

RECEIVED
02/21/2023



Alaska Native Medical Center

License: 50-27784-01

4315 Diplomacy Dr.

Docket: 030-36654

Anchorage, Alaska

Control: 584006

99508

Mail Control Number: 634795

Docket Number : 3036654

License Number : 50-27784-01

Licensee Name : Alaska Native Medical Center

Jacqueline Cook

Senior Health Physicist

Jacqueline,

We are looking to add Dr. Marchant, DO as an Authorized User, if you could please review documents, and assist us with this process.

Thank you,

Jo- Ann Seaman

jseaman@anthc.org

907-729-2347

Mammography Supervisor



Nuclear Regulatory Commission

Region IV

611 Ryan Plaza Dr.

Suite 400

Arlington, TX 76011

February 10, 2023

Reference: License No. 50-27784-01, Alaska Native Medical Center, Anchorage, Alaska.

Request Tracy Marchant, DO be added as an Authorized User for any byproduct material permitted by 10CFR35.200. Attached ABR Certificate satisfies requirements under 35.290.

If you have any questions, please direct them to John Dolbinski.

(907) 729-2305

Date 2/21/2023

Alan Vierling, Interim ANMC Administrator

AUTHORIZED USER TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION

(for uses defined under 35.100, 35.200, and 35.500)
[10 CFR 35.57, 35.190, 35.290, and 35.590](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. (Not required to meet training requirements in 35.590)

By checking the boxes below, the preceptor is not attesting to the individual's "general clinical competency."

First Section

Check one of the following for each use requested:

For 35.190

- I attest that Tracy Marchant, DO has satisfactorily completed the 60 hours of training and experience, including a minimum of 8 hours of classroom and laboratory training, required by 10 CFR 35.190(c)(1), and is able to independently fulfill the radiation safety-related duties as an authorized user for the medical uses authorized under 10 CFR 35.100.

For 35.290

- I attest that Tracy Marchant, DO has satisfactorily completed the 700 hours of training and experience, including a minimum of 80 hours of classroom and laboratory training, required by 10 CFR 35.290(c)(1), and is able to independently fulfill the radiation safety-related duties as an authorized user for the medical uses under 10 CFR 35.100 and 35.200.

Second Section

Complete one of the following for attestation and signature:

- Authorized User:
 - I meet the requirements below, or equivalent Agreement State requirements, as an authorized user for:
 - 35.190 35.290 35.390 35.390 + generator experience 35.57 for 35.200 uses
 - OR
 - Residency Program Director:
 - I affirm that the attestation represents the consensus of the residency program faculty where at least one faculty member is an authorized user who meets the requirements below or equivalent Agreement State requirements for:
 - 35.190 35.290 35.390 35.390 + generator experience 35.57 for 35.200 uses
 - I affirm that this facility member concurs with the attestation I am providing as program director.
 - I affirm that the residency training program is approved by the:
 - Residency Review Committee of the Accreditation Council for Graduate Medical Education
 - Royal College of Physicians and Surgeons of Canada
 - Council on Post-Graduate Training of the American Osteopathic Association
 - I affirm that the residency training program includes training and experience specified in:
 - 35.190 35.290

Name of Facility: _____ License/Permit Number: _____

University of Mississippi Medical Center MS-MBJ-01/100-182

Name of Preceptor or Residency Program Director (Typed or Printed) _____ Telephone Number _____ Date _____

Vani Vijayakumar, MD (601) 815-5615 02/16/2023

Signature: Vani Vijayakumar MD

NRC FORM 313A (AUD) (01-2020) PAGE 4



AUTHORIZED USER TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION
(for uses defined under 35.100, 35.200, and 35.500)
[10 CFR 35.57, 35.190, 35.290, and 35.590]

Name of Proposed Authorized User

State or Territory Where Licensed

Teacy Marchant

Alaska

Requested Authorization(s) *(check all that apply)*

- 35.100 Uptake, dilution, and excretion studies 35.200 Imaging and localization studies
- 35.500 Sealed sources for diagnosis (specify device) _____

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. For a board certification issued on or before October 24, 2005 that is listed in 10 CFR 35.57(b)(2)(i), provide the following:
 - (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.
- c. Stop here.

2. Current 35.390 Authorized User Seeking Additional 35.290 Authorization

- a. Authorized user on Materials License _____ meeting 10 CFR 35.390, 10 CFR 35.57 for 35.300 uses, or equivalent Agreement State requirements seeking authorization for 35.290.

b. Supervised Work Experience.
(If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this section.)

Description of Experience	Location of Experience/License or Permit Number of Facility	Clock Hours	Dates of Experience*
Eluting generator systems appropriate for the preparation of radioactive drugs for imaging and localization studies, measuring and testing the eluate for radionuclidic purity, and processing the eluate with reagent kits to prepare labeled radioactive drugs			
Total Hours of Experience: <input type="text"/>			
Supervising Individual	License/Permit Number listing supervising individual as an authorized user or authorized nuclear pharmacist		

Supervisor meets the requirements below, or equivalent Agreement State requirements *(check all that apply)*.

- 35.290 35.390 + generator experience in 32.290(c)(1)(ii)(G) 35.55 35.57 for 35.200 uses
- c. If board certified, provide a copy of the certificate and stop here. If not board certified, skip to and complete Part II Preceptor Attestation.

AUTHORIZED USER TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION

(for uses defined under 35.100, 35.200, and 35.500)
[10 CFR 35.57, 35.190, 35.290, and 35.590](continued)

3. Training and Experience for Proposed Authorized User

a. Classroom and Laboratory Training.

Description of Training	Location of Training	Clock Hours	Dates of Training*
Radiation physics and instrumentation			
Radiation protection			
Mathematics pertaining to the use and measurement of radioactivity			
Chemistry of byproduct material for medical use (<i>not required for 35.590</i>)			
Radiation biology			

Total Hours of Training:

b. Supervised Work Experience (completion of this table is not required for 35.590).
(*If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this section.*)

Supervised Work Experience	Total Hours of Experience:		Confirm	Dates of Experience*
	Description of Experience Must Include:	Location of Experience/License or Permit Number of Facility		
Ordering, receiving, and unpacking radioactive materials safely and performing the related radiation surveys			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters			<input type="checkbox"/> Yes <input type="checkbox"/> No	

AUTHORIZED USER TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION
(for uses defined under 35.100, 35.200, and 35.500)
[10 CFR 35.57, 35.190, 35.290, and 35.590](continued)

3. Training and Experience for Proposed Authorized User (continued)

b. Supervised Work Experience. (continued)

Description of Experience Must Include:	Location of Experience/License or Permit Number of Facility	Confirm	Dates of Experience*
Calculating, measuring, and safely preparing patient or human research subject dosages		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Administering dosages of radioactive drugs to patients or human research subjects		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Eluting generator systems appropriate for the preparation of radioactive drugs for imaging and localization studies, measuring and testing the eluate for radionuclidic purity, and processing the eluate with reagent kits to prepare labeled radioactive drugs		<input type="checkbox"/> Yes <input type="checkbox"/> No*	
Supervising Individual	License/Permit Number listing supervising individual as an authorized user or an authorized nuclear pharmacist for generator training		

Supervisor meets the requirements below, or equivalent Agreement State requirements (*check one*).

- 35.190 35.290 35.390 35.390 + generator experience in 35.290(c)(1)(ii)(G)
 35.55 35.57 for 35.200 uses

*Not required for 10 CFR 35.100 use.

c. For 35.590 only, provide documentation of training on use of the device.

Device	Type of Training	Location and Dates

d. For 35.500 uses only, stop here. For 35.100 and 35.200 uses, skip to and complete Part II Preceptor Attestation.



Department of Radiology
2500 North State Street • Jackson, Mississippi 39216
Phone: 601.815.5615 • Fax: 601.815.0444

Radiology Resident Structured AU Training and Experience in Nuclear Medicine

I hereby attest that, under my supervision, Tracy Marchant has satisfied the training requirements specified in 32 Ill. Adm. Code 335.9030/335.9040 for the use(s) of radioactive material specified above, and has achieved a level of competency sufficient to function independently as the authorized user for the specific medical use(s). The supervised training and experience were acquired at

Medical Institution: University of Mississippi Medical Center
2500 N. State Street
Jackson, MS 39216-4505

Supervising AU's Name: Vani Vijayakumar, M.D Phone: 601-984-2575

Email: vwijayakumar@umc.edu

Institutions' Radioactive Material License No. MS-MBL-01 Broad Scope

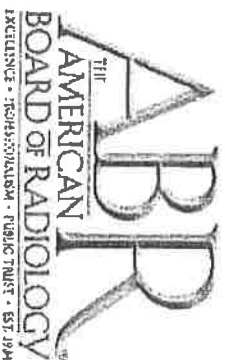
Classroom/Lab Training: Hours 90 Dates: 07/01/2012 – 06/30/2016

Work/Clinical Training: Hours 800 Dates: 07/01/2012 – 06/30/2016

Supervising AU's Signature and date: *Vani Vijayakumar 6/30/16*

AU's Contact information:

Vani Vijayakumar, M.D
Professor (T), Department Of Radiology
Chief, Division of Nuclear Medicine
University of Mississippi Medical Center
2500 North St Street
Jackson, MS 39216
Tel: 601-984-2575
Fax: 601-984-2574
Email: vwijayakumar@umc.edu



American Board of Radiology — Program Director Attestation

COMPLIANCE WITH NRC TRAINING AND EXPERIENCE REQUIREMENTS

Forms A and B must be submitted after completion of your NRC training and experience.

More information can be found at the following link:

<http://www.nrc.gov/reading-rm/doc-collections/cfr/part035/part035-0290.html>

Tracy Marchant, DO
Resident Name

Univ. of MS Medical Center
Diagnostic Radiology
Program

25-01-01-2
Program #

YES NO

By the time of the ABR oral/certifying examination, this applicant will have successfully completed the hours of training and experience as outlined in 10 CFR 35.290, 35.392, and 35.394.....

YES NO

This applicant has taken part in ≥ 3 cases of oral administration of I-131 therapy ≤ 33 mCi.....

YES NO

This applicant has taken part in ≥ 3 cases of oral administration of I-131 therapy >33 mCi.....

YES NO

The resident's log of these therapy experiences (date, dose, and preceptor attestation) is attached.....

YES NO

I attest that the work experience cited above for § 35.290 was completed under the supervision of an Authorized User (AU) who meets the requirements under relevant sections of § 35.290 or equivalent Agreement State requirements.....

YES NO

I attest that the work experience cited above for § 35.392 was completed under the supervision of an Authorized User (AU) who meets the requirements under § 35.390, 35.392 or 35.394, or equivalent Agreement State requirements.....

YES NO

I attest that the work experience cited above for § 35.394 was completed under the supervision of an Authorized User (AU) who meets the requirements under § 35.390 or 35.394, or equivalent Agreement State requirements.....

YES NO

Anson L. Thaggard, MD
Residency Program Director
(Print Name)

Anson L. Thaggard
Program Director
(Signature)

03/21/2016
Date

I-131 Therapy Experience Log

Tony Marchant
Resident Name

UMC Radiology 25-01-01-2
Program & Number

Date

Dose Administered

Preceptor (AUI) Print & Sign Name

≤ 33mCi

1. 11/5/12

18.9 mCi

Vani Vijayakumar
Print Name

Vedhi Linga
Sign Name

2. 11/6/12

16.4 mCi

Vani Vijayakumar
Print Name

Vedhi Linga
Sign Name

3. 11/7/12

20.5 mCi

Vani Vijayakumar
Print Name

Vedhi Linga
Sign Name

11/9/12
11/13/12

18.2 mCi
16.2 mCi (x2)

Date

Dose Administered

Preceptor (AUI) Print & Sign Name

>33 mCi

1. 11/6/12

125 mCi

Vani Vijayakumar
Print Name

Vedhi Linga
Sign Name

2. 11/9/12

125.2 mCi

Vani Vijayakumar
Print Name

Vedhi Linga
Sign Name

3. 11/9/12

126.1 mCi

Vani Vijayakumar
Print Name

Vedhi Linga
Sign Name

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

Tracy Curtis Marchant, DO

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

Diagnostic Radiology

AB 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 **DABR** mark to signify this certification.

DABR



Milton J. DiCorleone, MD
President

C. Prasad
Secretary-Treasurer

Valerie B. Johnson
Executive Director

Certificate No. 68623

Effective: October 21, 2017

From: Jackie Cook
To: [R4 Licensing Action Submittals](#)
Cc: [Carol Hill](#); [Roberto Torres](#)
Subject: FW: Attached Image - Amendment Request
Date: Tuesday, February 21, 2023 3:26:11 PM
Attachments: [3585_001.pdf](#)

Please see the email below and the attached.

Thank you in advance.

Jackie

From: Seaman, Jo <jseaman@anthc.org>
Sent: Tuesday, February 21, 2023 3:14 PM
To: Jackie Cook <Jackie.Cook@nrc.gov>
Subject: [External_Sender] FW: Attached Image

Hi Jacqueline,

Please see attachment for request to add another Authorized user to our facility.

Thank you,

Jo

*Jo-Ann Seaman R.T. (R) (M)
Supervisor of Mammography
Imaging Services
4315 Diplomacy Drive
Anchorage, Ak 99508
907-729-2347*



Early Detection - make time for your mammogram and remind others to make time too

From: ANMC RADIOLOGY <printscan@anthc.org>
Sent: Tuesday, February 21, 2023 12:09 PM
To: Seaman, Jo <jseaman@anthc.org>
Subject: Attached Image



ACKNOWLEDGEMENT - RECEIPT OF CORRESPONDENCE

Name and Address of Applicant and/or Licensee

John Midthun, M.D.
Radiation Safety Officer
Alaska Native Medical Center
4315 Diplomacy Drive
Anchorage, AK 99508

Date	03/10/2023
License Number(s)	50-27784-01
Mail Control Number(s)	634795
Licensing and/or Technical Reviewer or Branch	C. Hill

This is to acknowledge receipt of your: Letter and/or Application Dated: 01/11/2023

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/NMMSB - B
1600 E. Lamar Boulevard
Arlington, TX 76011-4511
(817) 200-1103 or (817) 200-1140

Agency: NRC

WBL WORKSHEET

DOCKET NUMBER: 3036654

LICENSE NUMBER: 50-27784-01

STATUS: Pending Amendment

MAIL CONTROL NUMBER: 634795

RECEIPT DATE: 03/10/2023

ACTION TYPE: Amendment

DUE DATE: 06/08/2023

INST. CODE: 27784

LICENSE REGION: Region 4

LICENSE TYPE: 30

ENTITY TYPE: C

LICENSE GROUP: Medical

ISSUE DATE:

ORIGINAL DATE: 10/06/2004

EXPIRATION DATE: 12/31/2024

DECOMMISSIONING CATEGORY: Group 1

LAST ISSUE DATE:

LICENSEE NAME: Alaska Native Medical Center

DECOM FIN ASSUR REQD: N

SUBM: N

MAILING ADDRESS LINE 1: 4315 Diplomacy Drive

CONT PLAN REQD: N APPRV: N

MAILING ADDRESS LINE 2:

CITY: Anchorage

STATE: AK

ZIP: 99508

CONTACT PERSON: PREFIX:

FIRST NAME: John

MIDDLE INITIAL:

LAST NAME: Midthun

SUFFIX: M.D.

JOB TITLE: RSO

PHONE: 907-729-2305

FAX:

EMAIL: jmidthun@anthc.org

BILLING ADDRESS LINE 1:

BILLING ADDRESS LINE 2:

CITY:

STATE: Alaska

ZIP:

BILLING CONTACT PERSON: FIRST NAME:

MIDDLE INITIAL:

LAST NAME:

PHONE:

EMAIL:

FAX:

PRIMARY PGM CODE: 02121

SECONDARY PGM CODE:

INSPECTION REGION: Region 4

PRIORITY: 5

RSO: PREFIX:

FIRST NAME: John

MIDDLE INITIAL:

LAST NAME: Midthun

SUFFIX: M.D.

RSO JOB TITLE: RSO

RSO PHONE: 907-563-2662

RSO FAX:

RSO EMAIL: jmidthun@anthc.org

STATES WHERE USE IS AUTHORIZED: 1

- 0- ALL LISTED STATES
- 1- SAME AS STATE IN ADDRESS
- 2- ALL STATES
- 3- NON-AGREEMENT-STATES

AUTHORIZED STATES (USE ONLY IF ABOVE IS ZERO):