



January 27, 2015

Br. 1

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REC'D 12/25/15 AM 10:27

U.S. Nuclear Regulatory Commission Region I
2100 Renaissance Boulevard, Suite 100
King of Prussia, PA 19406-2713

Licensee: Camden-Clark Memorial Hospital Corporation
License No.: 47-09772-02

To Whom It May Concern,

This letter is to inform you that Dr. Huaqun Guan will be performing duties as an Authorized Medical Physicist at Camden Clark Memorial. We are enclosing his NRC 313A (AMP), Curriculum Vitae, Previous RAM licenses for HDR, Letter of Local Training by an authorized user on our license and HDR training by the company on the specific unit at Camden Clark. We are requesting that Dr. Guan be added to License 47-09772-02 for Iridium 192 in a High Dose Rate Remote Afterloader Unit for calibrations, spot-checks, and training. He also needs to be added for the non medical use of our Cesium 137 calibrator for survey meter checks.

Please do not hesitate to contact me if you have any questions regarding this request at (724) 454-2371.

Sincerely,

Daniel A. Berkley
Radiation Safety Officer
Camden Clark Medical Center
800 Garfield Avenue
P.O. Box 718
Parkersburg, WV 26102

DAB/jfe
Enclosures

586034

NMSS/RGN1 MATERIALS-002

**AUTHORIZED MEDICAL PHYSICIST TRAINING AND EXPERIENCE
AND PRECEPTOR ATTESTATION**
[10 CFR 35.51]APPROVED BY OMB: NO. 3150-0120
EXPIRES: (05/31/2015)

Name of Proposed Authorized Medical Physicist

Huaijun Guan

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**

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

☒ **2. Current Authorized Medical Physicist Seeking Additional Authorization for use(s) checked above**

- Go to the table in section 3.c. to document training for new device.
- Skip to and complete Part II Preceptor Attestation

☐ **3. Education, Training, and Experience for Proposed Authorized Medical Physicist**

- 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	

- 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.

(05-2012)

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	Iridium-192 HDR ① Good Samaritan Hospital Kearney, NE 01/2009-04/2011 ② 21 Century Oncology Dothan, AL, 01/2013-04/2014		
Safety procedures for the device use	The same as above		
Clinical use of the device	The same as above		
Treatment planning system operation	Gamma Med, Varian Nucletron, Oncentra		
Supervising Individual <small>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.)</small>		License/Permit Number listing supervising individual as an authorized Medical Physicist	
for the following types of use:			
<input checked="" type="checkbox"/> Remote afterloader unit(s) <input type="checkbox"/> Teletherapy unit(s) <input type="checkbox"/> 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 Huaigun Guan 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 Huaigun Guan 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 Huaigun Guan 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)

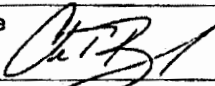
AND

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 Christopher T Baird	Signature 	Telephone Number (773) 405-3444	Date 19 Jan 2015
License/Permit Number/Facility Name Texas L00439, Memorial Hermann Health System, Houston, TX			



Rick Scott
Governor

H. Frank Farmer, Jr., M.D., Ph.D.
State Surgeon General

FLORIDA DEPARTMENT OF HEALTH

CONFIRMATION OF LICENSE

NAME: HUAIQUN GUAN
PROFESSION: THERAPEUTIC RADIOLOGICAL PHYSICIST
LICENSE NUMBER: TRP360
EFFECTIVE DATE: 04/13/2011
MAILING ADDRESS: [REDACTED]
ATTENTION:
PRACTICE ADDRESS: 1475 NW AVE
STE- 1501
DEPT RAD ONCOL, UNIV OF MIAMI MED SCHOOL
MIAMI, FL 33136

ATTENTION:

PERSONAL INFORMATION WAS REMOVED
BY NRC. NO COPY OF THIS INFORMATION
WAS RETAINED BY THE NRC.

NOTE:

This document confirms receipt of an approved initial licensure application for the practitioner listed above. The practitioner should receive a license in the mail within 7-14 business days.

Online licensure confirmation also can be obtained by visiting <http://www.flhealthsource.com> and accessing the Department's license verification screen.

This document, issued from a secure online site, authorizes practice until the practitioner receives the printed license.

STATE OF FLORIDA
DEPARTMENT OF HEALTH
BUREAU OF RADIATION CONTROL

RADIOACTIVE MATERIALS LICENSE
SUPPLEMENTAL SHEET

- 12 D. The authorized medical physicists for medical physics support are:

Authorized Material and Uses as Described in Items 6, 7, 8, and 9	Names
64E-5.634(2) Iridium 192 and 64E-5.634(1) Cobalt 60	Xiaodong Wu, Ph.D. Elizabeth Landahl Bossart, Ph.D. Hia Shao, Ph.D. Alberto De La Zerda, M.S.
64E-5.634(2) Iridium 192	Huaiqun Guan, Ph.D.

31. A. Except as specifically provided otherwise by this license, the licensee shall possess and use licensed material described in Items 6, 7, 8, and 9 of this license in accordance with statements, representations and procedures contained in the licensee's application dated June 16, 2010, signed by Edward C. Pombier, M.D., Director, Radiation Control Center and correspondence dated:
- April 24, 2006 (certifying officials-Edward Pombier and Jose M. Perez), signed by Pascal Goldschmidt, M.D., Sr. Vice President for Medical Affairs and Dean.
June 16, 2010 (gammaknife storage only commitment), signed by Edward C. Pombier, M.D., Director, Radiation Control Center.
- B. The licensee shall comply with all applicable requirements of Chapter 64E-5, Florida Administrative Code, and these regulations shall supersede the licensee's statements in applications or correspondence, unless the statements are more restrictive than the regulations.
- C. For the purpose of these rules "Total effective dose equivalent (TEDE)" means the sum of the effective dose equivalent for external exposures and the committed effective dose equivalent for internal exposures and when the external exposure for compliance with subsection 64E-5.308(3) is determined by measurement with an external personal monitoring device, the deep-dose equivalent must be used in place of the effective dose equivalent, unless the effective dose equivalent is determined by a dosimetry method approved by the department.

License Number: 1319-3
Amendment No.: 40
Control Number: 20110614-1005

LICENSEE COPY

Page 2 of 3 Page(s)

Category: [5A(III)]

Expiration Date: 6/30/2015

Form NRH-6
Revised August 2007STATE OF NEBRASKA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
RADIOACTIVE MATERIALS PROGRAM

Page 1 of 3

RADIOACTIVE MATERIAL LICENSE

Pursuant to the Radiation Control Act, 1963, and 180 NAC 3 of the Nebraska regulations, 'Control of Radiation,' and in reliance on statements and representations heretofore made by the licensee designated below, a license is hereby issued authorizing such licensee to transfer, receive, possess and use the radioactive material(s) designated below; and to use such radioactive materials for the purpose(s) and at the place(s) designated below. This license is subject to all applicable rules, regulations and orders now or hereafter in effect of the Nebraska Department of Health and Human Services and to any conditions specified below.

1. Licensee	Good Samaritan Hospital	3. License Number	09-02-01
		License Type	Nuclear Medicine
2. Address	10 East 31st Street P.O. Box 1990 Kearney, NE 68848-1990	4. Amendment Number	74
		License Amended In Its Entirety To Read As Follows:	
		5. Expiration Date	September 30, 2009

6. Radioactive Material	7. Chemical And/Or Physical Form	8. Maximum Quantity License May Possess At Any One Time Under This License	9. Authorized Use
A. Any radioactive material identified in 180 NAC 3-008.09	Any radioactive material as identified in 180 NAC 3-008.09	As needed	Any in-vitro clinical or laboratory test described in 180 NAC 3-008.09
B. Any radioactive material identified in 180 NAC 7-034	Any unsealed radioactive material prepared for medical use in accordance with 180 NAC 7-034	As needed	Uptake, dilution, and excretion studies authorized by 180 NAC 7-034
Any radioactive material identified in 180 NAC 7-036	Any unsealed radioactive material prepared for medical use in accordance with 180 NAC 7-036	10 Curies	Imaging and localization studies authorized by 180 NAC 7-036
D. Radioactive material identified in 180 NAC 7-040, item 1 (Iodine 131)	Unsealed iodide prepared for medical use as indicated in 180 NAC 7-040, item 1	1,000 millicuries	Therapeutic use described in 180 NAC 7-040, item 1
E. Radioactive material identified in 180 NAC 7-040, item 2 (Iodine 131)	Unsealed iodide prepared for medical use as indicated in 180 NAC 7-040, item 2	1,000 millicuries	Therapeutic use described in 180 NAC 7-040, item 2
F. Radioactive material identified in 180 NAC 7-040, item 6 (Strontium 89)	Unsealed chloride prepared for medical use as indicated in 180 NAC 7-040, item 6	100 millicuries	Therapeutic use described in 180 NAC 7-040, item 6
G. Yttrium-90	Unsealed chloride prepared for medical use as indicated in 180 NAC 7-040, item 7	100 millicuries	For the treatment of non-Hodgkin's Lymphoma
H. Any radioactive material identified in 180 NAC 7-046	Any sealed source indicated in 180 NAC 7-046	1 curie	Any therapeutic use described in 180 NAC 7-046

Form NRH-6
Revised August 2007STATE OF NEBRASKA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
RADIOACTIVE MATERIALS PROGRAMPage 2 of 3
License Number: 09-02-01
Amendment Number: 74**RADIOACTIVE MATERIAL LICENSE
supplemental sheet**

I. Cobalt-57	Sealed source (North American Scientific MED 3700-3749, Dupont Merck NES8400, 8430, 8450, Amersham CTR301, 401, 501, 601, 701, 801, Isotope Products FL Series)	25 millicuries per source	For equipment calibration
J. Iodine-125	Unsealed Iotrex aqueous solution	8 curies	To be used in a Cytoc Surgical Products GliaSite Radiation Therapy System catheter in the treatment of malignant brain tumors

CONDITIONS

10. Licensed material listed in Item 6. is only authorized for use by, or under the supervision of, the following individuals for the materials and uses indicated:

Authorized User

Sean D. Denney, MD
Daniel Fuerst, MD
Robert L. Heyd, MD
Richard S. Jerde, MD
Azariah Kirubakaran, MD
Fishel Z. Liberman, MD
Daniel J. McGowan, MD

Material and Uses:

7-036 limited to cardiovascular clinical procedures
3-008.09; 7-034; 7-036; 7-040 items 1 and 6; Co-57; Tc-99m
3-008.09; 7-034; 7-036; 7-040 items 1, 2, 6; Co-57; Tc-99m
3-008.09; 7-034; 7-036; 7-040 items 1 and 6; Co-57; Tc-99m
7-036 limited to cardiovascular clinical procedures
7-040 item 2; 7-046; Y-90; I-125 pending initial training
7-036 limited to cardiovascular clinical procedures .

11. A. The Radiation Safety Officer for this license is Dale A. Brummer, CMD, BSRT (R)(T).

- B. The medical physicists for this license are Huaqun Guan, Ph.D., Wei-Kom Chu, Ph.D. and Myron R. Goede, M.S.

12. Licensed material shall be used only at the licensee's facility located at 10 East 31st Street and 3219 Central Avenue, Kearney Nebraska..

13. The licensee is authorized to transport licensed material only in accordance with the provisions of 180 NAC 13.

14. The licensee is authorized to hold licensed material with a half-life of less than 120 days for decay-in-storage before disposal in ordinary trash provided the requirements of 180 NAC 4-039.03 are met.

15. Sealed sources or detector cells containing licensed material shall not be opened or sources removed from source holders by the licensee.

16. Needles or standard medical applicator cells containing licensed material as wire shall not be opened by the licensee.

17. In addition to the possession limits in Item 8., the licensee shall further restrict the possession of licensed material to quantities below the minimum limit specified in 180 NAC 3-018.04 for establishing financial assurance for

Form NRH-6
Revised August 2007

STATE OF NEBRASKA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
RADIOACTIVE MATERIALS PROGRAM

Page 3 of 3
License Number: 08-02-01
Amendment Number: 74

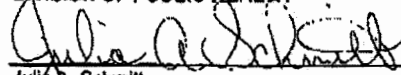
RADIOACTIVE MATERIAL LICENSE
supplemental sheet

decommissioning.

18. Notwithstanding the requirements in 180 NAC 7-046, Good Samaritan Hospital is authorized to perform low dose rate brachytherapy with I-125 Iotrex solution using an approved Cytex Surgical Products GliaSite Radiation Therapy System with catheter Models 1020, 1030, and 1040. (FDA 510(k) Number K003206)
19. Except as specifically provided otherwise by this license, the licensee shall conduct its program in accordance with the statements, representations, and procedures contained in the documents, including any enclosures, listed below. Title 180 shall govern unless the statements, representations, and procedures in the licensee's application and correspondence are more restrictive than the regulations.
- A. Renewal application with attachments dated August 19, 2004, signed by Steve M. Loveless, Vice-President.
 - B. Deficiency letter response with attachments dated December 20, 2004, signed by Dale Brummer.
 - C. GliaSite procedures outlined in letter with attachments dated July 14, 2006, signed by Dale Brummer.
 - D. Letter with attachments dated September 1, 2006, signed by Dale Brummer.
 - E. Letter with drawings of the Stress Lab Room 1 and Stress Lab Room 2, dated May 6, 2009, signed by Dale Brummer.
 - F. Letter with attachments dated October 2, 2009, signed by Dale Brummer detailing the transfer of ownership of Kearney Imaging Center to Good Samaritan Hospital.

Date: October 5, 2009

FOR THE NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES,
DIVISION OF PUBLIC HEALTH


Julie A. Schmitt
Radioactive Materials Program

Received Time Jun. 10. 2011 4:38PM No. 0920

Date: 1/14/2015

To: Dan Berkley

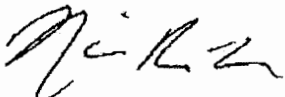
From: Nicole Bunda-Randall, MS, DABR

Concerning HDR Nucletron training of Dr. Guan.

In early December 2014 I provided Dr. Guan a week of HDR onsite training.
We reviewed:

Daily HDR procedures
Patient planning

Please let me know if you need any other information from me.



Sincerely
Nicole Bunda-Randall, MS, DABR



Nucletron, an Elekta Company
400 Perimeter Center Terrace, Suite 50
Atlanta, GA 30346

Toll Free: 855-MYELEKTA (855-693-5358)

Nucletron Training Seminar

Institution: CAMDEN CLARK

City, State/Province, Zip: PARKERSBURG WEST VA USA

1 Teaching Aids Used

User's Manual
Applicators and Accessories
Source Container and Dummy Sources
Other

✓
✓
✓
✓

2 Topics Covered

Explanation of Remote Afterloading
Explanation of Radiation Protection

✓
✓

3 Applications

Bronchus
Interstitial
Intracavitary
Intraoperative

✓
✓
✓
✓

4 Applicators/Accessories

Bronchus
GYN
Esophagus
Interstitial
Other

✓
✓
✓
✓
✓

5 Equipment Operation

Treatment Unit
Handling
Power Requirements
Console
Treatment
Start
Interrupt
Emergency Stop
Alarm and Error Codes

✓
✓
✓
✓
✓
✓
✓
✓
✓
✓

Radioactive Source: IR-192

6 Receiving

Unpacking
Acceptance
Calibration
Installation

✓
✓
✓
✓

7 Shipping

Release
Packing
Documents
Measurements

✓
✓
✓
✓

Emergency Procedures

✓

All areas marked were covered during training

04/22/2015 12:38:01pm

Instructor

Instructor

ENGINEER

Title

04/22/2015 12:38:01pm

SigPlus

Department Head

PHYSICIST

Title

* List of all attendees accompanies this form



Nucletron
Improving patient care

**Nucletron Training
Attendance Registration**

Hospital: CAMDEN CLARK

Date: Thursday, January 22, 2015

City /Country PARKERSBURG WEST VA USA

Course: Annual Emergency Procedures

Instructor: DAVID E GLESSNER

	Name	Department	Title	Email Address
1	Hualqun Guan	RAD ONC	PHYSICIST	
2				
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Instructor Signature: _____

01/22/2015 01:09:35 pm

Instructor

Administrator: _____

01/22/2015 01:09:35 pm

Administrator

Instructor Name & Title: david glessner engineer

Admin Name & Title: hualqun guan physicist

We, the Instructor and Facility Administrator certify that the above individuals have been instructed in the above mention training in accordance with Nucletron, an Elekta Company's Training Standards.

**PERSONAL INFORMATION WAS REMOVED
BY NRC. NO COPY OF THIS INFORMATION
WAS RETAINED BY THE NRC.**

This is to acknowledge the receipt of your letter application dated

1-27-15, and to inform you that the initial processing which includes an administrative review has been performed.

☒ Amerio: 47-09772-02
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

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** 586034
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.

NRC FORM 532 (RI)
(6-96)

Sincerely,
Licensing Assistance Team Leader