



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

4100 John R  
Detroit, Michigan 48201  
(800) KARMANOS (1-800-527-6266)  
info@karmanos.org | www.karmanos.org



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NRC FORM 313A (AMP)  
(01-2020)

U. S. NUCLEAR REGULATORY COMMISSION

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



**AUTHORIZED MEDICAL PHYSICIST OR OPHTHALMIC PHYSICIST,  
TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION**  
[10 CFR 35.51, 35.57(a)(3), and 35.433]

Name of Individual  
Ramesh Boggula

- Authorized Medical Physicist  
 Ophthalmic Physicist (go to Page 4)

- 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.

**AUTHORIZED MEDICAL PHYSICIST**

**1. Board Certification**

- a. Provide a copy of the board certification.
- b. If the board certification process has been recognized by the Commission or an Agreement State under 10 CFR 35.51:
  - (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.
  - (ii) Stop here.
- c. If the board certification was issued on or before October 24, 2005 and is listed in 10 CFR 35.57(a)(2), attach:
  - (i) Documentation that the individual performed each use checked above on or before October 24, 2005.
  - (ii) Dates, duration, and description of continuing education and experience within the past seven years for each use checked above.
  - (iii) Stop here.

**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. If not board certified skip to and complete Part II Preceptor Attestation.
- c. If board certified, provide a copy of the certificate and stop here.

**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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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 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.

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TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION  
[10 CFR 35.51, 35.57(a)(3), and 35.433] (continued)**

**2. 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	August 1, 2022 to February 8, 2023		
Safety procedures for the device use	August 1, 2022 to February 8, 2023		
Clinical use of the device	August 1, 2022 to February 8, 2023		
Treatment planning system operation	August 1, 2022 to February 8, 2023		

**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.)*  
 Adrian Nalichowski : License/Permit Number listing supervising individual as an authorized Medical Physicist  
 : NRC 21-04127-06

for the following types of use:

Remote afterloader unit(s)       Teletherapy unit(s)       Gamma stereotactic radiosurgery unit(s)

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 OR OPHTHALMIC PHYSICIST,  
TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION  
[10 CFR 35.51, 35.57(a)(3), and 35.433] (continued)**

**4. Education, Training, and Experience for Proposed Ophthalmic Physicist**

a. Complete the table below to document education;

Degree	Major Field
College or University	

b. Supervised Full-Time practical training 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 year of full-time work experience in medical physics at  
\_\_\_\_\_ under the supervision of \_\_\_\_\_ medical physicist.

*If more than one supervising individual is necessary to document supervised training, provide multiple copies of this page.*

c. Complete the table below to document training and supervised work experience.

Description of Training	Location of Training/License or Permit Number of Training Facility	Dates of Training*
The creating, modifying, and completing written directives.		
Procedures for administrations requiring a written directive		
Performing the calibration measurements of brachytherapy sources as detailed in 10 CFR 35.432		
Supervising Individual	License/Permit Number	

d. Stop here

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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 has satisfactorily completed the 1-year of full-time training in medical physics and an additional year of full-time work experience as required by 10 CFR 35.51(b)(1).
- Name of Proposed Authorized Medical Physicist

**AND**

**Second Section**

Complete the following:

- I attest that Ramesh Boggula has training for the types of use for which authorization is sought that include hands-on device operation, safety procedures, clinical use, and the operation of a treatment planning system.
- Name of Proposed Authorized Medical Physicist

**AND**

**Third Section**

Complete the following:

- I attest that Ramesh Boggula is able to independently fulfill the radiation safety-related duties 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)
- Name of Proposed Authorized Medical Physicist

**AND**

**Fourth Section**

Complete 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 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 Facility:

Karmanos Cancer Center

License/Permit Number:

NRC 21-04127-06

Name of Preceptor (Typed or Printed)

Joseph T. Rakowski

Telephone Number

(313) 576-9616

Date

02/09/2023

Signature

*Joseph T. Rakowski*

# The American Board of Radiology

hereby certifies that

## Ramesh Boggula, PhD

*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

AMP Eligible



Certificate No. P8534

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

DABR



*David P. Mathias, MD*  
President

*[Signature]*  
Secretary-Treasurer

*[Signature]*  
Executive Director

Effective: May 4, 2021



**UNIVERSITY of VIRGINIA**  
OFFICE OF THE VICE PRESIDENT FOR RESEARCH  
ENVIRONMENTAL HEALTH & SAFETY

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 recency 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

Cc: Jeff Siebers

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