

S E N T A R A

3000 Coliseum Drive  
Hampton, VA 23666  
Phone: (757) 736-1000  
Fax: (757) 2659

July 11, 2007

*NMSS1*

U.S. Nuclear Regulatory Commission  
Region I Office, Division of NMSS  
Attn: Materials Licensing  
475 Allendale Road  
King of Prussia, PA 19406

Subject: License Number #45-09087-01

~~License Number #45-00131-02~~

*03003331*

*PL*  
*03007298*

To Whom It May Concern:

We are requesting Dr. Song Kuk Kang be authorized for radioisotope therapies under 35.600, high dose rate brachytherapy. Attached is his form 313A AUS signed by Dr. Michael Miller. Dr. Kang is currently authorized on this license for 35.300 and 400.

Also, we are requesting to add Holly Dalton as an AMP for HDR. She is listed on license 45-00131-02.

For additional information, please contact our Radiation Safety Officer, Sandy Wolff, at (757) 388-3030.

Sincerely,

*Debra A. Flores*

Debra A. Flores  
Administrator/Vice President  
Sentara Careplex Hospital

DF/cf

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REGION 1

*140819*

NMSS/RGN1 MATERIALS-002

**AUTHORIZED USER TRAINING AND EXPERIENCE  
AND PRECEPTOR ATTESTATION**  
(for uses defined under 35.400 and 35.600)  
[10 CFR 35.490, 35.491, and 35.690]

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

Name of Proposed Authorized User  
**Song Kuk Kang**

State or Territory Where Licensed  
**VA, NC**

- Requested Authorization(s)**  
(check all that apply)
- 35.400 Manual brachytherapy sources
  - 35.600 Teletherapy unit(s)
  - 35.400 Ophthalmic use of strontium-90
  - 35.600 Gamma stereotactic radiosurgery unit(s)
  - 35.600 Remote afterloader 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. For 35.600, go to the table in 3.e. 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 35.600 Authorized User Requesting Additional Authorization for 35.600 Use(s) Checked Above**
  - a. Go to the table in section 3.e. to document training for new device.
  - b. Skip to and complete Part II Preceptor Attestation.
- 3. Training and Experience for Proposed Authorized User**
  - a. Classroom and Laboratory Training  35.490  35.491  35.690

Description of Training	Location of Training	Clock Hours	Dates of Training*
Radiation physics and instrumentation	Duke Univ. med. ctr.		1999-2003
Radiation protection	"		
Mathematics pertaining to the use and measurement of radioactivity	"		
Radiation biology	"		

**200 minimum Total Hours of Training:**

**AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)**

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

b. Supervised Work and Clinical Experience for 10 CFR 35.490 (If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this page.)

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			
Checking survey meters for proper operation			
Preparing, implanting, and safely removing brachytherapy sources			
Maintaining running inventories of material on hand			
Using administrative controls to prevent a medical event involving the use of byproduct material			
Using emergency procedures to control byproduct material			
<b>Total Hours of Work Experience</b>			
Clinical experience in radiation oncology as part of an approved formal training program	Location of Experience/License or Permit Number of Facility	Dates of Experience*	
<b>Approved by:</b> <input type="checkbox"/> Residency Review Committee for Radiation Oncology of the ACGME <input type="checkbox"/> Royal College of Physicians and Surgeons of Canada <input type="checkbox"/> Committee on Postdoctoral Training of the American Osteopathic Association	Duke Univ. med. Ctr.	1999-2003	
Supervising Individual <i>Lawrence B. Marks, MD.</i>	License/Permit Number listing supervising individual as an Authorized User		

**AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)**

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

c. Supervised Clinical Experience for 10 CFR 35.491

Description of Experience	Location of Experience/License or Permit Number of Facility	Clock Hours	Dates of Experience*
Use of strontium-90 for ophthalmic treatment, including: examination of each individual to be treated; calculation of the dose to be administered; administration of the dose; and follow up and review of each individual's case history			
Supervising Individual		License/Permit Number listing supervising individual as an Authorized User	

d. Supervised Work and Clinical Experience for 10 CFR 35.690

- Remote afterloader unit(s)     
  Teletherapy unit(s)     
  Gamma stereotactic radiosurgery unit(s)

Description of Experience	Location of Experience/License or Permit Number of Facility	Clock Hours	Dates of Experience*
Reviewing full calibration measurements and periodic spot-checks	Duke Univ. Med. Ctr.		1999-2003
Preparing treatment plans and calculating treatment doses and times	"		
Using administrative controls to prevent a medical event involving the use of byproduct material	"		
Implementing emergency procedures to be followed in the event of the abnormal operation of the medical unit or console	"		
Checking and using survey meters	"		
Selecting the proper dose and how it is to be administered	"		

500 minimum

**Total Hours of Work Experience**

**AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)**

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

d. Supervised Work and Clinical Experience for 10 CFR 35.690 (continued)

Clinical experience in radiation oncology as part of an approved formal training program	Location of Experience/License or Permit Number of Facility	Dates of Experience*
<b>Approved by:</b> <input type="checkbox"/> Residency Review Committee for Radiation Oncology of the ACGME <input type="checkbox"/> Royal College of Physicians and Surgeons of Canada <input type="checkbox"/> Committee on Postdoctoral Training of the American Osteopathic Association	Duke Univ. Med. Ctr	1999-2003
Supervising Individual		License/Permit Number listing supervising individual as an Authorized User
Lawrence B. Marks, M.D.		

e. For 35.600, 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
Device operation	Sentara Careplex 4/07 - 7/07	/	/
Safety procedures for the device use	"	/	/
Clinical use of the device	"	/	/
Supervising Individual. <i>If training provided by Supervising Individual (If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this page.)</i>		License/Permit Number listing supervising individual as an Authorized User	
Michael Miller, DO		45-09087-01	
Authorized for the following types of use:			
<input checked="" type="checkbox"/> Remote afterloader unit(s) <input type="checkbox"/> Teletherapy unit(s) <input type="checkbox"/> Gamma stereotactic radiosurgery unit(s)			

f. Provide completed Part II Preceptor Attestation.

**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.

**First Section**

Check one of the following for each requested authorization:

**For 35.490:**

**Board Certification**

I attest that \_\_\_\_\_ has satisfactorily completed the requirements in  
Name of Proposed Authorized User  
35.490(a)(1) and has achieved a level of competency sufficient to function independently as an authorized user of manual brachytherapy sources for the medical uses authorized under 10 CFR 35.400.

**OR**

**Training and Experience**

I attest that \_\_\_\_\_ has satisfactorily completed the 200 hours of  
Name of Proposed Authorized User  
classroom and laboratory training, 500 hours of supervised work experience, and 3 years of supervised clinical experience in radiation oncology, as required by 10 CFR 35.490(b)(1) and (b)(2), and has achieved a level of competency sufficient to function independently as an authorized user of manual brachytherapy sources for the medical uses authorized under 10 CFR 35.400.

**For 35.491:**

I attest that \_\_\_\_\_ has satisfactorily completed the 24 hours of  
Name of Proposed Authorized User  
classroom and laboratory training applicable to the medical use of strontium-90 for ophthalmic radiotherapy, has used strontium-90 for ophthalmic treatment of 5 individuals, as required by 10 CFR 35.491(b), and has achieved a level of competency sufficient to function independently as an authorized user of strontium-90 for ophthalmic use.

**Second Section**

**For 35.690:**

**Board Certification**

I attest that \_\_\_\_\_ has satisfactorily completed the requirements in  
Name of Proposed Authorized User  
35.690(a)(1).

**OR**

**Training and Experience**

I attest that Song K. Kang, MD has satisfactorily completed 200 hours of classroom  
Name of Proposed Authorized User  
and laboratory training, 500 hours of supervised work experience, and 3 years of supervised clinical experience in radiation therapy, as required by 10 CFR 35.690(b)(1) and (b)(2).

**AND**

**AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)**

**Preceptor Attestation (continued)**

**Third Section**

**For 35.690: (continued)**

I attest that Song K. Kang, MD has received training required in 35.690(c) for device  
Name of Proposed Authorized User  
operation, safety procedures, and clinical use for the type(s) of use for which authorization is sought, as checked below.

- Remote afterloader unit(s)     Teletherapy unit(s)     Gamma stereotactic radiosurgery unit(s)

**AND**

**Fourth Section**

I attest that Song K. Kang, MD has achieved a level of competency sufficient to  
Name of Proposed Authorized User  
achieve a level of competency sufficient to function independently as an authorized user for:

- Remote afterloader unit(s)     Teletherapy unit(s)     Gamma stereotactic radiosurgery unit(s)

**Fifth Section**

**Complete the following for preceptor attestation and signature:**

I meet the requirements in 10 CFR 35.490, 35.491, 35.690, or equivalent Agreement State requirements, as an authorized user for:

- 35.400 Manual brachytherapy sources     35.600 Teletherapy unit(s)  
 35.400 Ophthalmic use of strontium-90     35.600 Gamma stereotactic radiosurgery unit(s)  
 35.600 Remote afterloader unit(s)

Name of Preceptor <u>Michael Miller, DO</u>	Signature <u>[Signature]</u>	Telephone Number <u>757-827-2430</u>	Date <u>7/11/07</u>
License/Permit Number/Facility Name <u>Sentara Careplex Hospital, 45-09087-01</u>			

This is to acknowledge the receipt of your letter/application dated

7/11/2007, and to inform you that the initial processing which includes an administrative review has been performed.

AMEND. 45-09087-01  
There were no administrative omissions. Your application was assigned to a technical reviewer. Please note that the technical review may identify additional omissions or require additional information.

Please provide to this office within 30 days of your receipt of this card

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A copy of your action has been forwarded to our License Fee & Accounts Receivable Branch, who will contact you separately if there is a fee issue involved.

Your action has been assigned **Mail Control Number** 140819.  
When calling to inquire about this action, please refer to this control number.  
You may call us on (610) 337-5398, or 337-5260.