St.Vincent
Indianapolis Hospital

May 29, 2007

Diagnostic Physics Services
2001 West 86th Street
P.O. Box 40970
Indianapolis, IN 46240-0970
(317) 338-5010
Fax (317) 338-2496

stvincent.org

Materials Licensing Branch
United States Nuclear Regulatory Commission Region III
2443 Warrenville Road, Suite 210
Lisle, IL 60532-4352

Re: USNRC Materials License No. 13-00133-02

This correspondence is being sent to your office to request several licensing actions.

First, we request the addition of several physicians Authorized Users (AU); Michael D. Smith, M.D, Michael S. Conley, M.D. and Kari W. Helms, M.D. Doctor Michael D. Smith appears on the Texas Department of State Health Services Radioactive Material License No. L01976, Amendment 170, located at Medical City Dallas Hospital, 7777 Forest Lane, Dallas, Tx dated March 22, 2007. We are requesting he be added to the St. Vincent USNRC Materials License for the materials identified as: Iridium-192 in a remote after loading brachytherapy unit, 10 CFR 35.400, I-131 for treatment of both Hyperthyroid and Cancer Tx., Strontium-89 and Sm-153. A copy of the Texas Department of State Health Services Material License is included in this correspondence for your review (Enclosure A). Secondly, we wish to add Doctors Kari Helms and Michael Conley for USNRC materials identified as 10 CFR 35.100 and 10 CFR 35.200 materials. Training, experience and preceptor attestation forms for both physicians are included for your review, respectively (Enclosure B, Enclosure C).

Lastly we wish to add William Howard, M.S as an Authorized Medical Physicist (AMP) to the USNRC Materials License. Mr. Howard's training, experience and preceptor attestation forms are enclosed for your review (Enclosure D).

Thank you in advance for your review of this documentation. If you need additional information, you may contact me at (317)338-2381 at your convenience.

Sincerely,

Edward E. Wroblewski, M.A.
Diplomate, ABSNM
Medical Physicist
Radiation Safety Officer
Diagnostic Physics Services

Enclosures

cc: USNRC Correspondence File

TRC Form 12-1
07/04

Enclosure A

Department of State Health Services

RADIOACTIVE MATERIAL LICENSE

Pursuant to the Texas Radiation Control Act and Texas Department of State Health Services (Agency) regulations on radiation, and in reliance on statements and representations heretofore made by the licensee, a license is hereby issued authorizing the licensee to receive, acquire, possess and transfer radioactive material listed below; and to use such radioactive material for the purpose(s) and at the place(s) designated below. This license is subject to all applicable rules, regulations and orders of the Agency now or hereafter in effect and to any conditions specified below.

LICENSEE	This license is issued in response to a Facsimile
1. Name: MEDICAL CITY DALLAS HOSPITAL DBA MEDICAL CITY ATTN JOANNA SPIARS MS	Received: March 22, 2007 Signed by: Joanna Spiars
2. Address: 7777 FOREST LANE DALLAS TX 75230	3. License Number: L01976 — Amendment Number: 170
	PREVIOUS AMENDMENTS ARE VOID
	4a. License Expiration Date *: October 31, 2008
	4b. Technical Renewal Application Due Date *: October 31, 2010

RADIOACTIVE MATERIAL AUTHORIZED

5. Radioisotope	6. Form of Material	7. Maximum Activity*	8. Authorized Use
A. Any radioactive material with a half-life < 120 days, except positron emitters	A. Any radiopharmaceutical, except gas and aerosol	A. As needed for diagnostic purposes	A. Any diagnostic use as indicated in Title 25 TAC° §289.256(y) and (z).
B. F-18	B. Fluorodeoxyglucose as a radiopharmaceutical	B. As needed for diagnostic purposes	B. Any diagnostic study prescribed by a physician specifically authorized in Condition 12.
C. Mo-99/ Tc-99m and Sr-82 / Rb-82 (generators)	C. Authorized in 25 TAC §289.256(z)	C. No generator to exceed 5 Ci	C. Generator eluate and in preparation of radiopharmaceutical reagent kits for use as authorized in 25 TAC §289.256(z).
D. Tc-99m	D. DTPA as an Aerosol	D. 200 mCi	D. Lung imaging studies using a commercial aerosol generator in accordance with the manufacturer's instructions.
E. Tc-99m	E. HMPAO (A/S Ceretec)	E. As needed for diagnostic purposes	E. Investigational studies of the brain and brain stem during rapid eye movement sleep.
F. Tc-99m	F. Radiolabeled peptide P280	F. Up to 30 mCi per patient administration	F. Investigational studies in accordance with a FDA# approved IND** protocol and 25 TAC §289.256(d).
G. Sr-89	G. Strontium chloride	G. 20 mCi	G. Treatment of pain secondary to bone metastases in accordance with 25 TAC §289.256(aa).

* Ci-Curies mCi-Millicuries µCi-Microcuries ° Texas Administrative Code (TAC) ** Investigational New Drug Application (IND)
# United States Food and Drug Administration + see next-to-last condition

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Department of State Health Services

RADIOACTIVE MATERIAL LICENSE

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5. Radioisotope (continued)	6. Form of Material (continued)	7. Maximum Activity* (continued)	8. Authorized Use (continued)
H. I-131	H. Sodium iodide	H. 350 mCi	H. Treatment of hyperthyroidism and thyroid cancer in accordance with 25 TAC §289.256(aa).
I. Sm-153	I. Samarium EDTMP	I. 615 mCi	I. For reference source and treatment of pain secondary to metastatic bone cancer in accordance with 25 TAC §289.256(aa).
J. Sr-90	J. Medical applicator (ICN Model RA-1)	J. 100 mCi	J. Treatment of superficial eye conditions in accordance with 25 TAC §289.256(bb).
K. Pd-103	K. Sealed sources (seeds)	K. 2 Ci	K. Interstitial treatment of cancer in accordance with 25 TAC §289.256(bb).
L. I-125	L. Sealed sources (seeds)	L. 500 mCi	L. Interstitial treatment of cancer in accordance with 25 TAC §289.256(bb).
M. Cs-137	M. Sealed sources (3M 6500 Series; A/S CDC.T1)	M. 1.5 Ci	M. Treatment of cancer in accordance with 25 TAC §289.256(bb).
N. Ir-192	N. Sealed source (seeds in nylon ribbon)	N. 2 Ci	N. Interstitial treatment of cancer in accordance with 25 TAC §289.256(bb).
O. Au-198	O. Sealed source (seeds)	O. 500 mCi	O. Interstitial treatment of cancer in accordance with 25 TAC §289.256(bb).
P. F-18	P. Sodium fluoride (saline solution)	P. 200 mCi	P. Instrument calibration and reference sources.
Q. Ge-68/ Ga-68	Q. Sealed sources (DuPont NER 8410, NER 8409; Sanders PET-XXX/YY)	Q. No single source to exceed 30 mCi Total: 60 mCi	Q. For instrument calibration and transmission scanning of patients with a Positron Corporation, Positron Emission Tomography (PET) scanner equipped with model Posicam HZ/HZL device.
R. Ho-166	R. Liquid DOTMP	R. 12 Ci	R. Investigational studies in accordance with a FDA approved IND protocol and 25 TAC §289.256(d).

Department of State Health Services

RADIOACTIVE MATERIAL LICENSE

LICENSE NUMBER	AMENDMENT NUMBER
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5. Radioisotope (continued)	6. Form of Material (continued)	7. Maximum Activity* (continued)	8. Authorized Use (continued)
S. Sr-90	S. Sealed source (BEBIG SrO.SO3; AEAT SICW Series)	S. 208 sources not to exceed 5 mCi each Total: 1040 mCi	S. Intravascular brachytherapy (IVB) with a Novoste Beta-Cath System, Model A1000 Series in accordance with the FDA approved Pre-market Approval. Possession authorized for up to six devices in use and an additional six during device exchanges.
T. Y-90	T. Liquid (Ibritumomab tiuxetan)	T. 500 mCi	T. Calibration and reference source; treatment of non-Hodgkin's lymphoma in accordance with §289.256(aa).
U. P-32	U. Soluble phosphate	U. 10 mCi	U. Treatment of polycythemia vera, leukemia, and bone metastases, in accordance with 25 TAC §289.256(aa).
V. P-32	V. Colloidal chromic phosphate	V. 50 mCi	V. Intracavitary treatment of malignant effusions and interstitial treatment of cancer, in accordance with 25 TAC §289.256(aa).
W. Ir-192	W. Sealed source (MALLINCKRODT 096.001; A-OCSNOO10-192	W. One source not to exceed 12 Ci on receipt and 10 Ci at installation, one source not to exceed 8 Ci Total: 20 Ci	W. One source for treatment of humans with a Nucletron Microselectron HDR Classic high dose rate (HDR) afterloader and another source for storage in its authorized shipping container during periods of source exchange.

9. Radioactive material shall only be stored and used at:

Site Number	Location
000	Dallas - 7777 Forest Lane

10. Each site shall maintain documents and records pertinent to the operations at that site. Copies of all documents and records required by this license shall be maintained for Agency review at Site 000.

11. The licensee shall comply with the provisions (as amended) of 25 Texas Administrative Code (TAC) §289.201, §289.202, §289.203, §289.204, §289.205, §289.251, §289.252, §289.256 and §289.257.

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12. Radioactive material may be used only by the individuals listed below for the uses specified. The use of PET radionuclides is authorized only when specified.

A. All diagnostic uses authorized by the license, to include the use of PET radionuclides; therapy with I-131 for hyperthyroidism and thyroid cancer; therapy with Sr-89, Sm-153 and P-32.

Michael Matyas, M.D.

B. All diagnostic uses authorized by the license, to include the use of PET radionuclides; therapy with I-131 for hyperthyroidism and thyroid cancer; therapy with Sr-89 and Sm-153.

Tom W. Postma, M.D.

C. All diagnostic uses authorized by the license; therapy with I-131 for hyperthyroidism and thyroid cancer; therapy with Sr-89; therapy with Sm-153; therapy with Y-90.

Theodore R. Simon, M.D.

D. All diagnostic uses authorized by the license; therapy with I-131 for hyperthyroidism and thyroid cancer; therapy with Sr-89; therapy with Sm-153.

Murry Gordon, M.D. W. C. Sory, M.D.

E. All diagnostic uses authorized by the license; therapy with I-131 for hyperthyroidism; therapy with Sr-89 and Sm-153.

R. C. McCoy, M.D.

F. All diagnostic uses authorized by the license, to include the use of PET radionuclides; therapy with I-131 for hyperthyroidism and thyroid cancer.

David Fenyes, M.D. Kathryn A. Greenway, M.D.

G. All diagnostic uses authorized by the license; to include the use of PET radionuclides; therapy with I-131 for hyperthyroidism.

Laura Hanahan, M.D.

H. All diagnostic uses authorized by the license; therapy with I-131 for hyperthyroidism and thyroid cancer.

Ben Kassanoff, M.D. Kalpana Ramakrishna, M.D. Mitchell Yount, M.D.

Department of State Health Services

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12. (Continued)

I. All diagnostic uses authorized by the license; therapy with I-131 for thyroid cancer.

Rahul Gupta, M.D. Richard Southard, M.D.

J. All diagnostic uses authorized by the license; to include the use of PET radionuclides.

Akilan Arumuhgam, M.D. Marcie Coben, M.D. Ashish Monga, M.D.

K. All diagnostic uses authorized by the license.

Michael Brophey, M.D. Jeffery Kam, M.D. E. F. Robertson, M.D.
Dana A. Fuller, M.D. Sridhar Pudu, M.D. H. V. Shah, M.D.
Margaret Hollar, D.O.

L. Diagnostic studies with PET radionuclides.

David L. Brown, M.D. Theodore R. Simon, M.D. Ronald H. Underwood, M.D.
J. R. Gladden, M.D.

M. Thyroid diagnosis; therapy with I-131 for hyperthyroidism and thyroid cancer.

Stephen Aronoff, M.D. Steven Dorfman, M.D. Richard Sachson, M.D.

N. Brachytherapy, to include use of the HDR; therapy with I-131 for hyperthyroidism and thyroid cancer; therapy with Sr-89 and Sm-153; therapy with Y-90.

Gregory Echt, M.D.

O. Brachytherapy; therapy with I-131 for hyperthyroidism and thyroid cancer; therapy with Sr-89 and Sm-153.

Jeffery Morton, M.D. Michael Smith, M.D.

P. Brachytherapy, to include use of the HDR; therapy with I-131 for thyroid cancer; therapy with Sr-89 and Sm-153; therapy with Y-90.

Alan A. Slomowitz, M.D.

Q. Brachytherapy, to include use of the HDR; therapy with I-131 for thyroid cancer; therapy with Sr-89 and Sm-153.

Timothy D. Nichols, M.D.

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Department of State Health Services

RADIOACTIVE MATERIAL LICENSE

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12. (Continued)

R. Brachytherapy, to include use of the HDR; therapy with Sm-153.

Roger R. Good, M.D.

S. Brachytherapy; therapy with I-131 for thyroid cancer.

Anand T. Shivnani, M.D.

T. Brachytherapy; therapy with Y-90.

Louis L. Muñoz, M.D.

U. Brachytherapy, to include use of the HDR

Ed Gilbert, M.D. Sharon L. Macko, M.D.

V. Brachytherapy.

Jerry L. Barker, M.D. Sharon L. Macko, M.D. Donald E. Schwarz, M.D.
Dale E. Fuller, M.D. Jeffery Morton, M.D.

W. Imaging with Tc-99m HMPAO as authorized in Part E of Conditions 5, 6, 7 and 8 and in accordance with approved research protocols.

Theodore R. Simon, M.D.

X. Diagnostic nuclear cardiology and PET studies with Rb-82.

Donald Levene, M.D. Larry R. Poliner, M.D.

Y. Diagnostic nuclear cardiology and PET studies.

Deepika Gopalakrishnan, M.D.

Z. Diagnostic nuclear cardiology.

David L. Brown, M.D. Bruce M. Gordon, D.O. Rohit Parmar, M. D.
John W. Duncan, M.D. Khanh I. Hoang, M.D. Marc S. Pienick, M.D.
Brian Eades, M.D. D. L. Kawalsky, M.D. John L. Tan, M.D.
Alistar Fyfe, M.D. D. R. Musselman, M.D. Ronald H. Underwood, M.D.
Jeffery R. Gladden, M.D.

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12. (Continued)

AA. Clinical research with radioactive material for human use specified in Item 5 of Conditions 5, 6, 7 and 8, may be conducted by a licensed physician as directed by the FDA in accordance with a current IND.

BB. IVB may be performed by Authorized Physician Users (APU) who have completed the manufacturer's device training and are listed on this license for brachytherapy.

CC. Calibration and quality control for the HDR afterloader

Joseph P. Gilio, Ph.D., LMP

13. The individual designated to perform the functions of Radiation Safety Officer (RSO) for activities covered by this license is Joanna Spiars, M.S. This RSO will complete the manufacturer's training on the use of the HDR unit, including emergency procedures, and participate in three cases with the HDR unit under the supervision of an authorized user.

14. The licensee shall not open sealed sources containing radioactive material.

15. All radiopharmaceuticals to be used in humans must be from suppliers approved for distribution by the United States Food and Drug Administration (FDA), prepared from reagent kits and/or radionuclide generators from FDA approved suppliers, or obtained from a licensed nuclear pharmacy.

16. Any Squibb Sr/Rb generator shall be used only with a Computer Technology and Imaging, Inc. (CTI) Rb-82 infusion system and in accordance with the CTI Rb-82 Infusion System Operation Manual.

17. Investigational use of radioactive material in or on humans shall be specified, and specifically authorized and approved by the FDA or a properly constituted Radioactive Drug Research Committee and Investigational Review Board.

18. The licensee shall maintain a current copy of the safety evaluation from "The Registry of Radioactive Sealed Sources and Devices" for each sealed source received under authority of this license, in excess of 100 μCi of β/γ-emitting material or 10 μCi of α-emitting material.

19. Unless authorized in Condition 8 above, installation or replacement of transmission sources may only be performed by the manufacturer under the auspices of a current reciprocity radioactive material license. Documentation of this authorization shall be maintained by the licensee for Agency review.

Department of State Health Services

RADIOACTIVE MATERIAL LICENSE

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20. Emergency instructions shall be posted at or around the storage container for sources used in a cardiac catherization lab where IVB is being performed. These instructions shall inform personnel of the procedure to be followed, should the source(s) need to be retracted from the patient prior to the end of scheduled treatment and shall include specific instructions for:

A. Locating and using readily available equipment needed to find and handle sources, should the source(s) and catheter have to be retracted from a patient while taking note of the time.
B. Securing the area against unauthorized entry if the sources cannot be placed in the shielded storage container.
C. Notifying the RSO, assessing exposures to personnel as well as in adjacent areas, and completing a report of the incident.

21. Prior to initiation of a treatment program, each HDR unit shall be provided with electrical or mechanical restraints on its location, or the possible locations of its sources during therapy, to ensure compliance with 25 TAC 289.202, as evidenced by a radiation survey. Location and use restrictions shall be fully described in radiation survey reports prepared in accordance with Condition 23.

22. Written instructions shall be posted at each HDR unit control panel. The instructions must inform the HDR operator of the procedures to follow if the source(s) fail to return on command to a shielded position. The instructions must further caution individuals to avoid exposure to a source in an unshielded position. The instructions must further caution individuals to avoid exposure to the highest radiation fields when in the treatment room and specifically indicate how to:

A. Locate and use the device to manually return HDR sources to a shielded position while taking note of the time.

B. Remove the patient from the treatment room.

C. Secure the room against unauthorized entry.

D. Notify the responsible physician or RSO.

23. Prior to initiation of a treatment program, and subsequent to each exchange of a therapy source, radiation surveys and tests shall be performed in accordance with the following requirements.

A. A radiation survey shall be made of:

1. The HDR source housing, with the therapy source(s) in the "off" or shielded position. The maximum radiation levels at 20 centimeters from the surface of the source housing shall not exceed 6.25 milliroentgens per hour.
2. All areas adjacent to the treatment room, with the maximum source activity to be used in any treatment in the "on" or therapy position. The survey shall clearly establish:

a. Radiation levels in restricted areas do not exceed the limits of 25 TAC 289.202(f).
b. Radiation levels in unrestricted areas do not exceed the limits of 25 TAC 289.202(n).

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23. (Continued)

B. Tests shall be made to determine proper operation of:

1. Electrical interlocks on entrance doors to each therapy room.
2. The therapy source "on-off" indicators, both at the source housing (if present) and on the therapy machine control panel.
3. Electrical or mechanical restraints on machine or source locating during therapy.
4. The therapy machine timing device.

C. A report of the results of the above surveys and tests shall be maintained by the licensee for inspection by the Agency.

24. Any change made in treatment room shielding, location, or use of a HDR which could result in an increase in radiation levels in unrestricted areas outside a therapy treatment room, and made subsequent to the completion of the initial radiation survey performed in accordance with Condition 23, shall be evaluated by a radiation survey performed in accordance with Section A, Item 2 of Condition 23. A report describing the change(s), and giving the results of the survey(s), shall be sent to the Deputy Director, Radioactive Material Inspection and Enforcement Branch, not later than 30 days following completion of such changes.

25. The licensee shall cease treatment of patients when any safety related system of a HDR unit is found inoperative, including the source drive mechanism, treatment timing system, safety interlocks and radiation field alarms. The licensee shall report to the Deputy Director, Emergency Response and Incident Investigation Branch, any malfunction that requires termination of patient treatment for more then 24 hours and submit a written report of the incident and corrective actions within seven calendar days.

26. All maintenance on the HDR unit which involves the source, source shielding or beam control mechanism, safety circuits, control panel electrical circuits, or other mechanisms that could compromise safety of the unit shall only be performed by the unit's manufacturer or by other persons specifically licensed to perform such services by this Agency, an Agreement State, or by the NRC. Calibration and quality control procedures may be performed by the licensee provided the unit is under the direct control of one of the authorized users specified in Condition 12.Y.

27. The next two-year fee payment is due by October 31, 2008. If fee payment is not received by this date the license expires and the licensee must comply with Title 25 Texas Administrative Code Section (TAC) §289.252(l)(4) by (1) terminating the use of radioactive material; (2) properly disposing of radioactive material; (3) submitting a record of disposal of radioactive material and radiation survey(s) of the locations of use and/or storage to show that the locations are releasable for unrestricted use; (4) paying any outstanding fees in accordance with 25 TAC §289.204; and (5) resolving any outstanding notices of violation. The next technical renewal application for this license, in accordance with 25 TAC 289.252(z), is due by October 31, 2010.

Department of State Health Services

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28. Except as specifically provided otherwise by this license, the licensee shall possess and use the radioactive material authorized by this license in accordance with statements, representations, and procedures contained in the following:

application dated September 30, 1997,
letters dated December 5, 1997, January 25, 1999, May 28, 1999, September 20, 1999, September 23, 1999, October 5, 1999, July 14, 2000, October 30, 2000, January 18, 2001, January 26, 2001, December 12, 2001, March 7, 2002, May 1, 2002, September 3, 2003 and September 25, 2003, November 17, 2004, January 10, 2005, January 18, 2005, and January 26, 2005

Title 25 TAC §289 shall prevail over statements contained in the above documents unless such statements are more restrictive than the regulations.

EMP: emf

FOR THE DEPARTMENT OF STATE HEALTH SERVICES

Date March 22, 2007

J. Scott Kee, Chief
Medical and Academic Licensing Program

Enclosure B

NRC FORM 313A (AUD) (10-2006) U.S. NUCLEAR REGULATORY COMMISSION

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION
(for uses defined under 35.100, 35.200, and 35.500) [10 CFR 35.190, 35.290, and 35.590]

APPROVED BY OMB: NO. 3150-0120
EXPIRES: 10/31/2008

Name of Proposed Authorized User	State or Territory Where Licensed
Kari Helms, M.D.	Indiana

Requested Authorization(s) *(check all that apply)*

- [x] 35.100 Uptake, dilution, and excretion studies
- [x] 35.200 Imaging and localization studies
- [ ] 35.500 Sealed sources for diagnosis (specify device _____)

PART I -- TRAINING AND EXPERIENCE
(Select one of the three methods below)

Training and Experience, including board certification, must have been obtained within the 7 years preceding the date of application or the individual must have obtained related continuing education and experience since the required training and experience was completed. Provide dates, duration, and description of continuing education and experience related to the uses checked above.

1. **Board Certification**

   a. Provide a copy of the board certification.

   b. If using only 35.500 materials, stop here. If using 35.100 and 35.200 materials, skip to and complete Part II Preceptor Attestation.

2. **Current 35.390 Authorized User Seeking Additional 35.290 Authorization**

   a. Authorized user on Materials License _____ meeting 10 CFR 35.390 or equivalent Agreement State requirements seeking authorization for 35.290.

   b. Supervised Work Experience.
   (If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this section.)

Description of Experience	Location of Experience/License or Permit Number of Facility	Clock Hours	Dates of Experience*
Eluting generator systems appropriate for the preparation of radioactive drugs for imaging and localization studies, measuring and testing the eluate for radionuclidic purity, and processing the eluate with reagent kits to prepare labeled radioactive drugs			
Total Hours of Experience:			

Supervising Individual	License/Permit Number listing supervising individual as an authorized user

Supervisor meets the requirements below, or equivalent Agreement State requirements *(check all that apply)*.

- [ ] 35.290
- [ ] 35.390 + generator experience in 32.290(c)(1)(ii)(G)

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

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

☑ 3. **Training and Experience for Proposed Authorized User**

a. Classroom and Laboratory Training.

Description of Training	Location of Training	Clock Hours	Dates of Training*
Radiation physics and instrumentation	Indiana University School of Medicine, Dept. of Radiology, Division of Nuclear Medicine	39	7/1/2001 – 6/30/2005
Radiation protection	Indiana University School of Medicine, Dept. of Radiology, Division of Nuclear Medicine	13	7/1/2001 – 6/30/2005
Mathematics pertaining to the use and measurement of radioactivity	Indiana University School of Medicine, Dept. of Radiology, Division of Nuclear Medicine	12	7/1/2001 – 6/30/2005
Chemistry of byproduct material for medical use *(not required for 35.590)*	Indiana University School of Medicine, Dept. of Radiology, Division of Nuclear Medicine	9	7/1/2001 – 6/30/2005
Radiation biology	Indiana University School of Medicine, Dept. of Radiology, Division of Nuclear Medicine	7	7/1/2001 – 6/30/2005

Total Hours of Training: 80

b. Supervised Work Experience (completion of this table is not required for 35.590).
(If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this section.)

Description of Experience	Location of Experience/License or Permit Number of Facility	Clock Hours	Dates of Experience*
Ordering, receiving, and unpacking radioactive materials safely and performing the related radiation surveys	Indiana Univ. School of Medicine, Broad Medical License #13-02752-03, Radionuclide Use Permit Nos. UHNM01, RINM01, & WDNM01	5	7/1/2001 – 6/30/2005
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters	Indiana Univ. School of Medicine, Broad Medical License #13-02752-03, Radionuclide Use Permit Nos. UHNM01, RINM01, & WDNM01	5	7/1/2001 – 6/30/2005
Calculating, measuring, and safely preparing patient or human research subject dosages	Indiana Univ. School of Medicine, Broad Medical License #13-02752-03, Radionuclide Use Permit Nos. UHNM01, RINM01, & WDNM01	5	7/1/2001 – 6/30/2005

NRC FORM 313A (AUD) U.S. NUCLEAR REGULATORY COMMISSION
(10-2001)

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Training and Experience for Proposed Authorized User (continued)

b. Supervised Work Experience. (continued)

Description of Experience	Location of Experience/License or Permit Number of Facility	Clock Hours	Dates of Experience*
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material	Indiana Univ. School of Medicine, Broad Medical License #13-02752-03, Radionuclide Use Permit Nos. UHNM01, RINM01, & WDNM01	5	7/1/2001 – 6/30/2005
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures	Indiana Univ. School of Medicine, Broad Medical License #13-02752-03, Radionuclide Use Permit Nos. UHNM01, RINM01, & WDNM01	5	7/1/2001 – 6/30/2005
Administering dosages of radioactive drugs to patients or human research subjects	Indiana Univ. School of Medicine, Broad Medical License #13-02752-03, Radionuclide Use Permit Nos. UHNM01, RINM01, & WDNM01	5	7/1/2001 – 6/30/2005
Eluting generator systems appropriate for the preparation of radioactive drugs for imaging and localization studies, measuring and testing the eluate for radionuclidic purity, and processing the eluate with reagent kits to prepare labeled radioactive drugs	Indiana Univ. School of Medicine, Broad Medical License #13-02752-03, Radionuclide Use Permit Nos. UHNM01, RINM01, & WDNM01	5	7/1/2001 – 6/30/2005

Total Hours of Experience: 35

Supervising Individual	License/Permit Number listing supervising individual as an authorized user
See Attachment #1	13-02752-03, UHNM01, RINM01, & WDNM01

Supervisor meets the requirements below, or equivalent Agreement State requirements *(check one)*.

☑ 35.190 ☑ 35.290 ☑ 35.390 ☑ 35.390 + generator experience in 35.290(c)(1)(ii)(G)

c. For 35.590 only, provide documentation of training on use of the device.

Device	Type of Training	Location and Dates

d. For 35.500 uses only, stop here. For 35.100 and 35.200 uses, skip to and complete Part II Preceptor Attestation.

NRC FORM 313A (AUD) U.S. NUCLEAR REGULATORY COMMISSION
(10-2006)

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

PART II – PRECEPTOR ATTESTATION

Note: This part must be completed by the individual's preceptor. The preceptor does not have to be the supervising individual as long as the preceptor provides, directs, or verifies training and experience required. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each. (Not required to meet training requirements in 35.590)

First Section
Check one of the following for each use requested:

For 35.190

Board Certification

[ ] I attest that _____ has satisfactorily completed the requirements in
Name of Proposed Authorized User

10 CFR 35.190(a)(1) and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100.

OR

Training and Experience

[✓] I attest that Kari Helms, M.D. has satisfactorily completed the 60 hours of training and
Name of Proposed Authorized User

experience, including a minimum of 8 hours of classroom and laboratory training, required by 10 CFR 35.190(c)(1), and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100.

For 35.290

Board Certification

[ ] I attest that _____ has satisfactorily completed the requirements in
Name of Proposed Authorized User

10 CFR 35.290(a)(1) and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100 and 35.200.

OR

Training and Experience

[✓] I attest that Kari Helms, M.D. has satisfactorily completed the 700 hours of training
Name of Proposed Authorized User

and experience, including a minimum of 80 hours of classroom and laboratory training, required by 10 CFR 35.290(c)(1), and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100 and 35.200.

Second Section
Complete the following for preceptor attestation and signature:

[✓] I meet the requirements below, or equivalent Agreement State requirements, as an authorized user for:

[✓] 35.190 [✓] 35.290 [✓] 35.390 [✓] 35.390 + generator experience

Name of Preceptor	Signature	Telephone Number	Date
James W. Fletcher, M.D.		317 274-1800	May 4, 2007

License/Permit Number/Facility Name

NRC License No. 13-02752-03, Radionuclide Use Permit Nos. UHNM01, RINM01, WDNM01, Indiana University School of Medicine/IUPUI

INDIANA UNIVERSITY
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INDIANAPOLIS

RADIATION
SAFETY OFFICE

NRC Form 313a (AUD)
Attachment #1

The individual applying for authorization on the attached NRC Form 313a (AUD) was trained in the Radiology Residency Program at the Indiana University School of Medicine which is fully accredited by the Accreditation Council for Graduate Medical Education (ACGME). The "Authorized Users" who supervised this training were approved by the Radionuclide Radiation Safety Committee under NRC License No. 13-02752-03. Those individuals whose names are listed below are fully authorized for all radionuclides and uses listed in 10 CFR 35.100 and 10 CFR 35.300:

James W. Fletcher, M.D. – authorized March 12, 2002 to present*
Donald S. Schauwecker, M.D., Ph.D – authorized June 14, 1982 to present*
Aslam R. Siddiqui, M.D. – authorized July 1, 1976 to present*
Mark Tann, M.D. – authorized March 11, 2003 to present*
Steven M. Westphal, M.D. – authorized September 13, 2005 to present*

Mack L. Richard, M.S., C.H.P.
Radiation Safety Officer
Indiana University School of Medicine
Indiana University Medical Center
IUPUI

*Last Update: May 1, 2007

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IU School of Medicine
IU Medical Center &
Associated Facilities

Enclosure C

NRC FORM 313A (AUD) (10-2006) U.S. NUCLEAR REGULATORY COMMISSION

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION
(for uses defined under 35.100, 35.200, and 35.500) [10 CFR 35.190, 35.290, and 35.590]

APPROVED BY OMB: NO. 3150-0120
EXPIRES: 10/31/2008

Name of Proposed Authorized User	State or Territory Where Licensed
Michael Conley, M.D.	Indiana

Requested Authorization(s) *(check all that apply)*

- [x] 35.100 Uptake, dilution, and excretion studies
- [x] 35.200 Imaging and localization studies
- [ ] 35.500 Sealed sources for diagnosis (specify device)

PART I – TRAINING AND EXPERIENCE
(Select one of the three methods below)

* Training and Experience, including board certification, must have been obtained within the 7 years preceding the date of application or the individual must have obtained related continuing education and experience since the required training and experience was completed. Provide dates, duration, and description of continuing education and experience related to the uses checked above.

[ ] 1. **Board Certification**

a. Provide a copy of the board certification.

b. If using only 35.500 materials, stop here. If using 35.100 and 35.200 materials, skip to and complete Part II Preceptor Attestation.

[ ] 2. **Current 35.390 Authorized User Seeking Additional 35.290 Authorization**

a. Authorized user on Materials License _____ meeting 10 CFR 35.390 or equivalent Agreement State requirements seeking authorization for 35.290.

b. Supervised Work Experience.
(If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this section.)

Description of Experience	Location of Experience/License or Permit Number of Facility	Clock Hours	Dates of Experience*
Eluting generator systems appropriate for the preparation of radioactive drugs for imaging and localization studies, measuring and testing the eluate for radionuclidic purity, and processing the eluate with reagent kits to prepare labeled radioactive drugs			

Total Hours of Experience:

Supervising Individual	License/Permit Number listing supervising individual as an authorized user

Supervisor meets the requirements below, or equivalent Agreement State requirements *(check all that apply)*.

[ ] 35.290 [ ] 35.390 + generator experience in 32.290(c)(1)(ii)(G)

NRC FORM 313A (AUD) U.S. NUCLEAR REGULATORY COMMISSION
(10-2006)

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

☑ 3. **Training and Experience for Proposed Authorized User**

a. Classroom and Laboratory Training.

Description of Training	Location of Training	Clock Hours	Dates of Training*
Radiation physics and instrumentation	Indiana University School of Medicine, Dept. of Radiology, Division of Nuclear Medicine	39	7/1/2001 – 6/30/2005
Radiation protection	Indiana University School of Medicine, Dept. of Radiology, Division of Nuclear Medicine	13	7/1/2001 – 6/30/2005
Mathematics pertaining to the use and measurement of radioactivity	Indiana University School of Medicine, Dept. of Radiology, Division of Nuclear Medicine	12	7/1/2001 – 6/30/2005
Chemistry of byproduct material for medical use *(not required for 35.590)*	Indiana University School of Medicine, Dept. of Radiology, Division of Nuclear Medicine	9	7/1/2001 – 6/30/2005
Radiation biology	Indiana University School of Medicine, Dept. of Radiology, Division of Nuclear Medicine	7	7/1/2001 – 6/30/2005
Total Hours of Training: 80			

b. Supervised Work Experience *(completion of this table is not required for 35.590).*
(If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this section.)

Description of Experience	Location of Experience/License or Permit Number of Facility	Clock Hours	Dates of Experience*
Ordering, receiving, and unpacking radioactive materials safely and performing the related radiation surveys	Indiana Univ. School of Medicine, Broad Medical License #13-02752-03, Radionuclide Use Permit Nos. UHNM01, RINM01, & WDNM01	5	7/1/2001 – 6/30/2005
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters	Indiana Univ. School of Medicine, Broad Medical License #13-02752-03, Radionuclide Use Permit Nos. UHNM01, RINM01, & WDNM01	5	7/1/2001 – 6/30/2005
Calculating, measuring, and safely preparing patient or human research subject dosages	Indiana Univ. School of Medicine, Broad Medical License #13-02752-03, Radionuclide Use Permit Nos. UHNM01, RINM01, & WDNM01	5	7/1/2001 – 6/30/2005

NRC FORM 313A (AUD) U.S. NUCLEAR REGULATORY COMMISSION
(10-2006)

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. **Training and Experience for Proposed Authorized User (continued)**

b. Supervised Work Experience. (continued)

Description of Experience	Location of Experience/License or Permit Number of Facility	Clock Hours	Dates of Experience*
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material	Indiana Univ. School of Medicine, Broad Medical License #13-02752-03, Radionuclide Use Permit Nos. UHNM01, RINM01, & WDNM01	5	7/1/2001 – 6/30/2005
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures	Indiana Univ. School of Medicine, Broad Medical License #13-02752-03, Radionuclide Use Permit Nos. UHNM01, RINM01, & WDNM01	5	7/1/2001 – 6/30/2005
Administering dosages of radioactive drugs to patients or human research subjects	Indiana Univ. School of Medicine, Broad Medical License #13-02752-03, Radionuclide Use Permit Nos. UHNM01, RINM01, & WDNM01	5	7/1/2001 – 6/30/2005
Eluting generator systems appropriate for the preparation of radioactive drugs for imaging and localization studies, measuring and testing the eluate for radionuclidic purity, and processing the eluate with reagent kits to prepare labeled radioactive drugs	Indiana Univ. School of Medicine, Broad Medical License #13-02752-03, Radionuclide Use Permit Nos. UHNM01, RINM01, & WDNM01	5	7/1/2001 – 6/30/2005

Total Hours of Experience: 35

Supervising Individual	License/Permit Number listing supervising individual as an authorized user
See Attachment #1	13-02752-03, UHNM01, RINM01, & WDNM01

Supervisor meets the requirements below, or equivalent Agreement State requirements *(check one)*.

☑ 35.190 ☑ 35.290 ☑ 35.390 ☑ 35.390 + generator experience in 35.290(c)(1)(ii)(G)

c. For 35.590 only, provide documentation of training on use of the device.

Device	Type of Training	Location and Dates

d. For 35.500 uses only, stop here. For 35.100 and 35.200 uses, skip to and complete Part II Preceptor Attestation.

NRC FORM 313A (AUD) U.S. NUCLEAR REGULATORY COMMISSION
(10-2006)

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

PART II – PRECEPTOR ATTESTATION

Note: This part must be completed by the individual's preceptor. The preceptor does not have to be the supervising individual as long as the preceptor provides, directs, or verifies training and experience required. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each. (Not required to meet training requirements in 35.590)

First Section
Check one of the following for each use requested:

For 35.190

Board Certification

☐ I attest that _____ has satisfactorily completed the requirements in
Name of Proposed Authorized User

10 CFR 35.190(a)(1) and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100.

OR

Training and Experience

☑ I attest that Michael Conley, M.D. has satisfactorily completed the 60 hours of training and
Name of Proposed Authorized User

experience, including a minimum of 8 hours of classroom and laboratory training, required by 10 CFR 35.190(c)(1), and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100.

For 35.290

Board Certification

☐ I attest that _____ has satisfactorily completed the requirements in
Name of Proposed Authorized User

10 CFR 35.290(a)(1) and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100 and 35.200.

OR

Training and Experience

☑ I attest that Michael Conley, M.D. has satisfactorily completed the 700 hours of training
Name of Proposed Authorized User

and experience, including a minimum of 80 hours of classroom and laboratory training, required by 10 CFR 35.290(c)(1), and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100 and 35.200.

Second Section
Complete the following for preceptor attestation and signature:

☑ I meet the requirements below, or equivalent Agreement State requirements, as an authorized user for:

☑ 35.190 ☑ 35.290 ☑ 35.390 ☑ 35.390 + generator experience

Name of Preceptor	Signature	Telephone Number	Date
James W. Fletcher, M.D.		317 274-1800	May 4, 2007

License/Permit Number/Facility Name

NRC License No. 13-02752-03, Radionuclide Use Permit Nos. UHNM01, RINM01, WDNM01, Indiana University School of Medicine/IUPUI

INDIANA UNIVERSITY
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INDIANAPOLIS

RADIATION
SAFETY OFFICE

NRC Form 313a (AUD)
Attachment #1

The individual applying for authorization on the attached NRC Form 313a (AUD) was trained in the Radiology Residency Program at the Indiana University School of Medicine which is fully accredited by the Accreditation Council for Graduate Medical Education (ACGME). The "Authorized Users" who supervised this training were approved by the Radionuclide Radiation Safety Committee under NRC License No. 13-02752-03. Those individuals whose names are listed below are fully authorized for all radionuclides and uses listed in 10 CFR 35.100 and 10 CFR 35.300:

James W. Fletcher, M.D. – authorized March 12, 2002 to present*
Donald S. Schauwecker, M.D., Ph.D – authorized June 14, 1982 to present*
Aslam R. Siddiqui, M.D. – authorized July 1, 1976 to present*
Mark Tann, M.D. – authorized March 11, 2003 to present*
Steven M. Westphal, M.D. – authorized September 13, 2005 to present*

Mack L. Richard, M.S., C.H.P.
Radiation Safety Officer
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IUPUI

*Last Update: May 1, 2007

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Enclosure D

NRC FORM 313A (AMP) (10-2006) | U.S. NUCLEAR REGULATORY COMMISSION | APPROVED BY OMB: NO. 3150-0120 EXPIRES: 10/31/2008

AUTHORIZED MEDICAL PHYSICIST TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION [10 CFR 35.51]

Name of Proposed Authorized Medical Physicist
William Howard

Requested Authorization(s) (check all that apply)

- ☐ 35.400 Ophthalmic use of strontium-90
- ☐ 35.600 Teletherapy unit(s)
- ☑ 35.600 Remote afterloader unit(s)
- ☐ 35.600 Gamma stereotactic radiosurgery unit(s)

PART I -- TRAINING AND EXPERIENCE
(Select one of the three methods below)

*Training and Experience, including Board Certification, must have been obtained within the 7 years preceding the date of application or the individual must have obtained related continuing education and experience since the required training and experience was completed. Provide dates, duration, and description of continuing education and experience related to the uses checked above.

1. **Board Certification**

   a. Provide a copy of the board certification.

   b. Go to the table in 3.c. and describe training provider and dates of training for each type of use for which authorization is sought.

   c. Skip to and complete Part II Preceptor Attestation.

2. **Current Authorized Medical Physicist Seeking Additional Authorization for use(s) checked above**

   a. Go to the table in section 3.c. to document training for new device.

   b. Skip to and complete Part II Preceptor Attestation

☑ 3. **Education, Training, and Experience for Proposed Authorized Medical Physicist**

   a. Education: Document master's or doctor's degree in physics, medical physics, other physical science, engineering, or applied mathematics from an accredited college or university.

   Degree: Master of Science | Major Field: Radiological Medical Physics

   College or University: University of Kentucky

   b. Supervised Full-Time Medical Physics Training and Work Experience 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.

   ☑ Yes. Completed 1 year of full-time training in medical physics (for areas identified below) under the supervision of Robert Zwicker who meets the requirements for an Authorized Medical Physicist.

   AND

   ☑ Yes. Completed 1 year of full-time work experience in medical physics (for areas identified below) under the supervision of Benwen Ni who meets the requirements for an Authorized Medical Physicist.

AUTHORIZED MEDICAL PHYSICIST TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. **Education, Training, and Experience for Proposed Authorized Medical Physicist** (continued)

b. Supervised Full-Time Medical Physics Training and Work Experience (continued)

If more than one supervising individual is necessary to document supervised training, provide multiple copies of this page.

Description of Training/ Experience	Location of Training/License or Permit Number of Training Facility/Medical Devices Used+	Dates of Training*	Dates of Work Experience*
Medical Physics	University of Kentucky 203-021-072 St. Vincent Hospital 13-00133-02 Ion chambers, dose calibrators, electrometers, EW, SW, Pancake, & NaI Survey Meters	Aug 2003 - Jun 2005	July 2005 - present
Performing sealed source leak tests and inventories	University of Kentucky 203-021-72 St. Vincent Hospital 13-00133-02 Survey meter, NaI Well Counter	Aug 2003 - Jun 2005	July 2005 - present
Performing decay corrections	University of Kentucky 203-021-72 St. Vincent Hospital 13-00133-02	Aug 2003 - ~~Jun~~ 2005 Jun	July 2005 - present
Performing full calibration and periodic spot checks of external beam treatment unit(s)	University of Kentucky 203-021-72 St. Vincent Hospital 13-00133-02 Ion chamber, electrometer, scanning equipment	Aug 2003 - Jun 2005	July 2005 - present
Performing full calibration and periodic spot checks of stereotactic radiosurgery unit(s)	St. Vincent Hospital 13-00133-02 Novalis Radiosurgery Linac Ion chamber, electrometer, scanning equipment	NA	July 2005 - present
Performing full calibration and periodic spot checks of remote afterloading unit(s)	University of Kentucky 203-021-72 St. Vincent Hospital 13-00133-02 Varian VariSource HDR, Nucletron HDR Well chamber, electrometer	Aug 2003 - Jun 2005	July 2005 - present
Conducting radiation surveys around external beam treatment unit(s), sterotactic radiosurgery unit(s), remote after loading unit(s)	University of Kentucky 203-021-72 St. Vincent Hospital 13-00133-02 Survey meters	Aug 2003 - Jun 2005	July 2005 - present

Supervising Individual**

Benwen Ni

License/Permit Number listing supervising individual as an authorized Medical Physicist

13-00133-02

for the following types of use:

✓ Remote afterloader unit(s) | Teletherapy unit(s) | Gamma stereotactic radiosurgery unit(s)

+ 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.

* 1 year of Full-time medical physics training and 1 year of full time work experience cannot be concurrent.

** If the supervising medical physicist is not an authorized medical physicist, the licensee must submit evidence that the supervising medical physicist meets the training and experience requirements in 10 CFR 35.51 and 35.59 for the types of use for which the individual is seeking authorization.

AUTHORIZED MEDICAL PHYSICIST TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. **Education, Training, and Experience for Proposed Authorized Medical Physicist** (continued)

c. Describe training provider and dates of training for each type of use for which authorization is sought.

Description of Training	Training Provider and Dates		
	Remote Afterloader	Teletherapy	Gamma Stereotactic Radiosurgery
Hands-on device operation	Benwen Ni July 2005 - present	NA	NA
Safety procedures for the device use	Nucletron Engineer 11/17/2005 11/21/2005 2/14/2006 2/19/2007	NA	NA
Clinical use of the device	Benwen Ni July 2005 - present	NA	NA
Treatment planning system operation	Nucletron Brachytherapy Treatment Planning Course November 14-17, 2005	NA	NA

Supervising Individual *If training is provided by Supervising Medical Pysicist, (If more than one supervising individual is necessary to document supervised training, provide multiple copies of this page.)*	License/Permit Number listing supervising individual as an authorized Medical Physicist
Benwen Ni	13-00133-02

for the following types of use:

☑ Remote afterloader unit(s) ☐ Teletherapy unit(s) ☐ Gamma stereotactic radiosurgery unit(s)

If Applicable:

Authorization Sought	Device	Training Provided By	Dates of Training
35.400 Ophthalmic Use of strontium-90	NA	NA	NA

d. Skip to and complete Part II Preceptor Attestation.

NRC FORM 313A (AMP) U.S. NUCLEAR REGULATORY COMMISSION
(10-2006)

AUTHORIZED MEDICAL PHYSICIST TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

PART II – PRECEPTOR ATTESTATION

Note: This part must be completed by the individual's preceptor. The preceptor does not have to be the supervising individual as long as the preceptor provides, directs, or verifies training and experience required. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each.

First Section
Check one of the following:

1. Board Certification

☐ I attest that _____ has satisfactorily completed the requirements in
Name of Proposed Authorized Medical Physicist

10 CFR 35.51(a)(1) and (a)(2).

OR

2. Education, Training, and Experience

☑ I attest that William Howard has satisfactorily completed the 1-year of full-time
Name of Proposed Authorized Medical Physicist

training in medical physics and an additional year of full-time work experience as required by 10 CFR 35.51(b)(1).

AND

Second Section
Complete the following:

☑ I attest that William Howard has training for the types of use for which authorization
Name of Proposed Authorized Medical Physicist

is sought that include hands-on device operation, safety procedures, clinical use, and the operation of a treatment planning system.

AND

Third Section
Complete the following:

☑ I attest that William Howard has achieved a level of competency sufficient to
Name of Proposed Authorized Medical Physicist

function independently as an Authorized Medical Physicist for the following:

☐ 35.400 Ophthalmic use of strontium-90 ☐ 35.600 Teletherapy unit(s)
☑ 35.600 Remote afterloader unit(s) ☐ 35.600 Gamma stereotactic radiosurgery unit(s)

AND

Fourth Section
Complete the following for preceptor attestation and signature:

☑ I meet the requirements in 10 CFR 35.51, or equivalent Agreement State requirements for Authorized Medical Physicist for the following:

☑ 35.400 Ophthalmic use of strontium-90 ☐ 35.600 Teletherapy unit(s)
☑ 35.600 Remote afterloader unit(s) ☐ 35.600 Gamma stereotactic radiosurgery unit(s)

Name of Preceptor	Signature	Telephone Number	Date
BENWEN NI		(317) 415 6661	5/4/07

License/Permit Number/Facility Name
13-00-133-02 St Vincent Hospital and healthcare center

University of Kentucky

Upon recommendation of the University Senate and
approval of the Board of Trustees, the President of the University of Kentucky
confers on

William Arthur Howard

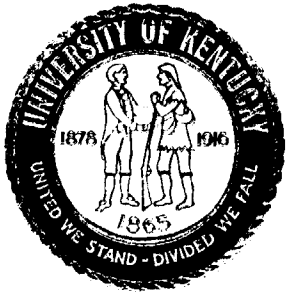
the degree of

Master of Science in Radiological Medical Physics

this fourth day of August, 2005

Lee T. Todd, Jr.
President of the University

James F. Hardymon
Chairman, Board of Trustees



Jannine Blackwell
Dean of College

Donald E. Witt
University Registrar

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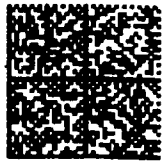

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