

# HOWARD UNIVERSITY

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OFFICE OF THE SENIOR VICE PRESIDENT  
AND EXECUTIVE DEAN FOR HEALTH SCIENCES  
RADIATION SAFETY OFFICE

May 14, 2012

Sandy Gabriel, Ph.D., Senior Health Physicist  
Medical Branch, Division of Nuclear Materials Safety  
U.S. Nuclear Regulatory Commission - Region I  
2100 Renaissance Blvd., Suite 100  
King of Prussia, PA 19406-2713

RECEIVED  
REGION 1

2012 MAY 25 AM 7:19

**SUBJECT: LICENSE 08-03075-07 AMENDMENT REQUEST**

03001321

Dear Dr. Gabriel:

I am submitting NRC form 313A (AMP) for Mr. Jagannadha Rao Nibhanupudy, MSE, as a preceptor. Mr. Rao received training on HDR Brachyvision treatment planning software in November 2009; however since then he never performed any treatment planning using this software independently. To my knowledge, he is not capable of performing HDR treatment planning on any HDR applicators and will need additional training to do. He has received onsite training on VariSource iX HDR system in January 2011 and capable of performing daily quality assurance on the unit. If he qualifies, we would like to request an amendment to License Number 08-03075-07 to add Mr. Jagannadha Rao Nibhanupudy's name to the license as an authorized medical physicist. (Supporting documents included)

**Add: Jagannadha Rao Nibhanupudy, MSE**  
**Material and Use: 35.600 Remote afterloader unit(s)**

Thank you for your time and consideration in this matter. Please feel free to contact me directly should you need any additional information.

Sincerely,



Satya R. Bose, Ph.D., DABR  
Director of Radiation Safety  
& Radiation Safety Officer

cc: Sergei A. Nekhai, Ph.D.  
Chair, Radiation Safety Committee  
Department of Medicine, Associate Professor  
Center for Sickle Cell Disease, Co-Director

Alice A. Mahan  
Department Executive Officer for Radiology,  
Radiation Oncology & the Cancer Center

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NMSS/RGN1 MATERIALS-002



**AUTHORIZED MEDICAL PHYSICIST TRAINING AND EXPERIENCE  
AND PRECEPTOR ATTESTATION  
[10 CFR 35.51]**

APPROVED BY OMB: NO. 3150-0120  
EXPIRES: 3/31/2012

Name of Proposed Authorized Medical Physicist

JAGANNADHA RAO NIBHANUPUDY

**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.

☒ **1. Board Certification**

- a. Provide a copy of the board certification.
- b. 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.
- c. Skip to and complete Part II Preceptor Attestation.

☐ **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. Skip to and complete Part II Preceptor Attestation

☐ **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.

**AUTHORIZED MEDICAL PHYSICIST TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (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.

## AUTHORIZED MEDICAL PHYSICIST TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (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	Training Provider and Dates		
	Remote Afterloader	Teletherapy	Gamma Stereotactic Radiosurgery
Hands-on device operation	Radiation Oncology Dept., Howard Univ. Hospital Washington, D.C. 20060 3-7-2011-present	N/A	N/A
Safety procedures for the device use	"	"	"
Clinical use of the device	"	"	"
Treatment planning system operation	Mr. Rao had training on HDR - treatment planning - but, not capable of performing treatment independently.		

## 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.)

Dr. SATYA R. BOSE

License/Permit Number listing supervising individual as an authorized Medical Physicist

USNRC Lic# 08-03075-07

for the following types of use:

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

If Applicable:

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 TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (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**

Check one of the following:

**1. Board Certification**

☒ I attest that J.RAO NIBHANUPUDY has satisfactorily completed the requirements in  
Name of Proposed Authorized Medical Physicist  
10 CFR 35.51(a)(1) and (a)(2).

**OR**

**2. Education, Training, and Experience**

☐ I attest that \_\_\_\_\_ has satisfactorily completed the 1-year of 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**

**Second Section**

Complete the following:

☒ I attest that J.RAO NIBHANUPUDY has training for the types of use for which authorization  
Name of Proposed Authorized Medical Physicist  
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 J.RAO NIBHANUPUDY has achieved a level of competency sufficient to  
Name of Proposed Authorized Medical Physicist  
function independently 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)

**AND**

**Fourth Section**

Complete the following for preceptor attestation and signature:

☒ I meet the requirements in 10 CFR 35.51, or equivalent Agreement State requirements for Authorized Medical Physicist for the following: *except treatment planning on HDR - See comment on Section 3 C. (X)*  
☐ 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 Preceptor <b>Dr.SATYA R.BOSE</b>	Signature <i>Saty R Bose</i>	Telephone Number (202) 865-1421	Date 11/22/2011
License/Permit Number/Facility Name			

**AUTHORIZED MEDICAL PHYSICIST TRAINING AND EXPERIENCE  
AND PRECEPTOR ATTESTATION  
[10 CFR 35.51]**

APPROVED BY OMB: NO. 3150-0120  
EXPIRES: 10/31/2008

Name of Proposed Authorized Medical Physicist

J. RAO NIBHANUPUDY

**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.

☒ **1. Board Certification**

- a. Provide a copy of the board certification.
- b. 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.
- c. Skip to and complete Part II Preceptor Attestation.

☐ **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. Skip to and complete Part II Preceptor Attestation

☐ **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.

**AUTHORIZED MEDICAL PHYSICIST TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (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.

## AUTHORIZED MEDICAL PHYSICIST TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (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	Training Provider and Dates		
	Remote Afterloader	Teletherapy	Gamma Stereotactic Radiosurgery
Hands-on device operation	LONG BEACH MEMORIAL MEDICAL CENTER LONG BEACH, CA 90806 8-24-2009 THRU 8-28-2009.	N/A	N/A
Safety procedures for the device use	))	N/A	N/A
Clinical use of the device	))	N/A	N/A
Treatment planning system operation	))	N/A	N/A

Supervising individual DR. ANIL SHARMA  
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.)

License/Permit Number listing supervising individual as an authorized Medical Physicist  
CALIFORNIA STATE RADIOACTIVE MATERIAL  
LICENSE NO: 0165-19.

for the following types of use:

☒ Remote afterloader unit(s)      ☐ Teletherapy unit(s)      ☐ Gamma stereotactic radiosurgery unit(s)If Applicable: N/A

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 TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (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**

Check one of the following:

**1. Board Certification**

☒ I attest that J. RAO NIBHANUPUDY has satisfactorily completed the requirements in  
Name of Proposed Authorized Medical Physicist  
10 CFR 35.51(a)(1) and (a)(2).

OR

**2. Education, Training, and Experience**

☐ I attest that \_\_\_\_\_ has satisfactorily completed the 1-year of 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

**Second Section**

Complete the following:

☒ I attest that J. RAO NIBHANUPUDY has training for the types of use for which authorization  
Name of Proposed Authorized Medical Physicist  
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 J. RAO NIBHANUPUDY has achieved a level of competency sufficient to  
Name of Proposed Authorized Medical Physicist  
function independently 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)

AND

**Fourth Section**

Complete the following for preceptor attestation and signature:

☒ I meet the requirements in 10 CFR 35.51, 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)

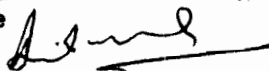
Name of Preceptor

Signature

Telephone Number

Date

DR. ANIL SHARMA



(562) 933-0300 8-28-2009

License/Permit Number/Facility Name LONG BEACH MEMORIAL MEDICAL CENTER, LONG BEACH, CA 90806

California State RAML # 0165-19



BRACHYTHERAPY

## **Certificate of Attendance**

**Presented To:**

**Howard University Hospital  
Washington, DC**

**Jagannadha Rao Nibhanupudy**

**For Attending Classroom Training Courses  
VariSource iX™ and BrachyVision Treatment Planning**

**Training Course Dates: November 17-20, 2009**

**Trainers: Mike Mariscal and David Harrington**

**Varian BrachyTherapy – The Better Solution.**





BRACHYTHERAPY

## Certificate of Attendance

**Presented To:**

Howard University Hospital  
Washington, DC

Oscar Streeter, MD	Satya Bose
Jacquelyn Dunmore-Griffith, MD	
J. Rao Nibhanupudy	Terri Hunter Echols
Tamara Garnett	Sosena Asrat

**For Attending Training:**

VariSource iX HDR System™  
January 4-6, 2011

**Instructor: Mike Mariscal**

**Varian BrachyTherapy – The Better Solution.**



# 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  
and the American Society of Therapeutic Radiologists  
Hereby certifies that*

**Jagannadha Rao Nibhanupudy, M.S.E.**

*Has pursued an accepted course of graduate study  
and clinical work, has met certain standards and qualifications and  
has passed the examinations conducted under the authority of  
The American Board of Radiology*

*On this eighteenth day of June, 1976*

*Thereby demonstrating to the satisfaction of the Board  
that he is qualified to practice the specialty of*

**Therapeutic Radiological Physics**

*Robert N. Cooley*  
President

*C. Allen Good*  
Secretary



# The University of Washington



To all to whom these Letters shall come, Greeting:  
The Regents of the University on recommendation of the University Faculty  
and by virtue of the Authority vested in Them by Law have this day admitted

**Nibhanupudy Jagannadha Rao**

to the degree of

**Master of Science in Engineering**

and have granted all the Rights, Privileges and Honors thereto pertaining

Given at Seattle, in the State of Washington, this twenty-first  
Day of August, One Thousand Nine Hundred and Seventy,  
in the One Hundred and tenth Year of the University.

Nuclear



*Charles E. McGowan*  
President of the University

*George V. Powell*  
President of the Board of Regents

*Joseph L. McCarthy*  
Dean

This is to acknowledge the receipt of your letter/application dated

05/14/2012, and to inform you that the initial processing which includes an administrative review has been performed.

☒ *Amendment (08-03075-07)*  
There were no administrative omissions. Your application was assigned to a technical reviewer. Please note that the technical review may identify additional omissions or require additional information.

☐ Please provide to this office within 30 days of your receipt of this card

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A copy of your action has been forwarded to our License Fee & Accounts Receivable Branch, who will contact you separately if there is a fee issue involved.

Your action has been assigned **Mail Control Number** 577652  
When calling to inquire about this action, please refer to this control number.  
You may call us on (610) 337-5398, or 337-5260.