

RECEIVED
11/30/2020

November 30, 2020

Roberto J. Torres, M.S.

Senior health Physicist

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.

Mail Control Number: 623990

Docket Number : 3003496

License Number : 49-01380-01

Licensee Name : Memorial Hospital of Laramie County

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 privileges.

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

Thank you,

A handwritten signature in blue ink that reads "J. Michael Seamon". The signature is fluid and cursive, with the first initial "J" being particularly large and stylized.

Joseph Michael Seamon, M.S., R.S.O.

Memorial Hospital of Laramie County

Dbas Cheyenne Regional Medical Center

Cheyenne, Wyoming

**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]

Name of Proposed Authorized User

Donald W. Cain, MD

State or Territory Where Licensed

CO

Requested Authorization(s) (check all that apply)

- ☒ 35.100 Uptake, dilution, and excretion studies ☒ 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.

☒ **1. Board Certification**

- a. Provide a copy of the board certification.
- b. For a board certification issued on or before October 24, 2005 that is listed in 10 CFR 35.57(b)(2)(i), provide the following:
- (i) Documentation that the individual performed each use checked above on or before October 24, 2005.
 - (ii) Dates, duration, and description of continuing education and experience within the past seven years for each use checked above.
- c. Stop here.

☐ **2. Current 35.390 Authorized User Seeking Additional 35.290 Authorization**

- a. Authorized user on Materials License _____ meeting 10 CFR 35.390, 10 CFR 35.57 for 35.300 uses, 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 or authorized nuclear pharmacist
Rustain Morgan, MD	4200721038

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) ☐ 35.55 ☐ 35.57 for 35.200 uses

c. If board certified, provide a copy of the certificate and stop here. If not board certified, skip to and complete Part II Preceptor Attestation.

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)

☒ **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 <i>(not required for 35.590)</i>	see above	20	07/01/2015 - 06/30/2019
Radiation biology	see above	20	07/01/2015 - 06/30/2019
Total Hours of Training: 200			

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	University of Colorado Denver School of Medicine, Anschutz Medical Campus 12631 East 17th Avenue, Aurora, CO 80045	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	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	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	07/01/2015 - 06/30/2019

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)

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	University of Colorado Denver School of Medicine, Anschutz Medical Campus 12631 East 17th Avenue, Aurora, CO 80045	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	07/01/2015 - 06/30/2019
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material	see above	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	07/01/2015 - 06/30/2019
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures	see above	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	07/01/2015 - 06/30/2019
Administering dosages of radioactive drugs to patients or human research subjects	see above	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	07/01/2015 - 06/30/2019
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	see above	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No*	07/01/2015 - 06/30/2019

Supervising Individual

License/Permit Number listing supervising individual as an authorized user or an authorized nuclear pharmacist for generator training

Rustain Morgan, MD

4200721038

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)
☐ 35.55 ☐ 35.57 for 35.200 uses

*Not required for 10 CFR 35.100 use.

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

Device	Type of Training	Location and Dates
Tc-Moly Generator	Radiation Safety Generator Elution	University of Colorado Denver School of Medicine, Anschutz Medical Campus 12631 East 17th Avenue, Aurora, CO 80045

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

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)**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 not attesting to the individual's "general clinical competency."

First Section

Check one of the following for each use requested:

For 35.190

☐ I attest that _____ has satisfactorily completed the 60 hours of training and
Name of Proposed Authorized User

experience, including a minimum of 8 hours of classroom and laboratory training, required by 10 CFR 35.190(c)(1), and is able to independently fulfill the radiation safety-related duties as an authorized user for the medical uses authorized under 10 CFR 35.100.

For 35.290

☒ I attest that Donald W. Cain, MD has satisfactorily completed the 700 hours of training
Name of Proposed Authorized User

and experience, including a minimum of 80 hours of classroom and laboratory training, required by 10 CFR 35.290(c)(1), and is able to independently fulfill the radiation safety-related duties as an authorized user for the medical uses under 10 CFR 35.100 and 35.200.

Second Section

Complete one of the following for attestation and signature:

☒ **Authorized User:**

☒ 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 ☐ 35.57 for 35.200 uses
OR

☐ **Residency Program Director:**

☐ I affirm that the attestation represents the consensus of the residency program faculty where at least one faculty member is an authorized user who meets the requirements below or equivalent Agreement State requirements for:

☐ 35.190 ☐ 35.290 ☐ 35.390 ☐ 35.390 + generator experience ☐ 35.57 for 35.200 uses

☐ I affirm that this facility member concurs with the attestation I am providing as program director.

☒ I affirm that the residency training program is approved by the:

☒ Residency Review Committee of the Accreditation Council for Graduate Medical Education

☐ Royal College of Physicians and Surgeons of Canada

☐ Council on Post-Graduate Training of the American Osteopathic Association

☒ I affirm that the residency training program includes training and experience specified in:

☒ 35.190 ☒ 35.290

Name of Facility:

University of Colorado Denver School of Medicine, Anschutz Medical Campus

License/Permit Number:

4200721038

Name of Preceptor or Residency Program Director (Typed or Printed)

Rustain Morgan

Telephone Number

303-724-1985

Date

10/13/2020

Signature





**AUTHORIZED USER TRAINING, EXPERIENCE, AND
PRECEPTOR ATTESTATION**
(for uses defined under 35.300)
[10 CFR 35.57, 35.390, 35.392, 35.394, and 35.396]

Name of Proposed Authorized User

Donald W. Cain, MD

State or Territory Where Licensed

CO

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 radioactive drug that contains a radionuclide that is primarily used for its electron emission, beta radiation characteristics, alpha radiation characteristics, or photon energy of less than 150 keV, 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**

- Provide a copy of the board certification.
- For 35.390, provide documentation on supervised case experience. The table in section 3.c. may be used to document this experience.
- 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. Skip to and complete Part II Preceptor Attestation.
- For a board certification issued on or before October 24, 2005 that is listed in 10 CFR 35.57(b)(2)(ii), provide the following:
 - Documentation that the individual performed each use checked above on or before October 24, 2005.
 - Dates, duration, and description of continuing education and experience within the past seven years for each use checked above.
- Stop here.

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

- 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

- 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. If board certified, provide a copy of the certificate and stop here. If not board certified then provide completed Part II Preceptor Attestation.

AUTHORIZED USER TRAINING, EXPERIENCE, AND PRECEPTOR ATTESTATION
(for uses defined under 35.300) [10 CFR 35.57, 35.390, 35.392, 35.394, and 35.396] (continued)

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.

X 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	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
Total Hours of Training:		200	

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	University of Colorado Denver School of Medicine, 12631 E 17th Avenue, Aurora, CO 80045	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	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	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	07/01/2015 - 06/30/2019
Calculating, measuring, and safely preparing patient or human research subject dosages	see above	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	07/01/2015 - 06/30/2019
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material	see above	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	07/01/2015 - 06/30/2019
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures	see above	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	07/01/2015 - 06/30/2019

AUTHORIZED USER TRAINING, EXPERIENCE, AND PRECEPTOR ATTESTATION
(for uses defined under 35.300) [10 CFR 35.57, 35.390, 35.392, 35.394, and 35.396] (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
Rustain Morgan, MD	4200721038

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

<input checked="" type="checkbox"/> 35.390	With experience administering dosages of:
<input checked="" type="checkbox"/> 35.392	<input checked="" type="checkbox"/> Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)
<input checked="" type="checkbox"/> 35.394	<input checked="" type="checkbox"/> Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)
<input checked="" type="checkbox"/> 35.396	<input checked="" type="checkbox"/> Parenteral administration of any radioactive drug that contains a radionuclide that is primarily used for its electron emission, beta radiation characteristics, alpha radiation characteristics, or photon energy of less than 150 keV, for which a written directive is required.
<input type="checkbox"/> 35.57	

** 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 not attesting to the individual's "general clinical competency."

First Section

Check one of the following for the requested authorization:

For 35.390:

☒ I attest that Donald W. Cain, MD 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).

For 35.392:

☐ 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:

☐ 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).

AUTHORIZED USER TRAINING, EXPERIENCE, AND PRECEPTOR ATTESTATION
(for uses defined under 35.300) [10 CFR 35.57, 35.390, 35.392, 35.394, and 35.396] (continued)**Second Section**

☒ I attest that Donald W. Cain, MD 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 any radioactive drug that contains a radionuclide that is primarily used for its electron emission, beta radiation characteristics, alpha radiation characteristics, or photon energy of less than 150 keV, for which a written directive is required.

Third Section

☒ I attest that Donald W. Cain, MD is able to independently fulfill the radiation safety-related
Name of Proposed Authorized User

duties as an authorized user for the medical uses authorized under 10 CFR 35.300 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 any radioactive drug that contains a radionuclide that is primarily used for its electron emission, beta radiation characteristics, alpha radiation characteristics, or photon energy of less than 150 keV, for which a written directive is required.

Fourth Section**For 35.396:****Current 35.490 or 35.690 authorized user:**

☒ I attest that Donald W. Cain, MD 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 (b)(1), and the supervised work and clinical case experience required by 35.396(b)(2), and is able to independently fulfill the radiation safety-related duties as an authorized user under 10 CFR 35.300 for:

- ☐ Parenteral administration of any radioactive drug that contains a radionuclide that is primarily used for its electron emission, beta radiation characteristics, alpha radiation characteristics, or photon energy of less than 150 keV, for which a written directive is required.

OR

Board Certification:

☒ I attest that Donald W. Cain, MD has satisfactorily completed the board certification
Name of Proposed Authorized User

requirements of 35.396(a)(3), has satisfactorily completed the 80 hours of classroom and laboratory training required by 10 CFR 35.396 (b)(1) and the supervised work and clinical case experience required by 35.396(b)(2), and is able to independently fulfill the radiation safety-related duties as an authorized user under 10 CFR 35.300 for:

AUTHORIZED USER TRAINING, EXPERIENCE, AND PRECEPTOR ATTESTATION
(for uses defined under 35.300) [10 CFR 35.57, 35.390, 35.392, 35.394, and 35.396] (continued)**Fifth Section**

Complete one of the following for the attestation and signature:

☒ **Authorized User**☒ I meet the requirements below, or equivalent Agreement State requirements, as an authorized user for:☒ 35.390 ☒ 35.392 ☒ 35.394 ☒ 35.396 ☐ 35.57 for 35.300 uses☒ 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 any radioactive drug that contains a radionuclide that is primarily used for its electron emission, beta radiation characteristics, alpha radiation characteristics, or photon energy of less than 150 keV, for which a written directive is required.

OR

☐ **Residency Program Director:**☐ I affirm that the attestation represents the consensus of the residency program faculty where at least one faculty member is an authorized user who meets the requirements below or equivalent Agreement State requirements:☐ 35.390 ☐ 35.392 ☐ 35.394 ☐ 35.396 ☐ 35.57 for 35.300 uses☐ I affirm that this facility member has experience in administering dosages in the same dosage category or categories for which the individual is requesting authorized user status and concurs with the attestation I am providing as program director.☐ I affirm that the residency training program is approved by the:☐ Residency Review Committee of the Accreditation Council for Graduate Medical Education☐ Royal College of Physicians and Surgeons of Canada☐ Council on Post-Graduate Training of the American Osteopathic Association☐ I affirm that the residency training program includes training and experience specified in:☐ 35.390 ☐ 35.392 ☐ 35.394 ☐ 35.396

Name of Facility:

University of Colorado Denver School of Medicine, Anschutz Campus

License/Permit Number:

4200721038

Name of Preceptor or Residency Program Director (Typed or Printed)

Rustain Morgan, MD

Telephone Number

303-724-1986

Date

10/13/2020

Signature





ACKNOWLEDGEMENT - RECEIPT OF CORRESPONDENCE

Name and Address of Applicant and/or Licensee

Joseph Michael Seamon, M.S., DABR
Radiation Safety Officer
Memorial Hospital of Laramie County
dba Cheyenne Regional Medical Center
310 East 24th Street
Cheyenne, WY 82001

Date

12/10/2020

License Number(s)

49-01380-01

Mail Control Number(s)

623990

Licensing and/or Technical Reviewer or Branch

C. Hill

This is to acknowledge receipt of your: ☒ Letter and/or ☐ Application Dated: 11/30/2020

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

Accounts Receivable/Payable and Regional Licensing Branches

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

A. REGION

Applicant/Licensee:	Memorial Hospital of Laramie County
Received Date:	11/30/2020
Docket Number:	3003496
Mail Control Number:	623990
License Number:	49-01380-01
Action Type:	Amendment

Amount: N/A

Check No.: N/A

Signed: Carol L. Hill

Date: 12/10/2020

1. Fee Category and Amount:

Amendment: _____

Renewal: _____

License:

Signed:

Date:

Agency: NRC

WBL WORKSHEET

DOCKET NUMBER: 3003496	LICENSE NUMBER: 49-01380-01	STATUS: Pending Amendment
MAIL CONTROL NUMBER: 623990	RECEIPT DATE: 11/30/2020	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:	ORIGINAL DATE: 10/25/1988	EXPIRATION DATE: 08/31/2030
DECOMMISSIONING CATEGORY: Group 1	LAST ISSUE DATE:	
LICENSEE NAME: Memorial Hospital of Laramie County	DECOM FIN ASSUR REQD: N SUBM: N	
MAILING ADDRESS LINE1: 310 East 24th Street	CONT PLAN REQD: N	APPRV: N
MAILING ADDRESS LINE 2:		
CITY: Cheyenne	STATE: WY	ZIP: 82001
CONTACT PERSON: PREFIX:	FIRST NAME: Michelle	MIDDLE INITIAL: V.
LAST NAME: Sprankle	SUFFIX:	
JOB TITLE: MRI and Nuclear Medicine Mar	PHONE: 307-633-7806	FAX: 307-214-7753
EMAIL: michelle.sprankle@crm		
BILLING ADDRESS LINE 1:		
BILLING ADDRESS LINE 2:		
CITY:	STATE: Wyoming	ZIP:
BILLING CONTACT PERSON: FIRST NAME:	MIDDLE INITIAL:	LAST NAME:
PHONE:	EMAIL:	FAX:
PRIMARY PGM CODE: 02230	SECONDARY PGM CODE: 02120	
INSPECTION REGION: Region 4	PRIORITY: 2	
RSO: PREFIX:	FIRST NAME: Joseph	MIDDLE INITIAL: Micha LAST NAME Seamon
SUFFIX: M.S., DABR	RSO JOB TITLE: Radiation Safety Officer	
RSO PHONE: 307-633-7806	RSO FAX: 307-214-7753	RSO EMAIL: jmseamon1@mindspring.com
STATES WHERE USE IS AUTHORIZED: 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):		