



Phone: (907) 561-3211
www.alaskaheart.com

Ankie M. Amos, MD, FACC
Richard A. Anschuetz, MD, FACC
Krzysztof W. Balaban, MD, FACC
Marlo Binder, MD, FACC
David E. Chambers, MD, Ph.D.
Steven J. Compton, MD, FACC, FACP, FHRS
Matthew W. Corbett, MD
Christopher K. Dyke, MD
Scott A. Ebenhoeh, DO, FACC
John C. Finley, MD, FACC, FASE
Lisa N. Gray, DO
Linda A. Ireland, DO
Thomas K. Kramer, MD, FACC

Seth L. Krauss, MD, FACC, FSCAI
Peter D. Marbarger, MD
Adam C. Mason, MD, FACC
William P. Mayer, MD, FACC, FACP
Jonathan R. McDonagh, MD, FACP
Paul A. Peterson, MD, FACC
Brian T. Scully, MD, FACC
Mark A. Selland, MD, FACC
Alan E. Skolnick, MD, FACC
David W. Sonneborn, MD, FACC
Gunnar G. Strobel, MD, FACC
Christopher D. Thomas, MD
Stanley P. Watkins, MD, MHS, FACC
Yiming Wu, MD, Ph.D.

RECEIVED
JAN 26 2017

January 25, 2017

DNMS

Nuclear Materials Licensing Branch
U.S. Nuclear Regulatory Commission, Region IV
1600 E. Lamar Boulevard
Arlington, TX 76011-4511

RE: Amendment to License # 50-29111-01
Alaska Heart Institute, LLC
3841 Piper St, Suite T-100
Anchorage, AK 99508

PUBLIC

- ☐ Immediate Release
☒ Normal Release

NON-PUBLIC

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

Reviewed: WLC Date: 1-31-17

We are submitting a request for an amendment to license # 50-29111-01. We would like to add one of our physicians as an Authorized User. NRC Form 313A- part I and part II of the "Authorized User Training and Experience and Preceptor Attestation" have been completed and are enclosed for Dr. Scott A. Ebenhoeh. We have also enclosed a letters signed by both preceptors which detail Dr. Ebenhoeh's experience and training.

Sincerely,

Alan Skolnick MD
Radiation Safety Officer
Alaska Heart Institute, LLC

ENC:
NRC Form 313
NCR Form 313A- Ebenhoeh, Thomas
Letter from Garden City Hospital
Letter from MedicalPhysicsTraining.com
Certificate from MedicalPhysicsTraining.com

Anchorage - Main Office
3841 Piper Street
Suite T-100
Anchorage, Alaska 99508

Alaska Regional Office
2751 DeBarr Road
Suite B-200
Anchorage, Alaska 99508

Mat-Su
2490 S. Woodworth Loop
Suite 250
Palmer, Alaska 99645

Cath Lab
Alaska Heart Institute, Cath Lab
3220 Providence Dr. Suite E3-063
Anchorage, Alaska 99508

16 5 9 2 8 8 3



APPLICATION FOR MATERIALS LICENSE

Estimated burden per response to comply with this mandatory collection request: 4.3 hours. Submittal of the application is necessary to determine that the applicant is qualified and that adequate procedures exist to protect the public health and safety. Send comments regarding burden estimate to the FOIA, Privacy, and Information Collections Branch (T-5 F53), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by e-mail to Infocollections.Resource@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0120), Office of Management and Budget, Washington, DC 20503. If a means used to impose an information collection does not display a currently valid OMB control number, the NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.

INSTRUCTIONS: SEE THE CURRENT VOLUMES OF THE NUREG-1556 TECHNICAL REPORT SERIES ("CONSOLIDATED GUIDANCE ABOUT MATERIALS LICENSES") FOR DETAILED INSTRUCTIONS FOR COMPLETING THIS FORM: <http://www.nrc.gov/reading-rm/doc-collections/nuregs/staff/sr1556/>. SEND TWO COPIES OF THE COMPLETED APPLICATION TO THE NRC OFFICE SPECIFIED BELOW.

APPLICATION FOR DISTRIBUTION OF EXEMPT PRODUCTS FILE APPLICATIONS WITH:

MATERIALS SAFETY LICENSING BRANCH
DIVISION OF NUCLEAR MATERIALS SAFETY, STATE, TRIBAL AND RULEMAKING PROGRAMS
OFFICE OF NUCLEAR MATERIALS SAFETY AND SAFEGUARDS
U.S. NUCLEAR REGULATORY COMMISSION
WASHINGTON, DC 20555-0001

ALL OTHER PERSONS FILE APPLICATIONS AS FOLLOWS:

IF YOU ARE LOCATED IN:

ALABAMA, CONNECTICUT, DELAWARE, DISTRICT OF COLUMBIA, FLORIDA, GEORGIA, KENTUCKY, MAINE, MARYLAND, MASSACHUSETTS, NEW HAMPSHIRE, NEW JERSEY, NEW YORK, NORTH CAROLINA, PENNSYLVANIA, PUERTO RICO, RHODE ISLAND, SOUTH CAROLINA, TENNESSEE, VERMONT, VIRGINIA, VIRGIN ISLANDS, OR WEST VIRGINIA,

SEND APPLICATIONS TO:

LICENSING ASSISTANCE TEAM
DIVISION OF NUCLEAR MATERIALS SAFETY
U.S. NUCLEAR REGULATORY COMMISSION REGION I
2100 RENAISSANCE BOULEVARD, SUITE 100
KING OF PRUSSIA, PA 19406-2713

IF YOU ARE LOCATED IN:

ILLINOIS, INDIANA, IOWA, MICHIGAN, MINNESOTA, MISSOURI, OHIO, OR WISCONSIN, SEND APPLICATIONS TO:

MATERIALS LICENSING BRANCH
U.S. NUCLEAR REGULATORY COMMISSION, REGION III
2443 WARRENVILLE ROAD, SUITE 210
LISLE, IL 60532-4352

ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, COLORADO, HAWAII, IDAHO, KANSAS, LOUISIANA, MISSISSIPPI, MONTANA, NEBRASKA, NEVADA, NEW MEXICO, NORTH DAKOTA, OKLAHOMA, OREGON, PACIFIC TRUST TERRITORIES, SOUTH DAKOTA, TEXAS, UTAH, WASHINGTON, OR WYOMING,

SEND APPLICATIONS TO:

NUCLEAR MATERIALS LICENSING BRANCH
U.S. NUCLEAR REGULATORY COMMISSION, REGION IV
1600 E. LAMAR BOULEVARD
ARLINGTON, TX 76011-4511

PERSONS LOCATED IN AGREEMENT STATES SEND APPLICATIONS TO THE U.S. NUCLEAR REGULATORY COMMISSION ONLY IF THEY WISH TO POSSESS AND USE LICENSED MATERIAL IN STATES SUBJECT TO U.S. NUCLEAR REGULATORY COMMISSION JURISDICTIONS.

1. THIS IS AN APPLICATION FOR (Check appropriate item)

☐

A. NEW LICENSE

☒

B. AMENDMENT TO LICENSE NUMBER

50-29111-01

☐

C. RENEWAL OF LICENSE NUMBER

2. NAME AND MAILING ADDRESS OF APPLICANT (Include ZIP code)

Alaska Heart Institute, LLC
3841 Piper St
Suite T-100
Anchorage, AK 99508

3. ADDRESS WHERE LICENSED MATERIAL WILL BE USED OR POSSESSED

3841 Piper St.
Suite TLL-10
Anchorage, AK 99508

4. NAME OF PERSON TO BE CONTACTED ABOUT THIS APPLICATION

Cathy McVey

BUSINESS TELEPHONE NUMBER

(907) 561-3211

BUSINESS CELLULAR TELEPHONE NUMBER

BUSINESS EMAIL ADDRESS

cmcvey@alaskaheart.com

SUBMIT ITEMS 5 THROUGH 11 ON 8-1/2 X 11" PAPER. THE TYPE AND SCOPE OF INFORMATION TO BE PROVIDED IS DESCRIBED IN THE LICENSE APPLICATION GUIDE.

5. RADIOACTIVE MATERIAL

a. Element and mass number; b. chemical and/or physical form; and c. maximum amount which will be possessed at any one time

6. PURPOSE(S) FOR WHICH LICENSED MATERIAL WILL BE USED.

8. TRAINING FOR INDIVIDUALS WORKING IN OR FREQUENTING RESTRICTED AREAS.

7. INDIVIDUAL(S) RESPONSIBLE FOR RADIATION SAFETY PROGRAM AND THEIR TRAINING AND EXPERIENCE.

10. RADIATION SAFETY PROGRAM.

9. FACILITIES AND EQUIPMENT.

11. WASTE MANAGEMENT.

12. LICENSE FEES (Fees required only for new applications, with few exceptions*)
(See 10 CFR 170 and Section 170.31)
*Amendments/Renewals that increase the scope of the existing license to a new or higher fee category will require a fee.

FEE
CATEGORY

AMOUNT
ENCLOSED \$

13. CERTIFICATION. (Must be completed by applicant) THE APPLICANT UNDERSTANDS THAT ALL STATEMENTS AND REPRESENTATIONS MADE IN THIS APPLICATION ARE BINDING UPON THE APPLICANT.

THE APPLICANT AND ANY OFFICIAL EXECUTING THIS CERTIFICATION ON BEHALF OF THE APPLICANT, NAMED IN ITEM 2, CERTIFY THAT THIS APPLICATION IS PREPARED IN CONFORMITY WITH TITLE 10, CODE OF FEDERAL REGULATIONS, PARTS 30, 32, 33, 34, 35, 36, 37, 39, AND 40, AND THAT ALL INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF THEIR KNOWLEDGE AND BELIEF.

WARNING: 18 U.S.C. SECTION 1001 ACT OF JUNE 25, 1948 62 STAT. 749 MAKES IT A CRIMINAL OFFENSE TO MAKE A WILLFULLY FALSE STATEMENT OR REPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION.

CERTIFYING OFFICER - TYPED/PRINTED NAME AND TITLE

Alan Skolnick MD, Radiation Safety Officer

SIGNATURE

DATE

1/25/17

FOR NRC USE ONLY

TYPE OF FEE	FEE LOG	FEE CATEGORY	AMOUNT RECEIVED	CHECK NUMBER	COMMENTS
			\$		
APPROVED BY				DATE	

**AUTHORIZED USER TRAINING AND EXPERIENCE
AND PRECEPTOR ATTESTATION**
(for uses defined under 35.100, 35.200, and 35.500)
[10 CFR 35.190, 35.290, and 35.590]APPROVED BY OMB: NO. 3150-0120
EXPIRES: (05/31/2015)

Name of Proposed Authorized User

SCOTT A. EBENHOEH, DO

State or Territory Where Licensed

ALASKA

Requested Authorization(s) (check all that apply)

- ☒ 35.100 Uptake, dilution, and excretion studies
- ☒ 35.200 Imaging and localization studies
- ☐ 35.500 Sealed sources for diagnosis (specify device) _____

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. If using only 35.500 materials, stop here. If using 35.100 and 35.200 materials, skip to and complete Part II Preceptor Attestation.

☐ **2. Current 35.390 Authorized User Seeking Additional 35.290 Authorization**

- a. Authorized user on Materials License _____ meeting 10 CFR 35.390 or equivalent Agreement State requirements seeking authorization for 35.290.
- b. Supervised Work Experience.
(If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this section.)

Description of Experience	Location of Experience/License or Permit Number of Facility	Clock Hours	Dates of Experience*
Eluting generator systems appropriate for the preparation of radioactive drugs for imaging and localization studies, measuring and testing the eluate for radionuclidic purity, and processing the eluate with reagent kits to prepare labeled radioactive drugs			

Total Hours of Experience:

Supervising Individual

License/Permit Number listing supervising individual as an authorized user

Supervisor meets the requirements below, or equivalent Agreement State requirements (check all that apply).

- ☐ 35.290 ☐ 35.390 + generator experience in 32.290(c)(1)(ii)(G)

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

☒ 3. Training and Experience for Proposed Authorized User

a. Classroom and Laboratory Training.

Description of Training	Location of Training	Clock Hours	Dates of Training*
Radiation physics and instrumentation	MEDICALPHYSICSTRAINING.COM (ONLINE COURSE)	80	8/25/2014- 10/10/2014
Radiation protection	MEDICALPHYSICSTRAINING.COM (ONLINE COURSE)	80	8/25/2014- 10/10/2014
Mathematics pertaining to the use and measurement of radioactivity	MEDICALPHYSICSTRAINING.COM (ONLINE COURSE)	80	8/25/2014- 10/10/2014
Chemistry of byproduct material for medical use (not required for 35.590)	MEDICALPHYSICSTRAINING.COM (ONLINE COURSE)	80	8/25/2014- 10/10/2014
Radiation biology	MEDICALPHYSICSTRAINING.COM (ONLINE COURSE)	80	8/25/2014- 10/10/2014
Total Hours of Training: 80			

b. Supervised Work Experience (completion of this table is not required for 35.590).
(If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this section.)

Supervised Work Experience		Total Hours of Experience:	
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	GARDEN CITY HOSPITAL	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/1/2012- 10/10/2014
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters	GARDEN CITY HOSPITAL	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/1/2012- 10/10/2014

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

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

b. Supervised Work Experience. (continued)

Description of Experience Must Include:	Location of Experience/License or Permit Number of Facility	Confirm	Dates of Experience*
Calculating, measuring, and safely preparing patient or human research subject dosages	GARDEN CITY HOSPITAL	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/1/2012-10/10/2014
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material	GARDEN CITY HOSPITAL	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/1/2012-10/10/2014
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures	GARDEN CITY HOSPITAL	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/1/2012-10/10/2014
Administering dosages of radioactive drugs to patients or human research subjects	GARDEN CITY HOSPITAL	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/1/2012-10/10/2014
Eluting generator systems appropriate for the preparation of radioactive drugs for imaging and localization studies, measuring and testing the eluate for radionuclidic purity, and processing the eluate with reagent kits to prepare labeled radioactive drugs	GARDEN CITY HOSPITAL	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/1/2012-10/10/2014
Supervising Individual EMMANUEL PAPASIFAKIS, DO		License/Permit Number listing supervising individual as an authorized user	
Supervisor meets the requirements below, or equivalent Agreement State requirements (check one). <input type="checkbox"/> 35.190 <input type="checkbox"/> 35.290 <input type="checkbox"/> 35.390 <input type="checkbox"/> 35.390 + generator experience in 35.290(c)(1)(ii)(G)			

c. For 35.590 only, provide documentation of training on use of the device.

Device	Type of Training	Location and Dates

d. For 35.500 uses only, stop here. For 35.100 and 35.200 uses, skip to and complete 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. (Not required to meet training requirements in 35.590)

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 use requested:

For 35.190

Board Certification

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

10 CFR 35.190(a)(1) and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100.

OR

Training and Experience

☐ I attest that _____ has satisfactorily completed the 60 hours of training and
Name of Proposed Authorized User

experience, including a minimum of 8 hours of classroom and laboratory training, required by 10 CFR 35.190(c)(1), and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100.

For 35.290

Board Certification

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

10 CFR 35.290(a)(1) and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100 and 35.200.

OR

Training and Experience

☒ I attest that **SCOTT A. EBENHOEH, DO** has satisfactorily completed the 700 hours of training
Name of Proposed Authorized User

and experience, including a minimum of 80 hours of classroom and laboratory training, required by 10 CFR 35.290(c)(1), and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100 and 35.200.

Second Section

Complete the following for preceptor attestation and signature:

☒ I meet the requirements below, or equivalent Agreement State requirements, as an authorized user for:

☐ 35.190 ☐ 35.290 ☐ 35.390 ☐ 35.390 + generator experience

Name of Preceptor EMMANUEL PAPASIFAKIS, DO	Signature <i>See attached</i>	Telephone Number (734) 458-3221	Date
License/Permit Number/Facility Name GARDEN CITY HOSPITAL			

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. (Not required to meet training requirements in 35.590)

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 use requested:

For 35.190

Board Certification

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

10 CFR 35.190(a)(1) and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100.

OR

Training and Experience

☐ I attest that _____ has satisfactorily completed the 60 hours of training and
Name of Proposed Authorized User

experience, including a minimum of 8 hours of classroom and laboratory training, required by 10 CFR 35.190(c)(1), and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100.

For 35.290

Board Certification

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

10 CFR 35.290(a)(1) and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100 and 35.200.

OR

Training and Experience

☒ I attest that SCOTT A. EBENHOEH, DO has satisfactorily completed the 700 hours of training
Name of Proposed Authorized User

and experience, including a minimum of 80 hours of classroom and laboratory training, required by 10 CFR 35.290(c)(1), and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100 and 35.200.

Second Section

Complete the following for preceptor attestation and signature:

☒ I meet the requirements below, or equivalent Agreement State requirements, as an authorized user for:

☐ 35.190 ☐ 35.290 ☐ 35.390 ☐ 35.390 + generator experience

Name of Preceptor	Signature	Telephone Number	Date
LAURA T. SMITH, MS, DABR	See attached	(586) 215-5947	
License/Permit Number/Facility Name			
MEDICALPHYSICSTRAINING.COM			



6245 Inkster Road
Garden City, MI 48135
(734) 458-3221

CARDIOPULMONARY SERVICES

10/29/14

Certification Board of Nuclear Cardiology
101 Lakeforest Boulevard, Suite 401
Gaithersburg MD 20877

Dr. Scott Ebenhoeh has completed a nuclear cardiology training program that meets the requirements for Level 2 as outlined in the *ACCF/ASNC COCATS Guidelines for Training in Nuclear Cardiology, revised 2008* within an accredited fellowship program.

Dr. Scott Ebenhoeh completed Level 2 nuclear cardiology training between the dates of 07/01/2012 and 10/10/2014 (use mm/dd/yyyy).

I attest that Dr. Scott Ebenhoeh is competent to independently function as an authorized user under NRC 10 CFR 35.200 uses.

The above-named applicant completed a minimum of 80 hours of classroom and
☐ laboratory training that meets the Nuclear Regulatory Commission (NRC) requirements as an INTEGRAL part of his/her fellowship/residency program.
The above-named applicant completed a minimum of 80 hours of classroom and
☒ laboratory training that meets the NRC requirements external to his/her fellowship program.

☐ The above-named applicant is an Authorized User listed on a current Radioactive Materials (RAM) License (if applicable).

Sincerely,

(Signature Required)

Name of Preceptor: Emmanuel Papasifakis, D.O.

Title/Relationship to Applicant: Program Director, Cardiology Services

A statement regarding COCATS Level 2 Training in Nuclear Cardiology at our institution as well as my status as preceptor or nuclear cardiology program director is on file at the CBNC Office. The training of the above-named applicant complies with all components of the statement on file.
☒



MedicalPhysicsTraining.com

support@MedicalPhysicsTraining.com

Dear Dr. Scott Ebenhoeh,

Congratulations on the completion of your 80 hours of Nuclear Cardiology Medical Physics Training.

Laura T. Smith, M.S.
Chesterfield, MI
(586) 215-5947
(313) 609-2038
lsmith@medicalphysicstraining.com
American Board of Radiology
Certified Nuclear Physicist
(P2390)

Linda S. Powell, M.S.
Medical Physicist

Medical Physics Training Certifies that Scott Ebenhoeh has satisfactorily completed 80 hours of required Nuclear Cardiology Physics training, including topic areas required by the United States Nuclear Regulatory Commission. This training was presented from August 25, 2014 thru October 10, 2014. This training includes the following subjects: PHYSICS AND INSTRUMENTATION: Basic physics (atomic structures), Basic physics as applied to clinical imaging (e.g. nuclides, isotopes and decay) Electromagnetic Properties of Radiation (Background Radiation, wavelength formulas), Basic physics as applied to clinical imaging (decay modes (Alpha, Beta, Gamma), high energy imaging), Gamma cameras, collimation, and equipment quality control procedures, Nuclear Generators, Interactions of radiation with matter, Radiation Units, Attenuation correction, including transmission and CT methods. RADIOPHARMACEUTICALS: Radiotracer kinetics and characteristics (e.g., thallium-201 and technetium-99m), PET agents, Red blood cell tagging. RADIATION SAFETY: Radiopharmaceutical receiving, handling, monitoring, and containment, Hazmat, Handling radiopharmaceutical spills and waste, Storage and calibration of radiopharmaceuticals, Dosimetry and MIRD, Radiation Safety Concepts and Training, Radiation exposure and ALARA, Governmental regulations, Radiation Exposure monitors and limits. RADIATION BIOLOGY. MATHEMATICS: Wave Formula, Inverse Square Law, Radiation Decay, Shielding (Half-Value Layer). NUCLEAR CARDIOLOGY DIAGNOSTIC TESTS AND PROCEDURES/PROTOCOLS: Image acquisition, Image processing.

Sincerely,

Laura T. Smith, MS, DABR
Certified Medical Physicist

Medical Physics Training

Certifies that

Scott Ebenhoeh

Has satisfactorily completed 80 hours of required training in Nuclear Cardiology Physics. Training occurred August 25, 2014 to October 10, 2014. This training includes the following subjects: PHYSICS AND INSTRUMENTATION: Basic physics (atomic structures), Basic physics as applied to clinical imaging (e.g. nuclides, isotopes and decay) Electromagnetic Properties of Radiation (Background Radiation, wavelength formulas), Basic physics as applied to clinical imaging (decay modes (Alpha, Beta, Gamma), high energy imaging), Gamma cameras, collimation, and equipment quality control procedures, Nuclear Generators, Interactions of radiation with matter, Radiation Units, Attenuation correction, including transmission and CT methods. RADIOPHARMACEUTICALS: Radiotracer kinetics and characteristics (e.g., thallium-201 and technetium-99m), PET agents, Red blood cell tagging. RADIATION SAFETY: Radiopharmaceutical receiving, handling, monitoring, and containment, Hazmat, Handling radiopharmaceutical spills and waste, Storage and calibration of radiopharmaceuticals, Dosimetry and MIRD, Dose Calibrators, Radiation Safety Concepts and Training, Radiation exposure and ALARA, Governmental regulations, Radiation Exposure monitors and limits. RADIATION BIOLOGY. MATHEMATICS: Wave Formula, Inverse Square Law, Radiation Decay, Shielding (Half-Value Layer). NUCLEAR CARDIOLOGY DIAGNOSTIC TESTS AND PROCEDURES/PROTOCOLS: Image acquisition, Image processing.

10/10/2014

Date

Laura T. Smith

Signature of Instructor- Laura T. Smith, MS, DABR

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ACKNOWLEDGEMENT - RECEIPT OF CORRESPONDENCE

Name and Address of Applicant and/or Licensee

Alan E. Skolnick, M.D.
Radiation Safety Officer
Alaska Heart Institute, LLC
dba Alaska Heart and Vascular Institute
3841 Pipe Street
Suite T1-100
Anchorage, AK 99508

Date

01/30/2017

License Number(s)

50-29111-01

Mail Control Number(s)

592883

Licensing and/or Technical Reviewer or Branch

CHill

This is to acknowledge receipt of your: ☒ Letter and/or ☐ Application Dated: 01/25/2017

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 complete and submit NRC Form 531, Request for Taxpayer Identification Number, located at the following link: <http://www.nrc.gov/reading-rm/doc-collections/forms/nrc531.pdf>
Follow the instructions on the form for submission.

☐ The following administrative omissions have been identified:

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) 200-1209 or (817) 200-1140

✓ 1/30/17

BETWEEN:

Accounts Receivable/Payable
and
Regional Licensing Branches

[FOR ARPB USE]
INFORMATION FROM WBL

Program Code: 02201
Status Code: Pending Amendment
Fee Category: 7C
Exp. Date: 09/30/2022
Fee Comments:
Decom Fin Assur Reqd: N

License Fee Worksheet - License Fee Transmittal

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: Alaska Heart Institute, LLC
Received Date: 01/26/2017
Docket Number: 3034474
Mail Control Number: 592883
License Number: 50-29111-01
Action Type: Amendment

2. FEE ATTACHED

Amount: _____

Check No.: _____

3. COMMENTS

Signed: _____

Date: _____

Carol D. Hice
1/30/17

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: _____