

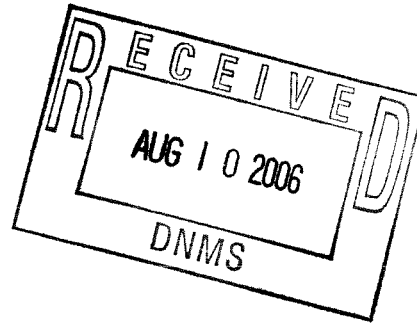
PROVIDENCE CANCER THERAPY CENTER

L. Rodney Cook, M.D. Director, Radiation Oncology

AnnaLiisa McGlinn, M.D. Radiation Oncology

August 9, 2006

Jim Montgomery
NRC Region IV



Dear Mr. Montgomery,

As per your suggestions we have obtained the necessary changes to Dr. McGlinn's preceptor form 313A. The revised form is enclosed with this letter.

We request you to please expedite the amendment process, as there are patients who would benefit from this treatment modality.

Thanks in advance,

Ravindra P. Rao M.Sc., M.E.
ABR certified Physicist
Consulting Physicist

The Commitment Continues

3200 Providence Drive • P.O. Box 196604 • Anchorage, Alaska 99519-6604 • Phone (907) 261-3186 • Fax (907) 261-3665



471024

**MEDICAL USE TRAINING AND EXPERIENCE
AND PRECEPTOR ATTESTATION**

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 regulation (10 CFR Part 35)

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

ANNA LISA McALION M.D.

2. For Physicians, Podiatrists, Dentists, Pharmacists -- State or Territory Where Licensed

ALASKA AND CALIFORNIA

3. CERTIFICATION

- a. Provide a copy of the board certification. (Stop here if applying under 10 CFR Part 35, Subpart J or 35.590(a); continue if applying under other subparts.)
- b. Provide documentation in appropriate items 4 through 10 of training or clinical case work required by 35.50(e); 35.51(c); 35.290(c)(1)(ii)(G) for AU seeking 35.200 authorization; 35.390(b)(1)(ii)(G); 35.396(d)(1) and 35.396(d)(2); 35.590(c); or 35.690(c).
- c. Provide completed Part II Preceptor Attestation, Items 11a through 11d.
Stop here after completing items 3a, 3b, and 3c when using board certification to meet 10 CFR Part 35 training and experience requirements.

4. INDIVIDUALS IDENTIFIED ON A LICENSE OR PERMIT AS RADIATION SAFETY OFFICERS (RSO), AUTHORIZED USERS (AU), AUTHORIZED MEDICAL PHYSICISTS (AMP), OR AUTHORIZED NUCLEAR PHARMACISTS (ANP) SEEKING ADDITIONAL AUTHORIZATIONS

- a. Provide a copy of the license or broadscope permit listing the current authorization **and** (b) or (c)
- b. Complete items 6c (and 10 when training is provided by an RSO, AMP, ANP, or AU) and preceptor items 11b through 11d to meet requirements for: RSO in 35.50(c)(2) or 35.50(e); or AU in 35.290(c)(1)(ii)(G) or 35.390(b)(1)(ii)(G) or 35.590(c) or 35.690(c); or AMP under 35.51(c).
- c. Complete items 5, 6a, 6b, 10, and Preceptor items 11a through 11d to meet AU requirements in 35.396(a).

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

Description of Training	Location	Clock Hours	Dates of Training
Radiation Physics and Instrumentation			
Radiation Protection			
Mathematics Pertaining to the Use and Measurement of Radioactivity			
Radiation Biology			
Chemistry of Byproduct Material for Medical Use			
OTHER			

MEDICAL USE TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

6a. WORK OR PRACTICAL EXPERIENCE WITH RADIATION

Description of Experience	Name of Supervising Individual(s)	Location and Corresponding Materials License Number	Dates and/or Clock Hours of Experience

6b. SUPERVISED CLINICAL CASE EXPERIENCE (describe experience elements in 6a)

Radionuclide	Type of Use	No. of Cases Involving Personal Participation	Name of Supervising Individual	Location and Corresponding Materials License Number	Dates and/or Clock Hours of Experience

NRC FORM 313A (10-2003) **U.S. NUCLEAR REGULATORY COMMISSION**
MEDICAL USE TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

6c. TRAINING FOR SECTIONS 35.50(e), 35.51(c), 35.590(e), or 35.690(c)

Training Element	Type of Training *	Location and Dates
14 HDR CASES	HANDS ON TRAINING UNDER THE SUPERVISION OF AUTHORIZED USERS	RESIDENCY AT KECK SCHOOL OF MEDICINE USC JULY 2000 - JUNE 2004

* Types of training may include supervised (complete item 10 for 35.50(e), 35.51(c), and 35.690(c)), didactic, or vendor training.

7. FORMAL TRAINING Physicians (for uses under 35.400 and 35.600) and Medical Physicists

Degree, Area of Study OF 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)
Radiation Oncology	USC/ACCMSC Medical Center and Admitted Hospital (part of Keck School of Medicine USC)	July 2000 through June 2004	Radiation Review Committee of the ACCME (Linda Thurson, Exec. Director)

8. RADIATION SAFETY OFFICER (RSO) - ONE-YEAR FULL-TIME EXPERIENCE

YES Completed 1 year of full-time radiation safety experience (in areas identified in item 6a) under supervision of _____ the RSO for License No. _____

N/A

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

YES Completed 1 year of full-time training (for areas identified in item 6a) in therapeutic radiological physics (35.961) or medical physics (35.51) under the supervision of _____ who is a medical physicist (35.961) or meets requirements for Authorized Medical Physicists (35.51);

and

YES Completed 1 year of full-time work experience (at location providing radiation therapy services described and for topics identified in item 6a) for (specify use or device) _____ under the supervision of _____ who is a medical physicist (35.961) or meets requirements for Authorized Medical Physicists (35.51) (specify use or device) _____

N/A

MEDICAL USE TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

10. 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 Part 35, provide the following information for each) :

A. Name of Supervisor

Oscar E. Street Jr.

B. Supervisor is:

Authorized User

Authorized Medical Physicist

Radiation Safety Officer

Authorized Nuclear Pharmacist

C. Supervisor meets requirements of Part 35, Section(s) 690

for medical uses in Part 35, Section(s) 600

D. Address

USC/Kenneth Norris Jr. Cancer Hospital
Dept. of Radiation Oncology
1441 Eastlake Avenue, Los Angeles, CA 90033

E. Materials License Number

5592-19

PART II -- PRECEPTOR ATTESTATION

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 training requirements in 35.590 or Part 35, Subpart J (except 35.980).

I attest the individual named in Item 1:

11a.

has satisfactorily completed the requirements in Part 35, Section(s) and Paragraph(s) _____, as documented in section(s) _____ of this form.

11b. Select one

meets the requirements in 35.50(e) 35.51(c) 35.390(b)(1)(ii)(G) 35.690(c) for REMOTE AFTER LOADER UNITS types of use, as documented in section(s) 600 of this form.

11c.

has achieved a level of competency sufficient to independently operate a nuclear pharmacy (for 35.980); **or**

has achieved a level of competency sufficient to function independently as an authorized USER for REMOTE AFTERLOADER uses (or units); **or**

has achieved a level of radiation safety knowledge sufficient to function independently as a Radiation Safety Officer for a medical use licensee ; **or**

N/A

11d.

I am an Authorized Nuclear Pharmacist; **or** I am a Radiation Safety Officer; **or**

I meet the requirements of 35.690 section(s) of 10 CFR Part 35

or equivalent Agreement State requirements to be a preceptor AU or AMP

for the following byproduct material uses (or units): IR-192 (REMOTE AFTERLOADER UNITS)

A. Address

RECK SCHOOL OF MEDICINE/USC
KENNETH NORRIS JR. CANCER HOSPITAL
DEPT. RADIATION ONCOLOGY
1441 EASTLAKE AV.
LOS ANGELES CA 90033-0800

B. Materials License Number

C. NAME OF PRECEPTOR (print clearly)

OSCAR E. STREET JR. MD

D. SIGNATURE -- PRECEPTOR

Oscar E. Street Jr.

E. DATE

6/2/2006

RECIPIENT: PEEL HERE

1 From This portion can be removed for Recipient's records
Date August 10 **FedEx Tracking Number** **848945114131**

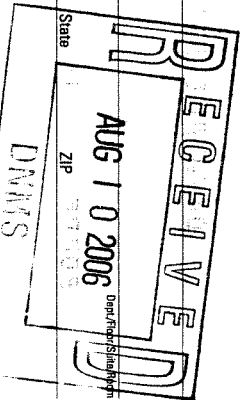
Sender's Name Pravina Rao **Phone** _____

Company _____

Address _____

City _____ **State** _____ **ZIP** _____

2 Your Internal Billing Reference



3 To **Recipient's Name** Jim M. Mynerly **Phone** 925 625 2144

Company APC Region NY

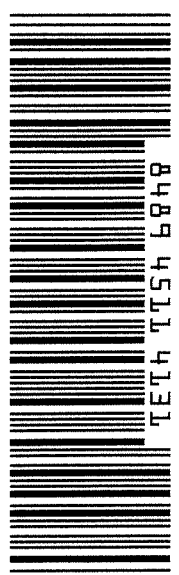
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City Alpharetta **State** GA **ZIP** 94517

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Next business day** Second business day** Third business day** Third business day**

5 Packaging **FedEx Envelope*** **FedEx Pak*** **FedEx Box** **FedEx Tube** **Other**
* Declared value limit \$500

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Available ONLY for FedEx Priority Overnight, FedEx 2Day, FedEx 1Day Freight, and FedEx 2Day Freight to select ZIP codes Not available for FedEx First Overnight to select locations Available ONLY for FedEx Priority Overnight and FedEx 2Day to select locations

7 Payment **Bill to:** **Sender** **Recipient** **Third Party** **Credit Card** **Cash/Check**
I will be billed. Enter FedEx Acct. No. or Credit Card No. below. Signature Account No. Card No. Exp. Date

8 Sign to Authorize Delivery Without a Signature

Total Packages 115 **Total Weight** _____ **Total Changes** _____

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