Billings Clinic

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DNMS

October 28, 2013

Lizette Roldan-Otero, Ph.D.
U.S. Nuclear Regulatory Commission, Region IV
612 East Lamar Blvd., Suite 400
Arlington, TX 76011-4125
817-860-8188

Re: Amendment Request for Billings Clinic License Number 25-01051-01, mail code 581281

Dear Dr. Roldan-Otero:

Thank you for your review of our application to amend the above license. Per the request of the IC inspection team I commit to having the following items completed prior to December 6, 2013. If these items are not completed by December 6, 2013 we will notify the NRC immediately.

An agreement will be established between Billings Clinic and local law enforcement agency (LLEA). This agreement will include the response plan between Billings Clinic and the LLEA. Appropriate training will be provided to the LLEA.

All Billings Clinic security personnel will be trained in the response plan.

All Billings Clinic personnel with authorized access to the security area will be trained in the response and increased controls program.

The T&R official will ensure all T&R related documents are secured.

Two building exit doors exist within several meters of the security door. Billings Clinic will remove the outside door handles and outside key access to these external doors prior to January 15th, 2014. If this item is not completed by January 15th, 2014 we will notify the NRC immediately.

Please contact me at 925-550-7720 or cfitz@billingsclinic.org should you require further information concerning this amendment request.

Sincerely,

Christopher K. Fitz, J.D., M.S.
Radiation Safety Officer

PUBLIC
- ☐ Immediate Release
- ☑ Normal Release

NON-PUBLIC
- ☐ A.3 Sensitive-Security Related
- ☐ A.7 Sensitive Internal
- ☐ Other:_____

Reviewer: JMD Date: 10/30/13

NRC FORM 313A (AUS) (05-2012) | U.S. NUCLEAR REGULATORY COMMISSION

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION
(for uses defined under 35.400 and 35.600) [10 CFR 35.490, 35.491, and 35.690]

APPROVED BY OMB: NO. 3150-0120
EXPIRES: (05/31/2015)

Name of Proposed Authorized User	State or Territory Where Licensed
John M. Schallenkamp, M.D.	MT

Requested Authorization(s) (check all that apply)

- ☐ 35.400 Manual brachytherapy sources
- ☐ 35.600 Teletherapy unit(s)
- ☐ 35.400 Ophthalmic use of strontium-90
- ☑ 35.600 Gamma stereotactic radiosurgery unit(s)
- ☐ 35.600 Remote afterloader 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. For 35.600, go to the table in 3.e. 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 35.600 Authorized User Requesting Additional Authorization for 35.600 Use(s) Checked Above**

a. Go to the table in section 3.e. to document training for new device.

b. Skip to and complete Part II Preceptor Attestation.

☐ **3. Training and Experience for Proposed Authorized User**

a. Classroom and Laboratory Training ☐ 35.490 ☐ 35.491 ☐ 35.690

Description of Training	Location of Training	Clock Hours	Dates of Training*
Radiation physics and instrumentation			
Radiation protection			
Mathematics pertaining to the use and measurement of radioactivity			
Radiation biology			

Total Hours of Training: ☐

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. **Training and Experience for Proposed Authorized User (continued)**

b. Supervised Work and Clinical Experience for 10 CFR 35.490 *(If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this page.)*

Supervised Work Experience	**Total Hours of Experience:**		
Description of Experience Must Include:	Location of Experience/License or Permit Number of Facility	Confirm	Dates of Experience*
Ordering, receiving, and unpacking radioactive materials safely and performing the related radiation surveys		☐ Yes ☐ No	
Checking survey meters for proper operation		☐ Yes ☐ No	
Preparing, implanting, and safely removing brachytherapy sources		☐ Yes ☐ No	
Maintaining running inventories of material on hand		☐ Yes ☐ No	
Using administrative controls to prevent a medical event involving the use of byproduct material		☐ Yes ☐ No	
Using emergency procedures to control byproduct material		☐ Yes ☐ No	

Clinical experience in radiation oncology as part of an approved formal training program	Location of Experience/License or Permit Number of Facility	Dates of Experience*
Approved by: ☐ Residency Review Committee for Radiation Oncology of the ACGME ☐ Royal College of Physicians and Surgeons of Canada ☐ Committee on Postdoctoral Training of the American Osteopathic Association		
Supervising Individual	License/Permit Number listing supervising individual as an Authorized User	

3. Training and Experience for Proposed Authorized User (continued)

c. Supervised Clinical Experience for 10 CFR 35.491

Description of Experience	Location of Experience/License or Permit Number of Facility	Clock Hours	Dates of Experience*
Use of strontium-90 for ophthalmic treatment, including: examination of each individual to be treated; calculation of the dose to be administered; administration of the dose; and follow up and review of each individual's case history			

Supervising Individual	License/Permit Number listing supervising individual as an Authorized User

d. Supervised Work and Clinical Experience for 10 CFR 35.690

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

Supervised Work Experience	**Total Hours of Experience:**		
Description of Experience Must Include:	Location of Experience/License or Permit Number of Facility	Confirm	Dates of Experience*
Reviewing full calibration measurements and periodic spot-checks		☐ Yes ☐ No	
Preparing treatment plans and calculating treatment doses and times		☐ Yes ☐ No	
Using administrative controls to prevent a medical event involving the use of byproduct material		☐ Yes ☐ No	
Implementing emergency procedures to be followed in the event of the abnormal operation of the medical unit or console		☐ Yes ☐ No	
Checking and using survey meters		☐ Yes ☐ No	
Selecting the proper dose and how it is to be administered		☐ Yes ☐ No	

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Training and Experience for Proposed Authorized User (continued)

d. Supervised Work and Clinical Experience for 10 CFR 35.690 (continued)

Clinical experience in radiation oncology as part of an approved formal training program	Location of Experience/License or Permit Number of Facility	Dates of Experience*
Approved by: ☐ Residency Review Committee for Radiation Oncology of the ACGME ☐ Royal College of Physicians and Surgeons of Canada ☐ Committee on Postdoctoral Training of the American Osteopathic Association		

Supervising Individual	License/Permit Number listing supervising individual as an Authorized User

e. For 35.600, 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
Device operation			University of Pittsburgh Medical Center Training 9/16/13 through 9/20/13 models 4C & Perfexion JF
Safety procedures for the device use			University of Pittsburgh Medical Center Training 9/16/13 through 9/20/13 models 4C & Perfexion JF
Clinical use of the device			University of Pittsburgh Medical Center Training 9/16/13 through 9/20/13 models 4C & Perfexion JF

Supervising Individual. (*If training provided by Supervising Individual (If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this page.)* John C Flickinger MD	License/Permit Number listing supervising individual as an Authorized User PA-190 University of Pittsburgh

Authorized for the following types of use:

☐ Remote afterloader unit(s) ☐ Teletherapy unit(s) ☑ Gamma stereotactic radiosurgery unit(s) 4C & Perfexion

f. Provide completed Part II Preceptor Attestation.

AUTHORIZED USER 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.

By checking the boxes below, the preceptor is attesting that the individual has knowledge to fulfill the duties of the position sought and not attesting to the individual's "general clinical competency."

First Section
Check one of the following for each requested authorization:

For 35.490:

Board Certification

☐ I attest that _____ has satisfactorily completed the requirements in
Name of Proposed Authorized User

35.490(a)(1) and has achieved a level of competency sufficient to function independently as an authorized user of manual brachytherapy sources for the medical uses authorized under 10 CFR 35.400.

OR

Training and Experience

☐ I attest that _____ has satisfactorily completed the 200 hours of
Name of Proposed Authorized User

classroom and laboratory training, 500 hours of supervised work experience, and 3 years of supervised clinical experience in radiation oncology, as required by 10 CFR 35.490(b)(1) and (b)(2), and has achieved a level of competency sufficient to function independently as an authorized user of manual brachytherapy sources for the medical uses authorized under 10 CFR 35.400.

For 35.491:

☐ I attest that _____ has satisfactorily completed the 24 hours of
Name of Proposed Authorized User

classroom and laboratory training applicable to the medical use of strontium-90 for ophthalmic radiotherapy, has used strontium-90 for ophthalmic treatment of 5 individuals, as required by 10 CFR 35.491(b), and has achieved a level of competency sufficient to function independently as an authorized user of strontium-90 for ophthalmic use.

Second Section

For 35.690:

Board Certification

☐ I attest that _____ has satisfactorily completed the requirements in
Name of Proposed Authorized User

35.690(a)(1).

OR

Training and Experience

☐ I attest that _____ has satisfactorily completed 200 hours of classroom
Name of Proposed Authorized User

and laboratory training, 500 hours of supervised work experience, and 3 years of supervised clinical experience in radiation therapy, as required by 10 CFR 35.690(b)(1) and (b)(2).

AND

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

Preceptor Attestation (continued)

Third Section

For 35.690: (continued)

☑ I attest that John M. Schallenkamp, M.D. has received training required in 35.690(c) for device
Name of Proposed Authorized User
operation, safety procedures, and clinical use for the type(s) of use for which authorization is sought, as checked below.

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

AND

Fourth Section

☑ I attest that John M. Schallenkamp, M.D. has achieved a level of competency sufficient to
Name of Proposed Authorized User
achieve a level of competency sufficient to function independently as an authorized user for:

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

Fifth Section

Complete the following for preceptor attestation and signature:

☑ I meet the requirements in 10 CFR 35.490, 35.491, 35.690, or equivalent Agreement State requirements, as an authorized user for:

☐ 35.400 Manual brachytherapy sources ☐ 35.600 Teletherapy unit(s)

☐ 35.400 Ophthalmic use of strontium-90 ☑ 35.600 Gamma stereotactic radiosurgery unit(s)

☐ 35.600 Remote afterloader unit(s)

Name of Preceptor	Signature	Telephone Number	Date
John C Flickinger MD		412 647-7744	4/19/13

License/Permit Number/Facility Name
PA-190A University of Pittsburgh

University of Pittsburgh

Center for Image-Guided Neurosurgery

This is to Certify That

John Schallenkamp, M.D.

Attended

Principles and Practice of Gamma Knife® Radiosurgery
Special Emphasis on Perfexion Training

From September 16-20, 2013

L.Dade Lunsford, M.D., FACS

Ajay Niranjan, M.D., MBA

Jagdish Bhatnagar, ScD

John C. Flickinger, M.D.

UPMC / University of Pittsburgh Medical Center

Center for Continuing Education in the Health Sciences

John Schallenkamp, M.D.

Attended the Continuing Medical Education Activity

Principles and Practices of Gamma Knife Radiosurgery

September 16-20, 2013

University of Pittsburgh Medical Center Health System
Pittsburgh, Pennsylvania

The University of Pittsburgh School of Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

The University of Pittsburgh School designates this live activity for a maximum of 49.50 AMA PRA Category 1 Credit(s). Physician's Recognition Award. Physicians should claim only those credit commensurate with the extent of their participation in the educational activity.

*Other healthcare professionals are awarded 4.95 continuing education units (CEU's), which are equivalent to 49.5 hours of instruction.

For your credit transcript, please access our website six (6) weeks post-course at:
http://ccehs.upmc.edu and follow the link to the Credit Transcript screen

NRC FORM 313A (4-2005) U.S. NUCLEAR REGULATORY COMMISSION

MEDICAL USE TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION

APPROVED BY OMB: NO. 3150-0120
EXPIRES: 10/31/2005

PART I -- TRAINING AND EXPERIENCE

Note: Descriptions of training and experience must contain sufficient detail to match the training and experience criteria in the applicable regulation (10 CFR Part 35)

1. Name of Individual, Proposed Authorization (e.g., Radiation Safety Officer), and Applicable Training Requirements (e.g., 10 CFR 35.50)

   John M. Schallenkamp, M.D. Authorized User

2. For Physicians, Podiatrists, Dentists, Pharmacists -- State or Territory Where Licensed

   MT, WY, MN, WI

3. CERTIFICATION

a. Provide a copy of the board certification. *(Stop here if applying under 10 CFR Part 35, Subpart J or 35.590(a); continue if applying under other subparts.)*

b. Provide documentation in appropriate items 4 through 10 of training or clinical case work required by 35.50(e); 35.51(c); 35.290(c)(1)(ii)(G) for AU seeking 35.200 authorization; 35.390(b)(1)(ii)(G); 35.396(d)(1) and 35.396(d)(2); 35.590(c); or 35.690(c).

c. Provide completed Part II Preceptor Attestation, Items 11a through 11d.

Stop here after completing items 3a, 3b, and 3c when using board certification to meet 10 CFR Part 35 training and experience requirements.

4. INDIVIDUALS IDENTIFIED ON A LICENSE OR PERMIT AS RADIATION SAFETY OFFICERS (RSO), AUTHORIZED USERS (AU), AUTHORIZED MEDICAL PHYSICISTS (AMP), OR AUTHORIZED NUCLEAR PHARMACISTS (ANP) SEEKING ADDITIONAL AUTHORIZATIONS

a. Provide a copy of the license or broadscope permit listing the current authorization **and** (b) or (c)

b. Complete items 6c (and 10 when training is provided by an RSO, AMP, ANP, or AU) and preceptor items 11b through 11d to meet requirements for: RSO in 35.50(c)(2) or 35.50(e); or AU in 35.290(c)(1)(ii)(G) or 35.390(b)(1)(ii)(G) or 35.590(c) or 35.690(c); or AMP under 35.51(c).

c. Complete items 5, 6a, 6b, 10, and Preceptor items 11a through 11d to meet AU requirements in 35.396(a).

5. DIDACTIC OR CLASSROOM AND LABORATORY TRAINING (optional for Medical Physicists)

Description of Training	Location	Clock Hours	Dates of Training
Radiation Physics and Instrumentation	Mayo Clinic Div. Radiation Oncology Rochester, MN	140	July 1, 2001-July 1, 2005
Radiation Protection	" "	130	" "
Mathematics Pertaining to the Use and Measurement of Radioactivity	" "	130	" "
Radiation Biology	" "	120	" "
Chemistry of Byproduct Material for Medical Use	" "	10	" "
OTHER			

NRC FORM 313A (4-2005) U.S. NUCLEAR REGULATORY COMMISSION

MEDICAL USE TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

6a. WORK OR PRACTICAL EXPERIENCE WITH RADIATION

Description of Experience	Name of Supervising Individual(s)	Location and Corresponding Materials License Number	Dates and/or Clock Hours of Experience
Please see 6b.			
Please see 6c.			
Additionally, clinical evaluation, work-up, simulation, review of dosimetry, and treatment of radiation-related side effects of >450 patients receiving EBRT	Ivy A. Petersen, M.D.	22-00519-03	July 1, 2001 - July 1, 2005 >2000 hr

6b. SUPERVISED CLINICAL CASE EXPERIENCE (describe experience elements in 6a)

Radionuclide	Type of Use	No. of Cases Involving Personal Participation	Name of Supervising Individual	Location and Corresponding Materials License Number	Dates and/or Clock Hours of Experience
I-125	prostate brachytherapy	17	Brian J. Davis, M.D.	22-00519-03	136
I-125	biliary brachytherapy	3	Michael G. Haddock, M.D.	" "	24
Ir-192	remote afterloading	53	Ivy A. Petersen, M.D.	" "	212
Cs-137	intracavitary brachytherap	9	Ivy A. Petersen, M.D.	" "	36
I-125	opthalmic plaque	3	Ivy A. Petersen, M.D.	" "	12
Co-60	gamma SRS	24	Paul D. Brown, M.D.	" "	96

NRC FORM 313A (4-2005) U.S. NUCLEAR REGULATORY COMMISSION

MEDICAL USE TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

6c. TRAINING FOR SECTIONS 35.50(e), 35.51(c), 35.590(c), or 35.690(c)

Training Element	Type of Training *	Location and Dates
Ir-192 remote afterloader	didactic & practical clinical experience	Mayo Clinic, Div. Radiation Oncology Rochester, MN July 1, 2001 - July 1, 2005
Co-60 gamma stereotactic radiosurgery	didactic & practical clinical experience	" "

* Types of training may include supervised (complete item 10 for 35.50(e), 35.51(c), and 35.690(c)), didactic, or vendor training.

7. FORMAL TRAINING — Physicians (for uses under 35.400 and 35.600) and Medical Physicists

Degree, Area of Study or Residency Program	Name of Program and Location with Corresponding Materials License Number	Dates	Name of Organization that Approved the Program (e.g., Accreditation Council for Graduate Medical Education) and the Applicable Regulation (e.g., 10 CFR 35.490)
M.D., Residency Program: Radiation Oncology	Mayo Clinic Rochester, MN 22-00519-03 22-26031-01	July 1, 2001 - July 1, 2005	ACGME

8. RADIATION SAFETY OFFICER (RSO) -- ONE-YEAR FULL-TIME EXPERIENCE

☐ YES ☑ N/A Completed 1 year of full-time radiation safety experience (in areas identified in item 6a) under supervison. of the RSO for License No.

9. MEDICAL PHYSICIST -- ONE-YEAR FULL-TIME TRAINING/WORK EXPERIENCE

☐ YES ☑ N/A Completed 1 year of full-time training (for areas identified in item 6a) in therapeutic radiological physics (35.961) or medical physics (35.51) under the supervision of who is a medical physicist (35.961) or meets requirements for Authorized Medical Physicists (35.51);

and

☐ YES ☑ N/A Completed 1 year of full-time work experience (at location providing radiation therapy services described and for topics identified in item 6a) for (specify use or device) under the supervision of who is a medical physicist (35.961) or meets requirements for Authorized Medical Physicists (35.51) (specify use or device)

NRC FORM 313A (4-2005) — U.S. NUCLEAR REGULATORY COMMISSION

MEDICAL USE TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

10. SUPERVISING INDIVIDUAL -- IDENTIFICATION AND QUALIFICATIONS

The training and experience indicated above was obtained under the supervision of *(if more than one supervising individual is needed to meet requirements in 10 CFR Part 35, provide the following information for each)* :

A. Name of Supervisor

I.Petersen, B.Davis, M.Haddock, P.Brown

B. Supervisor is:

☑ Authorized User ☐ Authorized Medical Physicist
☐ Radiation Safety Officer ☐ Authorized Nuclear Pharmacist

C. Supervisor meets requirements of Part 35, Section(s) 390,392,394,396,490,491,690,930,934,940,941,960

for medical uses in Part 35, Section(s) 300, 400, 600

D. Address

Mayo Clinic
Div. Radiation Oncology
Charlton Bldg, Subway Desk R
Rochester, MN 55905

E. Materials License Number

22-00519-03
22-26031-01

PART II -- PRECEPTOR ATTESTATION

Note: *This part must be completed by the individual's preceptor. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each. This part is not required to meet training requirements in 35.590 or Part 35, Subpart J (except 35.980).*

I attest the individual named in Item 1:

11a.

☑ has satisfactorily completed the requirements in Part 35, Section(s) and Paragraph(s) as documented in section(s) 5, 6a, 6b, 6c of this form.

11b. Select one

☐ ☑ N/A meets the requirements in ☐ 35.50(e) ☐ 35.51(c) ☐ 35.390(b)(1)(ii)(G) ☐ 35.690(c) for types of use, as documented in section(s) of this form.

11c.

☐ has achieved a level of competency sufficient to independently operate a nuclear pharmacy (for 35.980); **or**

☑ has achieved a level of competency sufficient to function independently as an authorized user for 10 CFR 35.300,400, 600 uses (or units); **or**

☐ has achieved a level of radiation safety knowledge sufficient to function independently as a Radiation Safety Officer for a medical use licensee ; **or**

☐ N/A

11d.

☐ I am an Authorized Nuclear Pharmacist; **or** ☐ I am a Radiation Safety Officer; **or**

☑ I meet the requirements of authorized user section(s) of 10 CFR Part 35 or equivalent Agreement State requirements to be a preceptor ☑ AU or ☐ AMP for the following byproduct material uses (or units):

A. Address

Mayo Clinic
Div. Radiation Oncology
Charlton Bldg, Subway Desk R
Rochester, MN 55905

B. Materials License Number

22-00519-03

C. NAME OF PRECEPTOR *(print clearly)*	D. SIGNATURE -- PRECEPTOR	E. DATE
Ivy A. Petersen, M.D.		7-5-05

NRC FORM 313A (AMP)
(05-2012)

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: (05/31/2015)

Name of Proposed Authorized Medical Physicist

Dennis A. Cheek, Ph.D., DABR

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
College or University	

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 _____ 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 _____ 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			
Performing sealed source leak tests and inventories			
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)			
Conducting radiation surveys around external beam treatment unit(s), stereotactic radiosurgery unit(s), remote after loading unit(s)			

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

for the following types of use:

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

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

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

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

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

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

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

Description of Training	Training Provider and Dates		
	Remote Afterloader	Teletherapy	Gamma Stereotactic Radiosurgery
Hands-on device operation			University of Pittsburgh Medical Center Training 9/16/13 through 9/20/13 J. P. Bhatnagar
Safety procedures for the device use			University of Pittsburgh Medical Center Training 9/16/13 through 9/20/13 J. P. Bhatnagar
Clinical use of the device			University of Pittsburgh Medical Center Training 9/16/13 through 9/20/13 J. P. Bhatnagar
Treatment planning system operation			University of Pittsburgh Medical Center Training 9/16/13 through 9/20/13 J. P. Bhatnagar

Supervising Individual *If training is provided by Supervising Medical Physicist, (If more than one supervising individual is necessary to document supervised training, provide multiple copies of this page.)*	License/Permit Number listing supervising individual as an authorized Medical Physicist
JAGDISH P. BHATNAGAR	PA-0190 A

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.

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 _____ 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 Dennis A. Cheek, Ph.D., DABR 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 Dennis A. Cheek, Ph.D., DABR 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	Signature	Telephone Number	Date
JAGDISH P. BHATNAGAR	Jagdish P Bhatnagar	412-802-6718	9-20-2013

License/Permit Number/Facility Name
PA-0190A UNIVERSITY OF PITTSBURGH

University of Pittsburgh

Center for Image-Guided Neurosurgery

This is to Certify That

Dennis Cheek, Ph.D., DABR

Attended

Principles and Practice of Gamma Knife® Radiosurgery
Special Emphasis on Perfexion Training

From September 16-20, 2013

L.Dade Lunsford, M.D., FACS

Ajay Niranjan, M.D., MBA

Jagdish Bhatnagar, ScD

John C. Flickinger, M.D.

The American Board of Radiology

Organized through the cooperation of the
American College of Radiology, the American Roentgen Ray Society,
the American Radium Society, the Radiological Society of North America,
the Section on Radiology of the American Medical Association,
the American Society for Therapeutic Radiology and Oncology, the Association of
University Radiologists, and American Association of Physicists in Medicine
Hereby certifies that

Dennis Allen Cheek, PhD

Has pursued an accepted course of graduate study
and clinical work, has met certain standards and qualifications and
has passed the examinations conducted under the authority of
The American Board of Radiology
On this second day of June, 2008
Thereby demonstrating to the satisfaction of the Board
that he is qualified to practice the specialty of

AMP Eligible

Therapeutic Radiologic Physics

THE AMERICAN BOARD OF RADIOLOGY INCORPORATED IN THE DISTRICT OF COLUMBIA 1934

H. Reed Dunnick, MD
President

Richard T. Morin
Secretary-Treasurer

Executive Director

AMERICAN BOARD OF MEDICAL SPECIALTIES EXCELLENCE

Certificate No. P3316

The American Board of Radiology
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Janet L. Strife, M.D.
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Houston, Texas
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Milwaukee, Wisconsin
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New Brunswick, New Jersey
Larry E. Kun, M.D.
Memphis, Tennessee
Christopher G. Willett, M.D.
Durham, North Carolina
Anthony L. Zietman, M.D.
Boston, Massachusetts

Radiologic Physics
Donald Frey, Ph.D.
Charleston, South Carolina
Jeffrey S. Ibbott, Ph.D.
Houston, Texas
Richard L. Morin, Ph.D.
Jacksonville, Florida

3-08

June 1, 2008

ABRID P3316 / PT / 32 / 22
Confirmation # 1FB09C32

Dennis Allen Cheek, PhD
2901 Monad Rd Apt 200
Billings, MT 59102

Dear Dr. Cheek:

I am pleased to inform you that you passed the oral examination held on May 31 to June 2, 2008. The American Board of Radiology grants you its Certificate in Therapeutic Radiologic Physics. This is a ten-year time-limited certificate. In addition, you have satisfied the NRC training requirements enabling you to be recognized as an ABR Diplomate in Therapeutic Radiologic Physics who is eligible to become an Authorized Medical Physicist (AMP) via the certification pathway in 10 CFR 35.51(a). Thus, you will receive the "AMP Eligible" designation on your certificate. Please be aware that, although not noted explicitly on the certficate, by virtue of being AMP eligible, you have also satisfied the certification portion of the regulatory requirements in 10 CFR 35.50(c)(1) for Radiation Safety Officer (RSO) authorization.

The certificate will be sent to the above address in approximately three months from our printer, Jim Henry, Inc. Your name will appear on the certificate as shown above. If you wish your name to appear differently or you have an address change, please notify the Board office in writing by July 01, 2008. Your name and demographic information will be included in a Directory published by the American Board of Medical Specialties. It is your responsibility to notify other local and state or national organizations of your certification.

Important information about your Maintenance of Certification process is enclosed. Please review it and respond as requested.

Personally and on behalf of the Board of Trustees of The American Board of Radiology, I wish to congratulate you for this distinguished achievement. You have accomplished one of the most significant milestones in your career.

Sincerely,

Gary J. Becker, MD

Enclosures

Executive Director: Gary J. Becker, M.D.
Robert R. Hattery, M.D., Senior Advisor to the Executive Director

Assistant Executive Directors: Primary Certification
Diagnostic Radiology: Anthony V. Proto, M.D.
Radiation Oncology: Bruce G. Haffty, M.D.
Radiologic Physics: Richard L. Morin, Ph.D.

Associate Executive Directors
Diagnostic Radiology: To be named
Radiation Oncology: Lawrence W. Davis, M.D.
Radiologic Physics: Stephen R. Thomas, Ph.D.
Administration: Jennifer Bosma, Ph.D.

Assistant Executive Directors: Maintenance of Certification
Diagnostic Radiology: James P. Borgstede, M.D.
Radiation Oncology: Larry E. Kun, M.D.
Radiologic Physics: G. Donald Frey, Ph.D.
Subspecialty Certification: George S. Bisset, M.D.

American Board of Science in Nuclear Medicine

Diplomate Certificate

Presented to

Christopher Kelley Fitz, JD, MS

In Recognition of Successfully Completing the ABSNM General Exam and
Radiation Protection Subspecialty Exam on Saturday, June 2, 2007 in Washington, DC

AMERICAN BOARD OF SCIENCE IN NUCLEAR MEDICINE • 1976 •

James A. Patton, MD
President, American Board of Science and Nuclear Medicine

NRC FORM 532
(1-2012)

U. S. NUCLEAR REGULATORY COMMISSION

DATE

10/29/2013

NAME AND ADDRESS OF APPLICANT AND/OR LICENSEE	LICENSE NUMBER
Billings Clinic Department of Nuclear Medicine ATTN: Christopher K. Fitz, J.D., M.S. Radiation Safety Officer P.O. Box 37000 Billings, Montana 59107	25-01051-01
	MAIL CONTROL NUMBER 582349
	LICENSING AND/OR TECHNICAL REVIEWER ch

This is to acknowledge the receipt of your:

☑ LETTER and/or ☐ APPLICATION DATED: 10/28/2013

The initial processing, which included an administrative review, has been performed.

☑ AMENDMENT ☐ TERMINATION ☐ NEW LICENSE ☐ RENEWAL

☑ There were no administrative omissions identified during our initial review.

☐ This is to acknowledge receipt of your application for renewal of the material(s) license identified above. Your application is deemed timely filed, and accordingly, the license will not expire until final action has been taken by this office.

☐ Your application for a new NRC license did not include your taxpayer identification number. Please fill out NRC Form 531, located at the following link:

http://www.nrc.gov/reading-rm/doc-collections/forms/nrc531.pdf

Send the completed NRC Form 531, by facsimile, to the following number: (301) 415-5387

A copy of your action has been emailed to our License Fee and Accounts Receivable Branch, in our Headquarters office in Rockville, MD. You will be contacted separately if there is a fee issue involved.

Your application has been assigned the above listed **MAIL CONTROL NUMBER.** When calling to inquire about this action, please refer to this control number. Your application has been forwarded to a technical reviewer. Please note that the technical review, which is normally completed within 180 days for a renewal application (90 days for all other requests), may identify additional omissions or require additional information. If you have any questions concerning the processing of your application, our contact information is listed below:

Region IV
U. S. Nuclear Regulatory Commission
DNMS/NMSB - B
1600 E. Lamar Boulevard
Arlington, TX 76011-4511
(817) 200-1103 or (817) 200-1140

BETWEEN:

Accounts Receivable/Payable
and
Regional Licensing Branches

[FOR ARPB USE]
INFORMATION FROM WBL

Program Code: 02230
Status Code: Pending Amendment
Fee Category: 7C
Exp. Date:
Fee Comments: CODE 23
Decom Fin Assur Reqd: N

License Fee Worksheet - License Fee Transmittal

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee:	BILLINGS CLINIC
Received Date:	10/28/2013
Docket Number:	3002389
Mail Control Number:	582349
License Number:	25-01051-01
Action Type:	Amendment

2. FEE ATTACHED

Amount: _____

Check No.: _____

3. COMMENTS

Signed: Carol L Hecee

Date: 10/29/13

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: _____