

APPLICATION FOR MATERIAL LICENSE

INSTRUCTIONS: SEE THE APPROPRIATE LICENSE APPLICATION GUIDE FOR DETAILED INSTRUCTIONS FOR COMPLETING APPLICATION. SEND TWO COPIES OF THE ENTIRE COMPLETED APPLICATION TO THE NRC OFFICE SPECIFIED BELOW.

APPLICATIONS FOR DISTRIBUTION OF EXEMPT PRODUCTS FILE APPLICATIONS WITH:

U.S. NUCLEAR REGULATORY COMMISSION
DIVISION OF FUEL CYCLE AND MATERIAL SAFETY, NMSS
WASHINGTON, DC 20540

ALL OTHER PERSONS FILE APPLICATIONS AS FOLLOWS IF YOU ARE LOCATED IN:

CONNECTICUT, DELAWARE, DISTRICT OF COLUMBIA, MAINE, MARYLAND, MASSACHUSETTS, NEW HAMPSHIRE, NEW JERSEY, NEW YORK, PENNSYLVANIA, RHODE ISLAND OR VERMONT, SEND APPLICATIONS TO:

U.S. NUCLEAR REGULATORY COMMISSION REGION I
NUCLEAR MATERIALS SAFETY SECTION 2
801 PARK AVENUE
KING OF PRUSSIA, PA 19406

ALABAMA, FLORIDA, GEORGIA, KENTUCKY, MISSISSIPPI, NORTH CAROLINA, PUERTO RICO, SOUTH CAROLINA, TENNESSEE, VIRGINIA, VIRGIN ISLANDS, OR WEST VIRGINIA, SEND APPLICATIONS TO:

U.S. NUCLEAR REGULATORY COMMISSION REGION II
NUCLEAR MATERIALS SAFETY SECTION
101 MARHETTA STREET, SUITE 2800
ATLANTA, GA 30333

IF YOU ARE LOCATED IN:

ILLINOIS, INDIANA, IOWA, MICHIGAN, MINNESOTA, MISSOURI, OHIO, OR WISCONSIN, SEND APPLICATIONS TO:

U.S. NUCLEAR REGULATORY COMMISSION REGION III
MATERIALS LICENSING SECTION
199 ROOSEVELT ROAD
OLSEN ELLYN, IL 60137

ARKANSAS, COLORADO, IDAHO, KANSAS, LOUISIANA, MONTANA, NEBRASKA, NEW MEXICO, NORTH DAKOTA, OKLAHOMA, SOUTH DAKOTA, TEXAS, UTAH, OR WYOMING, SEND APPLICATIONS TO:

U.S. NUCLEAR REGULATORY COMMISSION REGION IV
MATERIAL RADIATION PROTECTION SECTION
611 RYAN PLAZA DRIVE, SUITE 1000
ARLINGTON, TX 76011

ALASKA, ARIZONA, CALIFORNIA, HAWAII, NEVADA, OREGON, WASHINGTON, AND U.S. TERRITORIES AND POSSESSIONS IN THE PACIFIC, SEND APPLICATIONS TO:

U.S. NUCLEAR REGULATORY COMMISSION REGION V
NUCLEAR MATERIALS SAFETY SECTION
1460 MARIA LANE, SUITE 210
WALNUT CREEK, CA 94690

PERSONS LOCATED IN AGREEMENT STATES SEND APPLICATIONS TO THE U.S. NUCLEAR REGULATORY COMMISSION ONLY IF THEY WISH TO POSSESS AND USE LICENSED MATERIAL IN STATES SUBJECT TO U.S. NUCLEAR REGULATORY COMMISSION JURISDICTION.

1. THIS IS AN APPLICATION FOR (Circle appropriate item):

- A. NEW LICENSE
- B. AMENDMENT TO LICENSE NUMBER 25-10669-01
- C. RENEWAL OF LICENSE NUMBER _____

2. NAME AND MAILING ADDRESS OF APPLICANT* (Include Zip Code)

Southwestern Medical Center
5602 SW Lee Blvd.
Lawton, OK 73505

3. ADDRESS(ES) WHERE LICENSED MATERIAL WILL BE USED OR POSSESSED:

Southwestern Medical Center
(Radiation Therapy Dept.)
5602 SW Lee Blvd.
Lawton, OK 73505

4. NAME OF PERSON TO BE CONTACTED ABOUT THIS APPLICATION

Dennis Van Asche, R.T.T.

TELEPHONE NUMBER
(405) 531-4774

SUBMIT ITEMS 5 THROUGH 11 ON SIX (6) PAPER. THE TYPE AND SCOPE OF INFORMATION TO BE PROVIDED IS DESCRIBED IN THE LICENSE APPLICATION GUIDE.

5. RADIOACTIVE MATERIAL

A. Element and mass number. B. DATE OF RECEIPT. C. DATE OF EXPIRY. D. SOURCE. E. INVENTORY. F. OTHER INFORMATION WHICH WILL BE DESCRIBED IN THE LICENSE.

6. PURPOSE(S) FOR WHICH LICENSED MATERIAL WILL BE USED

7. INDIVIDUAL(S) RESPONSIBLE FOR RADIATION SAFETY PROGRAM AND THEIR TRAINING AND EXPERIENCE

8. TRAINING FOR INDIVIDUALS WORKING IN OR FREQUENTING RESTRICTED AREAS

9. FACILITIES AND EQUIPMENT

10. RADIATION SAFETY PROGRAM

11. WASTE MANAGEMENT

12. LICENSEE FEES (See 10 CFR 170.104 and 170.105)

FEE CATEGORY 7A AMOUNT ENCLOSED \$ 430.00

13. CERTIFICATION (Must be completed by applicant) THE APPLICANT UNDERSTANDS THAT ALL STATEMENTS AND REPRESENTATIONS MADE IN THIS APPLICATION ARE BINDING UPON THE APPLICANT.

THE APPLICANT AND ANY OFFICIAL EXECUTING THIS CERTIFICATION ON BEHALF OF THE APPLICANT, NAMED IN ITEM 3, CERTIFY THAT THIS APPLICATION IS PREPARED IN CONFORMITY WITH TITLE 10, CODE OF FEDERAL REGULATIONS, PARTS 30, 32, 33, 34, 35, AND 40 AND THAT ALL INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF THEIR KNOWLEDGE AND BELIEF.

WARNING: 18 U.S.C. SECTION 1001, ACT OF JUNE 25, 1946, 62 STAT. 748 MAKES IT A CRIMINAL OFFENSE TO MAKE A WILLFULLY FALSE STATEMENT OR REPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION.

SIGNATURE - CERTIFYING OFFICER

TYPED/PRINTED NAME

TITLE

DATE

Handwritten signature
for Tom Rine
Chief Operating Officer

Executive Director

11/4/91

9111180146 911028

REG4 LIC30

35-10669-01

PDR

FOR NRC USE ONLY

TYPE OF FEE	FEE CODE	FEE CATEGORY	COMMENTS	APPROVED BY
AMOUNT RECEIVED				
				DATE

Only needed for change in physician or physicist.

SUPPLEMENT A TRAINING AND EXPERIENCE PROPOSED AUTHORIZED USER OR RADIATION SAFETY OFFICER				
NAME OF PROPOSED AUTHORIZED USER OR RADIATION SAFETY OFFICER			STATE OR TERRITORY IN WHICH LICENSED TO PRACTICE MEDICINE (if physician)	
John Robert De Biase, M.D.			Oklahoma	
3. CERTIFICATION				
SPECIALTY BOARD		CATEGORY		MONTH AND YEAR CERTIFIED
American Board of Radiology American Board of Nuclear Medicine		Radiology Nuclear Medicine		June, 1977 January, 1978
4. TRAINING RECEIVED IN BASIC RADIOISOTOPE HANDLING TECHNIQUES (To be completed by institution providing training)				
FIELD OF TRAINING	LOCATION AND DATES OF TRAINING	TYPE AND LENGTH OF TRAINING		
		LECTURE/LABORATORY (DAY/NIGHT/IN/OUT)	FORMAL SUPERVISED OUTLABORATORY EXPERIENCE (MONTHS)	
RADIATION PHYSICS AND INSTRUMENTATION	Same as on License # # 35-10669-02			
RADIATION PROTECTION				
MATHEMATICS PERTAINING TO THE USE, MEASUREMENT, AND SHIELDING OF RADIOACTIVE SOURCES				
RADIATION BIOLOGY				
5. EXPERIENCE WITH RADIOACTIVE MATERIALS (Active use of radioisotopes of sufficient activity)				
ISOTOPE	MAXIMUM AMOUNT FOR SINGLE APPLICATION	WHERE EXPERIENCE WAS GAINED	DURATION OF EXPERIENCE	TYPE OF USE
		Same as on License # # 35-10669-02		
6. TRAINING WITH BASIC RADIOISOTOPE TECHNIQUES (To be completed by institution providing training)				
1. NUMBER OF HOURS RECEIVED AND DURATION OF EACH PRACTICAL COURSE		2. NUMBER OF PRACTICAL COURSES AND INSTITUTIONS		
3. TRAINING INSTITUTIONS (NAME, ADDRESS, CITY, STATE, ZIP CODE)		4. TRAINING OF THE COURSE (DATE, TIME, AND LOCATION)		
5. CERTIFICATION OF COURSE (NAME OF INSTRUCTOR)		6. TRAINING OF THE COURSE (NAME OF INSTRUCTOR)		
I CERTIFY THAT THE INFORMATION PRESENTED AS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. (Signature of program supervisor)				
SPECIAL IN PRINTED NAME Tom Rine, Executive Director			DATE 11/4/91	
NAME OF INSTITUTION Southwestern Medical Center				
MAILING ADDRESS 3602 SW Lee Blvd., Lawton, OK 73505				
CITY Lawton		STATE OK	ZIP CODE 73505	RADIOACTIVE MATERIALS LICENSE NUMBER 35-10669-01
WARNING: 18 U.S.C. Section 1001, Act of June 25, 1948, 62 Stat. 743, makes it a criminal offense to make a willfully false statement or representation to any department or agency of the United States or to any officer within its jurisdiction.				



**SOUTHWESTERN
REGIONAL
CANCER CENTER**

Appendix F

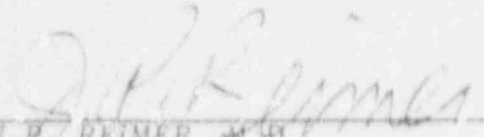
October 28, 1991

Reply to notice of violation (C)


10CFR 35.59(G)

Southwestern Regional Cancer Center received Cesium-137 sealed sources in April 1991, and as of September had not done a quarterly physical inventory of all such sources. The Cancer Center made an immediate inventory and all sealed sources were accounted for. We are back on line with the April delivery and the next quarterly is due in October, which also has been completed. The sealed source inventory has become part of our quarterly reporting, this way the window for error is reduced.

The corrective steps have been taken and full compliance was achieved in September 1991.



J.P. REIMER, M.D.
Medical Director



DENNIS VAN ASCHE, R.T.T.
Administrative Director

ERIC HEALTHCARE GROUP, AN EMPLOYEE OWNED COMPANY

103-531-1700
5002 Southwest Lee Boulevard
Lawton, OK 73505