LaPORTE HOSPITAL & HEALTH SERVICES

1007 Lincolnway, P.O. Box 250, La Porte, IN 46352-0250

A Clarian Health Partner

(219) 326-1234 • 1-800-235-6204

November 1, 2006

U.S. Nuclear Regulatory Commission
Radioisotopes Licensing Division
Region III
Attn: Toye L. Simmons
2443 Warrenville Road, Suite 210
Lisle, Illinois 60532-4352

RE: Amendment to Radioactive Materials License 13-15151-01, LaPorte Hospital and Health Services, LaPorte, IN

Dear Sir or Madam:

We rescind the request dated August 11, 2006 and wish to amend the above referenced radioactive materials license to reflect the following change:

> Please add Vivek Mishra, M.D. to our license as an Authorized User for 35.100 and 200. Dr. Mishra has completed work as an authorized user under the Advocate Illinois Masonic Medical Center broad scope license, IL-01224-02. He has also completed work at this facility under the supervision of Dr. Smari Thordarson. Documentation of this training is attached in support of this request.

We hope that this information is sufficient to grant our request for amendment. If you have any questions regarding this amendment request, please contact me at 1-800-383-0468. Thank you.

Sincerely,

James C. Hatten
Radiation Safety Officer

SAHCI/JCH/jms

NRC FORM 313A (10-2000) U.S. NUCLEAR REGULATORY COMMISSION

MEDICAL USE TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION

APPROVED BY OMB: NO. 3150-0120 EXPIRES: 10/31/2000

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)

Vivek Mishra, 35.100 and 200

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

Indiana

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 35.59(c)(2) or 35.50(a); 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	Advocate Illinois Masonic Medical Center, Chicago, IL IL-01224-02	> 100	July 1, 1999 through January 30, 2004
Radiation Protection	Advocate Illinois Masonic Medical Center, Chicago, IL IL-01224-02	> 200	July 1, 1999 through January 30, 2004
Mathematics Pertaining to the Use and Measurement of Radioactivity	Advocate Illinois Masonic Medical Center, Chicago, IL IL-01224-02	> 60	July 1, 1999 through January 30, 2004
Radiation Biology	Advocate Illinois Masonic Medical Center, Chicago, IL IL-01224-02	> 50	July 1, 1999 through January 30, 2004
Chemistry of Byproduct Material for Medical Use	Advocate Illinois Masonic Medical Center, Chicago, IL IL-01224-02	> 60	July 1, 1999 through January 30, 2004
OTHER			

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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
Ordering, receiving, and unpacking radioactive materials safely and performing the related radiation surveys	Arun N. Sukerkar & Smari Thordarson	IL-01224-05 & 13-15151-01	7/99 - 6/04 11/05- Present Total >1700
Performing QC procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters	Arun N. Sukerkar & Smari Thordarson	IL-01224-05 & 13-15151-01	7/99 - 6/04 11/05- Present Total >1700
Calculating, measuring, and safely preparing patient or human research subject dosages	Arun N. Sukerkar & Smari Thordarson	IL-01224-05 & 13-15151-01	7/99 - 6/04 11/05- Present Total >1700
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material	Arun N. Sukerkar & Smari Thordarson	IL-01224-05 & 13-15151-01	7/99 - 6/04 11/05- Present Total >1700
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures	Arun N. Sukerkar & Smari Thordarson	IL-01224-05 & 13-15151-01	7/99 - 6/04 11/05- Present Total >1700
Administering dosages of radioactive drugs to patients or human research subjects	Arun N. Sukerkar & Smari Thordarson	IL-01224-05 & 13-15151-01	7/99 - 6/04 11/05- Present Total >1700

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
Tc-99m	35,100 and 200	> 200	Arun N. Sukerkar	IL-01224-02	7/99-6/04
Tc-99m	35,100 and 200	> 50	Smari Thordarson	13-15151-01	11/05-Present

NRC Form 313A (10-2002) U.S. NUCLEAR REGULATORY COMMISSION

MEDICAL USE TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

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

Training Element	Type of Training *	Location and Dates

* 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 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)

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.
☐ N/A of _____ the RSO for License No. _____

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
☐ N/A (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
☐ N/A 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). _____

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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: Smarl Thorderson

B. Supervisor is:
- [x] Authorized User
- [ ] Authorized Medical Physicist
- [ ] Radiation Safety Officer
- [ ] Authorized Nuclear Pharmacist

C. Supervisor meets requirements of Part 35, Section(s) 57, 190 and 290 for medical uses in Part 35, Section(s) 100 and 200

D. Address

E. Materials License Number

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 35.690 or Part 35, Subpart J (except 35.980).

I attest the individual named in Item 1:

11a.
- [x] has satisfactorily completed the requirements in Part 35, Section(s) and Paragraph(s) 57, 190 and 290 as documented in section(s) 5 of this form.

11b. Select one
- [ ] meets the requirements in [ ] 35.50(a) [ ] 35.51(c) [ ] 35.390(b)(1)(ii)(G) [ ] 35.690(c) for _____ types of use, as documented in section(s) _____ of this form.
- [ ] N/A

11c.
- [ ] has achieved a level of competency sufficient to independently operate a nuclear pharmacy (for 35.980); OR
- [x] has achieved a level of competency sufficient to function independently as an authorized user for 35.100 and 200 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
- [x] I meet the requirements of 57, 190 and 290 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): 35.100 and 200

A. Address
1007 Lincolnway
LaPorte, Indiana 46350-0250

B. Materials License Number
13-15151-01

C. NAME OF PRECEPTOR (print clearly)	D. SIGNATURE OF PRECEPTOR	E. DATE
Smarl Thorderson		11-1-06

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