

TGEGKGF "  
33B74244

November 15, 2022

Nuclear Regulatory Commission  
Region IV  
ATTN: Latischa Hanson, M.S.  
1600 E. Lamar Blvd  
Arlington, TX 76011-4511

O cklEqptqnlP wo dgt<855972  
F qengv'P wo dgt"<5236; 43  
Nlegpug'P wo dgt"<47/3: 583/23  
Nlegpugg'P co g"<TEJ R'Dknkpi u"/"O kuqwr:'NNE"

Re: Add Authorized User – License 25-18361-01

Dear Ms. Hanson:

Please add Dr. Matthew Curtis as an authorized user on license number 25-18361-01 for the following materials:

35.100 Uptake, Dilution and Excretion Studies  
35.200 Imaging and Localization Studies  
35.1000 I-125 and Pd-103 radioactive seed localization

A completed NRC Form 313A is enclosed along with the required documentation of training and experience for use of radioactive seed localization.

Please contact me at (360) 736-6066 or [jeremy@corwinhp.com](mailto:jeremy@corwinhp.com) if there are any questions. Please also ensure that all correspondence is copy furnished to the Community Medical Center, 2827 Ft. Missoula Road, Missoula, MT, 59804 or via email at [KRyanOhara@communitymed.org](mailto:KRyanOhara@communitymed.org).

Sincerely,



Jeremy L. Corwin, MHP, DABHP  
Radiation Safety Officer  
Community Medical Center  
2827 Ft. Missoula Road  
Missoula, MT 59804

**AUTHORIZED USER TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION**  
(for uses defined under 35.100, 35.200, and 35.500)  
[10 CFR 35.57, 35.190, 35.290, and 35.590]

Name of Proposed Authorized User

Matthew Curtis

State or Territory Where Licensed

Utah 1800001

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 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 a board certification issued on or before October 24, 2005 that is listed in 10 CFR 35.57(b)(2)(i), provide the following:
- (i) Documentation that the individual performed each use checked above on or before October 24, 2005.
  - (ii) Dates, duration, and description of continuing education and experience within the past seven years for each use checked above.
- c. Stop here.

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

- a. Authorized user on Materials License \_\_\_\_\_ meeting 10 CFR 35.390, 10 CFR 35.57 for 35.300 uses, or equivalent Agreement 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			
<b>Total Hours of Experience:</b> <input type="text"/>			
Supervising Individual		License/Permit Number listing supervising individual as an authorized user or authorized nuclear pharmacist	

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)    ☐ 35.55    ☐ 35.57 for 35.200 uses
- c. If board certified, provide a copy of the certificate and stop here. If not board certified, skip to and complete Part II Preceptor Attestation.

**AUTHORIZED USER TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION**  
**(for uses defined under 35.100, 35.200, and 35.500)**  
**[10 CFR 35.57, 35.190, 35.290, and 35.590](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	University of Utah School of Medicine	39	7/1/2017-6/30/2021
Radiation protection	University of Utah School of Medicine	19.5	7/1/2017-6/30/2021
Mathematics pertaining to the use and measurement of radioactivity	University of Utah School of Medicine	17.5	7/1/2017-6/30/2021
Chemistry of byproduct material for medical use ( <i>not required for 35.590</i> )	University of Utah School of Medicine	5.5	7/1/2017-6/30/2021
Radiation biology	University of Utah School of Medicine	9.5	7/1/2017-6/30/2021
<b>Total Hours of Training:</b> <span style="border: 1px solid black; padding: 2px;">91</span>			

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: <span style="border: 1px solid black; padding: 2px;">709.40</span>	
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 Utah School of Medicine, UT 1800001 Department of Radiology	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/1/2017-6/30/2021
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters	University of Utah School of Medicine, UT 1800001 Department of Radiology	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/1/2017-6/30/2021

**AUTHORIZED USER TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION**  
(for uses defined under 35.100, 35.200, and 35.500)  
[10 CFR 35.57, 35.190, 35.290, and 35.590](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	University of Utah School of Medicine, UT 1800001, Department of Radiology	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/1/2017-6/30/2021
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material	University of Utah School of Medicine, UT 1800001, Department of Radiology	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/1/2017-6/30/2021
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures	University of Utah School of Medicine, UT 1800001, Department of Radiology	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/1/2017-6/30/2021
Administering dosages of radioactive drugs to patients or human research subjects	University of Utah School of Medicine, UT 1800001, Department of Radiology	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/1/2017-6/30/2021
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	Radiopharmacy	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No*	7/1/2017-6/30/2021

Supervising Individual

Bhasker Koppula

License/Permit Number listing supervising individual as an authorized user or an authorized nuclear pharmacist for generator training

UT 1800001, University of Utah School of Medicine

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)  
☐ 35.55   ☐ 35.57 for 35.200 uses

\*Not required for 10 CFR 35.100 use.

**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, EXPERIENCE AND PRECEPTOR ATTESTATION**  
**(for uses defined under 35.100, 35.200, and 35.500)**  
**[10 CFR 35.57, 35.190, 35.290, and 35.590](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 not attesting to the individual's "general clinical competency."

**First Section**

**Check one of the following for each use requested:**

For 35.190



I attest that

Matthew Curtis

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 is able to independently fulfill the radiation safety-related duties as an authorized user for the medical uses authorized under 10 CFR 35.100.

For 35.290



I attest that

Matthew Curtis

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 is able to independently fulfill the radiation safety-related duties as an authorized user for the medical uses under 10 CFR 35.100 and 35.200.

**Second Section**

**Complete one of the following for attestation and signature:**



Authorized User:



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



35.57 for 35.200 uses

**OR**



Residency Program Director:



I affirm that the attestation represents the consensus of the residency program faculty where at least one faculty member is an authorized user who meets the requirements below or equivalent Agreement State requirements for:



35.190



35.290



35.390



35.390 + generator experience



35.57 for 35.200 uses



I affirm that this facility member concurs with the attestation I am providing as program director.



I affirm that the residency training program is approved by the:



Residency Review Committee of the Accreditation Council for Graduate Medical Education



Royal College of Physicians and Surgeons of Canada



Council on Post-Graduate Training of the American Osteopathic Association



I affirm that the residency training program includes training and experience specified in:



35.190



35.290

Name of Facility:

University of Utah

License/Permit Number:

UT1800001

Name of Preceptor or Residency Program Director (Typed or Printed)

Bhasker Koppula

Telephone Number

(801) 581-7553

Date

8/5/2022

Signature

*K. Bhasker Rao*

2/12/2022

Matthew Curtis, M.D., Ph.D.  
University of Utah School Medicine  
Department of Radiology and Imaging Sciences  
30 North 1900 East # 1A71  
Salt Lake City, UT 84132

Dear Dr. Curtis,

This letter is to confirm that you have successfully completed the requirements in the NRC Licensing Guidance titled "Low Activity Radioactive Seeds Used for Localization of Non-Palpable Lesions and Lymph Nodes" October 7, 2016, Revision 1. You are able to independently fulfill the radiation safety-related duties as an Authorized User for RSL use.

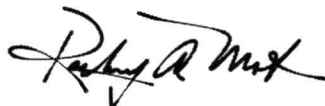
You have completed at least 80 hours of classroom and laboratory training in basic radionuclide handling techniques applicable to the medical use of sealed sources. This training included – Radiation physics and instrumentation; Radiation protection; Units of radioactivity and exposure and Radiation biology.

You have also received proctored work experience specifically applicable to the use of RSL. This experience included

- Ordering, receiving and unpacking seeds; characteristics, preparation, safe handling, precautions and labeling of seeds and needles containing seeds
- Proper methods for storage, inventory and disposal of seeds
- Administrative controls to prevent a medical event
- Procedures to safely mitigate contamination from a leaking, damaged or ruptured seed
- Performing routine monitoring after all uses of seed to account for all seeds specified in the prescription and to ensure rapid identification and remediation of a damaged, ruptured, lost/missing or leaking seed
- Proper use and maintenance of appropriate instrumentation to identify the location of an implanted seed.

I have attached a log of the three cases, confirmed by me, for which you were proctored by my designee, Dr. Matthew Morgan.

Best regards,  
Kathryn A. Morton, MD






Kathryn A. Morton, MD  
Professor of Radiology

CC: Matthew Morgan, M.D., Breast Imaging Fellowship Director  
Medical Staff Office  
Radiological Health  
Kathy Bishop, Administrative Assistance

### Breast Seed Localization Proctor Form

Practitioner Name: Matthew Peter Curtis, MD, PhD

	<u>Date</u>	<u>MRN</u>	<u>Proctor</u>	<u>Signature</u>
1.	7/29/2021	6209357	Matthew Morgan	
2.	10/11/2021	21383249	Matthew Morgan	
3.	1/21/2022	13237722	Matthew Morgan	

**Please return the completed proctoring form to the Department of Radiology and Imaging Sciences**  
**Kathy.Bishop@hsc.utah.edu**

CONFIDENTIAL: This material is prepared pursuant to Utah Code Annotated Section 26-25-1 et seq. for the purpose of evaluating health care rendered by hospitals and/or physicians and is NOT PART of the medical record.

**From:** [Jeremy Corwin](#)  
**To:** [R4 Licensing Action Submittals](#); [Ryan-O'Hara, Kimberly](#)  
**Subject:** [External\_Sender] License Amendment Request - License 25-18361-01  
**Date:** Tuesday, November 15, 2022 11:03:18 AM  
**Attachments:** [image001.png](#)  
[Amend - Add Curtis - License 25 18361 01 Nov 2022.pdf](#)

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Please find enclosed a request to add an authorized user to our radioactive material license at Community Medical Center, Missoula, MT.

Thanks,

Jeremy L. Corwin, MHP, DABHP  
Medical Physicist  
Phone: (360) 736-6066 / Fax: (360) 736-7293  
[www.corwinhp.com](http://www.corwinhp.com)





## ACKNOWLEDGEMENT - RECEIPT OF CORRESPONDENCE

## Name and Address of Applicant and/or Licensee

Adam Davis, M.S., DABR  
Radiation Safety Officer  
RCHP Billings – Missoula LLC  
dba Community Medical Center  
2827 Ft Missoula Rd  
Missoula, MT 59804

## Date

12/08/2022

## License Number(s)

25-18361-01

## Mail Control Number(s)

633750

## Licensing and/or Technical Reviewer or Branch

C. Hill

This is to acknowledge receipt of your: ☒ Letter and/or ☐ Application Dated: 11/15/2022

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

BETWEEN:

Accounts Receivable/Payable  
and  
Regional Licensing Branches

[ FOR ARPB USE ]  
INFORMATION FROM WBL

Program Code: 02230  
Status Code: Pending Amendment  
Fee Category: 7C  
Exp. Date: 10/31/2023  
Fee Comments: CODE 23  
Decom Fin Assur Req: N

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## License Fee Worksheet - License Fee Transmittal

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### A. REGION

#### 1. APPLICATION ATTACHED

Applicant/Licensee: RCHP Billings - Missoula LLC  
Received Date: 11/15/2022  
Docket Number: 3014921  
Mail Control Number: 633750  
License Number: 25-18361-01  
Action Type: Amendment

#### 2. FEE ATTACHED

Amount: N/A

Check No.: N/A

#### 3. COMMENTS

Signed: Carol L. Hill

Date: 12/08/2022

### 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: \_\_\_\_\_

Agency: NRC

## WBL WORKSHEET

DOCKET NUMBER: 3014921	LICENSE NUMBER: 25-18361-01	STATUS: Pending Amendment
MAIL CONTROL NUMBER: 633750	RECEIPT DATE: 11/15/2022	ACTION TYPE: Amendment
DUE DATE: 02/13/2023	INST. CODE: 18361	LICENSE REGION: Region 4
LICENSE TYPE: 30	ENTITY TYPE: C	LICENSE GROUP: Medical
ISSUE DATE:	ORIGINAL DATE: 08/17/1988	EXPIRATION DATE: 10/31/2023
DECOMMISSIONING CATEGORY: Group 1	LAST ISSUE DATE:	
LICENSEE NAME: RCHP Billings - Missoula LLC	DECOM FIN ASSUR REQD: N SUBM: N	
MAILING ADDRESS LINE1: 2827 Fort Missoula Road	CONT PLAN REQD: N	APPRV: N
MAILING ADDRESS LINE 2:		
CITY: Missoula	STATE: MT	ZIP: 59804
CONTACT PERSON: PREFIX:	FIRST NAME: Kimberly	MIDDLE INITIAL:
LAST NAME: Ryan-O'Hara	SUFFIX: Certified Nuclear Medicine Technologist	
JOB TITLE: Manager, Diagnostic Imaging	PHONE: 406-327-4333, FAX: 406-327-4582	EMAIL: kryanohara@communit
BILLING ADDRESS LINE 1:		
BILLING ADDRESS LINE 2:		
CITY:	STATE: Montana	ZIP:
BILLING CONTACT PERSON: FIRST NAME:	MIDDLE INITIAL:	LAST NAME:
PHONE:	EMAIL:	FAX:
PRIMARY PGM CODE: 02230	SECONDARY PGM CODE: 02120,02240	
INSPECTION REGION: Region 4	PRIORITY: 2	
RSO: PREFIX:	FIRST NAME: Adam	MIDDLE INITIAL: LAST NAME Davis
SUFFIX: M.S.	RSO JOB TITLE: Medical Physicist/RSO	
RSO PHONE: 971-401-0575	RSO FAX: 503-684-5548	RSO EMAIL: adam@hpnw.com
STATES WHERE USE IS AUTHORIZED: 1	0- ALL LISTED STATES 1- SAME AS STATE IN ADDRESS 2- ALL STATES 3- NON-AGREEMENT-STATES	
AUTHORIZED STATES (USE ONLY IF ABOVE IS ZERO):		