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February 17, 2017

VIA EMAIL: carol.hill@nrc.gov

Carol L. Hill, Licensing Assistant
United States Nuclear Regulatory Commission
Region IV
Medical Licensing Section
1600 East Lamar Boulevard
Arlington, Texas 76011-4511

Dear Ms. Hill:

SUBJECT: Amendment request for NRC license 25-12710-01 Benefis Hospitals
Docket # 03002404
License # 25-12710-01
Control # 592821

We are providing additional information for Dr. Wetzel per your request dated February 10, 2017.

Please find a copy of Dr. Wetzel's actual ABR certificate and a letter from the ABR stating his authorized user eligibility status.

Also, please find the attached NRC form 313 au (d) form as signed by Dr. Harris as preceptor. These documents are attached as one file.

Sincerely,


Terry Olinger
President, Acute Care Group

Attachment



Kari Cann, MS, DABR
Radiation Safety Officer

PUBLIC
☒ Immediate Release
☒ Normal Release
NON-PUBLIC
☐ A.3 Sensitive-Security Related
☐ A.7 Sensitive Internal
☐ Other: _____

Reviewer: MS

Date: 2/22/17

A SUBSIDIARY OF BENEFIS HEALTH SYSTEM

**AUTHORIZED USER TRAINING AND EXPERIENCE
AND PRECEPTOR ATTESTATION**
(for uses defined under 35.100, 35.200, and 35.500)
[10 CFR 35.190, 35.290, and 35.590]APPROVED BY OMB: NO. 3150-0120
EXPIRES: 3/31/2012

Name of Proposed Authorized User

Matthew Wetzel

State or Territory Where Licensed

Montana

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
(Select one of the three methods)**

* Training and Experience, including board certification, must have the date of application or the individual must have obtained related the required training and experience was completed. Provide date education and experience related to the uses checked above.

☒ **1. Board Certification**

- a. Provide a copy of the board certification.
- b. If using only 35.500 materials, stop here. If using 35.100 and Preceptor Attestation.

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

- a. Authorized user on Materials License _____
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

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)

Attachment
for
NRC letter

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (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			
Radiation protection			
Mathematics pertaining to the use and measurement of radioactivity			
Chemistry of byproduct material for medical use <i>(not required for 35.590)</i>			
Radiation biology			
Total Hours of Training:			

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		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters		<input type="checkbox"/> Yes <input type="checkbox"/> No	

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (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		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Administering dosages of radioactive drugs to patients or human research subjects		<input type="checkbox"/> Yes <input type="checkbox"/> No	
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		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Supervising Individual _____ License/Permit Number listing supervising individual as an authorized user _____

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)

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

Device	Type of Training	Location and Dates

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 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. (Not required to meet training requirements in 35.590)

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 use requested:

For 35.190

Board Certification

☒ I attest that Matthew Wetzel has satisfactorily completed the requirements in

Name of Proposed Authorized User

10 CFR 35.190(a)(1) and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100.

OR

Training and Experience

☐ 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 has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100.

For 35.290

Board Certification

☒ I attest that Matthew Wetzel has satisfactorily completed the requirements in

Name of Proposed Authorized User

10 CFR 35.290(a)(1) and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100 and 35.200.

OR

Training and Experience

☐ I attest that _____ 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 has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100 and 35.200.

Second Section

Complete the following for preceptor attestation and signature:

☒ 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

Name of Preceptor

James T Harris

Signature

James T Harris

Telephone Number

406 431 8400

Date

2-17-17

License/Permit Number/Facility Name

NRC 25-12710-01 Benefis Health



5441 E. Williams Circle • Tucson, Arizona 85711-7412
Phone (520) 790-2900 • Fax (520) 790-3200 • www.theabr.org

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Sacramento, California

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Jeanne M. LaBerge, MD
San Francisco, California

Matthew A. Mauro, MD
Chapel Hill, North Carolina

March 20, 2014

Matthew Wetzel, MD
3904 Piñon Jay Ct NW
Albuquerque, NM 87120

Dear Dr. Wetzel:

I am pleased to inform you that you passed the 2014 ABR Radiolotope Safety Exam (RISE), which covers content specified by the NRC to qualify for pursuit of authorized user (AU) status.

You may now contact the state regulators with your exam result, should you wish to pursue AU status. Because you will not receive a new certificate from the ABR, please use this results letter as verification of successful completion of the RISE, which qualifies you as AU eligible.

If you have any change in contact information, especially your email address, please log in to myABR (<https://myabr.theabr.org>) and update your account information as soon as possible. Congratulations on your achievement!

Sincerely,

Gary J. Becker, MD

Executive Director

Gary J. Becker, MD, Executive Director

Assistant Executive Directors: Initial Certification
Diagnostic Radiology: Dennis M. Balfe, MD
Radiation Oncology: Dennis C. Shrieve, MD, PhD
Medical Physics: Jerry D. Allison, PhD
Subspecialties: Robert D. Zimmerman, MD

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Subspecialties: Robert D. Zimmerman, MD

The American Board of Radio

*Organized through the cooperation of the
American College of Radiology, the American Roentgen Ray Society,
the American Radium Society, the Radiological Society of North America,
the Section on Radiology of the American Medical Association,
the American Society for Radiation Oncology, the Association of University Radiologists,
the American Association of Physicians in Medicine, and the Society of Interventional Radiology,
the American Board of Radiology hereby certifies that*

Matthew Scott Metzger, M.D.

*Has pursued an accepted course of graduate study and clinical work; has met certain standards
and qualifications, including passing the examinations conducted under the authority of
the American Board of Radiology, demonstrating to the satisfaction of the Board qualification
to practice; and is therefore awarded the Board's certification in*

Diagnostic Radiology

*Ongoing validity of this certificate is contingent upon
meeting the requirements of Maintenance of Certification.*



American college of radiology, the American roentgen ray society,
the American Radium Society, the Radiological Society of North America,
the Section on Radiology of the American Medical Association,
the American Society for Radiation Oncology, the Association of University Radiologists,
the American Association of Physicians in Medicine, and the Society of Interventional Radiology,
the American Board of Radiology hereby certifies that

Mathew Scott Metzger, M.D.

Has pursued an accepted course of graduate study and clinical work; has met certain standards
and qualifications, including passing the examinations conducted under the authority of
the American Board of Radiology, demonstrating to the satisfaction of the Board qualification
to practice; and is therefore awarded the Board's certification in

Diagnostic Radiology

Ongoing validity of this certificate is contingent upon
meeting the requirements of Maintenance of Certification.

This diplomate of the American Board of Radiology
is permitted to use the **ABR** mark to signify this certification.



James P. Boyette, M.D.
President

C. P. Brown
Secretary-Treasurer

Harry J. Schmidt
Executive Director

Certificate No. 63429

Effective

examined voters of radiology, the American Roentgen Ray Society,
the American Radiology Society, the Radiological Society of North America,

the Section on Radiology of the American Medical Association,
the American Society for Radiation Oncology, the Association of University Radiologists,
the American Association of Physicians in Medicine, and the Society of Interventional Radiology,
the American Board of Radiology hereby certifies that

Matthew Scott Metzger, MD

Has pursued an accepted course of graduate study and clinical work; has met certain standards
and qualifications, including passing the examinations conducted under the authority of
the American Board of Radiology, demonstrating to the satisfaction of the Board qualification
to practice; and is therefore awarded the Board's certification in

Diagnostic Radiology

Ongoing validity of this certificate is contingent upon
meeting the requirements of Maintenance of Certification.

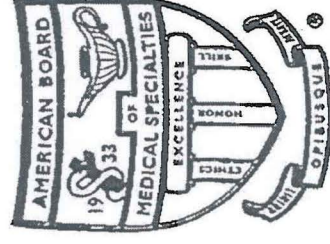
This diplomate of the American Board of Radiology
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James P. Boyette, MD
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Effective: October 28, 2013