

100 East Idaho Street Boise, Idaho 83712-6223

3812707

# Fax

To:	Colleen Morrahan Fax: 817860 8263
From:	Jeff Fairbanks
Date:	Pages:
Fax:	Phone:
Re:	
□ Urg	ent Por Review 🏻 Please Comment 🗖 Please Reply 🗀 Please Recycle

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NOV 1 2010

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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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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 (tax)

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. Kreiste, MD
Mary E. Gearn, MD
Lary Fiorentino, MD
Theodore A. Walters, MD
Jonathan N. Swerclloff, MD
Banu E. Symington, MD
Lisa Y. Ław, MD
Richard Miranda, MD
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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 Hadiosurgery 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

approval of the Avard of Trustees, the President of the University of Kentucky

confers on

Michael Shane Parish

the degree of

Upon recommendation of the University Senate and

1 2010 NOA

DNMS

Master of Science in Radiological Medical Physics

this sixth day of August, 2009

Radiation Science

3 5 4 0

111.01.01.01.01.01.01	EAR REGULATORY COMMISSION	
(3-2009) AUTHORIZED MEDICAL PHYSICIST TRAININ AND PRECEPTOR ATTESTA [10 CFR 35.51]		APPROVED BY OMB: NO. 3150-0120 EXPIRES: 3/31/2012
Name of Proposed Authorized Medical Physicist  Michael Parish	·	Menter and Management and American State of the Company of the Com
Requested Authorization(s) (check all that apply)  35.400 Ophthalmic use of stron  35.600 Remote afterloader unit		apy unit(s) stereotactic radiosurgery unit(s)
	G AND EXPERIENCE hree methods below)	
*Training and Experience, including Board Certification, mudate of application or the individual must have obtained rela required training and experience was completed. Provide d and experience related to the uses checked above.	st have been obtained within the tended to t	experience since the
Board Certification     Provide a copy of the board certification.		DNAS
<ul> <li>b. Go to the table in 3.c. and describe training provider authorization is sought.</li> </ul>	r and dates of training for eacl	
c. Skip to and complete Part II Preceptor Attestation.	1	
2. Current Authorized Medical Physicist Seeking A	dditional Authorization for u	se(s) checked above
a. Go to the table in section 3.c. to document training f	or new device.	
b. Skip to and complete Part II Preceptor Attestation		
3. Education, Training, and Experience for Propose	d Authorized Medical Physi	<u>cist</u>
<ul> <li>Education: Document master's or doctor's degree in engineering, or applied mathematics from an accrea</li> </ul>		her physical science,
Degree	Major Field	, N
M.S.	Radiological Med	ical Physics
University of Kentucky	, ,	
<ul> <li>Supervised Full-Time Medical Physics Training and high-energy external beam therapy (photons and el electron volts) and brachytherapy services.</li> </ul>		
Yes. Completed 1 year of full-time training in mosupervision of Ali Meigooni Ph. L. Jefferson  Authorized Medical Physicist. Fair ban		
A	ND	
Yes. Completed 1 year of full-time work experie under the supervision of		

b. Supervised Full-Time Medical F	nce for Proposed Authorized Medical Physical Physical Physics Physics Training and Work Experience (continued dividual is necessary to document supervised training the supervised training to the supervised training training the supervised training trainin	(k	ultiple copie
this page.		1	4
Description of Training/ Experience	Location of Training/License or Permit Number of Training Facility/Medical Devices Used+	Dates of Training*	Dates of W Experience
Medical Physics	University of Kentuckey 202-049-22 HDR	May 2008 - Nov 2008	
Performing sealed source leak tests and inventories	Some	same	
Performing decay corrections	Same	same	
Performing full calibration and periodic spot checks of external beam treatment unit(s)	1. The second	:	
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. 8. A	License/Permit Number listing authorized Medical Physicist 202-049-22 Amendment 79		ividual as an
for the following types of use:			
Remote afterloader unit(s)	Teletherapy unit(s) Gamma s	stereotactic radio	osurgery uni
+ Training and work experience must be o	conducted in clinical radiation facilities that provide high-energ	gy external beam the	erapy (photons

ducation, Trainir	ng, and Experie	nce for Proposed	Authorized Medical I	Physicist (cor	ntinued)	
c. Describe trainin	g provider and d	ates of training for	each type of use for w	hich authorizat	ion is sought.	
Description of Training		Training Provider and Dates				
	Remote A	fterloader	Teletherapy		Gamma Stereotactic Radiosurgery	
Hands-on device operation	University of May 2008 -	of Kentucky Nov 2008				
Safety procedures or the device use	same.					
Clinical use of the levice	same					
reatment planning ystem operation	same		· .			
Λ	ising Medical Physicist, (if in meni supervised training, profile (1997); (if it is supervised training, profile (1997)	nore than one supervising at ovide multiple copies of Ph. D. カカらん	icense/Permit Number lis uthorized Medical Physici 202-049-2 Amendment 40 unit(s) Ga	est 2.2.	individual as an	
f Applicable:						
Authorization S	ought	Device	Training Prov	vided By	Dates of Training	
35.400 Ophthalmic of strontium-90	Use					

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/	Location of Training/License or Permit Number	Dates of	Dates of Work
Experience	of Training Facility/Medical Devices Used+	Training*	Experience*
	St. Luke's Regional Medical Center	6/2009-	11/2009-
Medical Physics	11-27312-01	10/2009	10/2010
	HDR		10 / -
Performing sealed source leak tests and inventories	same	same	Same
	same	same	Same
Performing decay corrections		:	
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 authorized Medical Physicist		vidual as an
71/	11-27312	-01	
for the following types of use:			
Remote afterloader unit(s)	Teletherapy unit(s) Gamma st	ereotactic radio	surgery unit(s)
	onducled in clinical radiation facilities that provide high-energy qual to 1 million electron volts) and brachytherapy services.	external beam the	rapy (photons and

\* 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) 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 Training Provider and Dates of Training Gamma Stereotactic Remote Afterloader Teletherapy Radiosurgery St. Luke's Regional Medical Center Hands-on device operation 6/2009 - 10/2010 Same Safety procedures for the device use Same Clinical use of the device Same Treatment planning system operation Supervising Individual License/Permit Number listing supervising individual as an 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.

	U.S. NUCLEAR REGULATORY COMMISSION
NRC FORM 313A (AMP) (3-2009)	
	EXPERIENCE AND PRECEPTOR ATTESTATION (continued
Note: This part must be completed by the individual's p individual as long as the preceptor provides, dire	receptor. The preceptor does not have to be the supervising cts, or verifies training and experience required. If more than noc, 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 Ph 10 CFR 35.51(a)(1) and (a)(2).	· · · · · · · · · · · · · · · · · · ·
(0.01) (0.01) (0.01)	OR
2. Education, Training, and Experience	
I attest that Michael Parish Name of Proposed Authorized Medical Pr	•
training in medical physics and an additional 35.51(b)(1).	year of full-time work experience as required by 10 CFR
	AND
Second Section Complete the following:	
Michael Parish  Name of Proposed Authorized Medical Pr	has training for the types of use for which authorization
is sought that include hands-on device opera treatment planning system.	tion, safety procedures, clinical use, and the operation of a
- 20 但是我们是是是是是是有人的人们的是是是是是是是是	AND
Third Section Complete the following:	
Tattest that Michael Parish Name of Proposed Authorized Medical Pr	has achieved a level of competency sufficient to
function independently as an Authorized Med	• .
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)
Fourth Section  Complete the following for preceptor attestation and	
Tmeet the requirements in 10 CFR 35.51, or Medical Physicist for the following:	equivalent Agreement State requirements for Authorized
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 Signature  Jefferson Fairbanks	Telephone Number Date 208 - 38   - 3192   10   29   10
License/Permit Number/Facility Name  11 - 2 7312 - 91	

# INFORMATION FROM LTS Accounts Receivable/Payable Program Code: and Status Code: Pending-New-Pending Regional Licensing Branches Fee Category: Exp. Date: Fee Comments: Decom Fin Assur Regd: License Fee Worksheet - License Fee Transmittal A. REGION 1. APPLICATION ATTACHED ST. LUKE'S REGIONAL MEDICAL CENTER Applicant/Licensee: Received Date: 11/18/2010 Docket Number: 3038368 573540 Mail Control Number: 11-27312-01 License Number: Action Type: Amendment 2. FEE ATTACHED Amount: Check No.: 3. COMMENTS Colleen Murnehan Signed: 11-18-2010 Date: 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

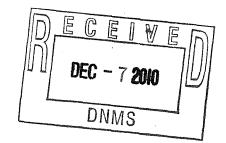
BETWEEN:

[FOR ARPB USE]

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

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Lary Florentino, 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 Erlandson, FNP
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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, Ostorny, Continence Nursing Surgery Stereotectic 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 Oncolnay Mole Mapping



# Michael Shane Parish

the degree of

Master of Science in Radiological Medical Physics Radiation Science

this sixth day of August, 2009







		The state of the s
NRC FORM 313A (AMP) U.S. NUCL (3-2009)	EAR REGULATORY COMMISSION	
AUTHORIZED MEDICAL PHYSICIST TRAININ AND PRECEPTOR ATTESTA [10 CFR 35.51]		APPROVED BY OMB: NO. 3150-0120 EXPIRES: 3/31/2012
Name of Proposed Authorized Medical Physicist		and the state of t
Michael Parish	Control of the way of the control of	
Requested 35.400 Ophthalmic use of stror	ntium-90 35.600 Telethera	apy unit(s)
Authorization(s) Solution (check all that apply) Solution 35.600 Remote afterloader unit	(s). 35.600 Gamma s	stereotactic radiosurgery unit(s)
* * * * * * * * * * * * * * * * * * * *	G AND EXPERIENCE three methods below)	
*Training and Experience, including Board Certification, mu date of application or the individual must have obtained rela required training and experience was completed. Provide of and experience related to the uses checked above.	ited continuing education and	experience since the
1. Board Certification		
<ul> <li>a. Provide a copy of the board certification.</li> </ul>		
<ul> <li>b. Go to the table in 3.c. and describe training provide authorization is sought.</li> </ul>	r and dates of training for eacl	າ type of use for which
c. Skip to and complete Part II Preceptor Attestation.		•
2. Current Authorized Medical Physicist Seeking A	dditional Authorization for u	se(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 Propos	ed Authorized Medical Physi	<u>cist</u>
Education: Document master's or doctor's degree engineering, or applied mathematics from an accre	in physics, medical physics, ot dited college or university.	her physical science,
Degree	Major Field	. , ()
M.S.	Radiological Med	ical Physics
College or University		
University of Kentuckey		
<ul> <li>b. Supervised Full-Time Medical Physics Training and high-energy external beam therapy (photons and e electron volts) and brachytherapy services.</li> </ul>		
Yes. Completed 1 year of full-time training in m		
supervision of Ali Meigooni Ph.D./Jefferson  Authorized Medical Physicist.  Fair but	who meets the requi	rements for an
<i>,</i>	AND	
Yes. Completed 1 year of full-time work experious of Jefferson Fair an Authorized Medical Physicist.		

authorization.

) [HORIZED MEDICAL PHYSICIST	U.S. N. TRAINING AND EXPERIENCE AND PRECEPTO		TORY COMMISSION TION (continued)
	nce for Proposed Authorized Medical Physicis	Same Salar State (Salar Salar Sa	
	Physics Training and Work Experience (continued		
If more than one supervising inc this page.	dividual is necessary to document supervised train	ning, provide m	ultiple copies of
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	Some	same	
Performing decay corrections	Same	same_	
·			
Performing full calibration and			
periodic spot checks of external beam treatment unit(s)			
periodic spot checks of external beam treatment unit(s)  Performing full calibration and periodic spot checks of stereotactic radiosurgery unit(s)		A	
beam treatment unit(s)  Performing full calibration and periodic spot checks of		same_	
Performing full calibration and periodic spot checks of stereotactic radiosurgery unit(s)  Performing full calibration and periodic spot checks of remote	same.	_	
Performing full calibration and periodic spot checks of stereotactic radiosurgery unit(s)  Performing full calibration and periodic spot checks of remote afterloading unit(s)  Conducting radiation surveys around external beam treatment unit(s), stereotactic radiosurgery	Same  Same  License/Permit Number listing authorized Medical Physicist	same_	ividual as an
Performing full calibration and periodic spot checks of stereotactic radiosurgery unit(s)  Performing full calibration and periodic spot checks of remote afterloading unit(s)  Conducting radiation surveys around external beam treatment unit(s), stereotactic radiosurgery unit(s), remote after loading unit(s)	same.	same_	ividual as an
Performing full calibration and periodic spot checks of stereotactic radiosurgery unit(s)  Performing full calibration and periodic spot checks of remote afterloading unit(s)  Conducting radiation surveys around external beam treatment unit(s), stereotactic radiosurgery unit(s), remote after loading unit(s)  Supervising Individual**  Al. S. H.	Same  Same  License/Permit Number listing authorized Medical Physicist 202-049-22 Amendment 79	same_	ividual as an
Performing full calibration and periodic spot checks of stereotactic radiosurgery unit(s)  Performing full calibration and periodic spot checks of remote afterloading unit(s)  Conducting radiation surveys around external beam treatment unit(s), stereotactic radiosurgery unit(s), remote after loading unit(s)  Supervising Individual**  Al. S. I	Same  Same  License/Permit Number listing authorized Medical Physicist 202-049-22 Amendment 79	same_supervising ind	osurgery unit(s)

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ORM 313A (AMP) HORIZED MEDICA	L PHYSICIST T	RAINING AND I	EXPERIENCE AND PRECE	PTOR ATT	ESTATION (continu	
			d Authorized Medical Phys			
		provider and dates of training for each type of use for which authorization is sought.				
Description of Training		·	Training Provider and Date	s		
	Remole Af	terloader	Teletherapy	(	Gamma Stereotactic Radiosurgery	
dands-on device operation	University of May 2008 -	f Kentucky Nov 2008				
Safety procedures for the device use	some_					
Clinical use of the device	same					
Treatment planning system operation	same_					
Supervising Individual It training is provided by Superindividual is necessary to doct this page.) AR. S. F.	rvising Medical Physicist, (If ument supervised training, p イピマック・	i more than one supervising trovide multiple copies of Ph. D., DAB	License/Permit Number listing authorized Medical Physicist 202-049-22 Amendment 79	supervising	individual as an	
for the following ty  Remote afterlo	pes of use:	.,	<u>.i</u>	ma stereot	actic radiosurgery un	
If Applicable:						
Authorization	Sought	Device	Training Provid	ed By	Dates of Traini	
35.400 Ophthalm of strontium-90	ic Use					

NRC	<b>FORM</b>	313A	(AMP)

U.S. NUCLEAR REGULATORY COMMISSION

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

					/ !!
3.	Education, Training, and	d Experience for Pro	<u>oposed Authorized</u>	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

Description of Training/ Experience	Location of Training/License or Permit Number of Training Facility/Medical Devices Used+	Dates of Training*	Dates of Worl Experience*
	St. Luke's Regional Medical Center	6/2009-	11/2009-
Medical Physics	11-27312-01	10/2009	10/2010
	NAH	,	10/2010
Performing sealed source leak ests and inventories	same	same	same
Performing decay corrections	same	same	Same
Performing full calibration and periodic spot checks of external peam 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 authorized Medical Physicist		ívidual as an
for the following types of use:	. <del></del>		
Remote afterloader unit(s)	Teletherapy unit(s) Gamma s	tereotactic radi	iosuraerv unit(s

- 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.

ducation, Trainin	g, and Experien	ce for Proposed	d Authorized Medical Phy	rsicist (cont	inued)
. Describe training	g provider and da	ites of training for	r each type of use for which	n authorizatio	on is sought.
Description of Training			Training Provider and Date	es	
	Remote Aff	terloader	Teletherapy	G	amma Stereotactic Radiosurgery
Hands-on device operation	St. Luke's Rec Medical C 6/2009 - 10	gional enter 0/2010			
Safety procedures or the device use	sane_				
Clinical use of the device	Same				
Treatment planning system operation	same				
Supervising Individual of training is provided by Supervising Individual is necessary to documents page.)  For the following type	ising Medical Physicist, (If m nent supervised training, pro	iore than one supervising ' .	License/Permit Number listing authorized Medical Physicist	supervising in	
Remote afterloa	•	Teletherapy	/ unit(s) Gamr	ma stereotad	tic radiosurgery un
f Applicable:					
Authorization S	ought	Device	Training Provide	ed By	Dates of Trainin
35.400 Ophthalmic of strontium-90	Use				

NRC FORM 313A (AMP)	U.S. NUCLEAR REGULATORY COMMISSION
(3-2009) AUTHORIZED MEDICAL PHYSICIS	T TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)
	PART II - PRECEPTOR ATTESTATION
individual as long as the pred	by the individual's preceptor. The preceptor does not have to be the supervising eptor provides, directs, or verifies training and experience required. If more than a 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 Prop 10 CFR 35.51(a)(1) and (	a)(2).
	OR
2. Education, Training, and	
I attest that Michael Name of Prop	has satisfactorily completed the 1-year of full-time
training in medical physic 35.51(b)(1).	s and an additional year of full-time work experience as required by 10 CFR
	· · · · · · · · · · · · · · · · · · ·
Second Section	AND
Complete the following:	
I attest that Micha	has training for the types of use for which authorization
	ds-on device operation, safety procedures, clinical use, and the operation of a
	AND
Third Section Complete the following:	· · · · · · · · · · · · · · · · · · ·
Tattest that Michael	has achieved a level of competency sufficient to
9	an Authorized Medical Physicist for the following:
35.400 Ophthalmic u	DE 000 T   1/2
35.600 Remote after	
Fourth Section	AND
Complete the following for precept	or attestation and signature:
I meet the requirements i Medical Physicist for the	n 10 CFR 35.51, or equivalent Agreement State requirements for Authorized following:
35.400 Ophthalmic u	se of strontium-90 35.600 Teletherapy unit(s)
≥ 35.600 Remote after	oader unit(s) 35.600 Gamma stereotactic radiosurgery unit(s)
Name of Preceptor  Vefferson Fairbanks License/Permit Number/Facility Name	Signature
11-2731	4 - 01



100 East Idaho Street Boise, Idaho 83712-6223 REJEVED

THEC 11 2 2010

Fax

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Front		-banks		
Date:	(12)(3)(	O Page:	<b>51</b>	
Faxi		Phone	z 208	381 3192
Re:				
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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 (tax)

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
Ihomas M. Beck, MD
Norman Zuckerman, MD
Paul C. Montgomery, MD
William H. Krelsle, MD
Mary E. Gearn, MD
Lary Florentino, MD
Theodore A. Walters, MD
Jonathan N. Swerdlott, MD
Banu E. Symington, MD
Lisa Y. Law, MD
Richard Miranda, MD
Kathlean Ciliford, FNP
Cheryl Mills, FNP
Linda Erlandson, FNP
Dorene Boydston, FNP

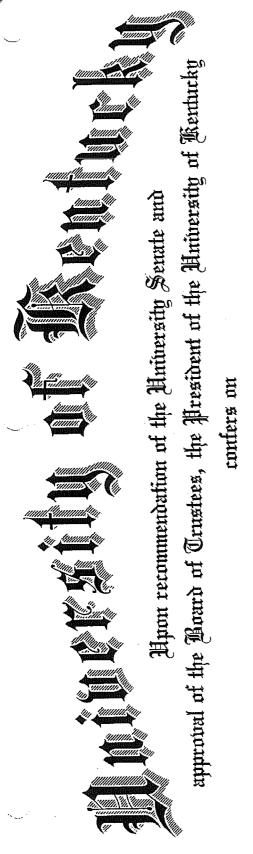
Pediatric I Iematology/Oncology Eugenia Chang, MD Nicolas A. Camilo, MD Marni Allen, FNP

Radiation Oncology Charles E. Smith, MD Honaid V. Dorn, III, MD Sarah L. Bolender, MD Stephen C. Smith, MD Tonya L. Kuhn, MD Colleen Lambertz, 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
Integrativa Medicine Program
Genetic Counseling
GYN Oncology
Mole Mapping



# Michael Shane Parish

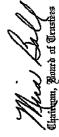
the degree of

Muster of Science in Radiological Medical Physics

Radiation Science

this sixth day of August, 2009







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Danald E. With

PAGE

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NRC FORM 313A (AMP) U.S. NUCLI (3-2009)	AR REGULATORY COMMISSION	
AUTHORIZED MEDICAL PHYSICIST TRAININ AND PRECEPTOR ATTESTA [10 CFR 35.51]		APPROVED BY OMB: NO. 3150-0120 EXPIRES: 3/31/2012
Name of Proposed Authorized Medical Physicist		
Michael Parish		
Requested 35.400 Ophthalmic use of stron Authorization(s) Solution (check all that apply) 35.600 Remote afterloader unit		apy unit(s) stereotactic radiosurgery unit(s)
	G AND EXPERIENCE hree methods below)	
*Training and Experience, including Board Certification, must date of application or the individual must have obtained relatequired training and experience was completed. Provide dand experience related to the uses checked above.	ted continuing education and	experience since the
1. Board Certification		
a. Provide a copy of the board certification.		
<ul> <li>b. Go to the table in 3.c. and describe training provider authorization is sought,</li> </ul>	and dates of training for each	h type of use for which
c. Skip to and complete Part II Preceptor Attestation.		
2. Current Authorized Medical Physicist Seeking Ac	dditional Authorization for u	ise(s) checked above
a. Go to the table in section 3.c. to document training f	or new device.	
b. Skip to and complete Part II Preceptor Attestation		
3. Education, Training, and Experience for Propose	d Authorized Medical Phys	<u>icist</u>
a. Education: Document master's or doctor's degree in engineering, or applied mathematics from an accrea	n physics, medical physics, of lited college or university.	ther physical science,
Degree	Major Field	N
M.S.	Radiological Med	lical Physics
College or University University of Kentucky		·
b. Supervised Full-Time Medical Physics Training and high-energy external beam therapy (photons and el electron volts) and brachytherapy services.  Yes. Completed 1 year of full-time training in m supervision of Ali Meigocni Ph. 12 Jefferson  Authorized Medical Physicist.	ectrons with energies greater edical physics (for areas iden	than or equal to 1 million tified below) under the
Authorized Medical Physicist.	IN.U.	
A	ND	
Yes. Completed 1 year of full-time work experie under the supervision of <u>Jefferson Fairt</u> an Authorized Medical Physicist.	<b>.</b> .	reas identified below) eets the requirements for

Education, Training, and Experie	nce for Proposed Authorized Medical Physicis	st (continued)	
<ul> <li>Supervised Full-Time Medical P</li> <li>If more than one supervising inc</li> </ul>	hysics Training and Work Experience (continued lividual is necessary to document supervised train	<b>)</b>	•
this page.		·	T
Description of Training/ Experience	Location of Training/License or Permit Number of Training Facility/Medical Devices Used+	Training*	Dates of Wo Experience
Medical Physics	University of Kentucky 202-049-22 HDR	May 2008 - Nov 2008	
Performing sealed source leak tests and inventories	Some	same	
Performing decay corrections	Some	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. F	License/Permit Number listing authorized Medical Physicist 202-049-22 Amendment 79	g supervising ind	ividual as an
		4	oeuraany unit/
for the following types of use:	Teletherapy unit(s) Gamma s	tereotactic radi	gaarger arna
Remote afterloader unit(s)  + Training and work experience must be c	Teletherapy unit(s) Gamma s conducted in clinical radiation facilities that provide high-energ equal to 1 million electron volts) and brachytherapy services.		

<u>Education, Trainin</u>	ng, and Experie	nce for Proposed	Authorized Medical Phys	icist (cont	inued)	
c. Describe training	g provider and d	ates of training for	each type of use for which	authorization	on is sought.	
Description of Training						
	Remote A	fterloader	Teletherapy	G	Samma Stereotactic Radiosurgery	
Hands-on device operation	University of May 2008 -	of Kentucky Nov 2008				
Safety procedures for the device use	some					
Clinical use of the device	same_					
Treatment planning system operation	same					
Supervising Individual If training is provided by Superv Individual is necessary to docur this page.) AP. S. M.  For the following type  Remote afterload	vising Medical Physicist, (If nent supervised training, proceedings of the control of the contro	more than one supervising a solde multiple copies of Ph. D., DABR	icense/Permit Number listing southorized Medical Physicist 202-049-22 Amendment 79  unit(s) Gamm		ndividual as an	
If Applicable:						
Authorization S	Sought	Device	Training Provided	d By	Dates of Trainin	
35.400 Ophthalmic of strontium-90	: Use					

NRC FORM 313A (AMP)

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

Description of Training/ Experience	Location of Training/License or Permit Number of Training Facility/Medical Devices Used+	Dates of Training*	Dates of Worl Experience*
Experience			<del>                                     </del>
	St. Luke's Regional Medical Center		11/2009-
Medical Physics	11-27312-01	10/2009	10/2010
	HDR		
Performing sealed source leak tests and inventories	sane	same	Same
		same	Same
Performing decay corrections	Sunc		
		-	
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 authorized Medical Physicist	supervising ind	ividual as an
for the following types of use:	11-27312	-01	
Remote afterloader unit(s)	Teletherapy unit(s) Gamma s	tereotactic radi	osurgery 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.

Education, Trainir	ng, and Experience for Proposed	Authorized Medical Physic	cist (continued)
•	g provider and dates of training for		
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	sane.		
Clinical use of the device	Same		
Treatment planning system operation	Same		

for the following types of use:

	<b>-</b> ,,
ļ	
1	Remote afterloader unit(s)
	D   1 (0)11(0)0 0.110.110.010.11

	Гel	eth	e	ar	V	un	it(	s)

_	Gamma	eterentactic	radiosurgen	unit/e

# 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 FO	RM 313A (AMP)	U.S. NUCLEAR REGULATORY COMMISSION			
(9-2009) AUTHORIZED MEDICAL PHYSICIST TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)					
anni militara con	PART II – PRECEP	FOR 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.				
	Section cone of the following:				
	1. Board Certification				
	I attest that  Name of Proposed Authorized Medical Physicis	has satisfactorily completed the requirements in			
	10 CFR 35.51(a)(1) and (a)(2).				
	OR				
	2. Education, Training, and Experience				
	I attest that Michael Parish Name of Proposed Authorized Medical Physicis	has satisfactorily completed the 1-year of full-time			
	training in medical physics and an additional year 35.51(b)(1).	r of full-time work experience as required by 10 CFR			
Secon	nd Section	4D			
Comp	lete the following:				
	Name of Proposed Authorized Medical Physicis	has training for the types of use for which authorization			
		, safety procedures, clinical use, and the operation of a			
	Section				
Comp	lete the following:				
	Name of Proposed Authorized Medical Physician	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)			
	Al n Section lete the following for preceptor attestation and sig	ND nature:			
O O P	_				
	I meet the requirements in 10 CFR 35.51, or equivalent Medical Physicist for the following:	ivalent Agreement State requirements for Authorized			
	35.400 Ophthalmic use of strontium-90	35.600 Teletherapy unit(s)			
		35.600 Gamma stereotactic radiosurgery unit(s)			
Jet	of Preceptor  Ferson Fairbanks  Signature	Telephone Number Date 208 - 38   3192 10   29   10			
License	e/Permit Number/Facility Name  11 - 27312 - 01	•			