

Hill, Carol

From: Phillips, David J LTC USARMY MEDCOM MAMC (US) <david.j.phillips48.mil@mail.mil>
Sent: Friday, September 30, 2016 3:56 PM
To: Cook, Jackie
Cc: Hill, Carol; Bridges, Jennifer; Patron, Monique M 1LT USARMY MEDCOM (US); Phillips, David J LTC USARMY MEDCOM MAMC (US)
Subject: [External_Sender] License Amendment Request, Madigan Army Medical Center, No. 46-02645-03 (UNCLASSIFIED//FOUO)
Attachments: Amendment Request - Add Premo as AU, 30 Sep 16.pdf
Signed By: david.j.phillips48.mil@mail.mil

CLASSIFICATION: UNCLASSIFIED//FOR OFFICIAL USE ONLY

Ma'am,

Attached please find a license amendment request to add CPT Premo as an Authorized User for our license, No. 46-02645-03.

Thank you,

DAVID J. PHILLIPS, PhD | LTC, MS |
Chief, Health Physics Service, Madigan Army Medical Center |
O: (253) 968-4300 | C: (253) 682-8554 | david.j.phillips48.mil@mail.mil |

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PUBLIC
☐ Immediate Release
☒ Normal Release

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

Reviewer: note Date: 10/6/16



DEPARTMENT OF THE ARMY
MADIGAN ARMY MEDICAL CENTER
9040 JACKSON AVENUE
TACOMA, WA 98431-1100

September 30, 2016

U.S. Nuclear Regulatory Commission, Region IV
Material Radiation Protection Section
1600 East Lamar Boulevard
Arlington, Texas 76011-8064

Dear Sir or Madam:

Request that NRC License No. 46-02645-03 for Madigan Army Medical Center (MAMC) be amended to add CPT Christopher N. Premo as an Authorized User (AU) for 35.400 and 35.600 activities.

The Radiation Control Committee at MAMC met on 16 June 2016 and reviewed CPT Premo's NRC Form 313A (AUS). CPT Premo meets requirements in 10 CFR 35.490 and 35.690 to serve as an AU. The RCC voted unanimously to approve CPT Premo as an AU.

Enclosed please find CPT Premo's NRC Form 313A (AUS) and Residency Diploma.

The point of contact is LTC David J. Phillips, Radiation Safety Officer, at (253) 968-4300 or david.j.phillips48.mil@mail.mil.

Sincerely,

A handwritten signature in black ink, appearing to read "David J. Phillips", is located below the "Sincerely," text.

David J. Phillips
Lieutenant Colonel, US Army
Radiation Safety Officer

592049

**AUTHORIZED USER TRAINING AND EXPERIENCE
AND PRECEPTOR ATTESTATION**
(for uses defined under 35.400 and 35.600)
[10 CFR 35.490, 35.491, and 35.690]APPROVED BY OMB: NO. 3150-0120
EXPIRES: 05/31/2016

Name of Proposed Authorized User

Christopher N. Premo

State or Territory Where Licensed

Virginia

Requested



35.400 Manual brachytherapy sources



35.600 Teletherapy unit(s)

Authorization(s)



35.400 Ophthalmic use of strontium-90



35.600 Gamma stereotactic radiosurgery unit(s)

(check all that apply)



35.600 Remote afterloader 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. For 35.600, go to the table in 3.e. 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 35.600 Authorized User Requesting Additional Authorization for 35.600 Use(s) Checked Above**

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

☒ **3. Training and Experience for Proposed Authorized User**

- a. Classroom and Laboratory Training ☒ 35.490 ☐ 35.491 ☒ 35.690

Description of Training	Location of Training	Clock Hours	Dates of Training*
Radiation physics and instrumentation	National Cancer Institute/Walter Reed Med Center Bethesda, MD	160	7/1/2012- 6/30-2016
Radiation protection	National Cancer Institute/Walter Reed Med Center Bethesda, MD	30	7/1/2012- 6/30-2016
Mathematics pertaining to the use and measurement of radioactivity	National Cancer Institute/Walter Reed Med Center Bethesda, MD	30	7/1/2012- 6/30-2016
Radiation biology	National Cancer Institute/Walter Reed Med Center Bethesda, MD	20	7/1/2012- 6/30-2016

Total Hours of Training: 240

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Training and Experience for Proposed Authorized User (continued)

b. Supervised Work and Clinical Experience for 10 CFR 35.490 (If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this page.)

Supervised Work Experience		Total Hours of Experience:	500
Description of Experience Must Include:	Location of Experience/License or Permit Number of Facility	Confirm	Dates of Experience*
Ordering, receiving, and unpacking radioactive materials safely and performing the related radiation surveys	19-00168-21JP/WRNMMC Radiation Oncology Clinic Bethesda, MD	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/1/2012-6/30-2016
Checking survey meters for proper operation	19-00168-21JP/WRNMMC Radiation Oncology Clinic Bethesda, MD	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/1/2012-6/30-2016
Preparing, implanting, and safely removing brachytherapy sources	19-00168-21JP/WRNMMC Radiation Oncology Clinic Bethesda, MD	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/1/2012-6/30-2016
Maintaining running inventories of material on hand	19-00168-21JP/WRNMMC Radiation Oncology Clinic Bethesda, MD	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/1/2012-6/30-2016
Using administrative controls to prevent a medical event involving the use of byproduct material	19-00168-21JP/WRNMMC Radiation Oncology Clinic Bethesda, MD	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/1/2012-6/30-2016
Using emergency procedures to control byproduct material	19-00168-21JP/WRNMMC Radiation Oncology Clinic Bethesda, MD	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/1/2012-6/30-2016

Clinical experience in radiation oncology as part of an approved formal training program	Location of Experience/License or Permit Number of Facility	Dates of Experience*
Approved by: <input checked="" type="checkbox"/> Residency Review Committee for Radiation Oncology of the ACGME <input type="checkbox"/> Royal College of Physicians and Surgeons of Canada <input type="checkbox"/> Committee on Postdoctoral Training of the American Osteopathic Association	19-00168-21JP/WRNMMC Radiation Oncology Clinic Bethesda, MD	7/1/2012-6/30-2016
Supervising Individual Dr. William Skinner	License/Permit Number listing supervising individual as an Authorized User 19-00168-21JP	

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AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Training and Experience for Proposed Authorized User (continued)

c. Supervised Clinical Experience for 10 CFR 35.491

Description of Experience	Location of Experience/License or Permit Number of Facility	Clock Hours	Dates of Experience*
Use of strontium-90 for ophthalmic treatment, including: examination of each individual to be treated; calculation of the dose to be administered; administration of the dose; and follow up and review of each individual's case history			
Supervising Individual		License/Permit Number listing supervising individual as an Authorized User	

d. Supervised Work and Clinical Experience for 10 CFR 35.690

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

Supervised Work Experience		Total Hours of Experience: 500	
Description of Experience Must Include:	Location of Experience/License or Permit Number of Facility	Confirm	Dates of Experience*
Reviewing full calibration measurements and periodic spot-checks	19-00168-21JP/WRNMMC Radiation Oncology Clinic Bethesda, MD	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/1/2012-6/30-2016
Preparing treatment plans and calculating treatment doses and times	19-00168-21JP/WRNMMC Radiation Oncology Clinic Bethesda, MD	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/1/2012-6/30-2016
Using administrative controls to prevent a medical event involving the use of byproduct material	19-00168-21JP/WRNMMC Radiation Oncology Clinic Bethesda, MD	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/1/2012-6/30-2016
Implementing emergency procedures to be followed in the event of the abnormal operation of the medical unit or console	19-00168-21JP/WRNMMC Radiation Oncology Clinic Bethesda, MD	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/1/2012-6/30-2016
Checking and using survey meters	19-00168-21JP/WRNMMC Radiation Oncology Clinic Bethesda, MD	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/1/2012-6/30-2016
Selecting the proper dose and how it is to be administered	19-00168-21JP/WRNMMC Radiation Oncology Clinic Bethesda, MD	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/1/2012-6/30-2016

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Training and Experience for Proposed Authorized User (continued)

d. Supervised Work and Clinical Experience for 10 CFR 35.690 (continued)

Clinical experience in radiation oncology as part of an approved formal training program	Location of Experience/License or Permit Number of Facility	Dates of Experience*
Approved by: <input checked="" type="checkbox"/> Residency Review Committee for Radiation Oncology of the ACGME <input type="checkbox"/> Royal College of Physicians and Surgeons of Canada <input type="checkbox"/> Committee on Postdoctoral Training of the American Osteopathic Association	19-00168-21JP/WRNMMC Radiation Oncology Clinic Bethesda, MD	7/1/2012-6/30-2016
Supervising Individual Dr. William Skinner		License/Permit Number listing supervising individual as an Authorized User 19-00168-21JP

e. For 35.600, 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
Device operation	Dr. William Skinner 7/1/2012-6/30/2016		
Safety procedures for the device use	Dr. William Skinner 7/1/2012-6/30/2016		
Clinical use of the device	Dr. William Skinner 7/1/2012-6/30/2016		
Supervising Individual. (If training provided by Supervising Individual (If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this page.) Dr. William Skinner		License/Permit Number listing supervising individual as an Authorized User 19-00168-21JP	
Authorized 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)			

f. Provide completed Part II Preceptor Attestation.

AUTHORIZED USER 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.

By checking the boxes below, the preceptor is attesting that the individual has knowledge to fulfill the duties of the position sought and not attesting to the individual's "general clinical competency."

First Section

Check one of the following for each requested authorization:

For 35.490:

Board Certification

☐ I attest that _____ has satisfactorily completed the requirements in
Name of Proposed Authorized User

35.490(a)(1) and has achieved a level of competency sufficient to function independently as an authorized user of manual brachytherapy sources for the medical uses authorized under 10 CFR 35.400.

OR

Training and Experience

☒ I attest that Christopher Premo _____ has satisfactorily completed the 200 hours of
Name of Proposed Authorized User

classroom and laboratory training, 500 hours of supervised work experience, and 3 years of supervised clinical experience in radiation oncology, as required by 10 CFR 35.490(b)(1) and (b)(2), and has achieved a level of competency sufficient to function independently as an authorized user of manual brachytherapy sources for the medical uses authorized under 10 CFR 35.400.

For 35.491:

☐ I attest that _____ has satisfactorily completed the 24 hours of
Name of Proposed Authorized User

classroom and laboratory training applicable to the medical use of strontium-90 for ophthalmic radiotherapy, has used strontium-90 for ophthalmic treatment of 5 individuals, as required by 10 CFR 35.491(b), and has achieved a level of competency sufficient to function independently as an authorized user of strontium-90 for ophthalmic use.

Second Section

For 35.690:

Board Certification

☐ I attest that _____ has satisfactorily completed the requirements in
Name of Proposed Authorized User
35.690(a)(1).

OR

Training and Experience

☒ I attest that Christopher Premo _____ has satisfactorily completed 200 hours of classroom
Name of Proposed Authorized User

and laboratory training, 500 hours of supervised work experience, and 3 years of supervised clinical experience in radiation therapy, as required by 10 CFR 35.690(b)(1) and (b)(2).

AND

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

Preceptor Attestation (continued)

Third Section

For 35.690: (continued)

☒ I attest that Christopher Premo has received training required in 35.690(c) for device
Name of Proposed Authorized User
 operation, safety procedures, and clinical use for the type(s) of use for which authorization is sought, as
 checked below.

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

AND

Fourth Section

☒ I attest that Christopher Premo has achieved a level of competency sufficient to
Name of Proposed Authorized User
 achieve a level of competency sufficient to function independently as an authorized user for:

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

Fifth Section


Complete the following for preceptor attestation and signature:

☒ I meet the requirements in 10 CFR 35.490, 35.491, 35.690, or equivalent Agreement State requirements, as
 an authorized user for:

☒ 35.400 Manual brachytherapy sources ☐ 35.600 Teletherapy unit(s)

☐ 35.400 Ophthalmic use of strontium-90 ☐ 35.600 Gamma stereotactic radiosurgery unit(s)

☒ 35.600 Remote afterloader unit(s)

Name of Preceptor	Signature	Telephone Number	Date
William Skinner		301-245-5000	2 JUN 16

License/Permit Number/Facility Name
 19-00168-21JP/WRNMMC Radiation Oncology Clinic Bethesda, MD



NATIONAL CAPITAL CONSORTIUM

Uniformed Services University of the Health Sciences
Walter Reed National Military Medical Center
Malcolm Grow Medical Clinic
Fort Belvoir Community Hospital

This is to certify that

Christopher N. Premo, M.D.

has successfully completed

Residency Training in Radiation Oncology

From 1 July 2012

To 30 June 2016



Cath. Kellerman

Dean
USUHS-SOM

D.A. Z...

Director
WRNMMC

Wm KSK

Program Director

...

Commander
MGMSC

JM Baron

Director
FBCH

1. 592049