

June 7, 2010

Colleen Casey  
Nuclear Regulatory Commission Region III  
Materials Licensing Branch, Suite 210  
2443 Warrenville Road  
Lisle, Illinois 60532-4352

Re: License Amendment for AMP 35.600 Remote Afterloader, NRC Material's License number 24-18628-01

Dear Ms. Casey,

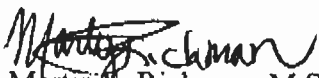
This is to follow up on our telephone conversation on June 7, 2010 when we discussed changes needed regarding a 313A (AMP) form submitted to you on June 5, 2010.

I am attaching two completed NRC 313A (AMP) forms. One 313A (AMP) documents my training and experience for medical use of a 35.600 Remote Afterloader. The second form documents my training and experience for other medical physics applications. I had recently been listed on license # 24 -18628-01 as the Intravascular Brachytherapy physicist with experienced from about 2002 to 2005. In the same telephone conversation you said you would be able to refer to amendment 25 dated August 31, 2001 to verify my previous status as an IVBT physicist.

My Preceptor, Mr. Ashoka Bhargava has signed both these forms.

Concerning another change, Mr Bargava is listed on our license as AMP with his last named spelled Bhargave. Please change the last letter to an a.

Sincerely,

  
Martin S. Richman, M.S.  
Radiation Safety Officer  
North Kansas City Hospital  
North Kansas City, MO 64116

816 691 5343 Radiation Oncology  
816 346 7869 (fax)  
913 703 9200 (cell)

Attachments:

1. 313A (AMP) Remote Afterloader
2. 313A (AMP) Other medical physics experience

ATTACHMENT 1  
Remote Afterloader

NRC FORM 313A (AMP) (3-2009)	U.S. NUCLEAR REGULATORY COMMISSION	APPROVED BY OMB: NO. 3150-0120 EXPIRES: 3/31/2012
<b>AUTHORIZED MEDICAL PHYSICIST TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION [10 CFR 35.51]</b>		

Name of Proposed Authorized Medical Physicist

Martin S. Richman

**Requested Authorization(s)**  
(check all that apply)

<input type="checkbox"/> 35.400 Ophthalmic use of strontium-90	<input type="checkbox"/> 35.600 Teletherapy unit(s)
<input checked="" type="checkbox"/> 35.600 Remote afterloader unit(s)	<input type="checkbox"/> 35.600 Gamma stereotactic radiosurgery unit(s)

**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**

- Provide a copy of the board certification.
- Go to the table in 3.c. and describe training provider and dates of training for each type of use for which authorization is sought.
- Skip to and complete Part II Preceptor Attestation.

**2. Current Authorized Medical Physicist Seeking Additional Authorization for use(s) checked above**

- Go to the table in section 3.c. to document training for new device.
- Skip to and complete Part II Preceptor Attestation

 **3. Education, Training, and Experience for Proposed Authorized Medical Physicist**

- Education: Document master's or doctor's degree in physics, medical physics, other physical science, engineering, or applied mathematics from an accredited college or university.

Degree

1. Master's Degree; 2. Master's Degree

Major Field

1. Nuclear Engineering 1976; 2. Physics

College or University

1. University of Missouri, Columbia MO; 2. University of Missouri, Columbia MO;

- Supervised Full-Time Medical Physics Training and Work Experience in clinical radiation facilities that provide high-energy external beam therapy (photons and electrons with energies greater than or equal to 1 million electron volts) and brachytherapy services.

- Yes. Completed 1 year of full-time training in medical physics (for areas identified below) under the supervision of Ashoka Bhargava, M.S. who meets the requirements for an Authorized Medical Physicist.

**AND**

- Yes. Completed 1 year of full-time work experience in medical physics (for areas identified below) under the supervision of Ashoka Bhargava, M.S. who meets the requirements for an Authorized Medical Physicist.

NRC FORM 313A (AMP)  
(3-2009)

U.S. NUCLEAR REGULATORY COMMISSION

## AUTHORIZED MEDICAL PHYSICIST TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

## 3. Education, Training, and Experience for Proposed Authorized Medical Physicist (continued)

## b. Supervised Full-Time Medical Physics Training and Work Experience (continued)

If more than one supervising individual is necessary to document supervised training, provide multiple copies of this page.

Description of Training/ Experience	Location of Training/License or Permit Number of Training Facility/Medical Devices Used+	Dates of Training*	Dates of Work Experience*
Medical Physics	North Kansas City Hospital North Kansas City, MO #24-18628-01 Ir-192 HDR remote afterloader	October 2007 to October 2008	November 2008 to June 2010
Performing sealed source leak tests and inventories	North Kansas City Hospital North Kansas City, MO #24-18628-01 Ir-192 HDR remote afterloader	October 2007 to October 2008	November 2008 to June 2010
Performing decay corrections	North Kansas City Hospital North Kansas City, MO #24-18628-01 Ir-192 HDR remote afterloader	October 2007 to October 2008	November 2008 to June 2010
Performing full calibration and periodic spot checks of external beam treatment unit(s)	N/A	October 2007 to October 2008	November 2008 to June 2010
Performing full calibration and periodic spot checks of stereotactic radiosurgery unit(s)	N/A	N/A	N/A
Performing full calibration and periodic spot checks of remote afterloading unit(s)	North Kansas City Hospital North Kansas City, MO #24-18628-01 Ir-192 HDR remote afterloader	October 2007 to October 2008	November 2008 to June 2010
Conducting radiation surveys around external beam treatment unit(s), stereotactic radiosurgery unit(s), remote after loading unit(s)	North Kansas City Hospital North Kansas City, MO #24-18628-01 Ir-192 HDR remote afterloader	October 2007 to October 2008	November 2008 to June 2010
Supervising Individual**	License/Permit Number listing supervising individual as an authorized Medical Physicist		
Ashoka Bhargava, M.S	#24-18628-01		

for the following types of use:

 Remote afterloader unit(s)       Teletherapy unit(s)       Gamma stereotactic radiosurgery unit(s)

+ Training and work experience must be conducted in clinical radiation facilities that provide high-energy external beam therapy (photons and electrons with energies greater than or equal to 1 million electron volts) and brachytherapy services.

\* 1 year of Full-time medical physics training and 1 year of full time work experience cannot be concurrent.

\*\* If the supervising medical physicist is not an authorized medical physicist, the licensee must submit evidence that the supervising medical physicist meets the training and experience requirements in 10 CFR 35.51 and 35.59 for the types of use for which the individual is seeking authorization.

**AUTHORIZED MEDICAL PHYSICIST TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)**

**3. Education, Training, and Experience for Proposed Authorized Medical Physicist (continued)**

c. Describe training provider and dates of training for each type of use for which authorization is sought.

Description of Training	Training Provider and Dates		
	Remote Afterloader	Teletherapy	Gamma Stereotactic Radiosurgery
Hands-on device operation	North Kansas City Hospital 2800 Clay Edwards Dr. North Kansas city, MO 64116 [October 2007 - October 2008]		
Safety procedures for the device use	North Kansas City Hospital 2800 Clay Edwards Dr. North Kansas city, MO 64116 [October 2007 - October 2008]		
Clinical use of the device	North Kansas City Hospital 2800 Clay Edwards Dr. North Kansas city, MO 64116 [October 2007 - October 2008]		
Treatment planning system operation	North Kansas City Hospital 2800 Clay Edwards Dr. North Kansas city, MO 64116 [October 2007 - October 2008]		

**Supervising Individual**

*If training is provided by Supervising Medical Physicist, (if more than one supervising individual is necessary to document supervised training, provide multiple copies of this page.)*

**Asboka Bhargava, M.S.**

License/Permit Number listing supervising individual as an authorized Medical Physicist

**License # 28-18628-01**

for the following types of use:

- Remote afterloader unit(s)     
  Teletherapy unit(s)     
  Gamma stereotactic radiosurgery unit(s)

If Applicable:

Authorization Sought	Device	Training Provided By	Dates of Training
35.400 Ophthalmic Use of strontium-90			

d. Skip to and complete Part II Preceptor Attestation.

**AUTHORIZED MEDICAL PHYSICIST 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.

**First Section**

Check one of the following:

**1. Board Certification**

I attest that \_\_\_\_\_ has satisfactorily completed the requirements in 10 CFR 35.51(a)(1) and (a)(2).  
Name of Proposed Authorized Medical Physicist

OR

**2. Education, Training, and Experience**

I attest that Martin S. Richman, M.S. has satisfactorily completed the 1-year of full-time training in medical physics and an additional year of full-time work experience as required by 10 CFR 35.51(b)(1).  
Name of Proposed Authorized Medical Physicist

AND

**Second Section**

Complete the following:

I attest that Martin S. Richman, M.S. has training for the types of use for which authorization is sought that include hands-on device operation, safety procedures, clinical use, and the operation of a treatment planning system.  
Name of Proposed Authorized Medical Physicist

AND

**Third Section**

Complete the following:

I attest that Martin S. Richman, M.S. has achieved a level of competency sufficient to function independently as an Authorized Medical Physicist for the following:


- 35.400 Ophthalmic use of strontium-90     35.600 Teletherapy unit(s)
- 35.600 Remote afterloader unit(s)     35.600 Gamma stereotactic radiosurgery unit(s)

AND

**Fourth Section**

Complete the following for preceptor attestation and signature:

- I meet the requirements in 10 CFR 35.51, or equivalent Agreement State requirements for Authorized Medical Physicist for the following:
- 35.400 Ophthalmic use of strontium-90     35.600 Teletherapy unit(s)
- 35.600 Remote afterloader unit(s)     35.600 Gamma stereotactic radiosurgery unit(s)

Name of Preceptor <u>Ashoka Bhargava, M.S.</u>	Signature 	Telephone Number (816) 728-2144	Date 6/7/10
License/Permit Number/Facility Name <u>License # 24-18628-01/North Kansas City Hospital</u>			

ATTACHMENT 2  
OTHER Med Phys Experience

NRC FORM 313A (AMP)  
(3-2009)

U.S. NUCLEAR REGULATORY COMMISSION

**AUTHORIZED MEDICAL PHYSICIST TRAINING AND EXPERIENCE  
AND PRECEPTOR ATTESTATION  
[10 CFR 35.51]**

APPROVED BY OMB: NO. 3150-0120  
EXPIRES: 3/31/2012

Name of Proposed Authorized Medical Physicist  
**Martin S. Richman**

Requested Authorization(s) (check all that apply)  35.400 Ophthalmic use of strontium-90  35.600 Teletherapy unit(s)  
 35.600 Remote afterloader unit(s)  35.600 Gamma stereotactic radiosurgery unit(s)

**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. Go to the table in 3.c. and describe training provider and dates of training for each type of use for which authorization is sought.
- c. Skip to and complete Part II Preceptor Attestation.

**2. Current Authorized Medical Physicist Seeking Additional Authorization for use(s) checked above**

- a. Go to the table in section 3.c. to document training for new device.
- b. Skip to and complete Part II Preceptor Attestation

**3. Education, Training, and Experience for Proposed Authorized Medical Physicist**

- a. Education: Document master's or doctor's degree in physics, medical physics, other physical science, engineering, or applied mathematics from an accredited college or university.

Degree

Major Field

1. Master's Degree; 2. Master's Degree

1. Nuclear Engineering 1976; 2. Physics

College or University

1. University of Missouri, Columbia MO; 2. University of Missouri, Columbia MO;

- b. Supervised Full-Time Medical Physics Training and Work Experience in clinical radiation facilities that provide high-energy external beam therapy (photons and electrons with energies greater than or equal to 1 million electron volts) and brachytherapy services.

Yes. Completed 1 year of full-time training in medical physics (for areas identified below) under the supervision of **Clifford W. Richter, Ph.D.** who meets the requirements for an Authorized Medical Physicist.

**AND**

Yes. Completed 1 year of full-time work experience in medical physics (for areas identified below) under the supervision of **Clifford W. Richter, Ph.D.** who meets the requirements for an Authorized Medical Physicist.

NRC FORM 313A (AMP)  
(3-2009)

U.S. NUCLEAR REGULATORY COMMISSION

## AUTHORIZED MEDICAL PHYSICIST TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

## 3. Education, Training, and Experience for Proposed Authorized Medical Physicist (continued)

## b. Supervised Full-Time Medical Physics Training and Work Experience (continued)

If more than one supervising individual is necessary to document supervised training, provide multiple copies of this page.

Description of Training/ Experience	Location of Training/License or Permit Number of Training Facility/Medical Devices Used+	Dates of Training*	Dates of Work Experience*
Medical Physics	Ellis fischel Cancer Center Columbia, MO #24-00484-04 Linear Accelerator, Co-60 teletherapy	1976 - 1979	1986 - Present
Performing sealed source leak tests and inventories	Ellis fischel Cancer Center Columbia, MO #24-00484-04 Cs-137, Ir-192, I-125	1976 - 1979	1986 - Present
Performing decay corrections	Ellis fischel Cancer Center Columbia, MO #24-00484-04 Co-60 teletherapy, Cs-137, Ir-192	1976 - 1979	1986 - Present
Performing full calibration and periodic spot checks of external beam treatment unit(s)	Ellis fischel Cancer Center Columbia, MO #24-00484-04 Linear Accelerator, Co-60 teletherapy	1976 - 1979	1986 - Present
Performing full calibration and periodic spot checks of stereotactic radiosurgery unit(s)	N/A	N/A	N/A
Performing full calibration and periodic spot checks of remote afterloading unit(s)	N/A	N/A	N/A
Conducting radiation surveys around external beam treatment unit(s), stereotactic radiosurgery unit(s), remote after loading unit(s)	N/A	N/A	N/A

Supervising Individual\*\*

License/Permit Number listing supervising individual as an authorized Medical Physicist

Clifford W. Richter, Ph.D.

#24-00484-04

for the following types of use:

 Remote afterloader unit(s) Teletherapy unit(s) Gamma stereotactic radiosurgery unit(s)

+ Training and work experience must be conducted in clinical radiation facilities that provide high-energy external beam therapy (photons and electrons with energies greater than or equal to 1 million electron volts) and brachytherapy services.

\* 1 year of Full-time medical physics training and 1 year of full time work experience cannot be concurrent.

\*\* If the supervising medical physicist is not an authorized medical physicist, the licensee must submit evidence that the supervising medical physicist meets the training and experience requirements in 10 CFR 35.51 and 35.59 for the types of use for which the individual is seeking authorization.

**AUTHORIZED MEDICAL PHYSICIST TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)**

**3. Education, Training, and Experience for Proposed Authorized Medical Physicist (continued)**

c. Describe training provider and dates of training for each type of use for which authorization is sought.

Description of Training	Training Provider and Dates		
	Remote Afterloader	Teletherapy	Gamma Stereotactic Radiosurgery
Hands-on device operation	N/A	N/A	N/A
Safety procedures for the device use	N/A	N/A	N/A
Clinical use of the device	N/A	N/A	N/A
Treatment planning system operation	N/A	N/A	N/A

Supervising Individual

*If training is provided by Supervising Medical Physicist. (If more than one supervising individual is necessary to document supervised training, provide multiple copies of this page.)*

License/Permit Number listing supervising individual as an authorized Medical Physicist

N/A (See this page of 313(AMP) specific to Remote afterloader authorization request)

N/A (See this page of 313(AMP) specific to Remote afterloader authorization request)

for the following types of use:

Remote afterloader unit(s)    Teletherapy unit(s)    Gamma stereotactic radiosurgery unit(s)

*N/A on this form. See 312A (AMP) for Remote afterloader*

If Applicable:

Authorization Sought	Device	Training Provided By	Dates of Training
35.400 Ophthalmic Use of strontium-90			

d. Skip to and complete Part II Preceptor Attestation.



**AUTHORIZED MEDICAL PHYSICIST 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.

**First Section**

Check one of the following:

**1. Board Certification**

I attest that \_\_\_\_\_ has satisfactorily completed the requirements in  
Name of Proposed Authorized Medical Physicist  
10 CFR 35.51(a)(1) and (a)(2).

OR

**2. Education, Training, and Experience**

I attest that **Martin Richman, M.S.** has satisfactorily completed the 1-year of full-time  
Name of Proposed Authorized Medical Physicist  
training in medical physics and an additional year of full-time work experience as required by 10 CFR 35.51(b)(1).

AND

**Second Section**

Complete the following:

I attest that **Martin Richman, M.S.** has training for the types of use for which authorization  
Name of Proposed Authorized Medical Physicist  
is sought that include hands-on device operation, safety procedures, clinical use, and the operation of a treatment planning system.

AND

**Third Section**

Complete the following:

I attest that **Martin Richman, M.S.** has achieved a level of competency sufficient to  
Name of Proposed Authorized Medical Physicist  
function independently as an Authorized Medical Physicist for the following:

- 35.400 Ophthalmic use of strontium-90       35.600 Teletherapy unit(s)
- 35.600 Remote afterloader unit(s)       35.600 Gamma stereotactic radiosurgery unit(s)

AND

**Fourth Section**

Complete the following for preceptor attestation and signature:

I meet the requirements in 10 CFR 35.51, or equivalent Agreement State requirements for Authorized Medical Physicist for the following:

- 35.400 Ophthalmic use of strontium-90       35.600 Teletherapy unit(s)
- 35.600 Remote afterloader unit(s)       35.600 Gamma stereotactic radiosurgery unit(s)

Name of Preceptor

Ashoka Bhargava, M.S.

License/Permit Number/Facility Name

Signature

*Ashoka Bhargava*

Telephone Number

(816) 728-2144

Date

6/7/10

June 7, 2010

Fax # 630-515-1078

To: Colleen Casey  
From: Martin Richman

Here are revisions to the original 313A (AMP) faxed on June 5, 2010.

There are now two separate 313A (AMP) forms attached, plus a cover letter:

1. Cover letter
2. 313A (AMP) Remote afterloader
3. 313A (AMP) Other Medical Physics experience

Total pages, including this one: 10

Thanks,

Marty Richman

913-706-9200 (cell)  
816-346-7869 (fax)  
816-691-5343 (Radiation Oncology)