

Hello Bryan,

Please see the attachment for the revised 313A application

Thanks

Ahmad

Confidentiality statement: "The information contained in this communication, including attachments, is confidential, may be privileged, and is intended only for the use of the named recipient(s). Unauthorized use, disclosure, forwarding or copying is strictly prohibited and may be unlawful. If you have received this communication in error, please notify me IMMEDIATELY at the phone number or pager listed above."

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**AUTHORIZED MEDICAL PHYSICIST TRAINING AND
EXPERIENCE AND PRECEPTOR ATTESTATION**
[10 CFR 35.51]APPROVED BY OMB: NO. 3150-0120
EXPIRES: 06/30/2019

Name of Proposed Authorized Medical Physicist

Ahmad ALKHATIH 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**

- Provide a copy of the board certification.
- 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.
- Skip to and complete Part II Preceptor Attestation.

☐ **2. Current Authorized Medical Physicist Seeking Additional Authorization for use(s) checked above**

- Go to the table in section 3.c. to document training for new device.
- Skip to and complete Part II Preceptor Attestation

☒ **3. Education, Training, and Experience for Proposed Authorized Medical Physicist**

- 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 Ph.D.	Major Field Medical Physics
College or University University of Minnesota	

- 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 ARTHUR EWALD 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 ARTHUR EWALD 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	McLaren Cancer Center Remote Afterloader	1/3/2014 1/3/2015	1/3/2015 present
Performing sealed source leak tests and inventories	MCC Afterloader	1/3/2014 1/3/2015	1/3/2015 present
Performing decay corrections	MCC After Loader	1/3/2014 1/3/2015	1/3/2015 present
Performing full calibration and periodic spot checks of external beam treatment unit(s)	MCC Afterload	1/3/2014 1/3/2015	1/3/2015 present
Performing full calibration and periodic spot checks of stereotactic radiosurgery unit(s)	MCC Afterloader	1/3/2014 1/3/2015	1/3/2015 present
Performing full calibration and periodic spot checks of remote afterloading unit(s)	MCC After loader	1/3/2014 1/3/2015	1/3/2015 present
Conducting radiation surveys around external beam treatment unit(s), stereotactic radiosurgery unit(s), remote after loading unit(s)	MCC After Loader	1/3/2014 1/3/2015	1/3/2015 present

Supervising Individual**

ARTHUR EWALD

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

21-04171-04

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	McLaren Cancer 1/3/2014 - present 1/3/2015	X	X
Safety procedures for the device use	McLaren Cancer 1/3/2014 - 1/3/2015	X	X
Clinical use of the device	McLaren Cancer 1/3/2014 - 1/3/2015	X	X
Treatment planning system operation	McLaren Cancer 1/3/2014 - 1/3/2015	X	X
Supervising Individual <small>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.)</small> ARTHUR EWING		License/Permit Number listing supervising individual as an authorized Medical Physicist 21-04171-04	
for the following types of use:			
<input checked="" type="checkbox"/> Remote afterloader unit(s) <input type="checkbox"/> Teletherapy unit(s) <input type="checkbox"/> Gamma stereotactic radiosurgery unit(s)			

If Applicable:

Authorization Sought	Device	Training Provided By	Dates of Training
35.400 Ophthalmic Use of strontium-90	X	X	X

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

Name of Proposed Authorized Medical Physicist

10 CFR 35.51(a)(1) and (a)(2).

OR

2. Education, Training, and Experience

☒ I attest that Ahmad AlKhafib 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 Ahmad AlKhafib 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 Ahmad AlKhafib 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

ARTHUR Ewald, M.S.

Signature

Arthur Ewald M.S.

Telephone Number

810-342-3805

Date

07-28-2016

License/Permit Number/Facility Name

21-0471-04 / McLaren Flint Hospital

Parker, Bryan

From: Alkhatib, Ahmad <Ahmad.Alkhatib@mclaren.org>
Sent: Friday, July 29, 2016 9:29 AM
To: Parker, Bryan
Cc: Ewald, Art
Subject: [External_Sender] Re: CN590817
Attachments: NRCahmad.pdf

From: Alkhatib, Ahmad
Sent: Friday, July 29, 2016 9:20:47 AM
To: Parker, Bryan
Cc: Ewald, Art
Subject: Re: CN590817

Hello Bryan,

Here is the revised Form

Thanks

Ahmad

From: Parker, Bryan <Bryan.Parker@nrc.gov>
Sent: Thursday, July 28, 2016 4:09 PM
To: Alkhatib, Ahmad
Cc: Ewald, Art
Subject: RE: CN590817

Hey Ahmad,

Thanks for the info, but the form is incorrect. The 2 blanks in Item 3.b. must indicate the AMP(s) in which you were supervised by for the 1-year training and 1-year work experience – please correct those blanks. Also, at the bottom of the Tables 3.b. and 3.c., there are boxes for the supervisor's name(s) and license/permit nos. Those need to be completed as well.

Keep in mind that supervisor(s) does not have to be the same individual as the preceptor (Art Ewald), but if it is – fine. The preceptor is only attesting to the fact that the applicant has been found to meet the requirements.

Let me know if you have questions.
Bryan

From: Alkhatib, Ahmad [mailto:Ahmad.Alkhatib@mclaren.org]
Sent: Thursday, July 28, 2016 3:44 PM
To: Parker, Bryan <Bryan.Parker@nrc.gov>
Subject: [External_Sender] CN590817