

ACCEPTANCE REVIEW MEMO (ARM)

Licensee: Wyoming Medical Center

License No.: 49-00152-02

Docket No.: 030-03495

Mail Control No.: 471468

Type of Action: Amend

Date of Requested Action: 08-01-07

Reviewer
Assigned:

ARM reviewer(s): Torres

Response	Deficiencies Noted During Acceptance Review
	<ul style="list-style-type: none">[] Open ended possession limits. Limit possession. Submit inventory.[] Submit copies of most recent leak test results.[] Add - delete IC license condition. Add IC paragraph in cover letter.[] Split license from cover letter. Add SUNSI marking to license.[] Ask the licensee if they have any type-amount of EPAct Material.

Reviewer's Initials: _____

Date: _____

- ☐ Yes ☐ No Unrestricted release Group 2 or >: Transfer memo to FCDB within 10 days.
- ☐ Yes ☐ No Decommissioning notification should be completed within 30 days.
- ☐ Yes ☐ No Termination request < 90 days from date of expiration
- ☐ Yes ☐ No Expedite (medical emergency, no RSO, location of use/storage not on license, RAM in possession not on license, other)
- ☐ Yes ☐ No TAR needed to complete action.

Branch Chief's and/or Sr. HP's Initials: _____

Date: _____

SUNSI Screening according to RIS 2005-31

☐ Yes ☒ No Non-Publicly Available, Sensitive if any item below is checked

General guidance:

- _____ RAM = or > than Category 3 (Table 1, RIS 2005-31), use Unity Rule
- _____ Exact location of RAM (whether = or > than Category 3 or not)
- _____ Design of structure and/or equipment (site specific)
- _____ Information on nearby facilities
- _____ Detailed design drawings and/or performance information
- _____ Emergency planning and/or fire protection systems

Specific guidance for medical, industrial and academic (above Category 3):

- _____ RAM quantities and inventory
- _____ Manufacturer's name and model number of sealed sources & devices
- _____ Site drawings with exact location of RAM, description of facility
- _____ RAM security program information (locks, alarms, etc.)
- _____ Emergency Plan specifics (routes to/from RAM, response to security events)
- _____ Vulnerability/security assessment/accident-safety analysis/risk assess
- _____ Mailing lists related to security response

Branch Chief's and/or Sr. HP's Initials: RT

Date: AUG 28 2007

Pre-Licensing Screening

Applicant Information:

Control No. 471468

Name: Wyoming Medical Center	Type of Request: Amend Program Code(s):	
Location: WY	License No.: 49-00152-02	Docket No.: 030-03495

STEP 1—Radioactive Materials and Quantities Requested:

Instructions for Step 1: Complete Step 1 for all applications. If all your responses in Step 1 are "No" then do not complete Step 2 (Screening Criteria). Sign and date the completed step-sheet and add it as the sensitive and non-publicly available OAR in ADAMS. If a "yes" response is indicated for any item in Step 1, also complete Step 2. If the type of use is subject to a Security Order or the requirements for increased controls, complete Step 3 (Item A or Item B) without delay.	Yes or No
A. The request is from a new applicant.	No
B. NUREG-1556, Volume 20, Section 4.9 indicates a licensing site visit is needed for the requested type of use, e.g., (1) Type A broad scope license, (2) panoramic irradiator containing > 10000 curies, (3) manufacturers or distributors using unsealed radioactive material or significant quantities of sealed material, (4) radioactive waste brokers, (5) radioactive waste incinerators, (6) commercial nuclear laundries, and (7) any other application that in the judgement of the reviewer and cognizant supervisor involves complex technical issues, complex safety questions, or unprecedented issues that warrant a site visit.	No
C. The applicant requested certain radionuclides and quantities that equal or exceed the Risk Significant Quantity (TBq) values in the table, below, that have been "highlighted" by the reviewer	No

Table of Risk Significant Quantities

(Category 2 Quantities, IAEA Safety Guide No. RS-G-1.9, Categorization of Radioactive Sources, August 2005)

Radionuclide	Risk Significant Quantity (TBq) ¹	Risk Significant Quantity (Ci) ¹	Radionuclide	Risk Significant Quantity (TBq) ¹	Risk Significant Quantity (Ci) ¹
Am-241	0.6	16	Pm-147	400	11,000
Am-241/Be	0.6	16	Pu-238	0.6	16
Cf-252	0.2	5.4	Pu-239/Be	0.6	16
Cm-244	0.5	14	Ra-226 ²	0.4	11
Co-60	0.3	8.1	Se-75	2	54
Cs-137	1	27	Sr-90 (Y-90)	10	270
Gd-153	10	270	Tm-170	200	5,400
Ir-192	0.8	22	Yb-169	3	81

¹ The primary values are TBq. The curie (Ci) values are for informational purposes only.

² The Atomic Energy Act, as amended by the Energy Policy Act of 2005, authorizes NRC to regulate Ra-226 and NRC is in the process of amending its regulations for discrete sources of Ra-226.

Calculations of the Total Activity or the Unity Rule are attached to document whether or not the screening criteria in Step 2 were also completed to evaluate the application. NOTE—If an amendment of an existing license is being requested, the calculations will include the previously authorized quantities for the radionuclide(s).	Yes, No, or Not Applicable (NA)
Total Activity—multiple activities are requested for a single radionuclide and the sum of the activities equals or exceeds the quantity of concern for the radionuclide	
Unity Rule—multiple radionuclides are requested and the sum of the ratios equals or exceeds unity, e.g., [(total activity for radionuclide A) ÷ (risk significant quantity for radionuclide A)] + [(total activity for radionuclide B) ÷ (risk significant quantity for radionuclide B)] ≥ 1.0.	

Signature and Date for Step 1:

License Reviewer and Date

AUG 28 2007

Wyoming Medical Center

1233 E. Second St.
Casper, WY 82601
307.577.7201

August 1, 2007

Nuclear Materials Licensing Branch
U.S. Nuclear Regulatory Commission, Region IV
611 Ryan Plaza Drive, Suite 400
Arlington, TX 76011-4005

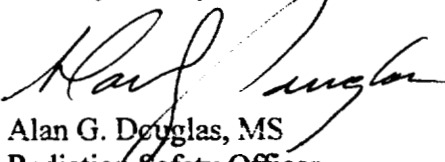
RECEIVED
AUG 10 2007
DNMS

Wyoming Medical Center is requesting that a new authorized user be added to our license # 49-00152-02. It is requested that John D. Purviance, M.D. be authorized to use Part 35.400 materials under this license. Doctor Purviance's NRC Form 313A (AUS) was submitted under the application for license #49-29254-01 for Rocky Mountain Oncology, in Casper, WY.

Additionally, Wyoming Medical Center would like to request that Dr. Davis K. Williams, M.D. be deleted as an authorized user on this license. Dr. Williams is no longer practicing at this institution.

If there is anything further you require in order to complete this amendment, please feel free to contact me at 307-233-4751 or at the address on the license, Attn: Alan Douglas, MS, Radiation Safety Officer.

Thank you for your assistance,



Alan G. Douglas, MS
Radiation Safety Officer
Wyoming Medical Center

**AUTHORIZED USER TRAINING AND EXPERIENCE
AND PRECEPTOR ATTESTATION**
(for uses defined under 35.400 and 35.600)
[10 CFR 35.490, 35.491, and 35.690]APPROVED BY OMB: NO. 3150-0120
EXPIRES: 10/31/2008

Name of Proposed Authorized User

John Purviance

State or Territory Where Licensed

Massachusetts

Requested

Authorization(s)

(check all that apply)

- ☒ 35.400 Manual brachytherapy sources ☐ 35.600 Teletherapy unit(s)
☐ 35.400 Ophthalmic use of strontium-90 ☐ 35.600 Gamma stereotactic radiosurgery unit(s)
☒ 35.600 Remote afterloader unit(s)

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 35.600, go to the table in 3.e. and describe training provider and dates of training for each type of use for which authorization is sought.
c. Skip to and complete Part II Preceptor Attestation.

☐ **2. Current 35.600 Authorized User Requesting Additional Authorization for 35.600 Use(s) Checked Above**

- a. Go to the table in section 3.e. to document training for new device.
b. Skip to and complete Part II Preceptor Attestation.

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

- a. Classroom and Laboratory Training ☒ 35.490 ☐ 35.491 ☒ 35.690

Description of Training	Location of Training	Clock Hours	Dates of Training*
Radiation physics and instrumentation	Tufts - NEMC	100	07/2003 01/2007
Radiation protection	Tufts - NEMC	20	07/2003 01/2007
Mathematics pertaining to the use and measurement of radioactivity	Tufts - NEMC	6	07/2003 01/2007
Radiation biology	Tufts - NEMC	120	07/2003 01/2007
Total Hours of Training:		246 hours	

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

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

b. Supervised Work and Clinical Experience for 10 CFR 35.490 (If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this page.)

Description of Experience	Location of Experience/License or Permit Number of Facility	Clock Hours	Dates of Experience*
Ordering, receiving, and unpacking radioactive materials safely and performing the related radiation surveys	60-0160	100	07/2003 - 01/2007
Checking survey meters for proper operation	60-0160	50	07/2003 - 01/2007
Preparing, implanting, and safely removing brachytherapy sources	60-0160	350	07/2003 - 01/2007
Maintaining running inventories of material on hand	60-0160	100	07/2003 - 01/2007
Using administrative controls to prevent a medical event involving the use of byproduct material	60-0160	100	07/2003 - 01/2007
Using emergency procedures to control byproduct material	60-0160	2	07/2003 - 01/2007

Total Hours of Work Experience

702

Clinical experience in radiation oncology as part of an approved formal training program	Location of Experience/License or Permit Number of Facility	Dates of Experience*
Approved by: <input checked="" type="checkbox"/> Residency Review Committee for Radiation Oncology of the ACGME <input type="checkbox"/> Royal College of Physicians and Surgeons of Canada <input type="checkbox"/> Committee on Postdoctoral Training of the American Osteopathic Association	60-0160 Tufts - New England Medical Center	07/2003 - 01/2007

Supervising Individual

David Wazer

License/Permit Number listing supervising individual as an Authorized User

60-0160

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

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

c. Supervised Clinical Experience for 10 CFR 35.491

Description of Experience	Location of Experience/License or Permit Number of Facility	Clock Hours	Dates of Experience*
Use of strontium-90 for ophthalmic treatment, including: examination of each individual to be treated; calculation of the dose to be administered; administration of the dose; and follow up and review of each individual's case history			
Supervising Individual	License/Permit Number listing supervising individual as an Authorized User		

d. Supervised Work and Clinical Experience for 10 CFR 35.690

☒ Remote afterloader unit(s)☐ Teletherapy unit(s)☐ Gamma stereotactic radiosurgery unit(s)

Description of Experience	Location of Experience/License or Permit Number of Facility	Clock Hours	Dates of Experience*
Reviewing full calibration measurements and periodic spot-checks	60-0160	50	07/2003 - 01/2007
Preparing treatment plans and calculating treatment doses and times	60-0160	300	07/2003 - 01/2007
Using administrative controls to prevent a medical event involving the use of byproduct material	60-0160	20	07/2003 - 01/2007
Implementing emergency procedures to be followed in the event of the abnormal operation of the medical unit or console	60-0160	20	07/2003 - 01/2007
Checking and using survey meters	60-0160	50	07/2003 - 01/2007
Selecting the proper dose and how it is to be administered	60-0160	100	07/2003 - 01/2007
Total Hours of Work Experience		540	

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

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

d. Supervised Work and Clinical Experience for 10 CFR 35.690 (continued)

Clinical experience in radiation oncology as part of an approved formal training program	Location of Experience/License or Permit Number of Facility	Dates of Experience*
Approved by: <input checked="" type="checkbox"/> Residency Review Committee for Radiation Oncology of the ACGME <input type="checkbox"/> Royal College of Physicians and Surgeons of Canada <input type="checkbox"/> Committee on Postdoctoral Training of the American Osteopathic Association	60-0160	07/2003 - 01/2007
Supervising Individual David Wazer	License/Permit Number listing supervising individual as an Authorized User 60-0160	

e. For 35.600, describe training provider and dates of training for each type of use for which authorization is sought.

Description of Training	Training Provider and Dates		
	Remote Afterloader	Teletherapy	Gamma Stereotactic Radiosurgery
Device operation	David Wazer 07/2003 - 01/2007		
Safety procedures for the device use	David Wazer 07/2003 - 01/2007		
Clinical use of the device	David Wazer 07/2003 - 01/2007		
Supervising Individual. If training provided by Supervising Individual (If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this page.) David Wazer		License/Permit Number listing supervising individual as an Authorized User 60-0160	

Authorized for the following types of use:

☒ Remote afterloader unit(s) ☐ Teletherapy unit(s) ☐ Gamma stereotactic radiosurgery unit(s)

f. Provide completed Part II Preceptor Attestation.

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.

First Section

Check one of the following for each requested authorization:

For 35.490:

Board Certification

☐ I attest that _____ has satisfactorily completed the requirements in
Name of Proposed Authorized User
35.490(a)(1) and has achieved a level of competency sufficient to function independently as an
authorized user of manual brachytherapy sources for the medical uses authorized under 10 CFR 35.400.

OR

Training and Experience

☒ I attest that John Purviance has satisfactorily completed the 200 hours of
Name of Proposed Authorized User
classroom and laboratory training, 500 hours of supervised work experience, and 3 years of supervised
clinical experience in radiation oncology, as required by 10 CFR 35.490(b)(1) and (b)(2), and has achieved a
level of competency sufficient to function independently as an authorized user of manual brachytherapy
sources for the medical uses authorized under 10 CFR 35.400.

For 35.491:

☐ I attest that _____ has satisfactorily completed the 24 hours of
Name of Proposed Authorized User
classroom and laboratory training applicable to the medical use of strontium-90 for ophthalmic radiotherapy,
has used strontium-90 for ophthalmic treatment of 5 individuals, as required by 10 CFR 35.491(b), and has
achieved a level of competency sufficient to function independently as an authorized user of strontium-90 for
ophthalmic use.

Second Section

For 35.690:

Board Certification

☐ I attest that _____ has satisfactorily completed the requirements in
Name of Proposed Authorized User
35.690(a)(1).

OR

Training and Experience

☒ I attest that John Purviance has satisfactorily completed 200 hours of classroom
Name of Proposed Authorized User
and laboratory training, 500 hours of supervised work experience, and 3 years of supervised clinical
experience in radiation therapy, as required by 10 CFR 35.690(b)(1) and (b)(2).

AND

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

Preceptor Attestation (continued)

Third Section

For 35.690: (continued)

☒ I attest that John Purviance has received training required in 35.690(c) for device
Name of Proposed Authorized User
operation, safety procedures, and clinical use for the type(s) of use for which authorization is sought, as
checked below.

☒ Remote afterloader unit(s) ☐ Teletherapy unit(s) ☐ Gamma stereotactic radiosurgery unit(s)

AND

Fourth Section

☒ I attest that John Purviance has achieved a level of competency sufficient to
Name of Proposed Authorized User
achieve a level of competency sufficient to function independently as an authorized user for:

☒ Remote afterloader unit(s) ☐ Teletherapy unit(s) ☐ Gamma stereotactic radiosurgery unit(s)

Fifth Section

Complete the following for preceptor attestation and signature:

☒ I meet the requirements in 10 CFR 35.490, 35.491, 35.690, or equivalent Agreement State requirements, as
an authorized user for:

☒ 35.400 Manual brachytherapy sources ☐ 35.600 Teletherapy unit(s)

☐ 35.400 Ophthalmic use of strontium-90 ☐ 35.600 Gamma stereotactic radiosurgery unit(s)

☒ 35.600 Remote afterloader unit(s)

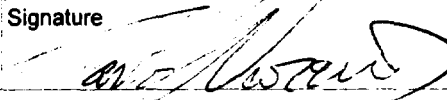
Name of Preceptor

Signature

Telephone Number

Date

David Wazer



607-636 7673 1/22/07

License/Permit Number/Facility Name

60-0160

This is to acknowledge the receipt of your letter/application dated 8-1-07, and to inform you that the initial processing, which includes an administrative review, has been performed.

AT 29 10
DATE

☒ There were no administrative omissions. Your application will be assigned to a technical reviewer. Please note that the technical review may identify additional omissions or require additional information.

☐ Please provide to this office within 30 days of your receipt of this card:

The action you requested is normally processed within 90 days.

☐ A copy of your action has been forwarded to our License Fee & Accounts Receivable Branch, who will contact you separately if there is a fee issue involved.

Your action has been assigned **Mail Control Number** 471468.
When calling to inquire about this action, please refer to this mail control number.
You may call me at 817-860-8103.

Sincerely,

Colleen Murnahan

Licensing Assistant

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

: (FOR LFMS USE)
: INFORMATION FROM LTS
: -----
:
: Program Code: 02240
: Status Code: 0
: Fee Category: 7C
: Exp. Date: 20150531
: Fee Comments: CODE 13
: Decom Fin Assur Req: N
:

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: WYOMING MEDICAL CENTER
Received Date: 20070810
Docket No: 3003495
Control No.: 471468
License No.: 49-00152-02
Action Type: Amendment

2. FEE ATTACHED

Amount: _____
Check No.: /

3. COMMENTS

Signed Colleen Murachan
Date 8-23-07

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 _____



Wyoming
Medical
Center

RADIOLOGY

1233 East Second Street
Casper, Wyoming 82601

Address Service Requested

PRESORTED
FIRST CLASS



UNITED STATES POSTAGE
EIGHT DOLLARS
\$ 00.312
0004214850 AUG 21 2001
MAILED FROM ZIP CODE 82601

Nuclear Materials Licensing Branch
U.S. Nuclear Regulatory Commission, Region 10
Cell Ryan Plaza Bldg., Suite 400
Arlington, TX 76011-4005

49-00152-02
030-03495
471468

FIBCP51 76011

