



August 10, 2011

Roberto J. Torres, Senior Health Physicist
U.S. Nuclear Regulatory Commission, Region IV
612 East Lamar Blvd., Suite 400
Arlington, TX 76011-4125
817-860-8188

RECEIVED
AUG 16 2011
DNMS

Re: Amendment Request for Billings Clinic License Number 25-01051-01

Dear Mr. Torres:

We wish to amend the above referenced license to add Michael D. Hasselle, MD as an authorized user for 10 CFR 35.400 and 600 uses. Dr. Hasselle has completed the necessary training and experience to function as an authorized user for manual brachytherapy sources and remote afterloader uses. Please find attached a copy of NRC form 313 AUS for Dr. Hasselle.

We also wish to add Christopher Veale, MS as an authorized medical physicist for HDR. Mr. Veale has completed the required experience and training to function as an authorized medical physicist for HDR uses. Please find attached a copy of NRC form 313A AMP for Mr. Veale.

Both users will receive device specific training from our chief medical physicist, Dennis Check, Ph.D., prior to operating the HDR unit. Users with approval for these use categories will be considered authorized users for the appropriate categories.

Please contact me at 925-550-7720 or cfitz@billingsclinic.org should you require further information concerning this amendment request.

Sincerely,

Christopher K. Fitz, J.D., M.S.
Radiation Safety Officer

Peggy Wharton
Vice President Clinic Operations

**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: 3/31/2012

Name of Proposed Authorized User

Michael D. Hasselle, M.D.

State or Territory Where Licensed

Illinois, Montana

Requested



35.400 Manual brachytherapy sources



35.600 Teletherapy unit(s)

Authorization(s)



35.400 Ophthalmic use of strontium-90



35.600 Gamma stereotactic radiosurgery unit(s)

(check all that apply)



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**

- Provide a copy of the board certification.
- 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.
- Skip to and complete Part II Preceptor Attestation.

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

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

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

- 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	University of Chicago/University of Illinois at Chicago combined residency program	150	07/01/2007 - 06/30/2011
Radiation protection	University of Chicago/University of Illinois at Chicago combined residency program	100	07/01/2007 - 06/30/2011
Mathematics pertaining to the use and measurement of radioactivity	University of Chicago/University of Illinois at Chicago combined residency program	150	07/01/2007 - 06/30/2011
Radiation biology	University of Chicago/University of Illinois at Chicago combined residency program	150	07/01/2007 - 06/30/2011

Total Hours of Training:

550

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No 575839

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.)

Supervised Work Experience		Total Hours of Experience: 250	
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 Chicago/University of Illinois at Chicago combined residency program	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	07/01/2007 - 06/30/2011
Checking survey meters for proper operation	University of Chicago/University of Illinois at Chicago combined residency program	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	07/01/2007 - 06/30/2011
Preparing, implanting, and safely removing brachytherapy sources	University of Chicago/University of Illinois at Chicago combined residency program Memorial Sloan Kettering	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	07/01/2007 - 06/30/2011 2/1/10-2/28/10
Maintaining running inventories of material on hand	University of Chicago/University of Illinois at Chicago combined residency program	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	07/01/2007 - 06/30/2011
Using administrative controls to prevent a medical event involving the use of byproduct material	University of Chicago/University of Illinois at Chicago combined residency program	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	07/01/2007 - 06/30/2011
Using emergency procedures to control byproduct material	University of Chicago/University of Illinois at Chicago combined residency program	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	07/01/2007 - 06/30/2011

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	University of Chicago/University of Illinois at Chicago combined residency program (IL-01678-02) Memorial Sloan Kettering Brachytherapy Fellowship (1 month) New York City, 75-2968-01	07/01/2007 - 06/30/2011 02/01/10-02/28/10
Supervising Individual Steven Chmura, U of C, Michael Zelefsky, MSK		License/Permit Number listing supervising individual as an Authorized User IL-01678-02 New York 75-2968-01

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)

Supervised Work Experience		Total Hours of Experience: 500	
Description of Experience Must Include:	Location of Experience/License or Permit Number of Facility	Confirm	Dates of Experience*
Reviewing full calibration measurements and periodic spot-checks	University of Chicago/University of Illinois at Chicago combined residency program	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	07/01/2007 - 06/30/2011
Preparing treatment plans and calculating treatment doses and times	University of Chicago/University of Illinois at Chicago combined residency program	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	07/01/2007 - 06/30/2011
Using administrative controls to prevent a medical event involving the use of byproduct material	University of Chicago/University of Illinois at Chicago combined residency program	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	07/01/2007 - 06/30/2011
Implementing emergency procedures to be followed in the event of the abnormal operation of the medical unit or console	University of Chicago/University of Illinois at Chicago combined residency program	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	07/01/2007 - 06/30/2011
Checking and using survey meters	University of Chicago/University of Illinois at Chicago combined residency program	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	07/01/2007 - 06/30/2011
Selecting the proper dose and how it is to be administered	University of Chicago/University of Illinois at Chicago combined residency program	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	07/01/2007 - 06/30/2011

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	University of Chicago/University of Illinois at Chicago combined residency program (IL-01678-02) Memorial Sloan Kettering Brachytherapy Fellowship (1 month) New York City, 75-2968-01	07/01/2007 - 06/30/2011 02/01/2010 - 02/28/2010
Supervising Individual Steven Chmura, U of C, M. Zelefsky, MSK		License/Permit Number listing supervising individual as an Authorized User IL-01678-02 New York 75-2968-01

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	U of Chicago/U of Illinois at Chicago combined residency program (07/01/07-06/30/11) MSK 2/1-2/28/10		
Safety procedures for the device use	U of Chicago/U of Illinois at Chicago combined residency program (07/01/07-06/30/11) MSK 2/1-2/28/10		
Clinical use of the device	U of Chicago/U of Illinois at Chicago combined residency program (07/01/07-06/30/11) MSK 2/1-2/28/10		
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.) Steven Chmura, U of C, Michael Zelefsky, MSK		License/Permit Number listing supervising individual as an Authorized User IL-01678-02, New York 75-2968-01	
Authorized for the following types of use: <input checked="" type="checkbox"/> Remote afterloader unit(s) <input type="checkbox"/> Teletherapy unit(s) <input type="checkbox"/> 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.

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

First Section

Check one of the following for each requested authorization:

For 35.490:

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 Michael D. Hasselle 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 Michael D. Hasselle 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 Michael D. Hasselle 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 Michael D. Hasselle 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
Steven J. Chmura, MD, Ph.D

Signature


Telephone Number
773-702-0817

Date
8/5/2011

License/Permit Number/Facility Name
IL-01678-02 University Of Chicago



DIVISION OF THE BIOLOGICAL SCIENCES
AND THE PRITZKER SCHOOL OF MEDICINE
Department of Radiation & Cellular Oncology

Steven Chmura M.D., Ph.D.
Assistant Professor
5758 South Maryland Avenue, MC 9006
Chicago, Illinois 60637
Office 773-702-7919
Facsimile 773-834-7340

RE: Michael Hasselle M.D.

Dr. Hasselle has demonstrated sufficient competence to enter practice without direct supervision. I have reviewed his case logs, reviews of the program, and individual reviews by attendings. He has met all programmatic and GME requirements. These have also been seen by Dr. Hasselle with signature.

In addition, Dr. Hasselle performed incredibly well, not just in the clinic as demonstrated by the reviews and In-Service training exams, but by the number of publications and projects his research spawned or completed.

For these accomplishments he has earned the Roentgen Prize for Outstanding Research (2010-2011).

We wish Dr. Hasselle the best for his future.

Sincerely,

A handwritten signature in black ink, appearing to be "S. Chmura", written over a horizontal line.

Steven J. Chmura MD, PhD
Assistant Professor
PI of RTOG University of Chicago
Residency Program Director
Director of Clinical and Translational Research for Radiation Oncology

**AUTHORIZED MEDICAL PHYSICIST TRAINING AND EXPERIENCE
AND PRECEPTOR ATTESTATION**
[10 CFR 35.51]APPROVED BY OMB: NO. 3150-0120
EXPIRES: 3/31/2012

Name of Proposed Authorized Medical Physicist

Christopher Veale

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

35.400 Ophthalmic use of strontium-90

☐

35.600 Teletherapy unit(s)

☒

35.600 Remote afterloader unit(s)

☐

35.600 Gamma stereotactic radiosurgery 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**

- Provide a copy of the board certification.
- Go to the table in 3.c. and describe training provider and dates of training for each type of use for which authorization is sought.
- Skip to and complete Part II Preceptor Attestation.

☐ 2. **Current Authorized Medical Physicist Seeking Additional Authorization for use(s) checked above**

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

☒ 3. **Education, Training, and Experience for Proposed Authorized Medical Physicist**

- Education: Document master's or doctor's degree in physics, medical physics, other physical science, engineering, or applied mathematics from an accredited college or university.

Degree	Major Field
Master's of Science	Medical Physics
College or University	
Duke University	

- Supervised Full-Time Medical Physics Training and Work Experience in clinical radiation facilities that provide high-energy external beam therapy (photons and electrons with energies greater than or equal to 1 million electron volts) and brachytherapy services.

- ☒ Yes. Completed 1 year of full-time training in medical physics (for areas identified below) under the supervision of Andrew Jones, PhD who meets the requirements for an Authorized Medical Physicist.

AND

- ☒ Yes. Completed 1 year of full-time work experience in medical physics (for areas identified below) under the supervision of Andrew Jones, PhD who meets the requirements for an Authorized Medical Physicist.

AUTHORIZED MEDICAL PHYSICIST TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Education, Training, and Experience for Proposed Authorized Medical Physicist (continued)

b. Supervised Full-Time Medical Physics Training and Work Experience (continued)

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

Description of Training/ Experience	Location of Training/License or Permit Number of Training Facility/Medical Devices Used+	Dates of Training*	Dates of Work Experience*
Medical Physics	Geisinger Medical Center PA-0006 - Geisinger Health System (Permit #1117) Varian VariSource iX Remote Afterloader Nucletron V3 Remote Afterloader	08/09-08/10	08/10-08/11
Performing sealed source leak tests and inventories	Geisinger Medical Center PA-0006 - Geisinger Health System (Permit #1117)	08/09-08/10	08/10-08/11
Performing decay corrections	Geisinger Medical Center PA-0006 - Geisinger Health System (Permit #1117) Varian VariSource iX Remote Afterloader Nucletron V3 Remote Afterloader	08/09-08/10	08/10-08/11
Performing full calibration and periodic spot checks of external beam treatment unit(s)			
Performing full calibration and periodic spot checks of stereotactic radiosurgery unit(s)			
Performing full calibration and periodic spot checks of remote afterloading unit(s)	Geisinger Medical Center PA-0006 - Geisinger Health System (Permit #1117) Nucletron V3 Remote Afterloader	08/09-08/10	08/10-08/11
Conducting radiation surveys around external beam treatment unit(s), stereotactic radiosurgery unit(s), remote after loading unit(s)	Geisinger Medical Center PA-0006 - Geisinger Health System (Permit #1117) Nucletron V3 Remote Afterloader Varian VariSource iX Remote Afterloader	08/09-08/10	08/10-08/11

Supervising Individual**

Andrew Jones, PhD

License/Permit Number listing supervising individual as an
authorized Medical Physicist

PA-0006 - Geisinger Health System (Permit #1117)

for the following types of use:

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

+ Training and work experience must be conducted in clinical radiation facilities that provide high-energy external beam therapy (photons and electrons with energies greater than or equal to 1 million electron volts) and brachytherapy services.





* 1 year of Full-time medical physics training and 1 year of full time work experience cannot be concurrent.

** If the supervising medical physicist is not an authorized medical physicist, the licensee must submit evidence that the supervising medical physicist meets the training and experience requirements in 10 CFR 35.51 and 35.59 for the types of use for which the individual is seeking authorization.

AUTHORIZED MEDICAL PHYSICIST TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Education, Training, and Experience for Proposed Authorized Medical Physicist (continued)

c. 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
Hands-on device operation	Nucletron V3 HDR Remote Afterloader. Clinical physics residency program included regular usage of HDR afterloader (08/09-08/11) 		
Safety procedures for the device use	Nucletron V3 Model 106.990 HDR Remote Afterloader (12/7/2009 & 2/16/2011) Varian VariSource iX HDR Remote Afterloader (8/5/2010) 		
Clinical use of the device	Nucletron V3 HDR Remote Afterloader. Clinical physics residency program included regular usage of HDR afterloader (08/09-08/11) 		
Treatment planning system operation	Nucletron V3 HDR Remote Afterloader. Clinical physics residency program included extensive treatment planning for HDR (08/09-08/11) 		

Supervising Individual

If training is provided by Supervising Medical Physicist, (If more than one supervising individual is necessary to document supervised training, provide multiple copies of this page.)

Andrew Jones, PhD

License/Permit Number listing supervising individual as an authorized Medical Physicist

PA-0006 - Geisinger Health System (Permit #1117)

for the following types of use:

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

If Applicable:

Authorization Sought	Device	Training Provided By	Dates of Training
35.400 Ophthalmic Use of strontium-90			

d. Skip to and complete Part II Preceptor Attestation.

AUTHORIZED MEDICAL PHYSICIST 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:

1. Board Certification

☐ I attest that _____ has satisfactorily completed the requirements in
Name of Proposed Authorized Medical Physicist
 10 CFR 35.51(a)(1) and (a)(2).

OR

2. Education, Training, and Experience

☒ I attest that Christopher Veale has satisfactorily completed the 1-year of full-time
Name of Proposed Authorized Medical Physicist
 training in medical physics and an additional year of full-time work experience as required by 10 CFR 35.51(b)(1).

AND

Second Section

Complete the following:

☒ I attest that Christopher Veale has training for the types of use for which authorization
Name of Proposed Authorized Medical Physicist
 is sought that include hands-on device operation, safety procedures, clinical use, and the operation of a treatment planning system.

AND

Third Section

Complete the following:

☒ I attest that Christopher Veale has achieved a level of competency sufficient to
Name of Proposed Authorized Medical Physicist
 function independently as an Authorized Medical Physicist for the following:

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

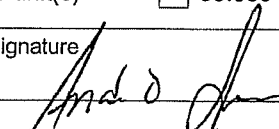
AND

Fourth Section

Complete the following for preceptor attestation and signature:

☒ I meet the requirements in 10 CFR 35.51, or equivalent Agreement State requirements for Authorized Medical Physicist for the following:

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

Name of Preceptor Andrew Jones, PhD	Signature 	Telephone Number (570) 271-6304	Date 8-1-11
License/Permit Number/Facility Name PA-0006 - Geisinger Health System (Permit #1117)			

Hill, Carol

From: Chris Fitz [chrisfitz65@hotmail.com]
Sent: Tuesday, August 16, 2011 5:50 PM
To: Hill, Carol
Cc: Torres, RobertoJ
Subject: FW: Billings Clinic, Billings MT
Attachments: BillingsClinic_amend_081611.pdf; M_Hasselle_nrc400_600sjc.pdf; Michael_Hasselle_REsidency_letter.pdf; Veale_NRC License[1].pdf

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Good Morning Carol,

I see Roberto is out so I wanted to forward these to you per his email.

Thank you,

Chris

From: chrisfitz65@hotmail.com
To: robertoj.torres@nrc.gov
CC: chrisfitz65@hotmail.com
Subject: Billings Clinic, Billings MT
Date: Tue, 16 Aug 2011 15:46:36 -0700

Good morning Roberto,

We wish to amend our license to include a new authorized user and a new AMP.

Thank you for your help.

Chris Fitz, RSO
Billings Clinic

AUG 22 2011

DATE

This is to acknowledge the receipt of your letter/application dated 8/10/11, and to inform you that the initial processing, which includes an administrative review, has been performed.

☒ 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** 575839.
When calling to inquire about this action, please refer to this mail control number.
You may call me at 817-860-8103.

Sincerely,


Licensing Assistant

BETWEEN:

Accounts Receivable/Payable
and
Regional Licensing Branches

[FOR ARPB USE]
INFORMATION FROM LTS

Program Code: 02230
Status Code: Pending Amendment
Fee Category: 7C
Exp. Date:
Fee Comments: CODE 23
Decom Fin Assur Req: N

License Fee Worksheet - License Fee Transmittal

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: BILLINGS CLINIC
Received Date: 08/16/2011
Docket Number: 3002389
Mail Control Number: 575839
License Number: 25-01051-01
Action Type: Amendment

2. FEE ATTACHED

Amount: _____

Check No.: _____

3. COMMENTS

Signed: _____

Date: _____

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: _____