## RECEIVED 11/30/2020

November 30, 2020

Roberto J. Torres, M.S.

Senior health Physicist

Mail Control Number: 623990 Docket Number : 3003496 License Number : 49-01380-01 Licensee Name : Memorial Hospital of Laramie County

U.S. Nuclear Regulatory Commission, Region IV

1600 East Lamar Boulevard

Arlington, TX 76011-4511

Subj: An additional AMP.

Re: Changes to NRC RAM 49-01380-01.

Dear Mr. Torres;

We would like to amend our NRC License to allow Dr. Donald W.Cain, MD 35.100, 35.200, 35.300 and 35.500 Authorized User privliges.

Copies of Forms 313A(AUD) and 313A(AUT) are attached in accordance with 10 CFR 35.13(b) and 35.59.

Thank you,

Millioe Leamon

Joseph Michael Seamon, M.S., R.S.O. Memorial Hospital of Laramie County Dba Cheyenne Regional Medical Center Cheyenne, Wyoming

NRC FORM 313A (AUD) (01-2020)	U.S. NUCLEAR REGULATORY COMMISSION	APPROVED BY EXPIRES: 01/3	
(for uses	AINING, EXPERIENCE AND PREC defined under 35.100, 35.200, and CFR 35.57, 35.190, 35.290, and 35.5	35.500)	ESTATION
Name of Proposed Authorized User	State or Territory Where Licens	sed	-
Donald W. Cain, MD	со		
Requested Authorization(s) (check all that ap	ylq(		
✓ 35.100 Uptake, dilution, and excretion stu	udies 35.200 Imaging and localization	n studies	
35.500 Sealed sources for diagnosis (spe	ecify device)		
<ul> <li>(Selection)</li> <li>* Training and Experience, including board of application or the individual must have obta and experience was completed. Provide direlated to the uses checked above.</li> <li>✓ 1. Board Certification <ul> <li>a. Provide a copy of the board certification</li> <li>b. For a board certification issued on or the following: <ul> <li>(i) Documentation that the individue</li> <li>(ii) Dates, duration, and description each use checked above.</li> <li>c. Stop here.</li> </ul> </li> <li>2. Current 35.390 Authorized User Sections uses, or equivalent Agreement States b. Supervised Work Experience. <ul> <li>(If more than one supervising individual</li> </ul> </li> </ul></li></ul>	before October 24, 2005 that is listed in 10 lal performed each use checked above on o n of continuing education and experience wit	cFR 35.57(b)(2 cFR 35.57(b)(2 r before Octob thin the past se .390, 10 CFR 3	e required training ( experience 2)(i), provide er 24, 2005. ven years for 35.57 for 35.300
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			
X	Total Hours of Experience:		1
Supervising Individual	License/Permit Number listin authorized user or authorized		
Rustain Morgan, MD	4200721038		
35.290 35.390 + generator e	ow, or equivalent Agreement State requirem xperience in 32.290(c)(1)(ii)(G) 35.55 he certificate and stop here. If not board cert	5 🔲 35.57	for 35.200 uses

NRC FORM 313A (AUD) (01-2020)

U. S. NUCLEAR REGULATORY COMMISSION

# AUTHORIZED USER TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION (for uses defined under 35.100, 35.200, and 35.500) [10 CFR 35.57, 35.190, 35.290, and 35.590](continued)

### X 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	University of Colorado Denver School of Medicine, Anschutz Medical Campus 12631 East 17th Avenue, Aurora, CO 80045	60	07/01/2015 - 06/30/2019
Radiation protection	see above	40	07/01/2015 - 06/30/2019
Mathematics pertaining to the use and measurement of radioactivity	see above	60	07/01/2015 - 06/30/2019
Chemistry of byproduct material for medical use (not required for 35.590)	see above	20	07/01/2015 - 06/30/2019
Radiation biology	see above	20	07/01/2015 - 06/30/2019
(If more than one supervising ind	Total Hours of Training: 200 mpletion of this table is not required for 35.590). lividual is necessary to document supervised work	k experience	
provide multiple copies of this se Supervised Work Experience	ction.) 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	University of Colorado Denver School of Medicine, Anschutz Medical Campus 12631 East 17th Avenue, Aurora, CO 80045	Ves	07/01/2015 - 06/30/2019
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters	see above	Ves	07/01/2015 - 06/30/2019

NRC FORM 313A (AUD) (01-2020)

NRC FORM 313A (AUD)

#### U. S. NUCLEAR REGULATORY COMMISSION

### AUTHORIZED USER TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION (for uses defined under 35.100, 35.200, and 35.500) [10 CFR 35.57, 35.190, 35.290, and 35.590](continued)

Description of Experience Must Include:	Loc	ation of Experience Permit Number o		Confirm	Dates of Experience*
Calculating, measuring, and saf preparing patient or human rese subject dosages	arch Medicine, A 12631 East	University of Colorado Denver School of Medicine, Anschutz Medical Campus 12631 East 17th Avenue, Aurora, CO 80045			07/01/2015 - 06/30/2019
Using administrative controls to prevent a medical event involvin use of unsealed byproduct mate					07/01/2015 - 06/30/2019
Using procedures to contain spil byproduct material safely and us proper decontamination procedu	sing	see above			07/01/2015 - 06/30/2019
Administering dosages of radioa drugs to patients or human rese subjects		see above		Yes	07/01/2015 - 06/30/2019
Eluting generator systems appro for the preparation of radioactive drugs for imaging and localization studies, measuring and testing the eluate for radionuclidic purity, an processing the eluate with reage kits to prepare labeled radioactive drugs	n he id int	; see above		✓ Yes	07/01/2015 - 06/30/2019
Supervising Individual Rustain Morgan, MD		authorized training	mit Number listing user or an authorize		
Supervisor meets the requireme	35.390 🖌 35.3 200 uses D use.	90 + generator ex	perience in 35.29		
Device	Type of	The second se		Location and Dates	
Ic-Moly Generator			University of Co Anschutz Medic 12631 East 17th	al Campus	chool of Medicine

NRC FORM 313A (AU (01-2020) AUT	D) HORIZED USER TRAINING (for uses define [10 CFR 35.57, 35	d under 35.10	CE AND PR	and 35.500)	
	PART II – P	RECEPTOR AT	TESTATION		
individual a one precep required to	nust be completed by the individua as long as the preceptor provides, otor is necessary to document exp meet training requirements in 35 ing the boxes below, the preceptor	directs, or verifie perience, obtain a .590)	es training and a separate pre	experience required	l. If more than n each. (Not
First Section					
	following for each use requeste	ed:			
Fpr 35.190					
I attest that	Name of Proposed Authorized User	has satisfactor	rily completed	the 60 hours of train	ing and
avactiones		lalanaroom and l	abaratan ( train	ving required by 10 (	CED 25 400/a)/4)
and is able t	including a minimum of 8 hours of o independently fulfill the radiation nder 10 CFR 35.100.				
✓ I attest that	Donald W. Cain, MD	has satisfactor	rily completed	the 700 hours of trai	ning
1000	Name of Proposed Authorized User	<del>T</del> S			
medical use Second Section Complete one of Authorized U	quirements below, or equivalent /	d signature:	requirements,	as an authorized us	er for:
	OR			29	
The state of the state	rogram Director:				
faculty mem requirement 35.190	The state of the state	ets the requirements and the requirements and the requirements of	ents below or or experience	equivalent Agreemer	nt State
			,		
Residenc	e residency training program is ap y Review Committee of the Accrea lege of Physicians and Surgeons	ditation Council fo	or Graduate M	edical Education	
Council or	n Post-Graduate Training of the A	merican Osteopa	thic Association	on	
I affirm that the	e residency training program inclu	udes training and	experience s	pecified in:	
35.190	35.290				
Name of Facility:			License/Permit N	umber:	
University of Colorado	Denver School of Medicine, Anschutz M	fedical Campus	4200721	038	
Name of Preceptor or Res	dency Program Director (Typed or Printed)		S	Telephone Number	Date
Rustain Morg	an			303-724-1985	10/13/2020
Signature	AN J				

NRC FORM 313A (AUD) (01-2020)

NRC FORM \$134	AUTHORIZED USE PRECE	R TRAINING, E PTOR ATTEST s defined unde	ATION r 35.300)	ND	APPROVED BY OMB: NO. 3150-0120 EXPIRES: 01/31/2023
Name of Propos	ed Authorized User		State or Territory V	Where Licens	ed
Donald W. Cain	, MD		со		
Requested Au	thorization(s) (check all tha	it apply):	33		
✓ 35.300 OR	Use of unsealed byprodu	ct material for whi	ch a written directiv	ve <mark>i</mark> s require	⊧d
35.300	Oral administration of sod 1.22 gigabecquerels (33 r		equiring a written o	directive in o	quantities less than or equal to
35.300	Oral administration of sod gigabecquerels (33 millicu		equiring a written o	directive in (	quantities greater than 1.22
35.300	Parenteral administration electron emission, beta ra of less than 150 keV, for y	diation characteri	stics, alpha radiatio		clide that is primarily used for its ristics, or photon energy
			INING AND EXPE		
training ar experienc I. <u>Board</u> a. Provid b. For 35 docum c. For 35 super experi d. For a l followi (i) D (ii) D	ent this experience. .396, provide documentation rised clinical case experient ence. Skip to and complet board certification issued of ng: locumentation that the indivi- ates, duration, and descript ach use checked above.	ed. Provide date ed above. fication. on on supervised on on classroom a ce. The tables in e Part II Precepto n or before Octob vidual performed o	s, duration, and de case experience. and laboratory train sections 3.a., 3.b., r Attestation. er 24, 2005 that is each use checked a	scription of The table in ing, superv and 3.c. m listed in 10 above on or	
2. Currer	at 35.300, 35.400, or 35.60	0 Authorized Us	er Seeking Additi	onal Autho	orization
	ized User on Materials Lice			unde	er the requirements below or
equiva	ilent Agreement State requ	irements (check a	all that apply):		
35	.390 35.392	35.394	35.490	35.6	90
superv certifie	ised case experience. The	table in section 3	s.c. may be used to	document	ntation on additional required this experience. If board n provide completed Part II

	SER TRAINING, EXPERIENCE, AND PRECI er 35.300) [10 CFR 35.57, 35.390, 35.392, 35.		
classroom and laboratory trainin in sections 3.a., 3.b., and 3.c. m Attestation. 3. <u>Training and Experience for</u>		nical case expe vide completed	rience. The ta Part II Precept
a. Classroom and Laboratory T Description of Training	raining 🖌 35.390 🖌 35.392 🖌 3	Clock Hours	35.396 Dates of Training*
Radiation physics and instrumentation	University of Colorado Denver School of Medicine, 12631 E 17th Avenue, Aurora, CO 80045	60	07/01/2015 - 06/30/2019
Radiation protection	see above	40	07/01/2015 - 06/30/2019
Mathematics pertaining to the use and measurement of radioactivity	see above	60	07/01/2015 - 06/30/2019
Chemistry of byproduct material for medical use	see above	20	07/01/2015 - 06/30/2019
Radiation biology	see above	20	07/01/2015 - 06/30/2019
	e 📝 35.390 📝 35.392 📝 35 dual is necessary to document supervised training, provi fork Experience Total Hours of Ex	ide multiple copie	35.398 s of this page.)
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	University of Colorado Denver School of Medicine, 12631 E 17th Avenue, Aurora, CO 80045	Ves	07/01/2015 - 06/30/2019
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters	see above	Ves	07/01/2015 - 06/30/2019
Calculating, measuring, and safely preparing patient or human research subject dosages	see above	Ves	07/01/2015 - 06/30/2019
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material	see above	Ves	07/01/2015 - 06/30/2019
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures	see above	Ves No	07/01/2015 - 06/30/2019

NRC FORM 313A (AUT) (01-2020)

Training and F	xperience for Proposed Auth	orized User (continued)
	ical Case Experience (continu	
Supervising Individu	al	License/Permit Number listing supervising individual as an authorized user
Rustain Mo	organ, MD	4200721038
S <mark>upervising individu</mark>	al meets the requirements below, o	or equivalent Agreement State requirements (check all that apply)**:
		ages of: directive in quantities less than or equal to 1.22
35.394	gigabecquerels (33 millicuries) Oral Nal-131 in guantities grea	ter than 1.22 gigabecquerels (33 millicuries)
	Parenteral administration of an used for its electron emission, I	y radioactive drug that contains a radionuclide that is primarily beta radiation characteristics, alpha radiation characteristics, or keV, for which a written directive is required.
** Supervising Auth as the individual	orized User must have experience requesting authorized user status.	in administering dosages in the same dosage category or categories
d. Provide comple	eted Part II Preceptor Attestation	
individual as one precept	PART II – F ist be completed by the individu long as the preceptor provides or is necessary to document ex	n. PRECEPTOR ATTESTATION al's preceptor. The preceptor does not have to be the supervis , directs, or verifies training and experience required. If more th perience, obtain a separate preceptor statement from each. is not attesting to the individual's "general clinical competency.
individual as one precept By checking rst Section heck one of the fo For 35.390:	PART II – F ist be completed by the individu long as the preceptor provides or is necessary to document ex the boxes below, the preceptor blowing for the requested au	PRECEPTOR ATTESTATION al's preceptor. The preceptor does not have to be the supervis , directs, or verifies training and experience required. If more th perience, obtain a separate preceptor statement from each. is not attesting to the individual's "general clinical competency.
individual as one precept By checking est Section teck one of the fo	PART II – F ist be completed by the individu long as the preceptor provides or is necessary to document ex the boxes below, the preceptor	PRECEPTOR ATTESTATION al's preceptor. The preceptor does not have to be the supervis , directs, or verifies training and experience required. If more th perience, obtain a separate preceptor statement from each. is not attesting to the individual's "general clinical competency.
individual as one precept By checking rest Section neck one of the for For 35.390: I attest that	PART II – F ist be completed by the individu long as the preceptor provides or is necessary to document ex the boxes below, the preceptor blowing for the requested auto blowing for the request auto	PRECEPTOR ATTESTATION al's preceptor. The preceptor does not have to be the supervis , directs, or verifies training and experience required. If more th perience, obtain a separate preceptor statement from each. is not attesting to the individual's "general clinical competency.
individual as one precept By checking eck one of the for For 35.390: I attest that and experienc 10 CFR 35.39	PART II – F ist be completed by the individu long as the preceptor provides or is necessary to document ex the boxes below, the preceptor ollowing for the requested aut ollowing for the requested aut blowing for the requested autor of Donald W. Cain, MD Name of Proposed Authorized User e, including a minimum of 200 H D (b)(1).	PRECEPTOR ATTESTATION al's preceptor. The preceptor does not have to be the supervis , directs, or verifies training and experience required. If more th perience, obtain a separate preceptor statement from each. is not attesting to the individual's "general clinical competency. thorization: has satisfactorily completed the 700 hours of training
individual as one precept By checking eck one of the for For 35.390: I attest that and experienc 10 CFR 35.39 For 35.392:	PART II – F ist be completed by the individu long as the preceptor provides or is necessary to document ex the boxes below, the preceptor ollowing for the requested aut ollowing for the requested aut blowing for the requested autor of Donald W. Cain, MD Name of Proposed Authorized User e, including a minimum of 200 H D (b)(1).	PRECEPTOR ATTESTATION al's preceptor. The preceptor does not have to be the supervis , directs, or verifies training and experience required. If more the perience, obtain a separate preceptor statement from each. is not attesting to the individual's "general clinical competency. thorization: has satisfactorily completed the 700 hours of training nours of classroom and laboratory training, as required by has satisfactorily completed the 80 hours of classroom
individual as one precept By checking eck one of the for For 35.390: I attest that and experienc 10 CFR 35.391 For 35.392: I attest that and laborat	PART II – F ist be completed by the individu long as the preceptor provides or is necessary to document ex- the boxes below, the preceptor ollowing for the requested auto ollowing for the re	PRECEPTOR ATTESTATION al's preceptor. The preceptor does not have to be the supervis , directs, or verifies training and experience required. If more the perience, obtain a separate preceptor statement from each. is not attesting to the individual's "general clinical competency. thorization: has satisfactorily completed the 700 hours of training nours of classroom and laboratory training, as required by has satisfactorily completed the 80 hours of classroom
individual as one precept By checking eck one of the for <u>For 35.390:</u> I attest that and experienc 10 CFR 35.391 For 35.392: I attest that and laborat experience	PART II – F ist be completed by the individu long as the preceptor provides or is necessary to document ex- the boxes below, the preceptor ollowing for the requested auto ollowing for the requested auto <u>Donald W. Cain, MD</u> Name of Proposed Authorized User e, including a minimum of 200 H D (b)(1).	PRECEPTOR ATTESTATION al's preceptor. The preceptor does not have to be the supervis , directs, or verifies training and experience required. If more th perience, obtain a separate preceptor statement from each. is not attesting to the individual's "general clinical competency. thorization: has satisfactorily completed the 700 hours of training has satisfactorily completed the 80 hours of classroom lser
individual as one precept By checking eck one of the for For 35.390: I attest that and experienc 10 CFR 35.391 For 35.392: I attest that and laborat	PART II – F ist be completed by the individu long as the preceptor provides or is necessary to document ex- the boxes below, the preceptor pllowing for the requested autority pllowing for th	PRECEPTOR ATTESTATION al's preceptor. The preceptor does not have to be the supervis , directs, or verifies training and experience required. If more th perience, obtain a separate preceptor statement from each. is not attesting to the individual's "general clinical competency. thorization: has satisfactorily completed the 700 hours of training has satisfactorily completed the 80 hours of classroom lser

(for uses defined econd Section ✓ I attest that Dona experience required Ø Oral Nal-131 regigabecquerels Ø Oral Nal-131 in Ø Parenteral adm used for its electron Ø I attest that Dona duties as an author Ø Oral Nal-131 regigabecquerels Ø Oral Nal-131 regigabecquerels	Id W. Cain, MD Name of Proposed Authorized Use and in 35.390(b)(1)(ii)G liste equiring a written directive (33 millicuries) (quantities greater than 1. inistration of any radioacti ctron emission, beta radiat of less than 150 keV, for w Name of Proposed Authorized Use rized user for the medical equiring a written directive (33 millicuries) (quantities greater than 1. inistration of any radioacti ctron emission, beta radiation (13 millicuries) (14 millicuries) (15 millicuries)	ed below: in quantities less than or equal to 1.22 .22 gigabecquerels (33 millicuries) ive drug that contains a radionuclide that is primarily tion characteristics, alpha radiation characteristics, or which a written directive is required. is able to independently fulfill the radiation safety-related
econd Section          I attest that       Dona         experience require       I attest that       Dona         experience require       I attest that       Dona         I oral Nal-131 regizabecquerels       I oral Nal-131 in         I oral Nal-131 in       I Parenteral admused for its election         I attest that       Dona         duties as an autho       I attest that         I attest that       Dona         duties as an autho       I oral Nal-131 regizabecquerels         I oral Nal-131 regizabecquerels       I oral Nal-131 regizabecquerel	Id W. Cain, MD Name of Proposed Authorized Use equiring a written directive (33 millicuries) (13 millicuries) (14 w. cain, seater than 1. (15 millicuries) (15 millicuries) (16 w. Cain, MD Name of Proposed Authorized Use rized user for the medical equiring a written directive (13 millicuries) (14 w. cain, MD Name of Proposed Authorized Use rized user for the medical equiring a written directive (13 millicuries) (14 w. cain, MD Name of Proposed Authorized Use (15 millicuries) (15 millicuries)	has satisfactorily completed the required clinical case r ed below: in quantities less than or equal to 1.22 .22 gigabecquerels (33 millicuries) ive drug that contains a radionuclide that is primarily tion characteristics, alpha radiation characteristics, or which a written directive is required. is able to independently fulfill the radiation safety-related er uses authorized under 10 CFR 35.300 for: in quantities less than or equal to 1.22 .22 gigabecquerels (33 millicuries) ive drug that contains a radionuclide that is primarily tion characteristics, alpha radiation characteristics, or
experience require gigabecquerels Oral Nal-131 re gigabecquerels Oral Nal-131 in Parenteral adm used for its elec photon energy hird Section I attest that Dona duties as an autho Oral Nal-131 re gigabecquerels Oral Nal-131 in Parenteral adm used for its elec photon energy Oral Nal-131 in Parenteral adm used for its elec photon energy ourth Section For 35.396: Current 35.490 or	Name of Proposed Authorized Use equiring a written directive (33 millicuries) (33 millicuries) (34 millicuries) (35 millicuries) (35 millicuries) (36 millicuries) (37 millicuries) (38 millicuries) (38 millicuries) (39 millicuries) (39 millicuries) (30 millicuries) (30 millicuries) (31 millicuries) (32 millicuries) (33 millicuries) (34 millicuries) (35 millicuries) (35 millicuries) (36 millicuries) (37 millicuries) (38 millicuries) (39 millicuries) (39 millicuries) (30 millicuries) (30 millicuries) (31 millicuries) (31 millicuries) (31 millicuries) (32 millicuries) (33 millicuries) (33 millicuries) (34 millicuries) (35 millicuries) (35 millicuries) (37 millicuries) (38 millicuries) (38 millicuries) (39 millicuries) (39 millicuries) (39 millicuries) (30 millicuries) (30 millicuries) (31 millicuries)	er ed below: in quantities less than or equal to 1.22 .22 gigabecquerels (33 millicuries) ive drug that contains a radionuclide that is primarily tion characteristics, alpha radiation characteristics, or which a written directive is required. is able to independently fulfill the radiation safety-related er uses authorized under 10 CFR 35.300 for: in quantities less than or equal to 1.22 .22 gigabecquerels (33 millicuries) ive drug that contains a radionuclide that is primarily tion characteristics, alpha radiation characteristics, or
<ul> <li>I attest that Dona</li> <li>experience require</li> <li>Oral Nal-131 regigabecquerels</li> <li>Oral Nal-131 in</li> <li>Parenteral admused for its electron</li> <li>I attest that Dona</li> <li>duties as an authon</li> <li>Oral Nal-131 regigabecquerels</li> </ul>	Name of Proposed Authorized Use equiring a written directive (33 millicuries) (33 millicuries) (34 millicuries) (35 millicuries) (35 millicuries) (36 millicuries) (37 millicuries) (38 millicuries) (38 millicuries) (39 millicuries) (39 millicuries) (30 millicuries) (30 millicuries) (31 millicuries) (32 millicuries) (33 millicuries) (34 millicuries) (35 millicuries) (35 millicuries) (36 millicuries) (37 millicuries) (38 millicuries) (39 millicuries) (39 millicuries) (30 millicuries) (30 millicuries) (31 millicuries) (31 millicuries) (31 millicuries) (32 millicuries) (33 millicuries) (33 millicuries) (34 millicuries) (35 millicuries) (35 millicuries) (37 millicuries) (38 millicuries) (38 millicuries) (39 millicuries) (39 millicuries) (39 millicuries) (30 millicuries) (30 millicuries) (31 millicuries)	er ed below: in quantities less than or equal to 1.22 .22 gigabecquerels (33 millicuries) ive drug that contains a radionuclide that is primarily tion characteristics, alpha radiation characteristics, or which a written directive is required. is able to independently fulfill the radiation safety-related er uses authorized under 10 CFR 35.300 for: in quantities less than or equal to 1.22 .22 gigabecquerels (33 millicuries) ive drug that contains a radionuclide that is primarily tion characteristics, alpha radiation characteristics, or
<ul> <li>experience require gigabecquerels</li> <li>Oral Nal-131 re gigabecquerels</li> <li>Oral Nal-131 in</li> <li>Parenteral admused for its electron energy</li> <li>Third Section</li> <li>I attest that Dona duties as an autho</li> <li>Oral Nal-131 re gigabecquerels</li> </ul>	Name of Proposed Authorized Use equiring a written directive (33 millicuries) (33 millicuries) (34 millicuries) (35 millicuries) (35 millicuries) (36 millicuries) (37 millicuries) (38 millicuries) (38 millicuries) (39 millicuries) (39 millicuries) (30 millicuries) (30 millicuries) (31 millicuries) (32 millicuries) (33 millicuries) (34 millicuries) (35 millicuries) (35 millicuries) (36 millicuries) (37 millicuries) (38 millicuries) (39 millicuries) (39 millicuries) (30 millicuries) (30 millicuries) (31 millicuries) (31 millicuries) (31 millicuries) (32 millicuries) (33 millicuries) (33 millicuries) (34 millicuries) (35 millicuries) (35 millicuries) (37 millicuries) (38 millicuries) (38 millicuries) (39 millicuries) (39 millicuries) (39 millicuries) (30 millicuries) (30 millicuries) (31 millicuries)	er ed below: 
<ul> <li>Oral Nal-131 regigabecquerels</li> <li>Oral Nal-131 in</li> <li>Parenteral admused for its electron</li> <li>I attest that Dona</li> <li>duties as an authon</li> <li>Oral Nal-131 regigabecquerels</li> <li>Oral Nal-131 regigabecquerels</li> <li>Oral Nal-131 in</li> <li>Parenteral admused for its electron</li> <li>Oral Nal-131 regigabecquerels</li> <li>Oral Nal-131 in</li> <li>Parenteral admused for its electron</li> <li>For 35.396:</li> <li>Current 35.490 or</li> </ul>	ed in 35.390(b)(1)(ii)G liste equiring a written directive (33 millicuries) quantities greater than 1. inistration of any radioacti ctron emission, beta radiat of less than 150 keV, for v ld W. Cain, MD Name of Proposed Authorized Use rized user for the medical equiring a written directive (33 millicuries) quantities greater than 1. inistration of any radioacti ctron emission, beta radiat	ed below: in quantities less than or equal to 1.22 .22 gigabecquerels (33 millicuries) ive drug that contains a radionuclide that is primarily tion characteristics, alpha radiation characteristics, or which a written directive is required. is able to independently fulfill the radiation safety-related er uses authorized under 10 CFR 35.300 for: in quantities less than or equal to 1.22 .22 gigabecquerels (33 millicuries) ive drug that contains a radionuclide that is primarily tion characteristics, alpha radiation characteristics, or
gigabecquerels	(33 millicuries) quantities greater than 1. inistration of any radioacti ctron emission, beta radiat of less than 150 keV, for v ld W. Cain, MD Name of Proposed Authorized Use rized user for the medical equiring a written directive (33 millicuries) quantities greater than 1. inistration of any radioacti ctron emission, beta radiat	.22 gigabecquerels (33 millicuries) ive drug that contains a radionuclide that is primarily tion characteristics, alpha radiation characteristics, or which a written directive is required. is able to independently fulfill the radiation safety-related er uses authorized under 10 CFR 35.300 for: in quantities less than or equal to 1.22 .22 gigabecquerels (33 millicuries) ive drug that contains a radionuclide that is primarily tion characteristics, alpha radiation characteristics, or
<ul> <li>Parenteral admused for its electron energy</li> <li>Third Section         <ul> <li>I attest that</li> <li>I attest that</li> <li>Oral Nal-131 regigabecquerels</li> <li>Oral Nal-131 in</li> <li>Parenteral admused for its electron energy</li> </ul> </li> <li>Fourth Section         <ul> <li>For 35.396: Current 35.490 or</li> </ul> </li> </ul>	inistration of any radioacti ctron emission, beta radiat of less than 150 keV, for w ld W. Cain, MD Name of Proposed Authorized Use rized user for the medical equiring a written directive (33 millicuries) (quantities greater than 1. inistration of any radioacti ctron emission, beta radiat	ive drug that contains a radionuclide that is primarily tion characteristics, alpha radiation characteristics, or which a written directive is required. is able to independently fulfill the radiation safety-related er uses authorized under 10 CFR 35.300 for: in quantities less than or equal to 1.22 .22 gigabecquerels (33 millicuries) ive drug that contains a radionuclide that is primarily tion characteristics, alpha radiation characteristics, or
used for its electron inind Section ✓ I attest that Dona duties as an author ✓ Oral Nal-131 re- gigabecquerels ✓ Oral Nal-131 in ✓ Parenteral adm used for its electron photon energy Fourth Section For 35.396: Current 35.490 or	etron emission, beta radiat of less than 150 keV, for v ld W. Cain, MD Name of Proposed Authorized Usa rized user for the medical equiring a written directive (33 millicuries) (quantities greater than 1. inistration of any radioaction etron emission, beta radiat	tion characteristics, alpha radiation characteristics, or which a written directive is required. is able to independently fulfill the radiation safety-related er uses authorized under 10 CFR 35.300 for: in quantities less than or equal to 1.22 .22 gigabecquerels (33 millicuries) ive drug that contains a radionuclide that is primarily tion characteristics, alpha radiation characteristics, or
<ul> <li>I attest that</li> <li>duties as an author</li> <li>Oral Nal-131 regigabecquerels</li> <li>Oral Nal-131 in</li> <li>Oral Nal-131 in</li> <li>Parenteral admused for its election</li> <li>fourth Section</li> <li>For 35.396:</li> <li>Current 35.490 or</li> </ul>	Name of Proposed Authorized Use rized user for the medical equiring a written directive (33 millicuries) (quantities greater than 1. inistration of any radioaction etron emission, beta radiat	er uses authorized under 10 CFR 35.300 for: in quantities less than or equal to 1.22 .22 gigabecquerels (33 millicuries) ive drug that contains a radionuclide that is primarily tion characteristics, alpha radiation characteristics, or
<ul> <li>I attest that</li> <li>duties as an autho</li> <li>Oral Nal-131 regigabecquerels</li> <li>Oral Nal-131 in</li> <li>Oral Nal-131 in</li> <li>Parenteral admused for its electron</li> <li>photon energy</li> </ul>	Name of Proposed Authorized Use rized user for the medical equiring a written directive (33 millicuries) (quantities greater than 1. inistration of any radioaction etron emission, beta radiat	er uses authorized under 10 CFR 35.300 for: in quantities less than or equal to 1.22 .22 gigabecquerels (33 millicuries) ive drug that contains a radionuclide that is primarily tion characteristics, alpha radiation characteristics, or
<ul> <li>Oral Nal-131 regigabecquerels</li> <li>Oral Nal-131 in</li> <li>Oral Nal-131 in</li> <li>Parenteral admused for its elector</li> <li>photon energy</li> <li>For 35.396:</li> <li>Current 35.490 or</li> </ul>	rized user for the medical equiring a written directive (33 millicuries) quantities greater than 1. inistration of any radioacti ctron emission, beta radiat	uses authorized under 10 CFR 35.300 for: in quantities less than or equal to 1.22 .22 gigabecquerels (33 millicuries) ive drug that contains a radionuclide that is primarily tion characteristics, alpha radiation characteristics, or
<ul> <li>Oral Nal-131 regigabecquerels</li> <li>Oral Nal-131 in</li> <li>Oral Nal-131 in</li> <li>Parenteral admused for its elector</li> <li>photon energy</li> <li>Fourth Section</li> <li>For 35.396:</li> <li>Current 35.490 or</li> </ul>	equiring a written directive (33 millicuries) quantities greater than 1. inistration of any radioacti ctron emission, beta radiat	in quantities less than or equal to 1.22 .22 gigabecquerels (33 millicuries) ive drug that contains a radionuclide that is primarily tion characteristics, alpha radiation characteristics, or
gigabecquerels  Coral Nal-131 in  Parenteral adm used for its elec photon energy  ourth Section  For 35.396: Current 35.490 or	(33 millicuries) quantities greater than 1. inistration of any radioacti tron emission, beta radiat	.22 gigabecquerels (33 millicuries) ive drug that contains a radionuclide that is primarily tion characteristics, alpha radiation characteristics, or
Parenteral adm used for its elec photon energy ourth Section For 35.396: Current 35.490 or	inistration of any radioacti tron emission, beta radiat	ive drug that contains a radionuclide that is primarily tion characteristics, alpha radiation characteristics, or
used for its electron photon energy ourth Section <u>For 35.396:</u> <u>Current 35.490 or</u>	tron emission, beta radiat	tion characteristics, alpha radiation characteristics, or
Current 35.490 or		
	222238 88 82 82 82 82 82 82 82 82 82 82 82 82	
X Lattest that Dona	35.690 authorized user:	
	dd W. Cain, MD	is an authorized user under 10 CFR 35.490 or 35.690
laboratory training experience require	, as required by 10 CFR 3	s, has satisfactorily completed the 80 hours of classroom and (5.396 (b)(1), and the supervised work and clinical case able to independently fulfill the radiation safety-related
used for its elec	ctron emission, beta radial	ive drug that contains a radionuclide that is primarily tion characteristics, alpha radiation characteristics, or which a written directive is required.
	OR	
Board Certificatio	<u>n:</u>	
✓ I attest that D	onald W. Cain, MD	has satisfactorily completed the board certification
	Name of Proposed Authorized	d User
training require	d by 10 CFR 35.396 (b)(1 nd is able to independent	ctorily completed the 80 hours of classroom and laboratory ) and the supervised work and clinical case experience required by ly fulfill the radiation safety-related duties as an authorized user

NRC FORM 313A (AUT	1				U. S. NUCLEAR REGULAT	ORY COMMISSION
(01-2020) A	UTHORIZED US	A REAL TO A DESCRIPTION OF A REAL PROPERTY OF A REA			PRECEPTOR ATTES	TATION
(for use	s defined unde	r 35.300) [10 CF	R 35.57, 35.3	90, 35.39	92, 35.394, and 35.39	6] (continued)
Fifth Section						
Complete one of th	light company of the star of t	he attestation and	d signature:			
✓ Authorized	User					
✓ I meet the red	quirements below,	or equivalent Agr	eement State re	quiremer	nts, as an authorized use	er for:
35.390	35.392	35.394	35.396		35.57 for 35.300 uses	
I have experi-		g dosages in the fo	ollowing catego	ies for w	hich the proposed Autho	rized User is
Oral Nal- (33 milliou		itten directive in qu	uantities less th	an or equ	al to 1.22 gigabecquerel	5
V Oral Nal-	131 in quantities g	reater than 1.22 g	igabecquerels (	33 millicu	iries)	
used for it	ts electron emission		characteristics,	alpha rad	nuclide that is primarily iation characteristics, or juired.	
			OR			
2	Program Director					
faculty mem requirement		ed user who meets	s the requireme	50 S <u>-</u>	or equivalent Agreemer	nt State
I affirm that categories f	this facility memb	er has experience dual is requesting	in administering	dosages	s in the same dosage cat nd concurs with <mark>the atte</mark> s	
I affirm that	the residency train	ning program is ap	proved by the:			
Residen	cy Review Comm	ittee of the Accred	litation Council	or Gradu	ate Medical Education	
Royal C	ollege of Physicia	ns and Surgeons o	of Canada			
		Training of the Ar		athic Ass	ociation	
		ning program inclu				
35.390	35.392	35.394	35.39	The second second		
lame of Facility:				icense/Pe	ermit Number:	
University of Colorad	lo Denver School o	f Medicine, Anschut	z Campus	42007	721038	
lame of Preceptor or	Residency Program	Director (Typed or I	Printed)		Telephone Number	Date
a contraction of the second second second	organ, MD				303-724-1986	10/13/2020
ignature	ZANA					
Maria Mari						

NRC FORM 313A (AUT) (01-2020)

U.S. NUCLEAR REGULATORY COMMISSION					
Name and Address of Applicant and/or Licensee	Date				
	12/10/2020				
	License Number(s)				
Joseph Michael Seamon, M.S., DABR	49-01380-01				
Radiation Safety Officer Memorial Hospital of Laramie County	Mail Control Number(s)				
dba Cheyenne Regional Medical Center	623990				
310 East 24th Street Cheyenne, WY 82001	Licensing and/or Technical Reviewer or Branch				
Cheyenne, Wr 62001	C. Hill				
This is to acknowledge receipt of your: 🖌 Letter and	d/or Application Dated: 11/30/2020				
The initial processing, which included an administrative review, has been performed.         Image: Construction included an administrative review, has been performed.         Image: Construction included an administrative review, has been performed.         Image: Construction included an administrative review, has been performed.         Image: Construction included an administrative review, has been performed.         Image: Construction included an administrative review, has been performed.         Image: Construction included an administrative review, has been performed.         Image: Construction included an administrative review, has been performed.         Image: Construction included an administrative review, has been performed.         Image: Construction included an administrative review, has been performed.         Image: Construction included an administrative review, has been performed.         Image: Construction included an administrative review, has been performed.         Image: Construction included an administrative review, has been performed.         Image: Construction included an administrative review, has been performed.         Image: Construction included an administrative review, has been performed.         Image: Construction included an administrative review, has been performed.         Image: Construction included an administrative review, has been performed.         Image: Construction included an administrative review, has been performed.         Image: Constructincluded an administrative					
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: <u>http://www.nrc.gov/reading-rm/doc-collections/forms/nrc531.pdf</u>					
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 Commissio DNMS/NMSB - B 1600 E. Lamar Boulevard Arlington, TX 76011-4511 (817) 200-1103 or (817) 200-1140	on				

#### BETWEEN:

Accounts Receivable/Payable and Regional Licensing Branches

## [ FOR ARPB USE ] INFORMATION FROM WBL

Program Code: 02230 Status Code: Pending Amendment Fee Category:7C Exp. Date: 08/31/2030 Fee Comments: CODE 13 Decom Fin Assur Regd: N

# License Fee Worksheet - License Fee Transmittal

#### A. REGION

CHED
Memorial Hospital of Laramie County
11/30/2020
3003496
623990
49-01380-01
Amendment

#### 2. FEE ATTACHED

Amount:	N/A

Check No.: N/A

3. COMMENTS

Signed:	Carol L. Hill
Date:	12/10/2020

#### B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 is entered / / )

1. Fee Category and Amount:

2	Corroct	Enn	Daid	۸n	nlication	mov	ho	processed for:
۷.	COLLECT	ree	raiu.	AΡ	plication	шау	ne	processed for.

Amendmer	nt:		-		
Renewal:			-		
License:			-		
3. OTHER_					
-					
		Signed:			
		Date:			

R1201021

# Web-Based Licensing System

Agency: NRC	WBL WORKS	HEET			
DOCKET NUMBER: 3003496	LICENSE NUMBER: 49-0	01380-01 STATUS: Pending Amendment			
MAIL CONTROL NUMBER: 623990	RECEIPT DATE: 11/30/20	020 ACTION TYPE: Amendment			
DUE DATE: 02/28/2021	INST. CODE: 1380	LICENSE REGION: Region 4			
LICENSE TYPE: 30	ENTITY TYPE: C	LICENSE GROUP: Medical			
ISSUE DATE: ORIGINA	AL DATE: 10/25/1988	EXPIRATION DATE: 08/31/2030			
DECOMMISSIONING CATEGORY:	Group 1	LAST ISSUE DATE:			
LICENSEE NAME: Memorial Hospita	Il of Laramie County	DECOM FIN ASSUR REQD: N SUBM: N			
MAILING ADDRESS LINE1: 310 Eas	at 24th Street	CONT PLAN REQD: N APPRV: N			
MAILING ADDRESS LINE 2:					
CITY: Cheyenne	STATE: WY	ZIP: 82001			
CONTACT PERSON: PREFIX:	FIRST NAME: M	ichelle MIDDLE INITIAL: V.			
LAST NAME: Sprankle	SUFFIX:				
JOB TITLE: MRI and Nuclear Medicin	e Mar PHONE: 307-633-78(	06 FAX: 307-214-7753 EMAIL: michelle.sprankle@c			
BILLING ADDRESS LINE 1:					
BILLING ADDRESS LINE 2:					
CITY:	STATE: Wyoming	ZIP:			
BILLING CONTACT PERSON: FIRS	T NAME:	MIDDLE INITIAL: LAST NAME:			
PHONE:	EMAIL:	FAX:			
PRIMARY PGM CODE: 02230	SECONDARY PGM CO	DE: 02120			
INSPECTION REGION: Region 4	PRIORITY:	2			
RSO: PREFIX: FIRST NAME	: Joseph	MIDDLE INITIAL: Micha LAST NAME Seamon			
SUFFIX: M.S., DABR RSG	O JOB TITLE: Radiation Sa	afety Officer			
RSO PHONE: 307-633-7806	RSO FAX: 307-214-7753	RSO EMAIL: jmseamon1@mindspring.com			
STATES WHERE USE IS AUTHORIZI	ED: 1	0- ALL LISTED STATES 1- SAME AS STATE IN ADDRESS 2- ALL STATES 3- NON-AGREEMENT-STATES			
AUTHORIZED STATES (USE ONLY	IF ABOVE IS ZERO):				