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DNMS

December 2, 2019

U.S. NRC Region IV  
ATTN: DNMS Licensing Assistant  
1600 East Lamar Boulevard  
Arlington, TX 76011-4511

**RE: Amendment Request for Radioactive Materials License 50-29349-01.**

Dear Licensing Personnel:

Please amend the radioactive license listed above for the following changes:

1. Remove Marc R. Beck, M.D. and Robert L. Bridges, M.D. from the license.
2. Add Feiyu Xue, M.D. to the license as an Authorized User for Groups 35.100, 35.200 and oral admission of sodium iodide-131. This physician is currently authorized for these uses under Washington WN-M0196-1 for medical use.
3. Change the Radiation Safety Officer (RSO) from Robert L. Bridges M.D. to Feiyu Xue. Please see the attached Duties and Responsibilities for Dr. Xue, whom is also currently listed on WN-M0196-1 for medical use.

Please contact John Christian at 907-677-4701 with any questions regarding this request.

Sincerely,

A handwritten signature in black ink, appearing to read "John Christian".

John Christian, CNMT, PET  
Imaging Manager

Encl: RSO Delegation of Authority  
WN-M0196-1

PUBLIC

- ☐ Immediate Release  
☒ Normal Release

NON-PUBLIC

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

Reviewer: APR Date: 12-9-19

617200



To: Feiyu Xue, M.D.  
From: John C. Christian CNMT, PET  
Date: December 2, 2019  
Subject: Delegation of Authority

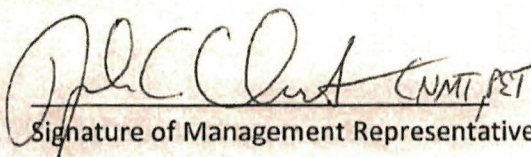
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**Delegation of Authority**

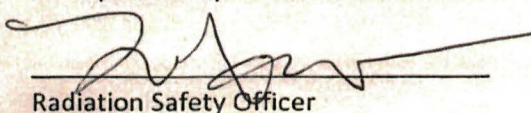
You have been appointed Radiation Safety Officer and are responsible for ensuring the safe use and storage of radioactive materials at the facility, including:

- Management of the radiation protection program;
- Identification of radiation protection program problems;
- Initiate, recommend and/or implement corrective actions to program problems/incidents;
- Oversight of radiation safety training for applicable individuals;
- Ensure applicable personnel are monitored for exposure to radiation;
- Stop any unsafe activities involving radioactive materials;
- Notify management if staff do not cooperate and do not address radiation safety issues;
- Ensure compliance with applicable radioactive materials regulations.

You are hereby delegated the authority necessary to meet the above listed responsibilities; including prohibiting the use of radioactive materials by employees who do not meet the necessary requirements and stopping operations where justified by radiation safety. You are given the authority to notify the Nuclear Regulatory Commission at any time in regard to licensing issues or if radiation safety issues are not being addressed by management and/or employees.

 CNMT, PET John C. Christian 12-02-2019  
Signature of Management Representative Print Name Date

I accept the responsibilities listed above.

 Feiyu Xue, M.D. 12-03-2019  
Radiation Safety Officer Print Name Date

617200

University Imaging Center  
3801 University Lake Dr, Suite 102  
Anchorage, AK 99508



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AK 99508

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U.S. NRC Region IV  
ATTN: DNMS Licensing Assistant  
1600 East Lamar Blvd.  
Arlington, TX 76011-4511

76011-451199



617200



## ACKNOWLEDGEMENT - RECEIPT OF CORRESPONDENCE

## Name and Address of Applicant and/or Licensee

Dr. Robert L. Bridges  
Radiation Safety Officer  
Rehabilitation Medicine Associates, PC  
dba Alaska Spine Institute  
3801 University Lake Drive  
Suite 102  
Anchorage, AK 99508

## Date

12/10/2019

## License Number(s)

50-29349-01

## Mail Control Number(s)

617200

## Licensing and/or Technical Reviewer or Branch

C. Hill

This is to acknowledge receipt of your: ☒ Letter and/or ☐ Application Dated: 12/02/2019

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

✓ 12/10

BETWEEN:

Accounts Receivable/Payable  
and  
Regional Licensing Branches

[ FOR ARPB USE ]  
INFORMATION FROM WBL

Program Code: 02200  
Status Code: Pending Amendment  
Fee Category: 7C  
Exp. Date: 08/31/2019  
Fee Comments:  
Decom Fin Assur Reqd: N

## License Fee Worksheet - License Fee Transmittal

### A. REGION

#### 1. APPLICATION ATTACHED

Applicant/Licensee: Rehabilitation Medicine Associates, PC  
Received Date: 12/09/2019  
Docket Number: 3038049  
Mail Control Number: 617200  
License Number: 50-29349-01  
Action Type: Amendment

#### 2. FEE ATTACHED

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

#### 3. COMMENTS

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

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

*Carl L. Hie*  
*12/10/19*

### 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: \_\_\_\_\_