

Hill, Carol

**From:** Seaman, Jo Ann <jseaman@anthc.org>  
**Sent:** Tuesday, June 03, 2014 12:21 PM  
**To:** Hill, Carol  
**Subject:** FW: Attached Image  
**Attachments:** 1323\_001.pdf

RECEIVED

JUN - 3 2014

DNMS

Good Morning,

This is a copy of the documents I had originally sent by mail, and email. Do I need to send any other information?  
I will be working on the application for renewal soon.

Thank-you for your help today,

Jo Ann

*Jo-Ann Seaman R.T. (R) (M)*  
*Lead Mammographer*  
*Imaging Services*  
*4315 Diplomacy Drive*  
*Anchorage, Ak 99508*  
*907-729-2347*



Early Detection - make time for your mammogram and remind others to make time too

**From:** printscan@anthc.org [mailto:printscan@anthc.org]  
**Sent:** Tuesday, June 03, 2014 9:14 AM  
**To:** Seaman, Jo Ann  
**Subject:** Attached Image

PUBLIC

- ☐ Immediate Release  
☒ Normal Release

NON-PUBLIC

- ☐ A.3 Sensitive-Security Related  
☐ A.7 Sensitive Internal  
☐ Other: \_\_\_\_\_

Reviewer: RJR Date: 6-5-14

## Seaman, Jo Ann

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**From:** Seaman, Jo Ann  
**Sent:** Wednesday, March 05, 2014 2:28 PM  
**To:** 'Jackie.Cook@nrc.gov'  
**Cc:** Kenneth Harper (ken\_harper@comcast.net)  
**Subject:** FW: Attached Image  
**Attachments:** 1145\_001.pdf

Hello,

My name is Jo Ann Seaman we are trying to add another Radiologist to our NRC license. The reference License number is 50-27784-01; Alaska Native Medical Center, Anchorage, Alaska.

Dr. Joel Verbrugge is a new addition to our Radiologist's team.

We do only Sentinel Lymph Node injections; no mapping is done, and no other radionuclide material is used. If you have any questions please do not hesitate to e-mail, or call me.

Thank you for your time,

*Jo-Ann Seaman R.T. (R) (M)*  
*Lead Mammographer*  
*Imaging Services*  
*4315 Diplomacy Drive*  
*Anchorage, Ak 99508*  
*907-729-2347*



Early Detection - make time for your mammogram and remind others to make time too

**From:** [printscan@anthc.org](mailto:printscan@anthc.org) [<mailto:printscan@anthc.org>]  
**Sent:** Wednesday, March 05, 2014 1:32 PM  
**To:** Seaman, Jo Ann  
**Subject:** Attached Image

1145 584006



ALASKA NATIVE  
MEDICAL CENTER



Nuclear Regulatory Commission  
Region IV  
611 Ryan Plaza Dr  
Suite 400  
Arlington, TX 76011

March 5<sup>th</sup> 2014

Reference: License No. 50-27784-01, Alaska Native Medical Center,  
Anchorage, AK.

Request Joel K. Verbrugge, MD be added as an Authorized User for any  
byproduct material permitted by 10CFR35.200. Attached ABR  
Certificate satisfies requirements under 35.290.

If you have any questions, please direct them to John Dolbinski  
at (907) 729-2305.



Roald Helgesen CEO/COO

# The American Board of Radiology

Organized through the cooperation of the  
 American College of Radiology, the American Roentgen Ray Society,  
 the American Radiation Society, the Radiological Society of North America,  
 the Section on Radiology of the American Medical Association,  
 the American Society for Radiation Oncology, the Association of  
 University Radiologists, and the American Association of Physicians in Medicine.  
 It hereby certifies that

**Joel Kenneth Verbrugge, PhD**

Has finished an accepted course of graduate study and clinical work, has met certain standards  
 and qualifications, including passing the examinations conducted under the authority of  
 the American Board of Radiology, demonstrating to the satisfaction of the Board qualification  
 to practice, and is therefore awarded the Board's certification in

**Diagnostic Radiology**

**Not Eligible**

Ongoing validity of this certificate is contingent upon  
 meeting the requirements of Maintenance of Certification.

This diploma of the American Board of Radiology  
 is permitted to use the **ABR** mark to signify this certification.



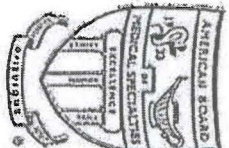
Certificate No. 61842

*Ann H. Meyer*  
 President

*Richard I. Mann*  
 Secretary-Treasurer

*Harold A. Kohn*  
 Executive Director

**ABR**



Effective: July 01, 2012





DATE  
06/04/2014

NAME AND ADDRESS OF APPLICANT AND/OR LICENSEE

Alaska Native Medical Center  
ATTN: John Midthun, M.D.  
Radiation Safety Officer  
4315 Diplomacy Drive  
Anchorage, Alaska 99508

LICENSE NUMBER

50-27784-01

MAIL CONTROL NUMBER

584006

LICENSING AND/OR TECHNICAL REVIEWER

ch

This is to acknowledge the receipt of your:

☒ LETTER and/or ☐ APPLICATION DATED: 06/03/2014

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

A handwritten signature in blue ink, appearing to be "JMS", is written over the bottom left corner of the page.

BETWEEN:

Accounts Receivable/Payable  
and  
Regional Licensing Branches

[ FOR ARPB USE ]  
INFORMATION FROM WBL

Program Code: 02121  
Status Code: Pending Amendment  
Fee Category: 7C  
Exp. Date: 10/31/2014  
Fee Comments:  
Decom Fin Assur Req: N

## License Fee Worksheet - License Fee Transmittal

### A. REGION

#### 1. APPLICATION ATTACHED

Applicant/Licensee: ALASKA NATIVE MEDICAL CENTER  
Received Date: 06/03/2014  
Docket Number: 3036654  
Mail Control Number: 584006  
License Number: 50-27784-01  
Action Type: Amendment

#### 2. FEE ATTACHED

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

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

#### 3. COMMENTS

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

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 \_\_\_\_\_  
\_\_\_\_\_

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

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