



**THE QUEEN'S MEDICAL CENTER**  
**CANCER CENTER**

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JUL 23 2015

DNMS

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July 16, 2015

U.S. NRC Region IV  
Materials Licensing Branch  
1600 E. Lamar Blvd  
Arlington, TX 76011-4511

Docket: 030-14522  
License: 53-16533-02

**PUBLIC**

- ☐ Immediate Release  
☒ Normal Release

**NON-PUBLIC**

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

Reviewer: flr Date: 7-31-15

RE: Amendment to add Junhan Pan as an Authorized Medical Physicist for the medical use of radioactive materials in the following categories:

35.600 HDR Remote Afterloader Unit, and  
35.600 Teletherapy unit

Junhan Pan completed his medical physics residency at the University of Arizona from 06/2013 to 06/2015. Please find enclosed the documentation for Junhan Pan's training and experience, and the preceptor's attestation.

We request expedited processing of this license amendment as the addition of Junhan Pan to our staff of Authorized Medical Physicists addresses the need for increased professional services attending to our patients undergoing radiation treatment for cancer.

Please contact our Radiation Safety Officer, Blaine Ikeda, at [blaine@pharmarxhawaii.com](mailto:blaine@pharmarxhawaii.com) or our Chief Medical Physicist, Emily Hirata, at [ehirata@queens.org](mailto:ehirata@queens.org) for any additional information to facilitate this amendment.

Thank you very much.

Sincerely,

Darlena Chadwick, MSN, MBA, FACHE  
Vice President, Patient Care  
Oncology/Neuroscience/Pharmacy/Gastroenterology/Pathology/Professional Services

Enclosures:

1. Form 3131A for Junhan Pan

**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

Junhan Pan

**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
Professional Science Master	Medical Physics
College or University	
University of Arizona	

- 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 Russell J. Hamilton 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 Russell J. Hamilton 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	University of Arizona, ARRA 10-044	06/2013- 06/2014	06/2014- 06/2015
Performing sealed source leak tests and inventories	University of Arizona, ARRA 10-044	06/2013- 06/2014	06/2014- 06/2015
Performing decay corrections	University of Arizona, ARRA 10-044	06/2013- 06/2014	06/2014- 06/2015
Performing full calibration and periodic spot checks of external beam treatment unit(s)	University of Arizona, ARRA 10-044	06/2013- 06/2014	06/2014- 06/2015
Performing full calibration and periodic spot checks of stereotactic radiosurgery unit(s)	University of Arizona, ARRA 10-044	06/2013- 06/2014	06/2014- 06/2015
Performing full calibration and periodic spot checks of remote afterloading unit(s)	University of Arizona, ARRA 10-044	06/2013- 06/2014	06/2014- 06/2015
Conducting radiation surveys around external beam treatment unit(s), stereotactic radiosurgery unit(s), remote after loading unit(s)	University of Arizona, ARRA 10-044	06/2013- 06/2014	06/2014- 06/2015

Supervising Individual\*\*

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

Russell J. Hamilton

ARRA 10-044

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	Russell J. Hamilton 06/2013-06/2014	Russell J. Hamilton 06/2013-06/2014	
Safety procedures for the device use	Russell J. Hamilton 06/2013-06/2014	Russell J. Hamilton 06/2013-06/2014	
Clinical use of the device	Russell J. Hamilton 06/2013-06/2014	Russell J. Hamilton 06/2013-06/2014	
Treatment planning system operation	Russell J. Hamilton 06/2013-06/2014	Russell J. Hamilton 06/2013-06/2014	
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>  Russell J. Hamilton		License/Permit Number listing supervising individual as an authorized Medical Physicist  ARRA 10-044	

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 \_\_\_\_\_ 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 Junhan Pan \_\_\_\_\_ 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 Junhan Pan \_\_\_\_\_ 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 Junhan Pan \_\_\_\_\_ 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 Russell J. Hamilton	Signature 	Telephone Number (520) 626-6002	Date 06/23/2015
License/Permit Number/Facility Name ARRA 10-044, University of Arizona			

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US NRC Region IV  
1600 E. Lamar Blvd  
Arlington, TX 76011-4511

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RTE MSC

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CARR: Federal Express  
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RCVD: 7/23/2015 1045

TO: HILL, Carol  
PH:  
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# THE QUEEN'S MEDICAL CENTER

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1301 PUNCHBOWL ST  
HONOLULU, HI 96813  
UNITED STATES US

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CAD: 0751243/CAFE2807

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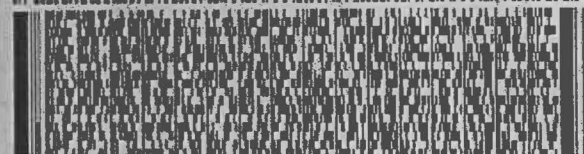
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ARLINGTON TX 760114125

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PO: 691-7345

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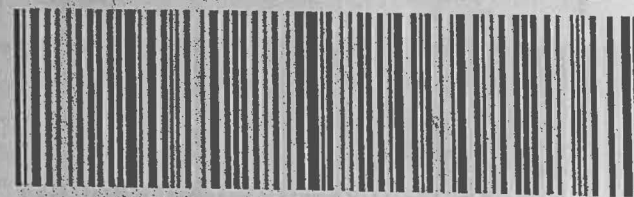
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DFW



STD: 171024 21JUL15 HMLA 63701/B556/EE48



DATE

07/27/2015

NAME AND ADDRESS OF APPLICANT AND/OR LICENSEE

Brian Oyadomari  
Radiation Safety Officer  
The Queen's Medical Center  
1301 Punchbowl Street  
Honolulu, HI 96813

LICENSE NUMBER

53-16533-02

MAIL CONTROL NUMBER

588339

LICENSING AND/OR TECHNICAL REVIEWER

CH

This is to acknowledge the receipt of your:

☒ LETTER and/or ☐ APPLICATION

DATED: 06/23/2015

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

✓ 7/27/15



BETWEEN:

Accounts Receivable/Payable  
and  
Regional Licensing Branches

[ FOR ARPB USE ]  
INFORMATION FROM WBL

Program Code: 02230  
Status Code: Pending Amendment  
Fee Category: 3E 7C  
Exp. Date:  
Fee Comments: CODE 23  
Decom Fin Assur Req: N

## License Fee Worksheet - License Fee Transmittal

### A. REGION

#### 1. APPLICATION ATTACHED

Applicant/Licensee: QUEEN'S MEDICAL CENTER, THE  
Received Date: 07/23/2015  
Docket Number: 3014522  
Mail Control Number: 588339  
License Number: 53-16533-02  
Action Type: Amendment

#### 2. FEE ATTACHED

Amount: \_\_\_\_\_

Check No.: \_\_\_\_\_

#### 3. COMMENTS

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

### 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: \_\_\_\_\_