



(907) 452-8181 Phone  
(907) 458-5324 Fax  
www.fmhdc.com  
1650 Cowles Street  
Fairbanks, AK 99701

RECEIVED  
MAY 06 2020

DNMS

**Mail Control Number: 618850**  
**Docket Number : 3003509**  
**License Number : 50-13648-01**  
**Licensee Name : Foundation Health LLC**

April 30, 2020

Nuclear Materials Licensing Branch  
United States Nuclear Regulatory Commission  
Region IV  
Nuclear Materials Safety Branch  
1600 East Lamar Boulevard  
Arlington, Texas 76011-4511

Re: Amendment for License 50-13648-01

Dear Sir or Madam:

In accordance with 10 CFR 35.14: We are requesting Timothy Ryan, M.D. to work at this facility as an authorized user for uses 10 CFR 35.100 and 10 CFR 35.200. Attached is a copy of Dr. Ryan's preceptor statement that documents the required training.

If you require additional information, please call (907)-458-6914.

Sincerely,

A handwritten signature in black ink, appearing to read 'Mark Burton'.

Mark Burton, M.D.  
Radiation Safety Officer

**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: MM/DD/YYYY

Name of Proposed Authorized User

Timothy Ryan MD

State or Territory Where Licensed

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			
Radiation protection			
Mathematics pertaining to the use and measurement of radioactivity			
Chemistry of byproduct material for medical use ( <i>not required for 35.590</i> )			
Radiation biology			
<b>Total Hours of Training:</b>			

- 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		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters		<input type="checkbox"/> Yes <input type="checkbox"/> No	

## 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		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Administering dosages of radioactive drugs to patients or human research subjects		<input type="checkbox"/> Yes <input type="checkbox"/> No	
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		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Supervising Individual

License/Permit Number listing supervising individual as an authorized user

Supervisor meets the requirements below, or equivalent Agreement State requirements (check one).

☐ 35.190    ☐ 35.290    ☐ 35.390    ☐ 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 Timothy Ryan 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 \_\_\_\_\_ 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 <u>Pawan Gupta</u>	Signature 	Telephone Number <u>310-825-2920</u>	Date <u>5/2/2019</u>
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License/Permit Number/Facility Name

RAMC 1335-19 University of California - Los Angeles

# The American Board of Radiology

hereby certifies that

**Timothy Ryan, 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*

**Diagnostic Radiology**

AU Eligible



Certificate No. 73085

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

  
President

  
Secretary-Treasurer

  
Executive Director

DABR



Effective: September 27, 2019

ORIGIN ID:FAIA (907) 458-6903  
CORY SPERRY-SPLEES  
FOUNDATION HEALTH PARTNERS  
1650 COWLES ST

FAIRBANKS, AK 99701  
UNITED STATES US

SHIP DATE: 01MAY20  
ACTWGT: 0.50 LB  
CAD: 109258186/WSX13100

BILL THIRD PARTY

TO **NUCLEAR MATERIAL LICENSING BRANCH  
UNITED STATES NUCLEAR MEDICINE REGU  
REGION IV/ NUCLEAR MATERIALS SAFETY  
1600 EAST LAMAR BOULEVARD  
ARLINGTON TX 76011**

56B/M7B3A/FE4A

(907) 458-6903

REF:

INV:  
PO:

DEPT:



**FedEx**  
Express



J201120042371w

REL#  
3785346

**MON - 04 MAY 10:30A  
PRIORITY OVERNIGHT**

TRK#  
**0201 3924 2946 7960**

**XH FWHA**

**76011**

**TX-US DFW**





## ACKNOWLEDGEMENT - RECEIPT OF CORRESPONDENCE

## Name and Address of Applicant and/or Licensee

Mark Burton, M.D.  
Radiation Safety Officer  
Foundation Health LLC  
d/b/a Fairbanks Memorial Hospital  
1650 Cowles Street  
Fairbanks, AK 99701

## Date

05/11/2020

## License Number(s)

50-13648-01

## Mail Control Number(s)

618850

## Licensing and/or Technical Reviewer or Branch

C. Hill

This is to acknowledge receipt of your: ☒ Letter and/or ☐ Application Dated: 04/30/2020

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) 200-1103 or (817) 200-1140



BETWEEN:

Accounts Receivable/Payable  
and  
Regional Licensing Branches

[ FOR ARPB USE ]  
INFORMATION FROM WBL

Program Code: 02120  
Status Code: Pending Amendment  
Fee Category: 7C  
Exp. Date: 04/30/2022  
Fee Comments: CODE 23  
Decom Fin Assur Req: N

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## License Fee Worksheet - License Fee Transmittal

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### A. REGION

#### 1. APPLICATION ATTACHED

Applicant/Licensee: Foundation Health LLC  
Received Date: 05/06/2020  
Docket Number: 3003509  
Mail Control Number: 618850  
License Number: 50-13648-01  
Action Type: Amendment

#### 2. FEE ATTACHED

Amount: N/A

Check No.: N/A

#### 3. COMMENTS

Signed: Carol L. Hill

Date: 05/11/2020

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

Agency: NRC

## WBL WORKSHEET

DOCKET NUMBER: 3003509	LICENSE NUMBER: 50-13648-01	STATUS: Pending Amendment	
MAIL CONTROL NUMBER: 618850	RECEIPT DATE: 05/06/2020	ACTION TYPE: Amendment	
DUE DATE: 08/04/2020	INST. CODE: 13648	LICENSE REGION: Region 4	
LICENSE TYPE: 30	ENTITY TYPE: C	LICENSE GROUP: Medical	
ISSUE DATE:	ORIGINAL DATE: 05/26/1988	EXPIRATION DATE: 04/30/2022	
DECOMMISSIONING CATEGORY: Group 1		LAST ISSUE DATE:	
LICENSEE NAME: Foundation Health LLC		DECOM FIN ASSUR REQD: N SUBM: N	
MAILING ADDRESS LINE1: 1650 Cowles Street		CONT PLAN REQD: N      APPRV: N	
MAILING ADDRESS LINE 2:			
CITY: Fairbanks	STATE: AK	ZIP: 99701	
CONTACT PERSON: PREFIX:	FIRST NAME: Mark	MIDDLE INITIAL:	
LAST NAME: Burton	SUFFIX: M.D.		
JOB TITLE: Radiation Safety Officer	PHONE: 907-458-6914	FAX: 907-458-5666	EMAIL: Mark.Burton@foundatio
BILLING ADDRESS LINE 1: 1650 COWLES STREET			
BILLING ADDRESS LINE 2:			
CITY: FAIRBANKS	STATE: Alaska	ZIP: 99701	
BILLING CONTACT PERSON: FIRST NAME:	MIDDLE INITIAL:	LAST NAME:	
PHONE:	EMAIL:	FAX: 907-458-5666	
PRIMARY PGM CODE: 02120	SECONDARY PGM CODE:		
INSPECTION REGION: Region 4	PRIORITY: 3		
RSO: PREFIX:	FIRST NAME: Mark	MIDDLE INITIAL:	LAST NAME Burton
SUFFIX: M.D	RSO JOB TITLE: Radiation Safety Officer		
RSO PHONE: 907-458-6914	RSO FAX: 907-458-5666	RSO EMAIL: Mark.Burton@foundationHealth.org	
STATES WHERE USE IS AUTHORIZED: 1		0- ALL LISTED STATES 1- SAME AS STATE IN ADDRESS 2- ALL STATES 3- NON-AGREEMENT-STATES	
AUTHORIZED STATES (USE ONLY IF ABOVE IS ZERO):			