

Hill, Carol

From: Ronald Frick <rfrick@gammacorp.com>
Sent: Thursday, February 22, 2018 3:22 PM
To: Hill, Carol
Subject: [External_Sender] Gamma Knife Center of the Pacific
Attachments: michaud_amend.pdf

Hi Carol,
Attached is an amendment request from Gamma Knife Center of the Pacific to add a new Authorized User. The hard copy has been mailed.

Please contact me if you need additional information.

Thank you,

Ron Frick

Gamma Corporation

rfrick@gammacorp.com

808-373-7009

PUBLIC

- ☐ Immediate Release
☒ Normal Release

NON-PUBLIC

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

Reviewer: MTZ

Date: 3-13-18

No. 602568



**GAMMA
KNIFE
CENTER**

OF THE PACIFIC

2226 Liliha Street, B1
Honolulu
Hawaii 96817

Telephone 808-535-1579
Fax 808-535-1540

www.gammaknifehawaii.com

February 21, 2018

Nuclear Materials Safety Branch B
U.S. Nuclear Regulatory Commission, Region IV
1600 E. Lamar Blvd.
Arlington, TX 76011-4511

Subject: Amendment
NRC License No. 53-11966-02
Docket No. 030-34629

Dear License Reviewer:

We are requesting the addition of Anthony Michaud, M.D. as an Authorized User for the Gamma Knife. Dr. Michaud is certified in Radiation Oncology by the American Board of Radiology, and has recently completed the Cleveland Clinic Gamma Knife Perfexion Training Course. A copy of this documentation is enclosed.

If you require any additional information please contact our Radiation Safety Officer, Ronald Frick at 808-373-7009.

Sincerely,

Maurice W. Nicholson, M.D.
Medical Director

Enclosures

1602568

The American Board of Radiology

Organized through the cooperation of the
 American College of Radiology, the American Roentgen Ray Society,
 the American Radium Society, the Radiological Society of North America,
 the Section on Radiology of the American Medical Association,
 the American Society for Radiation Oncology, the Association of University Radiologists,
 the American Association of Physicians in Medicine, and the Society of Interventional Radiology,
 the American Board of Radiology hereby certifies that

Anthony D. Michaud, MD

Has pursued an accepted course of graduate study and clinical work, has met certain standards
 and qualifications, including passing the examinations conducted under the authority of
 the American Board of Radiology, demonstrating to the satisfaction of the Board qualification
 to practice, and is therefore awarded the Board's certification in

Radiation Oncology

AM Eligible

Ongoing validity of this certificate is contingent upon
 meeting the requirements of Maintenance of Certification.

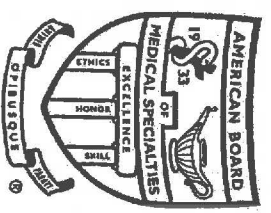
This diplomate of the American Board of Radiology
 is permitted to use the **ABR** mark to signify this certification.



Robt. Kachur
 President

C. Brown
 Secretary-Treasurer

Valerie D. Johnson
 Executive Director



Certificate No. 58677

Effective: May 23, 2017



THE CLEVELAND CLINIC GAMMA KNIFE CENTER

Anthony Michaud, MD

has completed the

Gamma Knife Perfexion/Icon Training Course

February 12-16, 2018

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



ACKNOWLEDGEMENT - RECEIPT OF CORRESPONDENCE

Name and Address of Applicant and/or Licensee

Mr. Maurice W. Nicholson, M.D.
Medical Director
Gamma Knife Center of the Pacific
2226 Liliha Street, B1 Level
Honolulu, HI 96817

Date

03/08/2018

License Number(s)

53-11966-02

Mail Control Number(s)

602568

Licensing and/or Technical Reviewer or Branch

CHill

This is to acknowledge receipt of your: ☒ Letter and/or ☐ Application Dated: 02/21/2018

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

✓ 3/8/18

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: 10/31/2018
Fee Comments:
Decom Fin Assur Req: N

License Fee Worksheet - License Fee Transmittal

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: Gamma Knife Center of the Pacific
Received Date: 02/22/2018
Docket Number: 3034629
Mail Control Number: 602568
License Number: 53-11966-02
Action Type: Amendment

2. FEE ATTACHED

Amount: _____

Check No.: _____

3. COMMENTS

Signed: _____

Date: _____

Carol L. Hise
3/8/18

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: _____