Training:			

b. Supervised Work Experience (completion of this table is not required for 35.590).
(If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this section.)

Supervised Work Experience — **Total Hours of Experience:**

Description of Experience Must Include:	Location of Experience/License or Permit Number of Facility	Confirm	Dates of Experience*
Ordering, receiving, and unpacking radioactive materials safely and performing the related radiation surveys		☐ Yes ☐ No	
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters		☐ Yes ☐ No	

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Training and Experience for Proposed Authorized User (continued)

b. Supervised Work Experience. (continued)

Description of Experience Must Include:	Location of Experience/License or Permit Number of Facility	Confirm	Dates of Experience*
Calculating, measuring, and safely preparing patient or human research subject dosages		☐ Yes ☐ No	
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material		☐ Yes ☐ No	
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures		☐ Yes ☐ No	
Administering dosages of radioactive drugs to patients or human research subjects		☐ Yes ☐ No	
Eluting generator systems appropriate for the preparation of radioactive drugs for imaging and localization studies, measuring and testing the eluate for radionuclidic purity, and processing the eluate with reagent kits to prepare labeled radioactive drugs		☐ Yes ☐ No	

Supervising Individual	License/Permit Number listing supervising individual as an authorized user

Supervisor meets the requirements below, or equivalent Agreement State requirements *(check one)*.

☐ 35.190 ☐ 35.290 ☐ 35.390 ☐ 35.390 + generator experience in 35.290(c)(1)(ii)(G)

c. For 35.590 only, provide documentation of training on use of the device.

Device	Type of Training	Location and Dates

d. For 35.500 uses only, stop here. For 35.100 and 35.200 uses, skip to and complete Part II Preceptor Attestation.

No 6 0 9 8 6 5

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

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. (Not required to meet training requirements in 35.590)

By checking the boxes below, the preceptor is attesting that the individual has knowledge to fulfill the duties of the position sought and not attesting to the individual's "general clinical competency."

First Section
Check one of the following for each use requested:

For 35.190

Board Certification

☑ I attest that Douglas Watt (Name of Proposed Authorized User) has satisfactorily completed the requirements in 10 CFR 35.190(a)(1) and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100.

OR

Training and Experience

☑ I attest that Douglas Watt (Name of Proposed Authorized User) has satisfactorily completed the 60 hours of training and experience, including a minimum of 8 hours of classroom and laboratory training, required by 10 CFR 35.190(c)(1), and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100.

For 35.290

Board Certification

☑ I attest that Douglas Watt (Name of Proposed Authorized User) has satisfactorily completed the requirements in 10 CFR 35.290(a)(1) and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100 and 35.200.

OR

Training and Experience

☐ I attest that _____ (Name of Proposed Authorized User) has satisfactorily completed the 700 hours of training and experience, including a minimum of 80 hours of classroom and laboratory training, required by 10 CFR 35.290(c)(1), and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100 and 35.200.

Second Section
Complete the following for preceptor attestation and signature:

☑ I meet the requirements below, or equivalent Agreement State requirements, as an authorized user for:

☑ 35.190 ☐ 35.290 ☐ 35.390 ☐ 35.390 + generator experience

Name of Preceptor	Signature	Telephone Number	Date
Alan L Mitchell	Alan L Mitchell	307-688-1600	8/24/18

License/Permit Number/Facility Name

49-18030-01 Campbell County Health

NRC FORM 313A (AUT)
(06-2016)

U.S. NUCLEAR REGULATORY COMMISSION

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (for uses defined under 35.300) [10 CFR 35.390, 35.392, 35.394, and 35.396]

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

Name of Proposed Authorized User	State or Territory Where Licensed
Douglas Watt	Wyoming

Requested Authorization(s) *(check all that apply)*:

☐ 35.300 Use of unsealed byproduct material for which a written directive is required

OR

☐ 35.300 Oral administration of sodium iodide I-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)

☑ 35.300 Oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 1.22 gigabecquerels (33 millicuries)

☐ 35.300 Parenteral administration of any beta-emitter, or 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

PART I -- TRAINING AND EXPERIENCE
(Select one of the three 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 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. For 35.390, provide documentation on supervised clinical case experience. The table in section 3.c. may be used to document this experience.

c. For 35.396, provide documentation on classroom and laboratory training, supervised work experience, and supervised clinical case experience. The tables in sections 3.a., 3.b., and 3.c. may be used to document this experience.

d. Skip to and complete Part II Preceptor Attestation.

☐ **2. Current 35.300, 35.400, or 35.600 Authorized User Seeking Additional Authorization**

a. Authorized User on Materials License _____ under the requirements below or equivalent Agreement State requirements *(check all that apply)*:

☐ 35.390 ☐ 35.392 ☐ 35.394 ☐ 35.490 ☐ 35.690

b. If currently authorized for a subset of clinical uses under 35.300, provide documentation on additional required supervised case experience. The table in section 3.c. may be used to document this experience. Also provide completed Part II Preceptor Attestation.

c. If currently authorized under 35.490 or 35.690 and requesting authorization for 35.396, provide documentation on classroom and laboratory training, supervised work experience, and supervised clinical case experience. The tables in sections 3.a., 3.b., and 3.c. may be used to document this experience. Also provide completed Part II Preceptor Attestation.

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

☐ **3. Training and Experience for Proposed Authorized User**

a. Classroom and Laboratory Training ☐ 35.390 ☐ 35.392 ☐ 35.394 ☐ 35.396

Description of Training	Location of Training	Clock Hours	Dates of Training*
Radiation physics and instrumentation			
Radiation protection			
Mathematics pertaining to the use and measurement of radioactivity			
Chemistry of byproduct material for medical use			
Radiation biology			
	Total Hours of Training: ☐		

b. Supervised Work Experience ☐ 35.390 ☐ 35.392 ☐ 35.394 ☐ 35.396

If more than one supervising individual is necessary to document supervised training, provide multiple copies of this page.

Supervised Work Experience	**Total Hours of Experience:**		
Description of Experience Must Include:	Location of Experience/License or Permit Number of Facility	Confirm	Dates of Experience*
Ordering, receiving, and unpacking radioactive materials safely and performing the related radiation surveys		☐ Yes ☐ No	
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters		☐ Yes ☐ No	
Calculating, measuring, and safely preparing patient or human research subject dosages		☐ Yes ☐ No	
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material		☐ Yes ☐ No	
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures		☐ Yes ☐ No	

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Training and Experience for Proposed Authorized User (continued)

b. Supervised Work Experience (continued)

Supervising Individual	License/Permit Number listing supervising individual as an authorized user

Supervising individual meets the requirements below, or equivalent Agreement State requirements *(check all that apply)***:*

☐ 35.390
☐ 35.392
☐ 35.394
☐ 35.396

With experience administering dosages of:

☐ Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)
☐ Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)
☐ Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required
☐ Parenteral administration of any other radionuclide requiring a written directive

** Supervising Authorized User must have experience in administering dosages in the same dosage category or categories as the individual requesting authorized user status.

c. Supervised Clinical Case Experience
If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this page.

Description of Experience	Number of Cases Involving Personal Participation	Location of Experience/License or Permit Number of Facility	Dates of Experience*
Oral administration of sodium iodide I-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)			
Oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 1.22 gigabecquerels (33 millicuries)			
Parenteral administration of any beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV for which a written directive is required			
Parenteral administration of any other radionuclide for which a written directive is required (List radionuclides)			

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Training and Experience for Proposed Authorized User (continued)

c. Supervised Clinical Case Experience (continued)

Supervising Individual	License/Permit Number listing supervising individual as an authorized user

Supervising individual meets the requirements below, or equivalent Agreement State requirements *(check all that apply)***:*

☐ 35.390
☐ 35.392
☐ 35.394
☐ 35.396

With experience administering dosages of:

☐ Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)

☐ Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)

☐ Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required

☐ Parenteral administration of any other radionuclide requiring a written directive

** Supervising Authorized User must have experience in administering dosages in the same dosage category or categories as the individual requesting authorized user status.

d. Provide completed 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.

By checking the boxes below, the preceptor is attesting that the individual has knowledge to fulfill the duties of the position sought and not attesting to the individual's "general clinical competency."

First Section
Check one of the following for each requested authorization:

For 35.390:

Board Certification

☑ I attest that Douglas Watt has satisfactorily completed the training and experience
Name of Proposed Authorized User

requirements in 35.390(a)(1).

OR

Training and Experience

☐ I attest that _____ has satisfactorily completed the 700 hours of training
Name of Proposed Authorized User

and experience, including a minimum of 200 hours of classroom and laboratory training, as required by 10 CFR 35.390 (b)(1).

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

Preceptor Attestation (continued)

First Section (continued)

For 35.392 (Identical Attestation Statement Regardless of Training and Experience Pathway):

☐ I attest that _____ has satisfactorily completed the 80 hours of classroom
Name of Proposed Authorized User

and laboratory training, as required by 10 CFR 35.392(c)(1), and the supervised work and clinical case experience required in 35.392(c)(2).

For 35.394 (Identical Attestation Statement Regardless of Training and Experience Pathway):

☐ I attest that _____ has satisfactorily completed the 80 hours of classroom
Name of Proposed Authorized User

and laboratory training, as required by 10 CFR 35.394 (c)(1), and the supervised work and clinical case experience required in 35.394(c)(2).

Second Section

☑ I attest that Douglas Watt has satisfactorily completed the required clinical case
Name of Proposed Authorized User

experience required in 35.390(b)(1)(ii)G listed below:

☐ Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)

☑ Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)

☐ Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required

☐ Parenteral administration of any other radionuclide requiring a written directive

Third Section

☑ I attest that Douglas Watt has satisfactorily achieved a level of competency to
Name of Proposed Authorized User

function independently as an authorized user for:

☐ Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)

☑ Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)

☐ Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required

☐ Parenteral administration of any other radionuclide requiring a written directive

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

Fourth Section

For 35.396:

Current 35.490 or 35.690 authorized user:

☐ I attest that _____ is an authorized user under 10 CFR 35.490 or 35.690
Name of Proposed Authorized User

or equivalent Agreement State requirements, has satisfactorily completed the 80 hours of classroom and laboratory training, as required by 10 CFR 35.396 (d)(1), and the supervised work and clinical case experience required by 35.396(d)(2), and has achieved a level of competency sufficient to function independently as an authorized user for:

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

☐ Parenteral administration of any other radionuclide for which a written directive is required

OR

Board Certification:

☑ I attest that Douglas Weatt has satisfactorily completed the board certification
Name of Proposed Authorized User

requirements of 35.396(c), has satisfactorily completed the 80 hours of classroom and laboratory training required by 10 CFR 35.396 (d)(1) and the supervised work and clinical case experience required by 35.396(d)(2), and has achieved a level of competency sufficient to function independently as an authorized user for:

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

☐ Parenteral administration of any other radionuclide for which a written directive is required

Fifth Section
Complete the following for preceptor attestation and signature:

☑ I meet the requirements below, or equivalent Agreement State requirements, as an authorized user for:

☑ 35.390 ☐ 35.392 ☐ 35.394 ☐ 35.396

☐ I have experience administering dosages in the following categories for which the proposed Authorized User is requesting authorization.

☐ Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)

☐ Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)

☐ Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required

☐ Parenteral administration of any other radionuclide requiring a written directive

Name of Preceptor	Signature	Telephone Number	Date
Alan L Mitchell	Alan L Mitchell	307-688-1600	8-24-18

License/Permit Number/Facility Name
49-18030-01 Campbell County Health

Campbell County Health

P.O.Box 3011 | Gillette, Wyoming 82717

ADDRESS SERVICE REQUESTED

POSTAGE DUE PAID
ARLINGTON TX 76011

Department of Radiology

RECEIVED
SEP 10 2018
DNMS

Nuclear Regulatory Commission
DNMS Licensing Assistant
1600 E Lamar Blvd
Arlington Tx 76011

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POSTAGE DUE

4609865

NRC FORM 532
(05-2016)

U.S. NUCLEAR REGULATORY COMMISSION

ACKNOWLEDGEMENT - RECEIPT OF CORRESPONDENCE

Name and Address of Applicant and/or Licensee

Alan L. Mitchell, M.D., Radiation Safety Officer
Campbell County Memorial Hospital
501 South Burma Avenue
Gillette, WY 82716

Date
09/11/2018

License Number(s)
49-18030-01

Mail Control Number(s)
609865

Licensing and/or Technical Reviewer or Branch
C. Hill

This is to acknowledge receipt of your: ☑ **Letter and/or** ☐ **Application** **Dated:** 08/30/2018

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) 200-1103 or (817) 200-1140

✓ 9/11/18

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: 09/30/2025
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:	09/10/2018
Docket Number:	3014365
Mail Control Number:	609865
License Number:	49-18030-01
Action Type:	Amendment

2. FEE ATTACHED

Amount: _____

Check No.: _____

3. COMMENTS

Signed: Carol L Hicc

Date: 9/11/18

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: _____