

**COLLEEN CAROL CASEY
MATERIALS LICENSING BRANCH
UNITED STATES NUCLEAR REGULATORY COMMISSION**

REGION III
2443 WARRENVILLE ROAD STE 210
LISLE, ILLINOIS 60532-4352
OFFICE: (630)-829-9841 FAX: (630) 829-9782 or (630) 515-1259

CONVERSATION RECORD

TIME *3:20 PM* DATE *9/30/05*

ACTUALLY FAXED? YES.

August 30, 2005

NAME OF PERSON(S) CONTACTED

ORGANIZATION

TELEPHONE NO.

Martin W. Johnson, M.S., RSO for Edward W. Sparrow Hospital

517-364-2167

SUBJECT

License No.: 21-01430-01

Control No.: ~~314156~~ *704*

SUMMARY

We have reviewed your letter dated May 3, 2005, requesting an amendment to your byproduct materials license and find that we need additional information as follows:

1. Your letter dated August 11, 2005, was signed by you and Mark Brett and it directs us to contact you if we have further questions.

However, Tracy King Maudrie has contacted our office twice concerning this application, although we have not been directed to correspond with her. Please be reminded that, if you wish to have other workers in contact with us, you must provide us with your written permission to speak with them about your application, etc. first.

For this application and for all future applications, please provide us with primary and, if necessary, secondary points of contact and include, for each, the name, best telephone number(s), and fax numbers.

2. 10 CFR 35.51 is the regulation you used to prepare this application for , M.S. as an AMP, which reads, in part:

“Except as provided in § 35.57, the licensee shall require the authorized medical physicist to be an individual who—

(b)(1) Holds a master's or doctor's degree in physics, medical physics, other physical science, engineering, or applied mathematics from an accredited college or university; and has completed 1 year of full-time training in medical physics and an additional year of full-time work experience under the supervision of an individual who meets the requirements for an authorized medical physicist for the type(s) of use for which the individual is seeking authorization. *This training and work experience must be conducted in clinical radiation facilities that provide high-energy, external beam therapy (photons and electrons with energies greater than or equal to 1 million electron volts) and brachytherapy services and must include:*

- (i) Performing sealed source leak tests and inventories;
- (ii) Performing decay corrections;
- (iii) Performing full calibration and periodic spot checks of external beam

treatment units, stereotactic radiosurgery units, and remote afterloading units as applicable; and

(iv) Conducting radiation surveys around external beam treatment units, stereotactic radiosurgery units, and remote afterloading units as applicable; and

(2) Has obtained written attestation that the individual has satisfactorily completed the requirements in paragraphs (c) and (a)(1) and (2), or (b)(1) and (c) of this section, and has achieved a level of competency sufficient to function independently as an authorized medical physicist for each type of therapeutic medical unit for which the individual is requesting authorized medical physicist status. The written attestation must be signed by a preceptor authorized medical physicist who meets the requirements in § 35.51, or, before October 24, 2005, § 35.961, or equivalent Agreement State requirements for an authorized medical physicist for each type of therapeutic medical unit for which the individual is requesting authorized medical physicist status; and

(c) Has training for the type(s) of use for which authorization is sought that includes hands-on device operation, safety procedures, clinical use, and the operation of a treatment planning system. This training requirement may be satisfied by satisfactorily completing either a training program provided by the vendor or by training supervised by an authorized medical physicist authorized for the type(s) of use for which the individual is seeking authorization."

3. **Please provide sufficient information for us to verify that Eric Lee was qualified to serve as a preceptor AMP for Ms. Lacey for the modalities she was supervised for, especially HDR brachytherapy, and during the timeframes when she received supervised training and experience.**

For example, Mr. Lee lists a Florida license that he worked under. Please contact me to discuss the types of information that may be necessary to respond to this item as it may vary depending on the type of license and other factors.

4. **On Part 1, item 6a. of Ms. Lacey's forms, no dates of experience were provided. Please provide the dates when Ms. Lacey obtained this work experience under Mr. Lee at 21st Century Oncology. I recognize that the 313A form is misleading in asking for "Dates and/or clock hours of experience" but we do need both in order to complete the review and determine compliance with 10 CFR 35.59, "Recentness of training."**

5. Part 1, item 6a refers to "35.644." Please note that no such regulation exists. For information only.

6. Part 1, item 6b is intended for physician use only. The information in this section should have been inserted in Part 1, item 6c. for Ms. Lacey. For information only.

7. **It is not entirely clear that the training Ms. Lacey obtained from Nucletron meets the requirements in 10 CFR 35.51(c). Please clarify whether this training was "hands on" training and whether it included "clinical use" of the HDR device.**

8. General advice for preparing these types of licensing correspondence:

Please do not submit resumes, CV's, or personal, proprietary information that we must protect, in accordance with 10 CFR 2.390, such as social security numbers, dates of birth, home addresses or phone numbers, patient records, college transcripts, etc. Please do not submit extraneous documents, including but not limited to, certificates received for attendance at meetings, conferences, continuing education and training sessions that are not relevant to the practice of therapeutic medical physics and the radiation therapy modalities covered by this license that require an AMP.

Please refrain from listing specialty certification board credentials that NRC does not recognize. Specialty board certifications that NRC does recognize are currently listed in 10 CFR Subpart J, until October 24, 2005, and on our website at <http://www.nrc.gov>. This is a "no response" required item.

Please refer to the above regulatory requirements as well as section 8.11, item 7 and Appendices B, D and E in NUREG 1556, Vol. 9, Rev. 1, for assistance in preparing your response. This is a "no response" required item.

Please also be reminded of the provisions in 10 CFR 30.9(a), "Completeness and accuracy of information,"..."(a) Information provided to the Commission by an applicant for a license or by a licensee or information required by statute or by the Commission's regulations, orders, or license conditions to be maintained by the applicant or the licensee shall be complete and accurate in all material respects." Please focus on the regulatory requirements and only the information required to demonstrate compliance with the regulatory requirements.

9. Please also note that a new rulemaking became effective April 29, 2005, which may affect Ms. Lacey's future re-application, as it changes many key elements in the training and experience criteria in Part 35. More information on this rule should have been sent to you already and is available on our website.
10. If you have further questions concerning these matters please contact me at (630) 829-9841 or (800) 522-3025.
11. General advice for future use if or when the need to request an expedited review arises: please state your request for an expedited review in your initial licensing correspondence, whenever possible, or as soon as the need reveals itself. The request should be in writing, addressed to either the reviewer assigned to the case or my supervisor, Ms. Patricia Pelke, Materials Licensing Branch Chief. The request should be specific and detailed and include the date when the licensing action is needed by; the justification for the expedite; supporting statements, as appropriate, for the expedite request and justification. My supervisor can then make a determination as to whether the expedited request can be granted.

In accordance with 10 CFR 2.390 of the NRC's "Rules of Practice," a copy of this letter will be available electronically in the NRC Public Document Room or from the Publicly Available

Records (PARS) component of NRC's document system (ADAMS). The NRC's document system is accessible from the NRC Web site at <http://www.nrc.gov/reading-rm/adams.html>.

ACTION REQUIRED

Please submit the requested information in **bold** font in items **1, 3, 4 and 7** within 20 days (by **September 20, 2005**) by referencing control number **314764** to facilitate proper handling. Upon receipt of your response we will resume our review. Address your written response to my attention at the above address. If we do not receive your response by this date (or if we have not had contact from you regarding an alternate date) it may become necessary to void this request out of our system.

PLEASE NOTE THAT A "VOID" IS AN ADMINISTRATIVE PROCEDURE THAT PUTS YOUR AMENDMENT REQUEST "ON HOLD" (TAKES IT OUT OF OUR ACTIVE CASEWORK DATABASE) UNTIL YOU REACTIVATE IT VIA A WRITTEN RESPONSE.

PLEASE DIRECT ANY QUESTIONS YOU MAY HAVE TO ME AT (630) 829-9841 or (800) 522-3025.

NAME OF PERSON DOCUMENTING CONVERSATION

SIGNATURE

DATE

Colleen Carol Casey



August 30, 2005

TRANSMISSION VERIFICATION REPORT

TIME : 08/30/2005 15:55
NAME : USNRC
FAX : 6308299782
TEL : 6308299782

DATE, TIME 08/30 15:53
FAX NO./NAME 85173642987
DURATION 00:01:40
PAGE(S) 05
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MODE STANDARD
ECM

NRC FORM 386 (R111)
(4-2004)



UNITED STATES
NUCLEAR REGULATORY COMMISSION
REGION III
2443 Warrenville Road, Suite 210
Lisle, Illinois 60532-4352

TELEFAX TRANSMITTAL

DATE:

8/30/05

NUMBER OF PAGES:
(including this page)

5

SEND TO:

MARTIN JOHNSON, R50

LOCATION:

EDWARD SPARROW HOSPITAL

FAX NUMBER:

517-364-2987

VERIFY BY CALLING SENDER

FROM:
(SENDER)

COLLEEN CASEY

TELEPHONE NUMBER:

630-829-9841

FAX NUMBER:

630-829-9782

If you do not receive the complete fax transmittal, please contact the sender as soon as possible at the telephone number provided above.

MESSAGE

Please call me to discuss this.



UNITED STATES
NUCLEAR REGULATORY COMMISSION
REGION III
2443 Warrenville Road, Suite 210
Lisle, Illinois 60532-4352

TELEFAX TRANSMITTAL

DATE: 8/30/05 NUMBER OF PAGES: 5
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SEND TO: MARTIN JOHNSON, RSO

LOCATION: EDWARD SPARROW HOSPITAL

FAX NUMBER: 517-364-2987 VERIFY BY CALLING SENDER

FROM: COLLEEN CASEY
(SENDER)

TELEPHONE NUMBER: 630-829-9841 FAX NUMBER: 630-829-9782

If you do not receive the complete fax transmittal, please contact the sender as soon as possible at the telephone number provided above.

MESSAGE *Please call me to discuss this.*

*Thank you,
Colleen Carol Casey*

NOTICE

This message is intended only for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential, or exempt from disclosure under applicable law. If the reader of this message is not the intended recipient or the employee responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify the sender immediately by telephone and return the original to the above address, by U.S. Mail. Thank you.