



**Holy Rosary
Healthcare**

Sisters of Charity of Leavenworth Health System

RECEIVED
JAN 27 2020
RITC

DNMS

2600 Wilson Street
Miles City, Montana 59301

406-233-2600
1-800-843-3820

December 19, 2019

Nuclear Materials Licensing Branch
US Nuclear Regulatory Commission
Region IV
Attn: Michelle M. Hammond
1600 E. Lamar Blvd.
Arlington, TX 76011-4511

PUBLIC

- ☐ Immediate Release
☒ Normal Release

NON-PUBLIC

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

Reviewer: RITC Date: 1-27-2020

Re: License 25-23109-1 – Holy Rosary Healthcare

Dear Ms. Hammond:

We are writing to request an amendment to the Holy Rosary Healthcare radioactive materials license (License), #25-23109-1. As follows:

1. Change of Radiation Safety Officer (RSO) and addition of Authorized User Physician (AU)
 - a. Please authorize Brian Christensen, MD as the RSO and as an AU.
 - b. Please find the Delegation of Authority for Dr. Christensen provided as Attachment A.
 - c. Dr. Christensen is an AU on the St. Vincent Healthcare radioactive materials license, #25-07553-01. On the St. Vincent Healthcare license Dr. Christensen is authorized as follows:
 - i. 10 CFR 35.100;
 - ii. 10 CFR 35.200; and
 - iii. 10 CFR 35.300 (oral administration of I-131 as NaI).
 - d. Please authorize Dr. Christensen on the Holy Rosary radioactive materials license as follows:
 - i. 10 CFR 35.100; and
 - ii. 10 CFR 35.200.
 - e. Dr. Christensen is licensed to practice medicine in the State of Montana.
2. Please remove Robert Rex Dietz, M.D. as the RSO. Dr. Dietz will remain as an AU.

We look forward to any questions you may have in order to complete this amendment request.

Please contact Ms. Annette Ban, Director of Clinical Services, or Mr. David Tailleir, Nuclear Medicine Technologist, with any questions. Ms. Ban can be reached at 406-233-2672 or Annette.ban@sclhealth.org. Mr. Tailleir can be reached at 406-233-2683 or david.tailleur@sclhealth.org.

Caring for You - Caring for Life

617692



**Holy Rosary
Healthcare**

Sisters of Charity of Leavenworth Health System

*2600 Wilson Street
Miles City, Montana 59301*

*406-233-2600
1-800-843-3820*

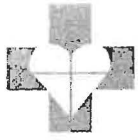
Thank you for your continued assistance.

Sincerely,

Robert Dietz, M.D.
Radiation Safety Officer
Signed electronically

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**Holy Rosary
Healthcare**

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*2600 Wilson Street
Miles City, Montana 59301*

*406-233-2600
1-800-894-3820*

Delegation of Authority

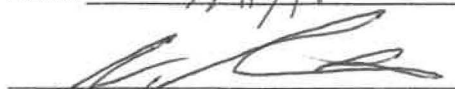
To: Brian Christensen, MD
Radiation Safety Officer

From: Paul Lewis
Chief Executive Officer

Subject: Delegation of Radiation Safety Officer Authority

You, Brian Christensen, M.D., 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 where justified by radiation safety. You are required to notify management if staff do not cooperate and don not address radiation safety issues. In addition, you are free to raise issues with the Nuclear Regulatory Commission at any time. It is expected that you will spend sufficient number of hours per week conducting protection activities to ensure a radiation safe work environment.

I accept the above responsibilities,

Date: 7/11/19


Brian Christensen, MD
Radiation Safety Officer

Date: 4-22-19



Paul Lewis
Chief Executive Officer

6 1 7 6 9 2

**RADIATION SAFETY OFFICER TRAINING
AND EXPERIENCE AND PRECEPTOR ATTESTATION**
[10 CFR 35.50]APPROVED BY OMB: NO. 3150-0120
EXPIRES: 06/30/2019

Name of Proposed Radiation Safety Officer

Brian Christenson, M.D. - Radiation Safety Officer

Requested Authorization(s) *The license authorizes the following medical uses (check all that apply):*

- ☒ 35.100 ☒ 35.200 ☐ 35.300 ☐ 35.400 ☐ 35.500 ☐ 35.600 (remote afterloader)
☐ 35.600 (teletherapy) ☐ 35.600 (gamma stereotactic radiosurgery) ☐ 35.1000 ()

PART I -- TRAINING AND EXPERIENCE
(Select one of the four 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. Use Table 3.c. to describe training in radiation safety, regulatory issues, and emergency procedures for all types of medical use on the license.
c. Skip to and complete Part II Preceptor Attestation.

OR☐ **2. Current Radiation Safety Officer Seeking Authorization to Be Recognized as a Radiation Safety Officer for the Additional Medical Uses Checked Above**

- a. Use the table in section 3.c. to describe training in radiation safety, regulatory issues, and emergency procedures for the additional types of medical use for which recognition as RSO is sought.
b. Skip to and complete Part II Preceptor Attestation.

OR☐ **3. Structured Educational Program for Proposed Radiation Safety Officer**

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			
Radiation biology			
Radiation dosimetry			

Total Hours of Training:

RADIATION SAFETY OFFICER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Structured Educational Program for Proposed Radiation Safety Officer (continued)

b. Supervised Radiation Safety 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 Training/ License or Permit Number of Facility	Dates of Training*
Shipping, receiving, and performing related radiation surveys		
Using and performing checks for proper operation of instruments used to determine the activity of dosages, survey meters, and instruments used to measure radionuclides		
Securing and controlling byproduct material		
Using administrative controls to avoid mistakes in administration of byproduct material		
Using procedures to prevent or minimize radioactive contamination and using proper decontamination procedures		
Using emergency procedures to control byproduct material		
Disposing of byproduct material		
Licensed Material Used (e.g., 35.100, 35.200, etc.)+ <div style="border: 1px solid black; height: 40px; width: 300px; margin-top: 5px;"></div>		

+ Choose all applicable sections of 10 CFR Part 35 to describe radioisotopes and quantities used: 35.100, 35.200, 35.300, 35.400, 35.500, 35.600 remote afterloader units, 35.600 teletherapy units, 35.600 gamma stereotactic radiosurgery units, emerging technologies (provide list of devices).

RADIATION SAFETY OFFICER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Structured Educational Program for Proposed Radiation Safety Officer (continued)

b. Supervised Radiation Safety Experience (continued)

(If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this section.)

Supervising Individual	License/Permit Number listing supervising individual as a Radiation Safety Officer												
<p>This license authorizes the following medical uses:</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> 35.100</td> <td><input type="checkbox"/> 35.200</td> <td><input type="checkbox"/> 35.300</td> <td><input type="checkbox"/> 35.400</td> </tr> <tr> <td><input type="checkbox"/> 35.500</td> <td><input type="checkbox"/> 35.600 (remote afterloader)</td> <td><input type="checkbox"/> 35.600 (teletherapy)</td> <td></td> </tr> <tr> <td><input type="checkbox"/> 35.600 (gamma stereotactic radiosurgery)</td> <td><input type="checkbox"/> 35.1000 (_____)</td> <td></td> <td></td> </tr> </table>		<input type="checkbox"/> 35.100	<input type="checkbox"/> 35.200	<input type="checkbox"/> 35.300	<input type="checkbox"/> 35.400	<input type="checkbox"/> 35.500	<input type="checkbox"/> 35.600 (remote afterloader)	<input type="checkbox"/> 35.600 (teletherapy)		<input type="checkbox"/> 35.600 (gamma stereotactic radiosurgery)	<input type="checkbox"/> 35.1000 (_____)		
<input type="checkbox"/> 35.100	<input type="checkbox"/> 35.200	<input type="checkbox"/> 35.300	<input type="checkbox"/> 35.400										
<input type="checkbox"/> 35.500	<input type="checkbox"/> 35.600 (remote afterloader)	<input type="checkbox"/> 35.600 (teletherapy)											
<input type="checkbox"/> 35.600 (gamma stereotactic radiosurgery)	<input type="checkbox"/> 35.1000 (_____)												

c. Describe training in radiation safety, regulatory issues, and emergency procedures for all types of medical use on the license.

Description of Training	Training Provided By	Dates of Training*
Radiation safety, regulatory issues, and emergency procedures for 35.100, 35.200, and 35.500 uses		
Radiation safety, regulatory issues, and emergency procedures for 35.300 uses		
Radiation safety, regulatory issues, and emergency procedures for 35.400 uses		
Radiation safety, regulatory issues, and emergency procedures for 35.600 - teletherapy uses		
Radiation safety, regulatory issues, and emergency procedures for 35.600 - remote afterloader uses		
Radiation safety, regulatory issues, and emergency procedures for 35.600 - gamma stereotactic radiosurgery uses		
Radiation safety, regulatory issues, and emergency procedures for 35.1000, specify use(s):		

3. Structured Educational Program for Proposed Radiation Safety Officer (continued)

- Supervising Individual** *If training was provided by supervising RSO, AU, AMP, or ANP. (If more than one supervising individual is necessary to document supervised training, provide multiple copies of this page.)*

☐ 35.100 ☐ 35.200 ☐ 35.300 ☐ 35.400
☐ 35.500 ☐ 35.600 (remote afterloader) ☐ 35.600 (teletherapy)
☐ 35.600 (gamma stereotactic radiosurgery) ☐ 35.1000 (

RADIATION SAFETY OFFICER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

Preceptor Attestation (continued)

First Section (continued)

Check one of the following:

☒ **3. Additional Authorization as Radiation Safety Officer**

☒ I attest that Jennifer Jayne Adams, M.D. is an

Name of Proposed Radiation Safety Officer

☒ Authorized User

☐ Authorized Nuclear Pharmacist

☐ Authorized Medical Physicist

identified on the Licensees license and has experience with the radiation safety aspects of similar type of use of byproduct material for which the individual has Radiation Safety Officer responsibilities

AND

Second Section

Complete for all (*check all that apply*):

☒ I attest that Brian Christenson, M.D. has training in the radiation safety, regulatory issues, and

Name of Proposed Radiation Safety Officer

emergency procedures for the following types of use:

☒ 35.100

☒ 35.200

☐ 35.300 oral administration of less than or equal to 33 millicuries of sodium iodide I-131, for which a written directive is required

☐ 35.300 oral administration of greater than 33 millicuries of sodium iodide I-131

☐ 35.300 parenteral administration of any beta-emitter, or a photon-emitting radionuclide with a photon energy less than 150 keV for which a written directive is required

☐ 35.300 parenteral administration of any other radionuclide for which a written directive is required

☐ 35.400

☐ 35.500

☐ 35.600 remote afterloader units

☐ 35.600 teletherapy units

☐ 35.600 gamma stereotactic radiosurgery units

☐ 35.1000 emerging technologies, including:

RADIATION SAFETY OFFICER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

AND

**Third Section
Complete for ALL**

☒ I attest that Brian Christenson, M.D. has achieved a level of radiation safety knowledge
Name of Proposed Radiation Safety Officer
sufficient to function independently as a Radiation Safety Officer for a medical use licensee.

**Fourth Section
Complete the following for Preceptor Attestation and signature**

I am the Radiation Safety Officer for Holy Rosary Healthcare dba Holy Rosary Hospital
Name of Facility

License/Permit Number: 25-23109-01

Name of Preceptor

Robert Rex Dietz, M.D.

Signature



Telephone Number

406 237 4341

Date

12/4/19

Polymers & Plastics
2600 Wilson St.
Wiles City, MT 59301

PM5151

01/21/2020

US POSTAGE \$01



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Nuclear Materials Licensing Branch
U.S. Nuclear Regulatory Commission
Region IV
Attn: Michelle M. Hammond
1600 E Lamar Blvd
Arlington, TX 76011-4511

817692

BETWEEN:

Accounts Receivable/Payable
and
Regional Licensing Branches

[FOR ARPB USE]
INFORMATION FROM WBL

Program Code: 02121
Status Code: Pending Amendment
Fee Category: 7C
Exp. Date: 09/30/2025
Fee Comments: CODE 21
Decom Fin Assur Req: N

License Fee Worksheet - License Fee Transmittal

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: Holy Rosary Healthcare dba Holy Rosary Hospital
Received Date: 01/27/2020
Docket Number: 3020264
Mail Control Number: 617692
License Number: 25-23109-01
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: _____



ACKNOWLEDGEMENT - RECEIPT OF CORRESPONDENCE

Name and Address of Applicant and/or Licensee

Robert Rex Dietz, M.D.
Radiation Safety Officer
Holy Rosary Healthcare
dba Holy Rosary Hospital

Date

01/27/2020

License Number(s)

25-23109-01

Mail Control Number(s)

617692

Licensing and/or Technical Reviewer or Branch

E. Gilman

This is to acknowledge receipt of your: ☒ Letter and/or ☐ Application Dated: 12/19/2019

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