



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

August 26, 2021

RECEIVED
09/22/2021

Nuclear Materials Licensing Branch
United States Nuclear Regulatory Commission
Region IV
Nuclear Materials Safety Branch
611 Ryan Plaza Drive, Suite 400
Arlington, Texas 76011-4005

Mail Control Number: 628746
Docket Number : 3003509
License Number : 50-13648-01
Licensee Name : Foundation Health LLC

Re: Amendment for License 50-13648-01

Dear Sir/ Madam:

Please amend our radioactive materials license to remove Mark Burton MD as our Radiation Safety Officer to be replaced by David Evans MD. Dr. Burton will remain as an authorized user as currently listed on our license.

Dr. Burton submitted his resignation as of August 26, 2021. According to 10 CFR 35.24(c) we have appointed Dr. David Evans to assume the position of temporary RSO until approval by the agency to become permanent RSO. Dr. Evans has signed a statement of responsibility, a copy of which is enclosed.

Dr. Evans is currently listed on our license as authorized user for 10 CFR 35.100; 35.200; oral administration of sodium I-131; parental administration of any beta emitter, or photon-emitting radionuclide with a photon energy less than 150 keV for which a written directive is required. Dr. Evans has been our designated Assistant RSO.

We respectfully request your prompt attention to this amendment request. If you require additional information, please call 907-458-6914.

Sincerely,

Shelley D. Ebnal

Shelley Ebnal
CEO FHP

Delegation of Authority – Radiation Safety Officer

To: David L. Evans, M.D.

From: Management Representative

Subject: Delegation of Authority

You, David L. Evans, M.D., have been appointed Radiation Safety Officer and are responsible for ensuring the safe use of radiation. You are responsible for managing the Radiation Protection Program; identifying radiation protection problems; initiating, recommending, or providing corrective actions; verifying implementation of corrective actions; stopping unsafe activities; and ensuring compliance with regulations. You are hereby delegated the authority necessary to meet those responsibilities, including prohibiting the use of byproduct material by employees who do not meet the necessary requirements and shutting down operations where justified to maintain radiation safety. You are required to notify management if staff does not cooperate and does not address radiation safety issues. In addition, you are free to raise issues with the Nuclear Regulatory Commission at any time.



Signature of Management Representative

8/26/2021

Date

I accept the above responsibilities,



Signature of Radiation Safety Officer

8-26-2021

Date



**RADIATION SAFETY OFFICER TRAINING
AND EXPERIENCE AND PRECEPTOR ATTESTATION
[10 CFR 35.50]**

APPROVED BY OMB: NO. 3150-0120
(EXPIRES: 02/29/2016)

Name of Proposed Radiation Safety Officer

David L. Evans, M.D.

Requested Authorization(s) *The license authorizes the following medical uses (check all that apply):*

- ☒ 35.100 ☒ 35.200 ☒ 35.300 ☒ 35.400 ☐ 35.500 ☐ 35.600 (remote afterloader)
☐ 35.600 (teletherapy) ☐ 35.600 (gamma stereotactic radiosurgery) ☐ 35.1000 ()

PART I -- TRAINING AND EXPERIENCE

(Select one of the four 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. Use Table 3.c. to describe training in radiation safety, regulatory issues, and emergency procedures for all types of medical use on the license.
c. Skip to and complete Part II Preceptor Attestation.

OR

☐ **2. Current Radiation Safety Officer Seeking Authorization to Be Recognized as a Radiation Safety Officer for the Additional Medical Uses Checked Above**

- a. Use the table in section 3.c. to describe training in radiation safety, regulatory issues, and emergency procedures for the additional types of medical use for which recognition as RSO is sought.
b. Skip to and complete Part II Preceptor Attestation.

OR

☐ **3. Structured Educational Program for Proposed Radiation Safety Officer**

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			
Radiation biology			
Radiation dosimetry			
Total Hours of Training: <input type="text"/>			

RADIATION SAFETY OFFICER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Structured Educational Program for Proposed Radiation Safety Officer (continued)

b. Supervised Radiation Safety 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 Training/ License or Permit Number of Facility	Dates of Training*
Shipping, receiving, and performing related radiation surveys		
Using and performing checks for proper operation of instruments used to determine the activity of dosages, survey meters, and instruments used to measure radionuclides		
Securing and controlling byproduct material		
Using administrative controls to avoid mistakes in administration of byproduct material		
Using procedures to prevent or minimize radioactive contamination and using proper decontamination procedures		
Using emergency procedures to control byproduct material		
Disposing of byproduct material		
Licensed Material Used (e.g., 35.100, 35.200, etc.)+ <div style="border: 1px solid black; height: 40px; width: 300px; margin-top: 5px;"></div>		

+ Choose all applicable sections of 10 CFR Part 35 to describe radiolotopes and quantities used: 35.100, 35.200, 35.300, 35.400, 35.500, 35.600 remote afterloader units, 35.600 teletherapy units, 35.600 gamma stereotactic radiosurgery units, emerging technologies (provide list of devices).

RADIATION SAFETY OFFICER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Structured Educational Program for Proposed Radiation Safety Officer (continued)

b. Supervised Radiation Safety Experience (continued)

(If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this section.)

Supervising Individual	License/Permit Number listing supervising individual as a Radiation Safety Officer
<p>This license authorizes the following medical uses:</p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input checked="" type="checkbox"/> 35.100</div> <div style="width: 50%;"><input checked="" type="checkbox"/> 35.200</div> <div style="width: 50%;"><input checked="" type="checkbox"/> 35.300</div> <div style="width: 50%;"><input checked="" type="checkbox"/> 35.400</div> <div style="width: 50%;"><input type="checkbox"/> 35.500</div> <div style="width: 50%;"><input type="checkbox"/> 35.600 (remote afterloader)</div> <div style="width: 50%;"><input type="checkbox"/> 35.600 (teletherapy)</div> <div style="width: 50%;"><input type="checkbox"/> 35.600 (gamma stereotactic radiosurgery)</div> <div style="width: 50%;"><input type="checkbox"/> 35.1000 (_____)</div> </div>	

c. Describe training in radiation safety, regulatory issues, and emergency procedures for all types of medical use on the license.

Description of Training	Training Provided By	Dates of Training*
Radiation safety, regulatory issues, and emergency procedures for 35.100, 35.200, and 35.500 uses	<i>[Signature]</i> MD	8/25/21
Radiation safety, regulatory issues, and emergency procedures for 35.300 uses	<i>[Signature]</i> MD	8/25/21
Radiation safety, regulatory issues, and emergency procedures for 35.400 uses	<i>[Signature]</i> MD	8/25/21
Radiation safety, regulatory issues, and emergency procedures for 35.600 - teletherapy uses		
Radiation safety, regulatory issues, and emergency procedures for 35.600 - remote afterloader uses		
Radiation safety, regulatory issues, and emergency procedures for 35.600 - gamma stereotactic radiosurgery uses		
Radiation safety, regulatory issues, and emergency procedures for 35.1000, specify use(s):		

RADIATION SAFETY OFFICER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Structured Educational Program for Proposed Radiation Safety Officer (continued)

- c. Training in radiation safety, regulatory issues, and emergency procedures for all types of medical use on the license (continued)

<p>Supervising Individual <i>If training was provided by supervising RSO, AU, AMP, or ANP. (If more than one supervising individual is necessary to document supervised training, provide multiple copies of this page.)</i></p>	<p>License/Permit Number listing supervising individual</p>												
<p>License/Permit lists supervising individual as:</p> <p> <input checked="" type="checkbox"/> Radiation Safety Officer <input type="checkbox"/> Authorized User <input type="checkbox"/> Authorized Nuclear Pharmacist <input type="checkbox"/> Authorized Medical Physicist </p> <p>Authorized as RSO, AU, ANP, or AMP for the following medical uses:</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> 35.100</td> <td><input type="checkbox"/> 35.200</td> <td><input type="checkbox"/> 35.300</td> <td><input type="checkbox"/> 35.400</td> </tr> <tr> <td><input type="checkbox"/> 35.500</td> <td><input type="checkbox"/> 35.600 (remote afterloader)</td> <td><input type="checkbox"/> 35.600 (teletherapy)</td> <td></td> </tr> <tr> <td><input type="checkbox"/> 35.600 (gamma stereotactic radiosurgery)</td> <td><input type="checkbox"/> 35.1000 (_____)</td> <td></td> <td></td> </tr> </table>		<input type="checkbox"/> 35.100	<input type="checkbox"/> 35.200	<input type="checkbox"/> 35.300	<input type="checkbox"/> 35.400	<input type="checkbox"/> 35.500	<input type="checkbox"/> 35.600 (remote afterloader)	<input type="checkbox"/> 35.600 (teletherapy)		<input type="checkbox"/> 35.600 (gamma stereotactic radiosurgery)	<input type="checkbox"/> 35.1000 (_____)		
<input type="checkbox"/> 35.100	<input type="checkbox"/> 35.200	<input type="checkbox"/> 35.300	<input type="checkbox"/> 35.400										
<input type="checkbox"/> 35.500	<input type="checkbox"/> 35.600 (remote afterloader)	<input type="checkbox"/> 35.600 (teletherapy)											
<input type="checkbox"/> 35.600 (gamma stereotactic radiosurgery)	<input type="checkbox"/> 35.1000 (_____)												

- d. Skip to and complete Part II Preceptor Attestation.

OR

☒ **4. Authorized User, Authorized Medical Physicist, or Authorized Nuclear Pharmacist identified on the licensee's license**

- a. Provide license number.
- b. Use the table in section 3.c. to describe training in radiation safety, regulatory issues, and emergency procedures for all types of medical use on the license.
- c. Skip to and complete Part II Preceptor Attestation.

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 Radiation Safety Officer
 10 CFR 35.50(a)(1)(i) and (a)(1)(ii); or 35.50 (a)(2)(i) and (a)(2)(ii); or 35.50(c)(1).

OR

☐ **2. Structured Educational Program for Proposed Radiation Safety Officers**

☐ I attest that _____ has satisfactorily completed a structural educational
Name of Proposed Radiation Safety Officer
 program consisting of both 200 hours of classroom and laboratory training and one year of full-time radiation safety experience as required by 10 CFR 35.50(b)(1).

OR

RADIATION SAFETY OFFICER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

Preceptor Attestation (continued)

First Section (continued)

Check one of the following:

☒ **3. Additional Authorization as Radiation Safety Officer**

☒ I attest that David L. Evans, M.D. is an

Name of Proposed Radiation Safety Officer

☒ Authorized User

☐ Authorized Nuclear Pharmacist

☐ Authorized Medical Physicist

identified on the Licensees license and has experience with the radiation safety aspects of similar type of use of byproduct material for which the individual has Radiation Safety Officer responsibilities

AND

Second Section

Complete for all (check all that apply):

☒ I attest that David L. Evans has training in the radiation safety, regulatory issues, and

Name of Proposed Radiation Safety Officer

emergency procedures for the following types of use:

☒ 35.100

☒ 35.200

☒ 35.300 oral administration of less than or equal to 33 millicuries of sodium iodide I-131, for which a written directive is required

☒ 35.300 oral administration of greater than 33 millicuries of sodium iodide I-131

☒ 35.300 parenteral administration of any beta-emitter, or a photon-emitting radionuclide with a photon energy less than 150 keV for which a written directive is required

☒ 35.300 parenteral administration of any other radionuclide for which a written directive is required

☒ 35.400

☐ 35.500

☐ 35.600 remote afterloader units

☐ 35.600 teletherapy units

☐ 35.600 gamma stereotactic radiosurgery units

☐ 35.1000 emerging technologies, including:

RADIATION SAFETY OFFICER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

AND

**Third Section
Complete for ALL**

☒ I attest that David L. Evans, M.D. has achieved a level of radiation safety knowledge
Name of Proposed Radiation Safety Officer
sufficient to function independently as a Radiation Safety Officer for a medical use licensee.

**Fourth Section
Complete the following for Preceptor Attestation and signature**

I am the Radiation Safety Officer for Fairbanks Memorial Hospital
Name of Facility

License/Permit Number: 50-13648-01

Name of Preceptor
Mark Burton, M.D.

Signature



Telephone Number

907-808-3535

Date

8/25/21

From: [Hanchett, Janet](#)
To: [Hill, Carol](#)
Subject: [External_Sender] RE: Amendments for License # 50-13648-01
Date: Wednesday, September 22, 2021 4:45:23 PM
Attachments: [image001.png](#)
[SFMH_Scan21083114410.pdf](#)
[SFMH_Scan21090212590.pdf](#)

Thank you.

Attached are the 2 amendments.

The one to add Dr. Ross as an AU was done first.

The one to change RSO was done next.

Please let me know if there is anything else that I can do for you.

Thank you,

Jan

Jan Hanchett CNMT

Nuclear Medicine Supervisor

Jan.Hanchett@foundationhealth.org

Office 907-458-6904

Cell 907-388-7378

Almost everything will work again if you unplug it for a few minutes, including you.

Anne Lamott - Writer



Compassionate health care for every chapter in your life story.

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From: Hill, Carol <Carol.Hill@nrc.gov>
Sent: Wednesday, September 22, 2021 1:29 PM
To: Hanchett, Janet <Janet.Hanchett@foundationhealth.org>
Subject: RE: Amendments for License # 50-13648-01

CAUTION: This email originated from outside of Foundation Health Partners' email system. **DO NOT** click links or open attachments unless you recognize the sender and know the content is safe.

Hi,

The only pending amendment I have for **Foundation Health LLC**, is to remove a restricted area.

I'm not sure if there is a typo in Michelle's email address *only* in the email or if you *sent* it with the same typo.

Michelle's email address is Michelle.Simmons@nrc.gov

In either case, can you please email the subject amendments to me and I'll get them set up ASAP.

From: Hanchett, Janet <Janet.Hanchett@foundationhealth.org>
Sent: Monday, September 20, 2021 4:42 PM
To: Hill, Carol <Carol.Hill@nrc.gov>
Subject: [External_Sender] Amendments for License # 50-13648-01

Good Afternoon,

I am inquiring about 2 amendments that I emailed to Miclelle.Simmons@NRC.gov on 8/31/2021 and 9/2/2021

I was instructed to send these amendments to her as she is currently working on another amendment for us.

In conversing with her over email, she has stated that she has not been assigned any other amendments for us and to contact you.

I am just trying to make sure that someone has received these amendments. I have never emailed an amendment request before these two.

If I need to re-email these, please let me know what is the correct email to use.

Thank you very much for your time,

Jan

Jan Hanchett CNMT
Nuclear Medicine Supervisor
Jan.Hanchett@foundationhealth.org
Office 907-458-6904
Cell 907-388-7378

Almost everything will work again if you unplug it for a few minutes, including you.

Anne Lamott - Writer



Compassionate health care for every chapter in your life story.

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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

10/04/2021

License Number(s)

50-13648-01

Mail Control Number(s)

628744

Licensing and/or Technical Reviewer or Branch

C. Hill

This is to acknowledge receipt of your: ☒ Letter and/or ☐ Application Dated: 08/24/2021

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'd: N

License Fee Worksheet - License Fee Transmittal

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: Foundation Health LLC
Received Date: 09/22/2021
Docket Number: 3003509
Mail Control Number: 628746
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: 10/04/2021

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: 628746	RECEIPT DATE: 09/22/2021	ACTION TYPE: Amendment
DUE DATE: 12/21/2021	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@foundatic
BILLING ADDRESS LINE 1:		
BILLING ADDRESS LINE 2:		
CITY:	STATE: Alaska	ZIP:
BILLING CONTACT PERSON: FIRST NAME:	MIDDLE INITIAL:	LAST NAME:
PHONE:	EMAIL:	FAX:
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):		