

**From:** [Powell, Rhonda](#)  
**To:** [Roberto Torres](#)  
**Subject:** [External\_Sender] RE: NRC request for information - Jarrod Lentz (proposed authorized medical physicist)  
**Date:** Monday, August 26, 2024 11:08:39 AM  
**Attachments:** [diploma\\_Lentz.pdf](#)

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Good morning,

Jarrod was on vacation last week and has now provided his diploma which I have attached. I am meeting with his preceptor, Nathan Pung, on Friday and will forward the updated preceptor attestation by end of day Friday. I apologize for the delay as we are winding down summer vacations for the year.

Rhonda

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**From:** Roberto Torres <RobertoJ.Torres@nrc.gov>  
**Sent:** Monday, August 26, 2024 6:02 AM  
**To:** Powell, Rhonda <RSPowell@kh.org>  
**Subject:** RE: NRC request for information - Jarrod Lentz (proposed authorized medical physicist)

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Rhonda Powell, MBA, CNMT, RSO:

Can you please provide an estimate of when will I receive a response to this request for information for Jarrod Lentz, proposed authorized medical physicist?

Thank you.

Roberto J. Torres  
U.S. NRC Region IV

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**From:** Roberto Torres  
**Sent:** Friday, August 9, 2024 12:08 PM  
**To:** Powell, Rhonda <[RSPowell@kh.org](mailto:RSPowell@kh.org)>  
**Subject:** NRC request for information - Jarrod Lentz (proposed authorized medical physicist)

Rhonda Powell, MBA, CNMT, RSO:

The following information was missing in your license amendment request dated August 7, 2024 for NRC license 11-27307-01. Please submit by reply email to complete the review of the training and experience credentials for Jarrod Lentz.

1. Provide copy of degree M.S. Medical Physics, University of Wisconsin, Madison,

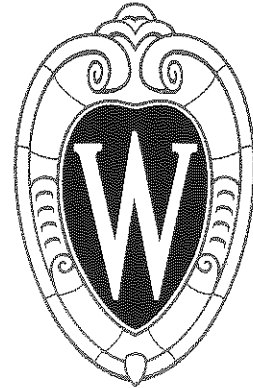
2015, for Jarrod Lentz (proposed authorized medical physicist).

2. Provide description of training, and training provider and dates, for Remote Afterloader (Flexitron), for Jarrod Lentz, in the following areas. Have the AMP that served as preceptor sign and date that Jarrod Lentz completed this training. Attached is excerpt of NRC Form 313A(AMP) showing in yellow highlight the missing information. A revised NRC Form 313A(AMP) can be submitted.
  - A. Safety Procedures for the device use (Flexitron)
  - B. Clinical use of the device (Flexitron)
  - C. Treatment planning system operation (Flexitron)

Thank you for your attention on this matter.

Roberto J. Torres, M.S.  
Senior Health Physicist  
U.S. Nuclear Regulatory Commission  
Region IV  
Division of Radiological Safety and Security  
1600 East Lamar Boulevard  
Arlington, TX 76011-4511  
817-200-1189

# UNIVERSITY OF WISCONSIN-MADISON



The Board of Regents of the University of Wisconsin System,  
on the nomination of the faculty, has conferred upon

**JARROD MICHAEL LENTZ**

The Degree of

**MASTER OF SCIENCE  
MEDICAL PHYSICS**

Together with all honors, rights, and privileges belonging to that degree.

In witness whereof, this diploma is granted.

Given at Madison, in the State of Wisconsin,  
this twenty-third day of August, in the year two thousand and fifteen  
and of the University the one hundred sixty-fifth.

Handwritten signature of Raymond W. Cross in cursive.

President, University of Wisconsin System

Handwritten signature of Rebecca M. Slack in cursive.

Chancellor, University of Wisconsin-Madison

Handwritten signature of Regina M. Milnes in cursive.

President of the Board of Regents