



CENTRAL MONTANA MEDICAL CENTER

408 Wendell Avenue • Lewistown, Montana 59457 (406) 535-7711

RECEIVED
SEP 10 2015

DNMS

To: Nuclear Materials Licensing Branch
Nuclear Regulatory Commission
Region IV
611 Ryan Plaza Drive, Suite 400
Arlington, Texas 76011-8064

PUBLIC

- ☐ Immediate Release
☒ Normal Release

NON-PUBLIC

- ☐ A.3 Sensitive-Security Related
☐ A.7 Sensitive Internal
☐ Other: _____

From: Mr. Mike Dowdy
Chief Executive Officer
Central Montana Medical Center
408 Wendell Avenue
Lewistown Montana 59457

Reviewer: RITZ Date: 9-15-15

License: 25-18307-01

We are submitting a request to amend our NRC Materials License. This amendment includes the removal of a Radiologist Dr. V Anne Hingle as the Radiation Safety Officer and the addition of Dr. Daniel R Alzheimer as Radiation Safety Officer. To summarize,

1. Remove Dr. V Anne Hingle as Radiation Safety Officer
2. Add Dr. Daniel R Alzheimer as Radiation Safety Officer

Dr. Alzheimer has been on CMMC's NRC license as an authorized user previously.

Sincerely,

Mr. Mike Dowdy

CC Jackie Cook

1588735



CENTRAL MONTANA MEDICAL CENTER

408 Wendell Avenue • Lewistown, Montana 59457 • Phone (406) 535-7711

To: Dr. Daniel Alzheimer MD
Radiation Safety Officer

From: Mike Dowdy, Chief Executive Officer

Subject: Delegation of Authority

You, Dr. Daniel Alzheimer have been appointed Radiation Safety Officer and are responsible for ensuring the safe use of radiation. You are responsible for managing the Radiation Protection Program; identifying radiation protection problems; initiating, recommending, or providing corrective actions; verifying implementation of corrective actions; stopping unsafe activities; and ensuring compliance with regulations. You are hereby delegated the authority necessary to meet those responsibilities, including prohibiting the use of byproduct material by employees who do not meet the necessary requirements and shutting down operations were justified to maintain radiation safety. You are required to notify management if staff does not cooperate and does not address radiation safety issues. In addition, you are free to raise issues with the Nuclear Regulatory Commission at any time. It is estimated that you will spend 1-2 hours per week conducting radiation protection activities.


Mike Dowdy—CEO

9/1/15
Date

I accept the above responsibilities,


Dr. Daniel Alzheimer

9/1/15
Date

cc: Medical Staff
Rick Poss Manager Radiology Department
Delilah Duffy Chief Nursing Officer
Radiology Department

588735

CENTRAL MONTANA MEDICAL CENTER
408 WENDELL AVENUE
LEWISTOWN, MONTANA 59457

RETURN SERVICE REQUESTED

CERTIFIED MAIL



7012 1640 0001 0680 8848

**Nuclear Materials Licensing Branch
Nuclear Regulatory Commission
Region IV
611 Ryan Plaza Drive, Suite 400
Arlington, TX 76011-8064**

RECEIVED SEP 10 2015

14 588735



DATE

09/10/2015

NAME AND ADDRESS OF APPLICANT AND/OR LICENSEE

Veronica Anne Hingle, M.D.
Radiation Safety Officer
Central Montana Medical Center
408 Wendell Avenue
Lewistown, MT 59457

LICENSE NUMBER

25-18307-01

MAIL CONTROL NUMBER

588735

LICENSING AND/OR TECHNICAL REVIEWER

CH

This is to acknowledge the receipt of your:

☒ LETTER and/or ☐ APPLICATION DATED: Undated

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 fill out NRC Form 531, located at the following link:

<http://www.nrc.gov/reading-rm/doc-collections/forms/nrc531.pdf>

Send the completed NRC Form 531, by facsimile, to the following number: (301) 415-5387

A copy of your action has been emailed to our License Fee and Accounts Receivable Branch, in our Headquarters office in Rockville, MD. You will be contacted separately if there is a fee issue involved.

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

✓ 9/10

BETWEEN:

Accounts Receivable/Payable
and
Regional Licensing Branches

[FOR ARPB USE]

INFORMATION FROM WBL

Program Code: 02120
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: CENTRAL MONTANA MEDICAL CENTER
Received Date: 09/10/2015
Docket Number: 3014819
Mail Control Number: 588735
License Number: 25-18307-01
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: _____