



UNITED STATES  
**NUCLEAR REGULATORY COMMISSION**  
REGION III  
2443 WARRENVILLE ROAD, SUITE 210  
LISLE, ILLINOIS 60532-4352

**TELEFAX TRANSMITTAL**

DATE July 26, 2012

NUMBER OF PAGES 10

SEND TO Stephen Howard, M.S., Radiation Safety Officer

LOCATION The University of Kansas Cancer Center, NRC License 24-32517-01

FAX NUMBER (816) 841-1243

VERIFY BY CALLING

FROM: Bill Reichhold  
(Sender)

TELEPHONE NUMBER (630) 829-9839

FAX NUMBER (630) 515-1078

If you do not receive the complete fax transmittal, please contact the sender as soon as possible at the telephone number provided above.

MESSAGE See accompanying documents.

**NOTICE**

This message is intended only for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential, or exempt from disclosure under applicable law. If the reader of this message is not the intended recipient or the employee responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you received this communication in error, please notify the sender immediately by telephone and return the original to the above address, by U.S. Mail. Thank You.

The following additional information and clarification is needed to complete the review your request to add two individuals was authorized medical physicists for HDR.

**Kenneth M. Guida, DMP**

**NRC FORM 313A (AMP)**

**Part I (TRAINING AND EXPERIENCE), item 3.a.**

Please send a copy of Guida's diploma from Vanderbilt University.

**Part I, item 3.c.**

Please specify the dates of training for the remote afterloader in Item 3.c.

**Part II (PRECEPTOR ATTESTATION), First, Second and Third sections**

Please submit a new Part II- Preceptor Attestation. Kenneth M. Guida's name needs to be entered in the first, second and third sections rather than the preceptor's name, Charles Coffey.

Please see the attached.

**Nana Aba Mensah-Brown, Ph.D.**

**NRC FORM 313A (AMP)**

**Part I (TRAINING AND EXPERIENCE), item 3.a.**

Please send a copy of Mensah-Brown's diploma from University of Wisconsin-Madison.

**Part I, item 3.b.**

Please review the dates of training and dates of work experience and specify that these dates were not concurrent. 1 year full-time medical physics training and 1 year full time work experience cannot be concurrent.

Please see attached.

Also, you may find "Licensing Guidance for using the NRC FORM 313A Series of Forms (January 2008)" helpful. A copy of the guidance can be found on the NRC website at <http://www.nrc.gov/materials/miau/med-use-toolkit/licensing-guidance-form313a.pdf>.

Please send a facsimile (630- 515-1078) of your response to the above within 7 days and refer to control 577711. Please call me at 630-829-9839 if you have any questions.

*In accordance with 10 CFR 2.390 of the NRC's "Rules of Practice," a copy of this facsimile and the attached documents will be available electronically for public inspection in the NRC Public Document Room or from the Publicly Available Records (PARS) component of NRC's document system (ADAMS). The NRC's document system is accessible from the NRC Web site at <http://www.nrc.gov/reading-rm/adams.html> (the Public Electronic Reading Room).*

From the desk of:

A handwritten signature in cursive script that reads "Bill Reichhold".

*Bill Reichhold*

**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

Kenneth M. Guida

- 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
Professional Doctorate of Medical Physics (DMP)	Medical Physics (Therapy)
College or University	
Vanderbilt University	PLEASE SEND COPY OF DIPLOMA

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 Dr. Charles Coffey who meets the requirements for an Authorized Medical Physicist.

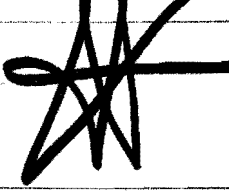
**AND**

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

**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	Vanderbilt University Medical Center AMP - Charles Coffey, Ph.D. Varian Varisource Remote Afterloader	<div style="border: 2px solid black; padding: 5px; display: inline-block;">NEED DATES OF TRAINING</div> 	
Safety procedures for the device use	Vanderbilt University Medical Center AMP - Charles Coffey, Ph.D. Varian Varisource Remote Afterloader		
Clinical use of the device	Vanderbilt University Medical Center AMP - Charles Coffey, Ph.D. Varian Varisource Remote Afterloader		
Treatment planning system operation	Vanderbilt University Medical Center AMP - Charles Coffey, Ph.D. Varian Brachyvision		

**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.)*

Charles Coffey, Ph.D.

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

R-19021-115

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 Charles W. Coffey II 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

NEED REVESED PRECEPTOR WITH KENNETH GUIDA'S NAME RATHER THAN PRECEPTOR'S NAME



AND

**Second Section**

Complete the following:

I attest that Charles W. Coffey II 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 Charles W. Coffey II 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>Charles W. Coffey II</u>	Signature <u>Charles W. Coffey II</u>	Telephone Number <u>615 322-2555</u>	Date <u>May 30, 2012</u>
License/Permit Number/Facility Name <u>R-19021-I15</u>			

**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

Nana Aba Mensah-Brown, Ph.D.

- 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
Ph.D.	Medical Physics
College or University	
University of Wisconsin - Madison, Madison, WI	

**PLEASE SEND COPY OF DIPLOMA**

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 Mutian Zhang, 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 Mutian Zhang, Ph.D. who meets the requirements for an Authorized Medical Physicist.

**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	The Nebraska Medical Center, Omaha, NE Nebraska RML # 01-88-01 Varian HDR, Siemens LINAC	July 2010 through June 2012	July 2010 through June 2012
Performing sealed source leak tests and inventories	The Nebraska Medical Center, Omaha, NE Nebraska RML # 01-88-01 Varian HDR, Siemens LINAC	July 2010 through June 2012	July 2010 through June 2012
Performing decay corrections	The Nebraska Medical Center, Omaha, NE Nebraska RML # 01-88-01 Varian HDR, Siemens LINAC	July 2010 through June 2012	July 2010 through June 2012
Performing full calibration and periodic spot checks of external beam treatment unit(s)	The Nebraska Medical Center, Omaha, NE Nebraska RML # 01-88-01 Varian HDR, Siemens LINAC	July 2010 through June 2012	July 2010 through June 2012
Performing full calibration and periodic spot checks of stereotactic radiosurgery unit(s)	The Nebraska Medical Center, Omaha, NE Nebraska RML # 01-88-01 Varian HDR, Siemens LINAC	July 2010 through June 2012	July 2010 through June 2012
Performing full calibration and periodic spot checks of remote afterloading unit(s)	The Nebraska Medical Center, Omaha, NE Nebraska RML # 01-88-01 Varian HDR, Siemens LINAC	July 2010 through June 2012	July 2010 through June 2012
Conducting radiation surveys around external beam treatment unit(s), stereotactic radiosurgery unit(s), remote after loading unit(s)	The Nebraska Medical Center, Omaha, NE Nebraska RML # 01-88-01 Varian HDR, Siemens LINAC	July 2010 through June 2012	July 2010 through June 2012

✖  
 1 YEAR FULL TIME TRAINING  
 1 YEAR FULL TIME WORK EXPERIENCE  
 CANNOT BE CONCURRENT

Supervising Individual\*\*

Mutian Zhang, Ph.D.

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

Nebraska RML # 01-88-01

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.



The preceptor for a new proposed RSO must fill out all four sections.

The preceptor for an RSO seeking authorization to be recognized as an RSO for the additional medical use(s) must fill out the second, third, and fourth sections.

## **VII. AUTHORIZED MEDICAL PHYSICIST - Specific Instructions and Guidance for Filling Out NRC Form 313A (AMP)**

See Section V, "General Instructions and Guidance for Filling Out NRC Form 313A Series," for additional clarification on providing information about an individual's status on an Agreement State license, medical broad-scope license, or Master Materials License permit.

**Part I. Training and Experience** - select one of the three methods below:

### **Item 1. Board Certification**

Provide the requested information (i.e., a copy of the board certification, documentation of device-specific training in the table in 3.c, and a completed Preceptor Attestation). As indicated on the form, additional information is needed if the board certification or device-specific training was completed more than 7 years ago.

Device-specific training may be provided by the vendor or a supervising medical physicist authorized for the requested type of use. Specific information regarding the supervising individual only needs to be provided in the table in 3.c if the training was provided by an AMP. If more than one supervising individual provided the training, identify each supervising individual by name and provide his/her qualifications.

### **Item 2. Current Authorized Medical Physicist Seeking Additional Uses(s) Checked above**

Provide the requested information (i.e., documentation of device-specific training (complete the table in 3.c) and complete the Preceptor Attestation in Part II). As indicated on the form, additional information is needed if the device-specific training was completed more than 7 years ago.

Device-specific training may be provided by the vendor or a supervising medical physicist authorized for the requested type of use. Specific information regarding the supervising individual only needs to be provided in the table in 3.c if the training was provided by an AMP. If more than one supervising medical physicist provided the training, identify each supervising individual by name and provide his/her qualifications.

### **Item 3. Training and Experience for Proposed Authorized Medical Physicist**

As indicated on the form, additional information is needed if the degree, training, and/or work experience was completed more than 7 years ago.

Submit a completed Section 3.a. Submit documentation of a graduate degree (for example, a copy of a diploma or transcript from an accredited college or university).

Submit a completed Section 3.b. The individual must have completed 1 year of full-time training in medical physics and an additional year of full-time work experience, which cannot be concurrent. This is documented in Section 3.b by providing the ranges of dates for training and work experience.

If the proposed AMP had more than one supervisor, provide the information requested in Section 3.b for each supervising individual. If the supervising individual is not an AMP, the applicant must provide documentation that the supervising individual meets the requirements in 10 CFR 35.51 and 10 CFR 35.59.

Submit a completed Section 3.c for each specific device for which the applicant is requesting authorization.

Device-specific training may be provided by the vendor or a supervising medical physicist authorized for the requested type of use. Specific information regarding the supervising individual only needs to be provided in the table in 3.c if the training was provided by an AMP. If more than one supervising medical physicist provided the training, identify each supervising individual by name and provide his/her qualifications.

Submit a completed Preceptor Attestation in Part II.

## **Part II. Preceptor Attestation**

The Preceptor Attestation page has four sections.

The attestation to the proposed AMP's training is in the first section.

The attestation for the device-specific training is in the second section.

The attestation of the individual's competency to function independently as an AMP for the specific devices requested by the applicant is in the third section.

The fourth and final section requests specific information about the preceptor's authorizations to use licensed material, in addition to the preceptor's signature.

The preceptor for a proposed new AMP must fill out all four sections of this page. The preceptor for an AMP seeking additional authorizations must complete the last three sections.

## **VIII. AUTHORIZED NUCLEAR PHARMACIST - Specific Instructions and Guidance for Filling Out NRC Form 313A (ANP)**

See Section V, "General Instructions and Guidance for Filling out NRC Form 313A Series," for additional clarification on providing information about an individual's status on an Agreement State license, medical broad-scope license, or Master Materials License permit.

**Part I. Training and Experience** - select one of the two methods below:

### **Item 1. Board Certification**