



The Cancer Center
at Ball Memorial Hospital

United States Nuclear Regulatory Commission
Region III
801 Warrenville Road
Lisle, IL 60532-4351

November 9, 2004

Re: USNRC Materials License No. 13-00951-03

Dear Sir/Madam:

I am writing to request an amendment to our USNRC materials license No 13-00951-03. We are requesting the addition of Yunjie Xie Lin as an authorized user for 10 CFR 35.400, 35.600 and 35.1000 materials. Our previous amendment request to add Dr. Lin to our license was rejected as it was filed prior to the completion of Dr. Lin's training. Dr. Lin completed a four-year radiation oncology residency-training program at Henry Ford Hospital in Detroit Michigan in July 2004.

I have enclosed an NRC form 313A that was completed by Dr. Lin's preceptor. As indicated on the preceptor form she has completed the required education, training and case experience described in 10 CFR 35.490 and 35.690.

The institution's Radiation Safety Committee has approved these requests.

If you have any questions please feel free to contact me at 765-747-4440

Sincerely,

Alvis E. Foster, MS
Radiation Safety Officer

Terry Pence, RPh
Administrative Director, Cancer and Pharmacy Services

Enclosures: 1

cc: Radiation Safety Committee File

TRAINING AND EXPERIENCE AND PRECEPTOR STATEMENT

PART I – TRAINING AND EXPERIENCE

Note: Descriptions of training and experience must contain sufficient detail to match the training and experience criteria in the applicable regulations.

1. Name of Individual, Proposed Authorization (e.g., Radiation Safety Officer), and Applicable Training Requirements (e.g., 10 CFR 35.50)

Yunjie Xie Lin, MD Authorized User, 10CFR 35.490 and 10CFR 35.690

2. For Physicians, Podiatrists, Dentists, Pharmacists – State or Territory Where Licensed
State of Indiana

3. CERTIFICATION

Specialty Board	Category	Month and Year Certified
N/A	N/A	N/A

Stop here when using Board Certification to meet 10 CFR Part 35 training and experience requirements.

4. DIDACTIC OR CLASSROOM AND LABORATORY TRAINING (optional for Medical Physicists)

Description of Training	Location	Clock Hours	Dates of Training
Radiation Physics and Instrumentation	Henry Ford Hospital Detroit, Michigan	200	7/1/2000 - 6/30/2004
Radiation Protection	Henry Ford Hospital Detroit, Michigan	200	7/1/2000 - 6/30/2004
Mathematics Pertaining to the Use and Measurement of Radioactivity	Henry Ford Hospital Detroit, Michigan	200	7/1/2000 - 6/30/2004
Radiation Biology	Henry Ford Hospital Detroit, Michigan	80	7/1/2000 - 6/30/2004
Chemistry of Byproduct Material for Medical Use	N/A	N/A	N/A
OTHER	N/A	N/A	N/A

TRAINING AND EXPERIENCE AND PRECEPTOR STATEMENT (continued)

5a. WORK EXPERIENCE WITH RADIATION

Description of Experience	Name of Supervising Individual(s)	Location and Corresponding Materials License Number	Dates and Clock Hours of Experience
Four year radiation Oncology residency program at Henry Ford Hospital, Detroit Michigan Accredited by ACGME	Munther Ajlouni, MD	Henry Ford Hospital Detroit, Michigan 21-04109-16	7/1/2000-6/30-2004 560 hours

5b. SUPERVISED CLINICAL CASE EXPERIENCE

Radionuclide	Type of Use	No. of Cases Involving Personal Participation	Name of Supervising Individual	Location and Corresponding Materials License Number	Dates and Clock Hours of Experience
I-125	LDR interstitial	18	D.G. Pradhan, MD	Henry Ford Hospital	22 Hours
Cs-137	LDR Intracavitary	14	M Gabel, MD	Henry Ford Hospital	11 Hours
Ir-192	LDR & HDR	12	M. Ajlouni, MD	Henry Ford Hospital	14 Hours
Sr-90	Intravascular	8	S. Ryu, MD	Henry Ford Hospital	2.5 Hours
				21-04109-16	7/1/00-6/30/04

TRAINING AND EXPERIENCE AND PRECEPTOR STATEMENT (continued)

6. FORMAL TRAINING (applies to Medical Physicists and Therapy Physicians)

Degree, Area of Study or Residency Program	Name of Program and Location with Corresponding Materials License Number	Dates	Name of Organization that Approved the Program (e.g., Accreditation Council for Graduate Medical Education) and the Applicable Regulation (e.g., 10 CFR 35.490)
Four Year Post Graduate Medical Education Clinical Residency Program in Radiation Oncology	Radiation Oncology Residency Henry Ford Hospital Detroit, MI 21--04109-16	7/1/200 - 6/30/2004	Residency Review Committee for Radiology of the Accreditation Council for Graduate medical Education

7. RADIATION SAFETY OFFICER – ONE-YEAR FULL-TIME WORK EXPERIENCE

- ☐ YES Completed 1-year of full-time radiation safety experience (in areas identified in item 5a) under supervision
☒ N/A of _____ the RSO for License No. _____

8. MEDICAL PHYSICIST – ONE-YEAR FULL-TIME TRAINING/WORK EXPERIENCE

- ☐ YES Completed 1-year of full-time training in therapeutic radiological physics under the supervision of
☒ N/A _____ who meets requirements for Authorized Medical Physicists; and
- ☐ YES Completed 1-year of full-time work experience (for areas identified in item 5a) for _____
☒ N/A modality(ies) under the supervision of _____ who meets
 requirements of Authorized Medical Physicists for _____ modality(ies).

9. SUPERVISING INDIVIDUAL – IDENTIFICATION AND QUALIFICATIONS

The training and experience indicated above was obtained under the supervision of (if more than one supervising individual is needed to meet requirements in 10 CFR 35, provide the following information for each) :

A. Name of Supervisor

Munther Ajlouni, MD

B. Supervisor is:

☒ Authorized User

☐ Authorized Medical Physicist

☐ Radiation Safety Officer

☐ Authorized Nuclear Pharmacist

C. Supervisor meets requirements of Part 35, Section(s) 10 CFR 35.490 & 10 CFR 35.690

for medical uses in Part 35, Section(s) 10 CFR 35.400 & 10 CFR 35.600

D. Address

Henry Ford Hospital
Department of Radiation Oncology
2799 W. Grand Blvd.
Detroit, MI 48202

E. Materials License Number

21-04109-16

TRAINING AND EXPERIENCE AND PRECEPTOR STATEMENT (continued)

PART II – PRECEPTOR STATEMENT

Note: This part must be completed by the individual's preceptor. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each. This part is not required to meet the training requirements in 10 CFR 35.590.

Item 10 must be completed for Nuclear Pharmacists meeting the requirements of 10 CFR Part 35, Subpart J. Preceptors do not have to complete items 11a, 11b, or the certifying statements for other individuals meeting the requirements of 10 CFR Part 35, Subpart J.

☐ YES 10. The individual named in item 1 has satisfactorily completed the training requirements in
☒ N/A 10 CFR 35.980 and is competent to independently operate a nuclear pharmacy.

☒ YES 11a. The individual named in Item 1 has satisfactorily completed the requirements in Part 35, Section(s)
☐ N/A and Paragraph(s) 35.490 (b) & 35.690 (b).

☒ YES 11b. The individual named in Item 1. is competent to independently function as an authorized
☐ N/A User for Brachytherapy/Teletherapy uses (or units).

12. PRECEPTOR APPROVAL AND CERTIFICATION

☐ I certify the approval of item 10 and certify I am an Authorized Nuclear Pharmacist;

or

☐ I certify the approval of items 11a and 11b, and certify I am an Authorized Nuclear Pharmacist;

or

☒ I certify the approval of Items 11a and 11b, and I certify that I meet the requirements of _____
or equivalent Agreement State requirements to be a preceptor authorized User
for the following uses (or units) of byproduct material: Brachytherapy & Teletherapy under 10 CFR 35.400 & 600

A. Address

Henry Ford Hospital
Department of Radiation Oncology
2799 W. Grand Blvd.
Detroit, MI 48202

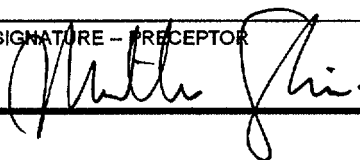
B. Materials License Number

21-04109-16

C. NAME OF PRECEPTOR (print clearly)

Munther Ajlouni, MD

D. SIGNATURE – PRECEPTOR



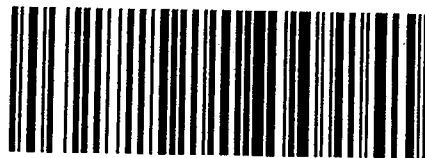
E. DATE

10/6/04

Alyis E. Foster, MS
Ball Memorial Hospital
2401 W. University Ave.
Muncie, IN 47303

PLACE STICKER AT TOP OF ENVELOPE
TO THE RIGHT OF RETURN ADDRESS.
FOLD AT DOTTED LINE

CERTIFIED MAIL



7000 0520 0012 8956 8715

