

February 9, 2023

U.S. Nuclear Regulatory Commission, Region III Materials Licensing Branch 2443 Warrenville Road, Suite 210 Lisle, IL 60532-4352

Re: Request for Authorized Medical Physicist Status for License #21-04127-06

Dear Reviewer,

This letter is a request to grant Authorized Medical Physicist (AMP) Status to Ramesh Boggula, Ph.D. for iridium-192 in a High Dose Rate Remote Afterloading Brachytherapy device for calibrations, spot checks and training. Dr. Boggula was an AMP on an existing agreement state license, appointment letter attached. Please also find attached his ABR certificate and NRC Form 313A(amp). If you require further assistance, please contact our RSO Joe Rakowski at (313) 576-9616. Thank you.

Sincerely,

Mara Jelich

Executive Director, Radiation Oncology and Imaging Karmanos Cancer Center 4100 John R St., Mail Code GE00RO Detroit, MI 48201

Enclosures: 1. NRC Form 313(AMP)

2. University of Virginia Appointment Letter

3. ABR certificate

**APPROVED BY OMB: NO. 3150-0120** EXPIRES: 01/31/2023



# AUTHORIZED MEDICAL PHYSICIST OR OPHTHALMIC PHYSICIST,

V. 100 A.			[10 CFR 35.51, 35.57(a)(3), and 35.433]					
Name of Individual			✓ Authorized Medical Physicist					
Ramesh Boggula			Ophthalmic Physicist (go to Page 4)					
Requested Authorization(s) (check all that apply)  Authorization(s)  (check all that apply)  Authorization(s)								
date requ and	e of a uired expe	pplication or the individual must have obtained relative	have been obtained within the 7 years preceding the					
	1. Board Certification							
	<ul> <li>a. Provide a copy of the board certification.</li> <li>b. If the board certification process has been recognized by the Commission or an Agreement State und 10 CFR 35.51:</li> <li>(i) 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.</li> </ul>							
	(ii)							
c	<ul><li>(ii) Stop here.</li><li>c. If the board certification was issued on or before October 24, 2005 and is listed in 10 CFR 35.57(a)(3), attach</li></ul>							
	(i)	October 24, 2005.						
		<ul><li>(ii) Dates, duration, and description of continuing education and experience within the past seven years for each use checked above.</li><li>(iii) Stop here.</li></ul>						
V 2	-		sitional Authorization for usa(s) checked above					
	2. <u>Current Authorized Medical Physicist Seeking Additional Authorization for use(s) checked above</u> a. Go to the table in section 3.c. to document training for new device.							
b	o. If r	not board certified skip to and complete Part II Prece	eptor Attestation.					
C	c. If b	poard certified, provide a copy of the certificate and	stop here.					
<u> </u>	3. <u>Ed</u>	lucation, Training, and Experience for Proposed	Authorized Medical Physicist					
a		ucation: Document master's or doctor's degree in pgineering, or applied mathematics from an accredite						
[	Degre	е	Major Field					
C	College or University							
b	hig		fork Experience in clinical radiation facilities that provide trons with energies greater than or equal to 1 million					
	Ye	s. Completed 1 year of full-time training in medical	physics (for areas identified below) under the supervision					
C	requirements for an Authorized Medical Physicist.							
	AND							
		· · · · · · · · · · · · · · · · · · ·	n medical physics (for areas identified below) under the					
			who meets the requirements for an Authorized					
ľ	Medical Physicist.							

# AUTHORIZED MEDICAL PHYSICIST OR OPHTHALMIC PHYSICIST, TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION [10 CFR 35.51, 35.57(a)(3), and 35.433] (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 authorized Medical Physicist	supervising indi	ividual as an
, second something to the terms of the terms			
for the following types of use:			
Remote afterloader unit(s)	Teletherapy unit(s) Gamma st	ereotactic radi	osurgery unit(s)
	onducted in clinical radiation facilities that provide high-energy equal to 1 million electron volts) and brachytherapy services.	y external beam ti	herapy (photons and
	ing and 1 year of full time work experience cannot be concurre	ent.	
	t an authorized medical physicist, the licensee must submit ex nce requirements in 10 CFR 35.51 and 35.59 for the types of		

# AUTHORIZED MEDICAL PHYSICIST OR OPHTHALMIC PHYSICIST, TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION [10 CFR 35.51, 35.57(a)(3), and 35.433] (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					
	Remo	ote Afterloader	Teletherapy	Gamma Stereotactic Radiosurgery	
Hands-on device operation	August 1, 202 2023	22 to February 8,			
Safety procedures for the device use	August 1, 202 2023	22 to February 8,			
Clinical use of the device	August 1, 202 2023	22 to February 8,			
August 1, 2022 to February 8, 2023  Treatment planning system operation					
Supervising Individua training is provided by Supen idividual is necessary to docu nis page.) Adrian Nalichowski	vising Medical Physici	ng, provide multiple copies of	License/Permit Number listing sup Medical Physicist NRC 21-04127-06	pervising individual as an authorize	
for the following tyl  ✓ Remote afterlo	pes of use:	☐ Teletherapy	y unit(s)	stereotactic radiosurgery unit(s	
Authorization Sought Device		Training Provided B	Dates of Training		
5.400 Ophthalmic f strontium-90	Use				

### AUTHORIZED MEDICAL PHYSICIST OR OPHTHALMIC PHYSICIST, TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION

h = 71.	R 35.51, 35.57(a)(3), and 35.433] (continued)					
Education, Training, and Experier	nce for Proposed Ophthalmic Physicist					
a. Complete the table below to document education;						
Degree Major Field						
College or University						
o. Supervised Full-Time practical tra	uining and experience in medical physics					
Yes. Completed 1 year of full-	time training in medical physics under the supervision of					
	medical physicist at					
-	AND					
Yes. Completed 1 additional ye	ear of full-time work experience in medical physics at					
under the supervision of	medical physicis	t.				
f more than one supervising individu copies of this page.	al is necessary to document supervised training, provide multiple	e				
	ment training and supervised work experience.					
1	Location of Training/License or Permit Number					
Description of Training	of Training Facility	Training*				
The erecting modifiers and						
The creating, modifying, and completing written directives.						
completing written directives.						
completing written directives.						
completing written directives.  Procedures for administrations						
completing written directives.  Procedures for administrations requiring a written directive						
Procedures for administrations requiring a written directive  Performing the calibration measurements of brachytherapy						
Procedures for administrations requiring a written directive  Performing the calibration measurements of brachytherapy sources as detailed in 10 CFR						
Procedures for administrations requiring a written directive  Performing the calibration measurements of brachytherapy						
Procedures for administrations requiring a written directive  Performing the calibration measurements of brachytherapy sources as detailed in 10 CFR	License/Permit Number					
Procedures for administrations requiring a written directive  Performing the calibration measurements of brachytherapy sources as detailed in 10 CFR 35.432	License/Permit Number					

(01-2020)

#### AUTHORIZED MEDICAL PHYSICIST OR OPHTHALMIC, TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION [10 CFR 35.51, 35.57(a)(3), and 35.433] (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 Complete the following:								
	✓ I attest that	Ramesh Boggula		satisfactorily	completed the 1-year o	f 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					
	Section te the following	p:						
	✓ I attest that	Ramesh Boggula	has	training for th	e types of use for whicl	h authorization		
		Name of Proposed Authorized Medical F	hysicist					
====	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	Ramesh Boggula	is abl	e to independ	dently fulfill the radiation	n safety-related		
		Name of Proposed Authorized Medical Ph	ysicist					
	duties as an	Authorized Medical Physicist fo	r the followin	g:				
	35.400 C	phthalmic use of strontium-90	35.600	Teletherapy	unit(s)			
	<b>✓</b> 35.600 R	demote afterloader unit(s)	35.600	Gamma ster	eotactic radiosurgery unit	(s)		
			AND					
Fourth	Section		AND					
Comple	te the following	for preceptor attestation and	signature:					
✓ I meet the requirements in 10 CFR 35.51, 35.57, or equivalent Agreement State requirements for Authorized medical physicist for the following:								
	35.400 O	phthalmic use of strontium-90	<b>√</b> 35.600	Teletherapy	unit(s)			
	 <b>√</b> 35.600 R	emote afterloader unit(s)	<b>35.600</b>	Gamma ster	eotactic radiosurgery unit	(s)		
Name of Fa			License/Permit Number:					
Karmanos Cancer Center				NRC 21-04127-06				
Name of Pa Joseph T. I	eceptor (Typed or Rakowski	Printed)			Telephone Number (313) 576-9616	Date 02/09/2023		
Signature Joseph T. Rakanski								



November 22, 2021

Ramesh Boggula, Ph.D. Department of Radiation Oncology PO Box 800383

Dear Dr. Boggula:

As required by the Materials License issued to the University of Virginia (540-248-1) by the Commonwealth of Virginia, Authorized Medical Physicists, as defined in 12VAC5-481-10, shall meet the training, experience, and recentness of training criteria established in 12VAC5-481 Part VII, and shall be designated in writing by the licensee's Radiation Safety Committee (RSC).

On behalf of the Radiation Safety Committee, you are approved to become an Authorized Medical Physicist for the following activities performed under the license noted above:

12VAC5-481-2040: Use of Photon Emitting Remote Afterloader Unit (HDR) Varian Medical Systems Model Varisource iX

These activities must be conducted in accordance with the Commonwealth of Virginia's Radiation Protection Regulations contained in 12 VAC5-481 and the conditions of the University's license.

Prior to commencing work as an AMP for the HDR unit, you must be provided training in accordance with 12VAC5-481-2043.

In addition, the responsibility for security of the sources used in these units is shared by all authorized individuals having access to the units. All radioactive material must be secured against removal by unauthorized individuals when not in use or unattended.

If you have any questions regarding this authorization, please contact the Office of Environmental Health & Safety at 2-4919.

Sincerely,

Michael Welling

Radiation Safety Officer

Michael Welling

Cc: Jeff Siebers

P.O. Box 400322 • Charlottesville, VA 22904-4322 Phone: 434-982-4911 • Fax: 434-243-1735 http://ehs.virginia.edu/



### Ramesh Boggula, PhD

hus pursued an accepted course of graduate study and clinical work; has met certain standards und 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

Ongoing validity of this certificate is contingent upon

meeting the requirements of Continuous Certification.

AMP Eligible

unt P. Mathew, MD

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18 Lague

DABR



Certificate No. P8534

Effective: May 4, 2021