



100 East Idaho Street  
Boise, Idaho 83712-6223

# Fax

To: Colleen Murnahan Fax: 817 860 8263

From: Jeff Fairbanks

Date: Pages:

Fax: Phone:

Re:

Urgent  For Review  Please Comment  Please Reply  Please Recycle

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NOV 1 2010

DNMS



October 29, 2010

US Nuclear Regulatory Commission Region IV  
 Nuclear Materials Licensing Branch  
 611 Ryan Plaza Drive  
 Suite 400  
 Arlington, Texas 76011-8064  
 Fax: 817-860-8263

**RE: Amendment of License #11-27312-01**

Dear Colleen Murnahan:

I am requesting to add Michael Parish, M.S. as an authorized medical physicist for 10 CFR 35.600. I have included a copy of his diploma (Masters in Medical Physics) and Training Attestation (NRC Form 313A).

Please contact me at 208-381-3192 if you need anything else on this matter.

Sincerely,

Jefferson Fairbanks, PhD  
 Radiation Safety Officer

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NOV 1 2010

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100 E. Idaho Street  
 Boise, ID 83712  
 (208) 381-2711  
 (800) 845-4624 • (208) 381-2974 (fax)

1118 NW 16th Street, Suite D  
 Fruitland, ID 83619  
 (208) 452-7677  
 (800) 473-9618 • (208) 452-8681 (fax)

520 S. Eagle Road  
 Meridian, ID 83642  
 (208) 706-5651  
 (800) 473-0331 • (208) 706-5344 (fax)

308 E. Hawaii Avenue  
 Nampa, ID 83686  
 (208) 467-6700  
 (800) 553-6415 • (208) 463-6001 (fax)

656 Addison Avenue W  
 Twin Falls, ID 83301  
 (208) 737-2441  
 (800) 947-4852 • (208) 737-2864 (fax)

Thomas M. Beck, MD  
 Medical Director

Luana Lamkin  
 Administrator

Theodore A. Walters, MD  
 Research Director MSTI/MSTMRI

*Medical Hematology/Oncology*

Thomas M. Beck, MD  
 Norman Zuckerman, MD  
 Paul G. Montgomery, MD  
 William H. Kreisle, MD  
 Mary E. Gearn, MD  
 Larry Fiorentino, MD  
 Theodore A. Walters, MD  
 Jonathan N. Swerdloff, MD  
 Banu E. Symington, MD  
 Lisa Y. Law, MD  
 Richard Miranda, MD  
 Kathleen Clifford, FNP  
 Cheryl Mills, FNP  
 Linda Eriandson, FNP  
 Dorene Boydston, FNP

*Pediatric Hematology/Oncology*

Eugenia Chang, MD  
 Nicolas A. Camilo, MD  
 Marni Allen, FNP

*Radiation Oncology*

Charles E. Smith, MD  
 Ronald V. Dorn, III, MD  
 Sarah L. Bolender, MD  
 Stephen C. Smith, MD  
 Tonya L. Kuhn, MD  
 Colleen Lambert, FNP  
 Jerrimi Helmick, FNP

*Surgery*

John A. Lung, MD

*GYN Oncology*

Jerry Perez, MD

Radiation Oncology  
 Medical Hematology/Oncology  
 Blood and Bone Marrow Transplantation  
 Clinical Research  
 Psychosocial Support  
 Wound, Ostomy, Continence Nursing  
 Surgery  
 Stereotactic Radiosurgery  
 High Dose Rate Brachytherapy  
 Inpatient Oncology Services  
 Pediatric Oncology/Hematology  
 Hospice  
 Patient Guest Housing  
 Breast Cancer Detection Centers  
 Marrow Donor Center  
 Hemophilia  
 Integrative Medicine Program  
 Genetic Counseling  
 GYN Oncology  
 Mole Mapping

# UNIVERSITY OF KENTUCKY

Upon recommendation of the University Senate and approval of the Board of Trustees, the President of the University of Kentucky confers on

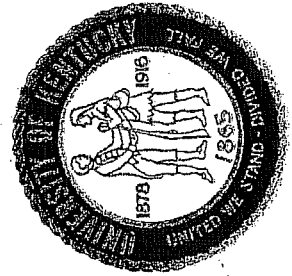
Michael Shane Parish

the degree of

Master of Science in Radiological Medical Physics  
Radiation Science

this sixth day of August, 2009

*Lee J. Ford, Jr.*  
President of the University  
*Mae Bell*  
Chancellor, Board of Trustees



*Jasmine Blackwell*  
Dean of College  
*Donald E. Witt*  
University Registrar

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NOV 1 2010

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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

Michael Parish

- 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.

NOV 1 2010

- 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.

DNMS

Degree	Major Field
M.S.	Radiological Medical Physics
College or University	
University of Kentucky	

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 Ali Meigooni Ph.D./Jefferson Fairbanks 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 Jefferson Fairbanks 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	University of Kentucky 202-049-22 HDR	May 2008 - Nov 2008	
Performing sealed source leak tests and inventories	Same	Same	
Performing decay corrections	Same	Same	
Performing full calibration and periodic spot checks of external beam treatment unit(s)	—	—	
Performing full calibration and periodic spot checks of stereotactic radiosurgery unit(s)	—	—	
Performing full calibration and periodic spot checks of remote afterloading unit(s)	Same	Same	
Conducting radiation surveys around external beam treatment unit(s), stereotactic radiosurgery unit(s), remote after loading unit(s)	Same	Same	

Supervising Individual\*\* *Al. S. Meigooni, PhD*  
*AS. Meigooni* *DABR*

License/Permit Number listing supervising individual as an authorized Medical Physicist  
*202-049-22*  
*Amendment T9*

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.

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)**

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	University of Kentucky May 2008 - Nov 2008		
Safety procedures for the device use	same		
Clinical use of the device	same		
Treatment planning system operation	same		

Supervising Individual : License/Permit Number listing supervising individual as an authorized Medical Physicist  
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.) **Al. S. Meigooni, Ph.D., DABR** : **202-049-22**

**Al-S. Meigooni** : **Amendment 79**

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.

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

U.S. NUCLEAR REGULATORY COMMISSION

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

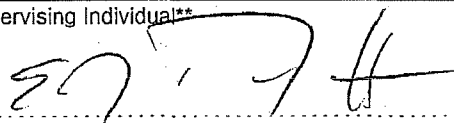
**3. Education, Training, and Experience for Proposed Authorized Medical Physicist (continued)**

**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	St. Luke's Regional Medical Center 11-27312-01 HDR	6/2009- 10/2009	11/2009- 10/2010
Performing sealed source leak tests and inventories	same	same	same
Performing decay corrections	same	same	same
Performing full calibration and periodic spot checks of external beam treatment unit(s)	—	—	—
Performing full calibration and periodic spot checks of stereotactic radiosurgery unit(s)	—	—	—
Performing full calibration and periodic spot checks of remote afterloading unit(s)	same	same	same
Conducting radiation surveys around external beam treatment unit(s), stereotactic radiosurgery unit(s), remote after loading unit(s)	same	same	same

Supervising Individual\*\*



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

11-27312-01

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.

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)**

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	St. Luke's Regional Medical Center 6/2009 - 10/2010		
Safety procedures for the device use	same		
Clinical use of the device	same		
Treatment planning system operation	same		

Supervising Individual: *[Signature]* License/Permit Number listing supervising individual as an authorized Medical Physicist: 11-27312-01  
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.)

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.



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

U.S. NUCLEAR REGULATORY COMMISSION

**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 Michael Parish 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 Michael Parish 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 Michael Parish has achieved a level of competency sufficient to function independently as an Authorized Medical Physicist for the following:  
Name of Proposed Authorized Medical Physicist

- 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>Jefferson Fairbanks</u>	Signature 	Telephone Number <u>208-381-3192</u>	Date <u>10/29/10</u>
License/Permit Number/Facility Name <u>11-27312-01</u>			

BETWEEN:

Accounts Receivable/Payable  
and  
Regional Licensing Branches

[ FOR ARPB USE ]  
INFORMATION FROM LTS

Program Code:  
Status Code: Pending-New *Pending*  
Fee Category: *Amendment*  
Exp. Date:  
Fee Comments:  
Decom Fin Assur Req: N

### License Fee Worksheet - License Fee Transmittal

#### A. REGION

##### 1. APPLICATION ATTACHED

Applicant/Licensee: ST. LUKE'S REGIONAL MEDICAL CENTER  
Received Date: 11/18/2010  
Docket Number: 3038368  
Mail Control Number: 573540  
License Number: 11-27312-01  
Action Type: Amendment

##### 2. FEE ATTACHED

Amount: \_\_\_\_\_

Check No.: \_\_\_\_\_

##### 3. COMMENTS

Signed: Colleen Murnahan

Date: 11-18-2010

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

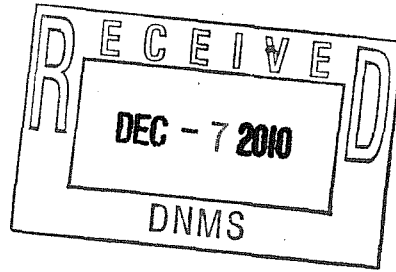
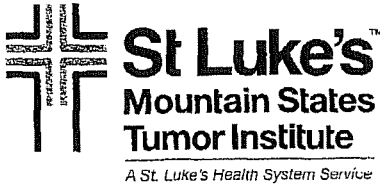
License: \_\_\_\_\_

3. OTHER \_\_\_\_\_

\_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_



October 29, 2010

US Nuclear Regulatory Commission Region IV  
Nuclear Materials Licensing Branch  
611 Ryan Plaza Drive  
Suite 400  
Arlington, Texas 76011-8064  
Fax: 817-860-8263

**RE: Amendment of License #11-27312-01**

Dear Colleen Murnahan:

I am requesting to add Michael Parish, M.S. as an authorized medical physicist for 10 CFR 35.600. I have included a copy of his diploma (Masters in Medical Physics) and Training Attestation (NRC Form 313A).

Please contact me at 208-381-3192 if you need anything else on this matter.

Sincerely,

Jefferson Fairbanks, PhD  
Radiation Safety Officer

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Hospice  
Patient Guest Housing  
Breast Cancer Detection Centers  
Marrow Donor Center  
Hemophilia  
Integrative Medicine Program  
Genetic Counseling  
GYN Oncology  
Mole Mapping

# University of Kentucky

Upon recommendation of the University Senate and approval of the Board of Trustees, the President of the University of Kentucky

confers on

Michael Shane Parish

the degree of

Master of Science in Radiological Medical Physics  
Radiation Science

this sixth day of August, 2009

*Lee J. Ford, Jr.*  
President of the University

*Miss Bell*  
Secretary, Board of Trustees



*Jasmine Blackwell*  
Dean of College

*Donald E. Witt*  
University Registrar

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

Name of Proposed Authorized Medical Physicist  
Michael Parish

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**
  - 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 <u>M.S.</u>	Major Field <u>Radiological Medical Physics</u>
College or University <u>University of Kentucky</u>	

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 Ali Meigooni Ph.D./Jefferson who meets the requirements for an Authorized Medical Physicist. Fairbanks Ph.D.

**AND**

Yes. Completed 1 year of full-time work experience in medical physics (for areas identified below) under the supervision of Jefferson Fairbanks 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	University of Kentucky 202-049-22 HDR	May 2008 - Nov 2008	
Performing sealed source leak tests and inventories	Same	same	
Performing decay corrections	Same	same	
Performing full calibration and periodic spot checks of external beam treatment unit(s)	—	—	
Performing full calibration and periodic spot checks of stereotactic radiosurgery unit(s)	—	—	
Performing full calibration and periodic spot checks of remote afterloading unit(s)	same	same	
Conducting radiation surveys around external beam treatment unit(s), stereotactic radiosurgery unit(s), remote after loading unit(s)	same	same	

Supervising Individual\*\* *Al. S. Meigoon, PhD*  
*AS. Meigoon* DABR

License/Permit Number listing supervising individual as an authorized Medical Physicist  
*202-049-22*  
*Amendment T.9*

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.

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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)**

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	University of Kentucky May 2008 - Nov 2008		
Safety procedures for the device use.	Same		
Clinical use of the device	Same		
Treatment planning system operation	Same		

Supervising Individual: License/Permit Number listing supervising individual as an authorized Medical Physicist  
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.) **Al. S. Meigsom, Ph.D., DABR** 202-049-22

**Al. S. Meigsom** Amendment 79

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.

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	St. Luke's Regional Medical Center 11-27312-01 HDR	6/2009- 10/2009	11/2009- 10/2010
Performing sealed source leak tests and inventories	same	same	same
Performing decay corrections	same	same	same
Performing full calibration and periodic spot checks of external beam treatment unit(s)	—	—	—
Performing full calibration and periodic spot checks of stereotactic radiosurgery unit(s)	—	—	—
Performing full calibration and periodic spot checks of remote afterloading unit(s)	same	same	same
Conducting radiation surveys around external beam treatment unit(s), stereotactic radiosurgery unit(s), remote after loading unit(s)	same	same	same

Supervising Individual\*\*  


License/Permit Number listing supervising individual as an authorized Medical Physicist  
11-27312-01

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.



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)**

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	St. Luke's Regional Medical Center 6/2009 - 10/2010		
Safety procedures for the device use	Same		
Clinical use of the device	Same		
Treatment planning system operation	Same		

Supervising Individual: License/Permit Number listing supervising individual as an authorized Medical Physicist  
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.)  
 11-27312-01

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.

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

U.S. NUCLEAR REGULATORY COMMISSION

**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 Michael Parish 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 Michael Parish 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 Michael Parish 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 <u>Jefferson Fairbanks</u>	Signature 	Telephone Number <u>208-381-3192</u>	Date <u>10/29/10</u>
License/Permit Number/Facility Name <u>11-27312-01</u>			



100 East Idaho Street  
Boise, Idaho 83712-6223

RECEIVED

DEC 13 2010

DNMS

# Fax

### CONFIDENTIALITY NOTICE

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To: Michelle Simmons Fax: 817 860 8263

From: Jeff Fairbanks

Date: 12/13/10 Pages:

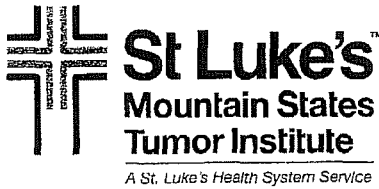
Fax: Phone: 208 381 3192

Re:

- Urgent
- For Review
- Please Comment
- Please Reply
- Please Recycle

Please expedite. This is the second request for this amendment.

Thank you



RECEIVED

DEC 13 2010

DNMS

**PLEASE EXPEDITE THIS REQUEST**

December 13, 2010

US Nuclear Regulatory Commission Region IV  
 Nuclear Materials Licensing Branch  
 611 Ryan Plaza Drive  
 Suite 400  
 Arlington, Texas 76011-8064  
 Fax: 817-860-8263

**RE: Amendment of License #11-27312-01**

Dear Colleen Murnahan:

I am requesting to add Michael Parish, M.S. as an authorized medical physicist for 10 CFR 35.600. I have included a copy of his diploma (Masters in Medical Physics) and Training Attestation (NRC Form 313A).

Please contact me at 208-381-3192 if you need anything else on this matter.

Sincerely,

Jefferson Fairbanks, PhD  
 Radiation Safety Officer

100 E. Idaho Street  
 Boise, ID 83712  
 (208) 381-2711  
 (800) 845-4624 • (208) 381-2974 (fax)

1118 NW 16th Street, Suite D  
 Fruitland, ID 83619  
 (208) 452-7677  
 (800) 473-9618 • (208) 452-8681 (fax)

520 S. Eagle Road  
 Meridian, ID 83642  
 (208) 706-5651  
 (800) 473-0331 • (208) 706-5344 (fax)

308 E. Hawaii Avenue  
 Nampa, ID 83686  
 (208) 467-6700  
 (800) 553-6415 • (208) 463-6001 (fax)

656 Addison Avenue W  
 Twin Falls, ID 83301  
 (208) 737-2441  
 (800) 947-4852 • (208) 737-2864 (fax)

Thomas M. Beck, MD  
 Medical Director

Luana Lamkin  
 Administrator

Theodore A. Walters, MD  
 Research Director MSTI/MSTMRI

*Medical Hematology/Oncology*  
 Thomas M. Beck, MD  
 Norman Zuckerman, MD  
 Paul C. Montgomery, MD  
 William H. Krelsle, MD  
 Mary E. Gearn, MD  
 Larry Fiorentino, MD  
 Theodore A. Walters, MD  
 Jonathan N. Swerdlow, MD  
 Banu E. Symington, MD  
 Lisa Y. Law, MD  
 Richard Miranda, MD  
 Kathleen Clifford, FNP  
 Cheryl Mills, FNP  
 Linda Erlandson, FNP  
 Dorene Boydston, FNP

*Pediatric Hematology/Oncology*  
 Eugenia Chang, MD  
 Nicolas A. Camlin, MD  
 Marni Allen, FNP

*Radiation Oncology*  
 Charles E. Smith, MD  
 Ronald V. Dorri, III, MD  
 Sarah L. Bolender, MD  
 Stephen C. Smith, MD  
 Tonya L. Kuhn, MD  
 Colleen Lambert, FNP  
 Jeremi Helmick, FNP

*Surgery*  
 John A. Lung, MD

*GYN Oncology*  
 Jerry Perez, MD

Radiation Oncology  
 Medical Hematology/Oncology  
 Blood and Bone Marrow Transplantation  
 Clinical Research  
 Psychosocial Support  
 Wound, Ostomy, Continence Nursing  
 Surgery  
 Stereotactic Radiosurgery  
 High Dose Rate Brachytherapy  
 Inpatient Oncology Services  
 Pediatric Oncology/Hematology  
 Hospice  
 Patient Guest Housing  
 Breast Cancer Detection Centers  
 Marrow Donor Center  
 Hemophilia  
 Integrative Medicine Program  
 Genetic Counseling  
 GYN Oncology  
 Mole Mapping

# University of Kentucky

Upon recommendation of the University Senate and approval of the Board of Trustees, the President of the University of Kentucky

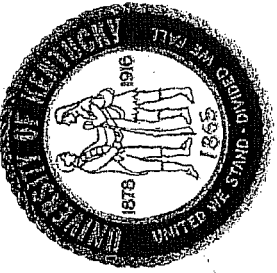
confers on

Michael Shane Parish

the degree of

Master of Science in Radiological Medical Physics  
Radiation Science

this sixth day of August, 2009



*Lee J. Jewell, Jr.*  
President of the University

*Miss Bell*  
Chairman, Board of Trustees

*Jammine Blackwell*  
Dean of College

*Donald E. Witt*  
University Registrar

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

Name of Proposed Authorized Medical Physicist  
*Michael Parish*

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**
  - 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 <i>M.S.</i>	Major Field <i>Radiological Medical Physics</i>
College or University <i>University of Kentucky</i>	

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 Ali Meigooni Ph.D./Jefferson who meets the requirements for an Authorized Medical Physicist. Fairbanks Ph.D.

**AND**

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

NRC FORM 313A (AMP)  
(3-2008)

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	University of Kentucky 202-049-22 HAR	May 2008 - Nov 2008	
Performing sealed source leak tests and inventories	Same	same	
Performing decay corrections	Same	same	
Performing full calibration and periodic spot checks of external beam treatment unit(s)	—	—	
Performing full calibration and periodic spot checks of stereotactic radiosurgery unit(s)	—	—	
Performing full calibration and periodic spot checks of remote afterloading unit(s)	same	same	
Conducting radiation surveys around external beam treatment unit(s), stereotactic radiosurgery unit(s), remote after loading unit(s)	Same	same	

Supervising Individual\*\* *Al. S. Meigooni, PhD, DABR*  
*AOS. Meigooni*  
 License/Permit Number listing supervising individual as an authorized Medical Physicist  
*202-049-22*  
*Amendment 79*

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.

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)**

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	University of Kentucky May 2008 - Nov 2008		
Safety procedures for the device use	same		
Clinical use of the device	same		
Treatment planning system operation	same		

Supervising Individual License/Permit Number listing supervising individual as an authorized Medical Physicist  
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.) **AR.S. Meigooni, Ph.D., DABR** 202-049-22

**AR.S. Meigooni** Amendment 79

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.



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

U.S. NUCLEAR REGULATORY COMMISSION

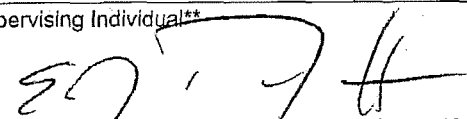
**AUTHORIZED MEDICAL PHYSICIST TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)**

**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	St. Luke's Regional Medical Center 11-27312-01 HDR	6/2009- 10/2009	11/2009- 10/2010
Performing sealed source leak tests and inventories	same	same	same
Performing decay corrections	same	same	same
Performing full calibration and periodic spot checks of external beam treatment unit(s)	—	—	—
Performing full calibration and periodic spot checks of stereotactic radiosurgery unit(s)	—	—	—
Performing full calibration and periodic spot checks of remote afterloading unit(s)	same	same	same
Conducting radiation surveys around external beam treatment unit(s), stereotactic radiosurgery unit(s), remote after loading unit(s)	same	same	same

Supervising Individual\*\*  


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

11-27312-01

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.

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)**

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	St. Luke's Regional Medical Center 6/2009 - 10/2010		
Safety procedures for the device use	same		
Clinical use of the device	same		
Treatment planning system operation	same		

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

*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.)*

*EA TH*

11-27312-01

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.

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

U.S. NUCLEAR REGULATORY COMMISSION

**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 Michael Parish 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 Michael Parish 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 Michael Parish 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 Remote afterloader unit(s)
- 35.600 Teletherapy 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 Remote afterloader unit(s)
- 35.600 Teletherapy unit(s)
- 35.600 Gamma stereotactic radiosurgery unit(s)

Name of Preceptor <u>Jefferson Fairbanks</u>	Signature 	Telephone Number <u>208-381-3192</u>	Date <u>10/29/10</u>
License/Permit Number/Facility Name <u>11-27312-01</u>			