Denali Center
Fairbanks Memorial Hospital
Banner Health System

RECEIVED
SEP 11 2008
DNMS

September 9, 2008

Nuclear Materials Licensing Branch
United States Nuclear Regulatory Commission
Region IV
Nuclear Materials Safety Branch
611 Ryan Plaza Drive, Suite 400
Arlington, Texas 76011-4005

Re: Amendment for License 50-13648-01

Dear Sir or Madam:

In accordance with 10 CFR 35.14: We are requesting Carson S. Webb, MD to work at this facility as an authorized user for uses 10 CFR 35.100 and 10 CFR 35.200 Attached is a copy of Dr. Webb's Nuclear Cardiology Certification Board.

If you require additional information, please call (907)-458-6914

Sincerely,

Mark Burton, M.D.
Radiation Safety Officer

No 471948

Denali Center • 1510 19th Ave. • Fairbanks, AK 99701 • 907-458-5100
Fairbanks Memorial Hospital • 1650 Cowles St. • Fairbanks, AK 99701-5998 • 907-452-8181 • Fax 907-458-5324

Certification Board of Nuclear Cardiology

Incorporated 1996

Certifies that

Carson S. Webb, MD

HAVING MET THE REQUIREMENTS PRESCRIBED BY THIS BOARD
FOR PHYSICIANS TRAINED IN THE UNITED STATES
AND HAVING SATISFACTORILY PASSED THE REQUIRED EXAMINATION,
IS HEREBY DESIGNATED
A DIPLOMATE CERTIFIED IN THE SUBSPECIALTY OF

NUCLEAR CARDIOLOGY

FOR THE PERIOD 2007 - 2017

President

CBNC

Secretary

CERTIFICATE NUMBER: 5878

THE

AMERICAN BOARD OF INTERNAL MEDICINE

INCORPORATED 1936

ATTESTS THAT

Carson Saint Clair Webb

HAS MET THE REQUIREMENTS OF THIS BOARD AND IS HEREBY
CERTIFIED FOR THE PERIOD 2007 THROUGH 2017
AS A DIPLOMATE IN

CARDIOVASCULAR DISEASE

RECEIVED

Donald E. Hesson
CHAIR
AMERICAN BOARD OF INTERNAL MEDICINE

Richard L. Baron
CHAIR-ELECT
AMERICAN BOARD OF INTERNAL MEDICINE

Kenneth S. Polonsky
SECRETARY-TREASURER
AMERICAN BOARD OF INTERNAL MEDICINE

PRESIDENT
AMERICAN BOARD OF INTERNAL MEDICINE

SUBSPECIALTY BOARD ON CARDIOVASCULAR DISEASE

Michael R. Zile
CHAIR

C. Neil Hayes

Anne B. Curtis

G. William Dec Jr

Carl V. Leier

Wm C. Little

Jerome Liang

Gene Bittner

John G. Kostis

Kim A. Williams

NUMBER 221347

2007

THE AMERICAN BOARD OF INTERNAL MEDICINE

INCORPORATED 1936

ATTESTS THAT

Carson Saint Clair Webb

HAS MET THE REQUIREMENTS OF THIS BOARD AND IS HEREBY

CERTIFIED FOR THE PERIOD 2003 THROUGH 2013

AS A DIPLOMATE IN

INTERNAL MEDICINE

CHAIR

CHAIR-ELECT

SECRETARY-TREASURER

PRESIDENT

EXECUTIVE VICE PRESIDENT

THE AMERICAN BOARD OF INTERNAL MEDICINE · THE ABIM

NUMBER 221347

2003

RECEIVED

Source: www.CBNC.org website on June 6, 2008

Certification by the CBNC recognizes those physicians who have demonstrated knowledge skills in the field of Nuclear Cardiology by successfully passing a comprehensive written examination administered by the CBNC. To date, there are 5,447 physicians certified by the CBNC.

If you passed the exam and were testamur status, you need to provide documentation that you have passed your Cardiology, Nuclear Medicine or Radiology examination before your certificate will be mailed and your name listed in the roster of Diplomates.

All Diplomates certified in 1996 have indefinite certification. Beginning in 1997, certification is for a ten-year period with re-certification required by December 31, ten years following initial certification for those wishing to maintain Diplomate status with the CBNC.

The following records match your search criteria:

Name / Location	Info
Dr. Carson Webb Charleston, SC USA	Certificate Number: 5878 Certified in Nuclear Cardiology on 12/08/2007 Dr. Webb's certification is valid until 12/31/2017.

SEARCH AGAIN

NOTE: For questions or further clarification, call the CBNC office at: 240.631.8151.

Verified By: [illegible]

JUN 06 2008

471948

MUSC
MEDICAL UNIVERSITY OF SOUTH CAROLINA

Radiology
169 Ashley Avenue
PO Box 250322
Charleston • SC 29425

May 28, 2008

Re: Carson Webb, M.D.

To Whom It May Concern:

This letter is to confirm that Dr. Carson Webb has completed a three-month training program in Nuclear Cardiology under my direction at the Medical University of South Carolina.

This training took place April 1 – June 30, 2005. He has completed 480 hours of clinical experience and 250 hours of work experience including radiopharmacy experience, gamma camera operation, and radiopharmaceutical dosing. This experience was received performing 497 Stress Thallium tests and 24 Muga scans.

Dr. Webb has also completed training in the following areas: Radiation physics and instrumentation (100 hours), radiation protection (30 hours), mathematics pertaining to the use of measurement of radioactivity (20 hours), radiation biology (20 hours), radiopharmaceutical chemistry (30 hours, with 5 laboratory hours).

If you require further information, please do not hesitate to contact me at (843) 792-1957.

Sincerely,

Leonie Gordon

Leonie Gordon, M.D.
Director of Radiology Residency
Professor of Radiology
Director, Nuclear Medicine
Material License Number: 081-01

MUSC
HEART CENTER

Medicine • Cardiology
135 Rutledge Avenue
Suite 1201
P.O. Box 250592
Charleston • S.C. 29425

Ph (843) 792-3359
Fax (843) 792-7771

9/21/07

Certification Board of Nuclear Cardiology
19562 Club House Road
Montgomery Village MD 20886-3002

Dr. Carson Webb has completed a nuclear cardiology training program that meets the requirements for Level 2 as outlined in the *ACCF/ASNC COCATS Guidelines for Training in Nuclear Cardiology, revised 2006* within an accredited fellowship program.

Dr. Carson Webb completed Level 2 nuclear cardiology training between the dates of 07/01/2004 and 06/30/2007 .

I attest that Dr. Carson Webb is competent to independently function as an authorized user under NRC 10 CFR 35.200 uses.

☐ The above-named applicant completed a minimum of 80 hours of classroom and laboratory training that meets the Nuclear Regulatory Commission (NRC) requirements as an INTEGRAL part of his/her fellowship/residency program.

☐ The above-named applicant completed a minimum of 80 hours of classroom and laboratory training that meets the NRC requirements external to his/her fellowship program.

☐ The above-named applicant is an Authorized User listed on a current Radioactive Materials Licence (RAM).

Sincerely,

Leonie Gordon

(Signature Required)

Name of Preceptor: LEONIE GORDON

Title/Relationship to Applicant: PROGRAM DIRECTOR, DIAG RAD

NRC/Agreement State License Number (on RAM License):

SC-081

"An equal opportunity employer, promoting workplace diversity."

http://www.musc.edu

ACCEPTANCE REVIEW MEMO (ARM)

Licensee:	Fairbanks Memorial Hospital	**License No.:** 50-13648-01	
Docket No.:	030-03509	**Mail Control No.:** 471948	
Type of Action:	Amend	**Date of Requested Action:** 09-09-08	
Reviewer Assigned:	Jackie Cook	**ARM reviewer(s):** Cook	

Response	Deficiencies Noted During Acceptance Review
	[ ] Open ended possession limits. Submit inventory. Limit possession. [ ] Submit copies of latest leak test results. [ ] Add IC L.C./Fingerprint LC, add SUNSI markings to license. [ ] Confirm with licensee if they have NARM material.
J 10/14/08	**Need preceptor attestation**.

Reviewer's Initials: JMC **Date:** 10/14/08

☐Yes ☐No Request for unrestricted release Group 2 or >. Consult with Bravo Branch.

☐Yes ☐No Termination request < 90 days from date of expiration

☐Yes ☐No Expedite (medical emergency, no RSO, location of use/storage not on license, RAM in possession not on license, other)

☐Yes ☐No TAR needed to complete action.

Branch Chief's and/or HP's Initials: _____ **Date:** _____

SUNSI Screening according to RIS 2005-31

☐Yes ☑No **Sensitive and Non-Publicly Available** if <u>any</u> item below is checked

General guidance:

_____RAM = or > than Category 3 (Table 1, RIS 2005-31), use Unity Rule
_____Exact location of RAM [suite #, bldg. #, location different from mailing address] (whether = or > than Category 3 or not)
_____Design of structure and/or equipment (site specific)
_____Information on nearby facilities
_____Detailed design drawings and/or performance information
_____Emergency planning and/or fire protection systems

Specific guidance for medical, industrial and academic (above Category 3):

_____RAM quantities and inventory
_____Manufacturer's name and model number of sealed sources & devices
_____Site drawings with exact location of RAM, description of facility
_____RAM security program information (locks, alarms, etc.)
_____Emergency Plan specifics (routes to/from RAM, response to security events)
_____Vulnerability/security assessment/accident-safety analysis/risk assess
_____Mailing lists related to security response

Branch Chief's and/or HP's Initials: JMC **Date:** SEP 18 2008

NOV - 6 2008

DATE

This is to acknowledge the receipt of your letter/application dated 09-09-08, 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** 471948.
When calling to inquire about this action, please refer to this mail control number.
You may call me at 817-860-8103.

Sincerely,

Colleen Murnahan

Licensing Assistant

NRC FORM 532 (RIV)
(10-2006)

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

(FOR LFMS USE)
INFORMATION FROM LTS

Program Code: 02120
Status Code: 0
Fee Category: 7C
Exp. Date: 20111231
Fee Comments: CODE 23
Decom Fin Assur Reqd: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
   Applicant/Licensee: FAIRBANKS MEMORIAL HOSPITAL
   Received Date: 20080911
   Docket No: 3003509
   Control No.: 471948
   License No.: 50-13648-01
   Action Type: Amendment

2. FEE ATTACHED
   Amount: _____
   Check No.: _____

3. COMMENTS

Signed Collyn Murnahan
Date 9-18-08

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 _____

Align top of **FedEx Express Shipping Label** here.

FedEx.
TRK# 0215 8662 6138 4563

THU - 11 SEP A1
PRIORITY OVERNIGHT

AD FWHA

76011
TX-US
DFW

RT 186 B 4563 09.11
FZ

Emp# 602808 10SEP08 FAIA

22
100

FedEx Express **US Airbill**

FedEx Tracking Number 8662 6138 4563

0215 Recipient's Copy

RECIPIENT: PEEL HERE

1 From This portion can be removed for Recipient's records.

Date 9/10 FedEx Tracking Number 866261384563

Sender's Name Phone

Company

Address Dept./Floor/Suite/Room

City State ZIP

2 Your Internal Billing Reference

3 To

Recipient's Name Phone 817 860-8100

Company

Recipient's Address Dept./Floor/Suite/Room

We cannot deliver to P.O. boxes or P.O. ZIP codes.

Address

To request a package be held at a specific FedEx location, print FedEx address here.

City State TX ZIP 76011-4005

4a Express Package Service *Packages up to 150 lbs.*

- [x] FedEx Priority Overnight — Next business morning.* Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected.
- [ ] FedEx Standard Overnight — Next business afternoon.* Saturday Delivery NOT available.
- [ ] FedEx First Overnight — Earliest next business morning delivery to select locations.* Saturday Delivery NOT available.
- [ ] FedEx 2Day — Second business day.* Thursday shipments will be delivered on Monday unless SATURDAY Delivery is selected.
- [ ] FedEx Express Saver — Third business day.* Saturday Delivery NOT available.

FedEx Envelope rate not available. Minimum charge: One-pound rate.

* To most locations.

4b Express Freight Service *Packages over 150 lbs.*

- [ ] FedEx 1Day Freight* — Next business day.** Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected.
- [ ] FedEx 2Day Freight — Second business day.** Thursday shipments will be delivered on Monday unless SATURDAY Delivery is selected.
- [ ] FedEx 3Day Freight — Third business day.** Saturday Delivery NOT available.

* Call for Confirmation:

** To most locations.

5 Packaging

- [x] FedEx Envelope*
- [ ] FedEx Pak* — Includes FedEx Small Pak, FedEx Large Pak, and FedEx Sturdy Pak.
- [ ] FedEx Box
- [ ] FedEx Tube
- [ ] Other

* Declared value limit $500.

6 Special Handling — Include FedEx address in Section 3.

- [ ] **SATURDAY Delivery** — Not available for FedEx Standard Overnight, FedEx First Overnight, FedEx Express Saver, or FedEx 3Day Freight.
- [ ] **HOLD Weekday at FedEx Location** — Not available for FedEx First Overnight.
- [ ] **HOLD Saturday at FedEx Location** — Available ONLY for FedEx Priority Overnight and FedEx 2Day to select locations.

Does this shipment contain dangerous goods? One box must be checked.

- [ ] No
- [ ] Yes — As per attached Shipper's Declaration.
- [ ] Yes — Shipper's Declaration not required.
- [ ] Dry Ice — Dry ice, 9, UN 1845 ____ x ____ kg
- [ ] Cargo Aircraft Only

Dangerous goods (including dry ice) cannot be shipped in FedEx packaging.

7 Payment *Bill to:* Enter FedEx Acct. No. or Credit Card No. below. Obtain Recip. Acct. No. [ ]

- [ ] Sender — Acct. No. in Section 1 will be billed.
- [ ] Recipient
- [ ] Third Party
- [ ] Credit Card
- [ ] Cash/Check

Total Packages Total Weight Credit Card Auth.

†Our liability is limited to $100 unless you declare a higher value. See the current FedEx Service Guide for details.

8 Residential Delivery Signature Options If you require a signature, check Direct or Indirect.

No Signature Direct Signature Indirect Signature

fedex.com 1.800.GoFedEx 1.800.463.3339