

Hill, Carol

From: Blacker, James <blackerj@slhs.org>
Sent: Thursday, December 20, 2018 1:50 PM
To: Hill, Carol
Cc: Fuller, Scott; Vanderpool, Jodi
Subject: [External_Sender] Addition of AMP request License #11-27312-01
Attachments: 12-20-2018 Nick Petersen AMP.pdf; img-181219144728-0001.pdf; IMG_20180702_172056.jpg

Amendment of License #11-27312-01

Good Afternoon,

I have attached a letter requesting the addition of Nicholas Petersen as an AMP under 35.600 Remote afterloader units.

The following supporting documents have been attached:

- 313A (AMP)
- ABR Certification
- ABR Verification of Certification and Maintenance of Certification (MOC)

Sincerely, James Blacker



James Blacker
Asst. Radiation Safety Director
St. Luke's Health System

☎ 208-706-4186
✉ blackerj@slhs.org

PUBLIC
 Immediate Release
 Normal Release

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

Reviewer: Date: 1-4-19

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610948



December 20, 2018

Carol L. Hill, Licensing Assistant
US Nuclear Regulatory Commission Region IV
Nuclear Materials Licensing Branch
1600 East Lamar Boulevard
Arlington, Texas 76011-4511

RE: Amendment of License #11-27312-01

Dear Carol Hill:

Please add the following physicist as an AMP on my license:

- Nicholas Petersen, MS, DABR
 - 35.600 Remote afterloader units

The following documents are attached:

- 313A (AMP)
- ABR Certification
- ABR Verification of Certification and Maintenance of Certification (MOC)

Should you need additional information regarding this request, please feel to call me at 208-381-3192, or by email at fullersc@slhs.org.

Sincerely,

A handwritten signature in black ink, appearing to read "Scott Fuller".

Scott Fuller, MS, DABR
Radiation Safety Officer

100 E. Idaho Street
Boise, Idaho 83712
P (208) 381-2711 F (208) 381-4675
(800) 845-4624

1118 NW 16th Street, Suite D
Fruitland, Idaho 83619 P (208) 452-
7677 F (208) 452-8681
(800) 473-9618

520 S. Eagle Road
Meridian, Idaho 83642
P (208) 706-5651 F (208) 706-5344
(800) 473-0331

308 E. Hawaii Avenue
Nampa, Idaho 83686
P (208) 467-6700 F (208) 463-6001
(800) 553-6415

725 Pole Line Road W.
Twin Falls, Idaho 83301
P (208) 814-1600 F (208) 814-1910
(800) 947-4852



AUTHORIZED MEDICAL PHYSICIST TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION
[10 CFR 35.51]

APPROVED BY OMB: NO. 3150-0120
EXPIRES: 09/30/2019

Name of Proposed Authorized Medical Physicist

Nicholas Petersen, MS, 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.

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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	Michael Parish, MS, DABR 11-5-18 to 12-12-18		
Safety procedures for the device use	Michael Parish MS, DABR 11-5-18 to 12-12-18		
Clinical use of the device	Michael Parish MS, DABR 11-5-18 to 12-12-18		
Treatment planning system operation	Michael Parish MS, DABR 11-5-18 to 12-12-18		

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

Michael Parish MS, DABR

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.

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 Nicholas Petersen 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 Nicholas Petersen 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 Nicholas Petersen 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
Michael Parish
License/Permit Number/Facility Name

Signature
Michael Parish

Telephone Number
208-381-3118

Date
12-19-18

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	Firas Mourtada, PhD, DABR 07/06/15 - 07/07/17		
Safety procedures for the device use	Firas Mourtada, PhD, DABR 07/06/15 - 07/07/17		
Clinical use of the device	Firas Mourtada, PhD, DABR 07/06/15 - 07/07/17		
Treatment planning system operation	Firas Mourtada, PhD, DABR 07/06/15 - 07/07/17		

Supervising Individual

If training is provided by Supervising Medical Physicist, list more than one supervising individual if necessary to document supervised training, provide multiple copies of this page.

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

Firas Mourtada, PhD, DABR

07-12153-02/Christiana Care Health Services, Inc.

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 Nicholas Petersen, MS, DABR 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 Nicholas Petersen, MS, 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 Nicholas Petersen, MS, 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

Firas Mourtada, Ph.D.

License/Permit Number/Facility Name

07-12153-02 / Christiana Care Health Services, Inc.

Signature

Telephone Number

302-623-4691

Date

12/3/2018

610948



Verification of Certification and Maintenance of Certification (MOC)

December 12, 2018

Name: Mr. Nicholas Colin Petersen
Practice Locations: Boise, ID
Participating in MOC

Certificate	Status	Valid Through	Maintenance	MOC Requirements
Therapeutic Medical Physics	Valid	03/01/2020*	Maintained	Meeting

The information provided in this letter is considered the primary source verification. The most current certificate and MOC public reporting status information can be accessed at any time for Mr. Nicholas Colin Petersen by entering the required information in the 'Verify board certification status' search on the ABR website at www.theabr.org.

For questions regarding the ABR MOC Program or its participation requirements, please contact the board office at (520) 519-2152 or information@theabr.org.

Sincerely,

Valerie Jackson, MD
Executive Director
American Board of Radiology

*Validity of certification is contingent upon participation in Maintenance of Certification. The ABR recommends verification of certification be repeated annually, three business days after the ABR's March 2nd annual review.

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 Radiation Oncology, the Association of University Radiologists,
the American Association of Physicists in Medicine, and the Society of Interventional Radiology,
the American Board of Radiology hereby certifies that

Nicholas Colin Petersen, MS

Has pursued 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

Therapeutic Medical Physics

ABR Eligible

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

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



Lee Ketchum
President

Robert M. Sauer
Secretary-Treasurer

Valerie J. Johnson
Executive Director

DABR



Certificate No. H7283

Effective: May 19, 2018

610948



ACKNOWLEDGEMENT - RECEIPT OF CORRESPONDENCE

Name and Address of Applicant and/or Licensee Scott Fuller, M.S., DABR Radiation Safety Officer St. Luke's Regional Medical Center 190 E. Bannock Boise, ID 83712	Date 01/03/2019
	License Number(s) 11-27312-01
	Mail Control Number(s) 610948
	Licensing and/or Technical Reviewer or Branch C. Hill

This is to acknowledge receipt of your: Letter and/or Application Dated: 12/20/2018

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 complete and submit NRC Form 531, Request for Taxpayer Identification Number, located at the following link: <http://www.nrc.gov/reading-rm/doc-collections/forms/nrc531.pdf>
Follow the instructions on the form for submission.

The following administrative omissions have been identified:

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

✓ 1/3/19

BETWEEN:

Accounts Receivable/Payable
and
Regional Licensing Branches

[FOR ARPB USE]
INFORMATION FROM WBL

Program Code: 02230
Status Code: Pending Amendment
Fee Category: 3E 7C
Exp. Date: 03/31/2025
Fee Comments:
Decom Fin Assur Reqd: N

License Fee Worksheet - License Fee Transmittal

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: St. Luke's Regional Medical Center
Received Date: 12/20/2018
Docket Number: 3032196
Mail Control Number: 610948
License Number: 11-27312-01
Action Type: Amendment

2. FEE ATTACHED

Amount: _____

Check No.: _____

3. COMMENTS

Signed: _____

Carol L. Hise

Date: _____

1/3/19

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: _____
