

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	DATE
ACTUALLY FAXED? YES.		December 30, 2005

NAME OF PERSON(S) CONTACTED	ORGANIZATION	TELEPHONE NO.
Guy Sherwood, AMP for HealthEast - St. John's Hospital		651-232-3141

SUBJECT	License No.: 22-24441-01	Control No.: 314924
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SUMMARY

We have reviewed your letter dated September 13, 2005, received October 18, 2005, requesting an amendment to your byproduct materials license and find that we need additional information as follows:

Heung-Rae Lee, Ph.D. has not been approved as an authorized medical physicist (AMP) for HDR use because his training and experience documentation does not adequately support his application.

1. Please provide a copy of his Ph.D. certificate/diploma.
2. Please submit appropriate, completed preceptor forms or equivalent information demonstrating that Dr. Lee meets each of the specific requirements in 10 CFR 35.961(c), especially with respect to training and work experience under the supervision of a medical physicist at a medical institution that includes the tasks listed in 10 CFR 35.67, 35.633, 35.643 and 35.652.
3. Please include sufficient information about Dr. Lee's preceptor AMP so that we can verify that the preceptor AMP was qualified to serve as an AMP preceptor for Dr. Lee during the time when he obtained the required training and experience. Such information is most easily provided in the form of an NRC or Agreement state license naming the preceptor as an AMP for HDR uses during the timeframes when Dr. Lee obtained the required training and experience.
4. If Dr. Lee's training and experience was obtained more than 7 years preceding the date of application, please provide evidence that compliance with 10 CFR 35.59 has been met.
5. **No response required, for future information only - the curriculum vitae and e-mails submitted in the attachments to the letter dated September 13, 2005, failed to support Dr. Lee's application, beyond the indication that he possesses graduate degrees in physics. Please refrain from submitting extraneous information in the future. Relevant attachments are welcome but, as a reminder, should not include extraneous, personal, proprietary information, such as resumes, curricula vitae,**

patient records or college transcripts, dates of birth, home addresses and phone numbers, personal details, social security numbers, etc.

For assistance in responding to the items above, you may wish to refer to NUREG 1556, Vol. 9, Rev. 1, Section 8.13, Item 7; Appendix B; Table C.3, Item 7, "Authorized Medical Physicists;" Appendix D; and Appendix E.

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

Submit the requested information within **14 calendar days (by January 14, 2006)** by referencing control number **314924** to facilitate proper handling. If we do not receive an adequate response by this date, we will **VOID** the current action without contacting you again. This will be done without prejudice to the resubmission of your request at a later date. Upon receipt of your response we will resume our review. Address your written response to my attention at the above address.

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. IT "BUYS" YOU TIME TO PREPARE A QUALITY RESPONSE AND IS GENERALLY REGARDED AS A "GOOD THING."

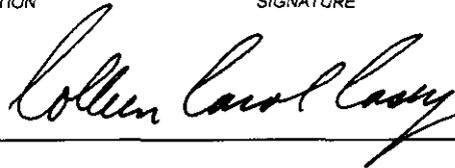
PLEASE DIRECT ANY QUESTIONS YOU MAY HAVE TO ME AT (630) 829-9841 or (800) 522-3025.

NAME OF PERSON DOCUMENTING CONVERSATION

SIGNATURE

DATE

Colleen Carol Casey



December 30, 2005

TRANSMISSION VERIFICATION REPORT

TIME : 12/30/2005 18:47
NAME : USNRC
FAX : 6308299782
TEL : 6308299782

DATE, TIME 12/30 18:46
FAX NO./NAME 86512323216
DURATION 00:00:58
PAGE(S) 03
RESULT OK
MODE STANDARD
ECM

NRC FORM 386 (R11)
(4-2004)



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REGION III
2443 Warrenville Road, Suite 210
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TELEFAX TRANSMITTAL

DATE: 12/30/05

NUMBER OF PAGES:
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3

SEND TO: GUY SHERWOOD

Healed East St. Joseph's Hospital Bot

LOCATION: Concerning Healed East St. John's Hospital

FAX NUMBER: 651 - 232 - 3216 VERIFY BY CALLING SENDER

FROM: COLLEEN CAROL 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 if you have questions.

Thank you.

TRANSMISSION VERIFICATION REPORT

TIME : 12/30/2005 18:44
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FAX : 6308299782
TEL : 6308299782

DATE, TIME
FAX NO. /NAME
DURATION
PAGE(S)
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12/30 18:43
86512323216
00:00:58
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STANDARD
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SEND TO: GUY SHERWOOD
Health East St. Joseph's Hospital Bot

LOCATION: Concerning Health East St. Joseph's Hospital

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(SENDER)

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MESSAGE Please call me if you have questions.

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Healed East St. Joseph's Hospital BUT

LOCATION: Concerning Healed East St. John's Hospital

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Thank you.

Colleen Carol Casey

(Corrected page)

NOTICE

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