

COLLEEN CAROL CASEY
MATERIALS LICENSING BRANCH
UNITED STATES NUCLEAR REGULATORY COMMISSION
REGION III
2443 WARRENVILLE ROAD
LISLE, ILLINOIS 60532-4352
OFFICE: (630)-829-9841 FAX: (630) 829-9782 or (630) 515-1259

CONVERSATION RECORD	TIME	DATE
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ACTUALLY FAXED? YES.		September 12, 2006
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NAME OF PERSON(S) CONTACTED	ORGANIZATION	TELEPHONE NO.
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Andrea Browne, Ph.D., RSO for Community Hospitals of Indiana, Inc.		317-355-5865
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SUBJECT		
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License No.: 13-06009-01	Control No.: 315481	
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SUMMARY

We have reviewed your letter dated June 28, 2006, and your facsimile dated August 2, 2006, requesting an amendment to your byproduct materials license and find that we need additional information as follows:

If you wish to pursue this request please submit a written response to the following and address it to my attention as "additional information to control number 315481." We will then continue our review.

Dr. Wei was not approved as an authorized user for materials in 10 CFR 35.300, 35.400 iridium-192 in an HDR remote afterloading brachytherapy device and iodine-125 in the Proxima Therapeutics Gliasite Radiotherapy system because the training and experience documented in your letter dated June 28, 2006, and facsimile dated August 2, 2006, did not demonstrate that Dr. Wei met the training and experience requirements in 10 CFR 35.13, 35.57, 35.390, 35.490, 35.690 and the guidance on our website for 35.1000 uses.

Specifically, the permit received from the University of Arizona did not demonstrate that Dr. Wei met the training and experience requirements in 10 CFR 35.13, 35.57, 35.390, 35.490, 35.690 and the guidance on our website for 35.1000 uses. We also could not verify the license referenced for The University of Arizona - please submit a copy of the most recent signed and dated amendment for this license. It is my understanding that the University of Arizona is a broad scope license and as such, its license does not include the names of specific authorized users. The Radiation Safety Committee for that license evaluates and approves/disapproves of authorized users internally.

Please submit a letter currently signed and dated by either the RSO or the RSC Chairperson (persons who should be named on the license itself) for The University of Arizona attesting that Dr. Wei was an authorized user on the license, for which modalities, such as Part 35.300, 35.400, etc. (show equivalence to 10 CFR Part 35 modalities) and when his authorization was effective.

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 review the regulations cited above and advise us which regulatory requirement(s) you are demonstrating that Dr. Wei meets. This should make it easier for you to focus your response on the items needed to complete Dr. Wei's application.

For the letter dated August 2, 2006, please provide information on the University of Pennsylvania's broad scope license as requested above for the University of Arizona, copy of the NRC license, letter from the RSC Chairperson, copy of the permit for his preceptors, which modalities were approved, timeframes when preceptors were approved, timeframes when Dr. Wei was trained, etc. Again, please review the regulations cited above and advise us which regulatory requirement(s) you are demonstrating that Dr. Wei meets. This should make it easier for you to focus your response on the items needed to complete Dr. Wei's application.

It is possible that you may only need to complete one of these pathways to demonstrate that Dr. Wei meets the training and experience requirements in 10 CFR 35.13, 35.57, 35.390, 35.490, 35.690 and the guidance on our website for 35.1000 uses.

On a revised set of preceptor forms from the University of Pennsylvania, please note that listing "200 total" as a response in section 5, repeatedly, for clock hours for each topic under didactic training is not acceptable. Similarly, such blanket notations of clock hours are used in 6a and are not acceptable either. Specific clock hours and dates of training are needed to evaluate Dr. Wei's training and experience.

In accordance with 10 CFR 2.390 of the NRC's "Rules of Practice," a copy of this record will be available electronically for public inspection 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> (the Public Electronic Reading Room).

ACTION REQUIRED

As I could not issue this part of the amendment request originally controlled under 315481, this requested portion may be responded to without time constraints, to facilitate a better quality response. Upon receipt of your response we will reactivate placement of your request in our database and resume our review. Address your written response to my attention at the above address.

PLEASE DIRECT ANY QUESTIONS YOU MAY HAVE TO ME AT 630-829-9841.

NAME OF PERSON DOCUMENTING CONVERSATION

SIGNATURE

DATE

Colleen Carol Casey



September 12, 2006



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

TELEFAX TRANSMITTAL

DATE: 9-12-06

NUMBER OF PAGES: 3
(including this page)

SEND TO: ANDREA BROWNE, Ph.D.

LOCATION: COMMUNITY HOSPITALS OF INDIANA, INC.

FAX NUMBER: 317 - 351 - 7733 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.

Thanks.

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.

TRANSMISSION VERIFICATION REPORT

TIME : 09/12/2006 17:40
NAME : USNRC
FAX : 6308239782
TEL : 6308239782

DATE, TIME	09/12 17:39
FAX NO./NAME	83173517733
DURATION	00:01:08
PAGE(S)	03
RESULT	OK
MODE	STANDARD ECM

NRC FORM 386 (RIII)
(4-2004)



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