



ANCHORAGE
RADIATION
THERAPY
CENTER



2841 DEBARR ROAD | SUITE 160 | ANCHORAGE, AK 99508 | P: 907.276.2400 | TOLL-FREE: 877.276.4655 | F: 907.276.4838

RECEIVED
APR - 2 2015

Jack E. Whitten, Chief
Nuclear Materials Safety Branch B
Division of Nuclear Materials Safety
Region IV/Nuclear Regulatory Commission
1600 E. Lamar Blvd.
Arlington, TX 76011-4511

DNMS

31 March 2015

Dear Mr. Whitten,

License # 50-35068-01

We would like to add Noah Arvidson, MS to our Gamma Knife License (# 50-35068-01) as Authorized Medical Physicists (AMP). Attached are the required FORMS 313A "AUTHORIZED MEDICAL PHYSICIST TRAINING AND PRECEPTOR ATTESTATION" and other required documentation

Noah Arvidson, MS:

- 1) Has a masters degree in Medical Physics from the University of Wisconsin (see copy of diploma attached)
- 2) Has completed four years of megavoltage calibration and quality assurance under the direction of Darwin Zellmer, PhD, RSO and AMD as his preceptor (see Form 313A attached)
- 3) Has completed one year of calibration and quality assurance on the Gamma Knife under the direction of Darwin Zellmer, PhD, RSO and AMD as his preceptor (see Form 313A attached)
- 4) Has completed factory authorized Gamma Knife training at Cleveland Clinic (See attached certificate)

We feel that the above described documentation satisfies requirement per 10 CFR 35.51 and request that Mr. Arvidson be added to our NRC License #50-35068-01 in a timely manner as AMPs.

Sincerely,


Richard T. Chung, MD
Medical Director

PUBLIC

- ☐ Immediate Release
☒ Normal Release

NON-PUBLIC

- ☐ A.3 Sensitive-Security Related
☐ A.7 Sensitive Internal
☐ Other: _____

Reviewer: R102 Date: 4.27.15



Darwin L. Zellmer, PhD
Radiation Safety Officer

RICHARD T. CHUNG, M.D.
STEPHEN M. SETTLE, M.D., Ph.D.
JOHN S. YORDY, M.D., Ph.D.

**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

Noah Arvidson, MS

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
MS	Medical Physics
College or University	
University of Wisconsin	

- 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 Darwin L. Zellmer, PhD, DABR, DABP 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 Darwin L. Zellmer, PhD, DABR, DABMP 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	Anchorage Radiation Therapy Center	Sept 2010 - Sept 2013	Sept 2013 - Apr 2015
Performing sealed source leak tests and inventories	Anchorage Radiation Therapy Center		Sept 2013 - Apr 2015
Performing decay corrections	Anchorage Radiation Therapy Center		Sept 2013 - Apr 2015
Performing full calibration and periodic spot checks of external beam treatment unit(s)	Anchorage Radiation Therapy Center		Sept 2013 - Apr 2015
Performing full calibration and periodic spot checks of stereotactic radiosurgery unit(s)	Anchorage Radiation Therapy Center		Sept 2013 - Apr 2015
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)	Anchorage Radiation Therapy Center		Sept 2013 - Apr 2015

Supervising Individual**

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

Darwin L. Zellmer, PhD, DABR, DABMP

NRC License number 50-35068-01

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			March 2014 Apr 2015
Safety procedures for the device use			March 2014 Apr 2015
Clinical use of the device			March 2014 Apr 2015
Treatment planning system operation			March 2014 Apr 2015
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	
Darwin L. Zellmer, PhD, DABR, DABMP		NRC License number 50-35068-01	
for the following types of use:			
<input type="checkbox"/> Remote afterloader unit(s) <input type="checkbox"/> Teletherapy unit(s) <input checked="" 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 _____ 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 Noah Arvidson, MS _____ 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 Noah Arvidson, MS _____ 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 Noah Arvidson, MS _____ 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

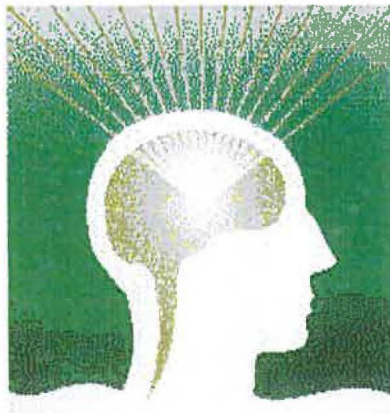
Fourth Section

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 Darwin L. Zellmer, PhD, DABR, DABMP	Signature 	Telephone Number (907) 276-2400	Date 31 Mar 2015
License/Permit Number/Facility Name NRC License number 50-35068-01 Anchorage Radiation Therapy Center			



THE CLEVELAND CLINIC GAMMA KNIFE CENTER

Noah Arvidson, MS

**has completed the
Gamma Knife® Perfexion™ Introductory Training Course
August 19-23, 2013**

Gene H. Barnett, MD
Director, Cleveland Clinic
Gamma Knife Center

Gennady Neyman, PhD
Lead Gamma Knife Physicist, Cleveland Clinic
Gamma Knife Center



Lilyana Angelov, MD
Program Co-Director, Cleveland Clinic
Gamma Knife Center

John Suh, MD
Associate Director, Cleveland Clinic
Gamma Knife Center

UNIVERSITY OF WISCONSIN-MADISON



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

NOAH BARRETT ARVIDSON

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 twentieth day of May, in the year two thousand and seven
and of the University the one hundred fifty-seventh.


President, University of Wisconsin System


Chancellor, University of Wisconsin-Madison


President of the Board of Regents



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TX-US
DFW



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RECEIVED
APR - 2 2015
DNMS

mely Urgent

FedEx Package
Express US Airbill

FedEx Tracking Number 8065 9752 6537

1 From [Redacted]
Date [Redacted]
Sender's Name [Redacted] Phone [Redacted]
Company [Redacted]
Address [Redacted] Dept./Floor/Suite/Room [Redacted]
City [Redacted] State [Redacted] ZIP [Redacted]

2 Your Internal Billing Reference

3 To Recipient's Name [Redacted] Phone [Redacted]
Company [Redacted]
Address [Redacted] Dept./Floor/Suite/Room [Redacted]
Address [Redacted]
City [Redacted] State [Redacted] ZIP [Redacted]

HOLD Weekday
FedEx location address
REQUIRED. NOT available for
FedEx First Overnight.

HOLD Saturday
FedEx location address
REQUIRED. Available ONLY for
FedEx Priority Overnight and
FedEx 2Day to select locations.

4 Express Package Service *To
NOTE: Service order has changed. Please select
Next Business Day
☐ FedEx First Overnight
Earliest next business morning delivery to select locations. Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected.
☐ FedEx Priority Overnight
Next business morning.* Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected.
☐ FedEx Standard Overnight
Next business afternoon.* Saturday Delivery NOT available.

5 Packaging *Declared value limit
☐ FedEx Envelope* ☐ FedEx Box

6 Special Handling and De
☐ SATURDAY Delivery
NOT available for FedEx Standard Overnight
☐ No Signature Required
Package may be left without obtaining a signature for delivery.
Does this shipment contain *
☐ No ☐ Yes
Dangerous goods or placed in a FedEx box

7 Payment
☐ Sender Account No. in Section 1 will be billed.
☐ Third Party
Total Packages Total Weight

FROM: Kari Disbrow
CARR: Federal Express
TRK#: 806597526537
RCVD: 4/2/2015 1106
TO: WHITTEN, Jack
PH:
BDG:
RM:
PCS: 1



RTE:
MSC:



81998 FedEx.com 1800.GoFedEx 1800.463.3339



DATE

04/22/2015

NAME AND ADDRESS OF APPLICANT AND/OR LICENSEE

Darwin Zellmer, Ph.D., Radiation Safety Officer
Anchorage Radiation Oncology Management, Inc.
dba Anchorage Radiation Therapy Center
2841 Debarr Road, Suite 100
Anchorage, Alaska 99508

LICENSE NUMBER

50-35068-01

MAIL CONTROL NUMBER

586618

LICENSING AND/OR TECHNICAL REVIEWER

CH

This is to acknowledge the receipt of your:

☒ LETTER and/or ☐ APPLICATION DATED: 03/31/2015

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 fill out NRC Form 531, located at the following link:

<http://www.nrc.gov/reading-rm/doc-collections/forms/nrc531.pdf>

Send the completed NRC Form 531, by facsimile, to the following number: (301) 415-5387

A copy of your action has been emailed to our License Fee and Accounts Receivable Branch, in our Headquarters office in Rockville, MD. You will be contacted separately if there is a fee issue involved.

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

✓ 4/22

BETWEEN:

Accounts Receivable/Payable
and
Regional Licensing Branches

[FOR ARPB USE]
INFORMATION FROM WBL

Program Code: 02310
Status Code: Pending Amendment
Fee Category: 7A
Exp. Date:
Fee Comments:
Decom Fin Assur Reqd: N

License Fee Worksheet - License Fee Transmittal

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: Anchorage Radiation Oncology Management, Inc., dba Anchorage Radiation Therapy Ctr.
Received Date: 04/02/2015
Docket Number: 3038646
Mail Control Number: 586618
License Number: 50-35068-01
Action Type: Amendment

2. FEE ATTACHED

Amount: _____

Check No.: _____

3. COMMENTS

Signed: _____

Date: _____

Carol L. Hise
4/22/15

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 is entered / /)

1. Fee Category and Amount: _____

2. Correct Fee Paid. Application may be processed for:

Amendment: _____

Renewal: _____

License: _____

3. OTHER _____

Signed: _____

Date: _____