

ACCEPTANCE REVIEW MEMO (ARM)

Licensee: Fairbanks Memorial Hospital **License No.:** 50-13648-01
Docket No.: 030-03509 **Mail Control No.:** 472194
Type of Action: Amend **Date of Requested Action:** 3/23/09
Reviewer Assigned: Roberto Torres **ARM reviewer(s):** Torres

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.
	Provide copy of ABR certificate. → Copy in docket file, see MLC 471203.

Reviewer's Initials: RTT **Date:** 6-10-09

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Request for unrestricted release Group 2 or >. Consult with Bravo Branch.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Termination request < 90 days from date of expiration
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Expedite (medical emergency, no RSO, location of use/storage not on license, RAM in possession not on license, other)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	TAR needed to complete action.

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

SUNSI Screening according to RIS 2005-31		
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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: <u>RTT</u> Date: JUN 10 2009		



Denali Center
Fairbanks Memorial Hospital
Banner Health System

RECEIVED
MAR 23 2009
DNMS

March 11, 2009

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 **Control # 471203**

Dear Sir or Madam:

In response to your letter dated March 1st, 2007(Control # 471203), enclosed is the preceptor attestation for Dr. Claire Waite. We are requesting Dr. Waite to work at this facility as an authorized user for uses 10 CFR 35.300. Dr. Waite is currently on our license as an authorized user for 10 CFR 35.100 and 35.200.

If you require additional information, please call (907)-458-6904.

Sincerely,

Mark Burton, M.D.
Radiation Safety Officer

See related
mail control no. 471203.

4 7 2 1 9 4

American Board of Radiology – Program Director Attestation

COMPLIANCE WITH NRC TRAINING AND EXPERIENCE REQUIREMENTS

More information can be found at the following link:

<http://www.nrc.gov/reading-rm/doc-collections/cfr/part035/part035-0290.html>

Claire Waite
Resident Name

Jacob; Medical Ctr.
Program Program #

	YES	NO
By the time of the ABR oral examination, this applicant will have successfully completed the hours of training and experience as outlined in 10 CFR 35.290 and 35.392.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
This applicant has taken part in ≥ 3 cases of oral administration of I-131 therapy ($\leq 33mCi$).....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
The resident's logbook of these therapy experiences (date, dose, and preceptor) is attached.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
The work and experience cited above for § 35.290 was obtained under the supervision of an Authorized User (AU) who meets the requirements under relevant sections of § 35.290 or equivalent Agreement State requirements.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
The work and experience cited above for § 35.392 was obtained under the supervision of an Authorized User (AU) who meets the requirements under § 35.390, 35.392 or 35.394 or equivalent Agreement State requirements.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Melvin Zelefsky, MD
Residency Program Director
(Print Name)

[Signature]
Program Director
(Signature)

Date

I-131 Therapy Experience

CLAIRE WAITE
Resident Name

Program & Number

<u>Date</u>	<u>Dose Administered</u>	<u>Preceptor (AU) Print & Sign Name</u>
1. <u>12-30-03</u>	<u>21 mCi</u>	<u>SALIL D. SARKAR</u> Print Name <u>Salil D. Sarkar</u> Sign Name
2. <u>4-5-04</u>	<u>36 mCi</u>	<u>SALIL D. SARKAR</u> Print Name <u>Salil D. Sarkar</u> Sign Name
3. <u>4-14-04</u>	<u>26 mCi</u>	<u>SALIL D. SARKAR</u> Print Name <u>Salil D. Sarkar</u> Sign Name
4. <u>4-14-06</u>	<u>26 mCi</u>	<u>SALIL D. SARKAR</u> Print Name <u>Salil D. Sarkar</u> Sign Name

The preceding ABR forms do not have to be completed for a resident to take the ABR exam including the Nuclear Medicine section of the exam. Completing the form documents the training and allows the candidate to receive authorized user (AU)-eligible designation on his/her certificate.

Candidates who fulfill all the requirements listed on Form A and Form B and who pass all their ABR exams will receive an ABR certificate that contains the additional designation "AU-eligible". This means that the person is eligible through the ABR pathway to be approved by the NRC as an AU of medical radionuclides for imaging and localization studies and for oral administration of sodium iodide I-131 requiring a written directive ($\leq 33\text{mCi}$). NRC approval is obtained upon written application to the NRC/Agreement State and also requires submission of an NRC preceptor form which has been completed and signed by the preceptor who must be an AU. The forms are available on the NRC website.

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 FAIRBANKS MEMORIAL HOSPITAL
Applicant/Licensee: 20090323
Received Date: 3003509
Docket No: 472194
Control No.: 50-13648-01
License No.:
Action Type: Amendment

2. FEE ATTACHED

Amount: _____
Check No.: _____

3. COMMENTS

Signed Colleen Plummer
Date 6-09-09

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 _____