



**PARKVIEW
HOSPITAL**
RADIATION ONCOLOGY CENTER
TRUSTED CARE

November 15, 2007

U.S. Nuclear Regulatory Commission
Materials Licensing Section
2443 Warrenville Road, Suite 210
Lisle, IL 60532-4352

Re: Amendment Request
NRC License #13-01284-02

Dear Sir/Madam,

Parkview Hospital would like to amend its Byproduct Materials License, Number 13-01284-02.

Please add:

Brian Chang, M.D., as an authorized user for 10 CFR 35.300, 35.400, and 35.600 including iridium-192 in a high dose rate remote afterloader unit. NRC Form 313A along with preceptor attestation is enclosed.

Please delete:

James O. Gates, M.D. as an authorized user as he has expired.

If there are any questions concerning this license amendment, please feel free to contact me directly at 260-373-7884.

Sincerely,

Subhash C. Sharma, Ph.D.
Radiation Safety Officer and Chief Physicist
Parkview Health

SCS/csc
Enclosures

cc: Daniel A. Garman, Sr. VP, Strategic Alliances & Program Development, Parkview Health

2500 East State Blvd.
Fort Wayne, Indiana 46805
260-373-7850, Monday through Friday, 7:30am-4:30pm
In Indiana call Toll Free 1-800-727-8439
www.parkview.com

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AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

Fourth Section

For 35.396:

Current 35.490 or 35.690 authorized user:

I attest that Brian Chang is an authorized user under 10 CFR 35.490 or 35.690
Name of Proposed Authorized User

or equivalent Agreement State requirements, has satisfactorily completed the 80 hours of classroom and laboratory training, as required by 10 CFR 35.396 (d)(1), and the supervised work and clinical case experience required by 35.396(d)(2), and has achieved a level of competency sufficient to function independently as an authorized user for:

Parenteral administration of any beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV for which a written directive is required

Parenteral administration of any other radionuclide for which a written directive is required

OR

Board Certification:

I attest that _____ has satisfactorily completed the board certification
Name of Proposed Authorized User

requirements of 35.396(c), has satisfactorily completed the 80 hours of classroom and laboratory training required by 10 CFR 35.396 (d)(1) and the supervised work and clinical case experience required by 35.396(d)(2), and has achieved a level of competency sufficient to function independently as an authorized user for:

Parenteral administration of any beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV for which a written directive is required

Parenteral administration of any other radionuclide for which a written directive is required

Fifth Section

Complete the following for preceptor attestation and signature:

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

35.390 35.392 35.394 35.396

I have experience administering dosages in the following categories for which the proposed Authorized User is requesting authorization.

Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)

Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)

Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required

Parenteral administration of any other radionuclide requiring a written directive

Name of Preceptor <u>Ann Spangler, MD</u>	Signature <u>A Spangler</u>	Telephone Number <u>214-645-7656</u>	Date <u>10-22-07</u>
License/Permit Number/Facility Name <u>UT Southwestern Medical Ctr at Dallas, Monoclonal Radiation Oncology Center</u>			

**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

Brian Chang

State or Territory Where Licensed

Indiana

Requested



35.400 Manual brachytherapy sources



35.600 Teletherapy unit(s)

Authorization(s)



35.400 Ophthalmic use of strontium-90



35.600 Gamma stereotactic radiosurgery unit(s)

(check all that apply)



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	UT Southwestern	46.5	7/13/05 - 12/21/05
Radiation protection	UT Southwestern	1.5	11/4/05
Mathematics pertaining to the use and measurement of radioactivity	UT Southwestern	4.5	7/27/05 - 11/23/05
Radiation biology	UT Southwestern	29	1/5/06 - 6/15/06

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.)

Supervised Work Experience		Total Hours of Experience: ~ 500 hours	
Description of Experience Must Include:	Location of Experience/License or Permit Number of Facility	Confirm	Dates of Experience*
Ordering, receiving, and unpacking radioactive materials safely and performing the related radiation surveys		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Checking survey meters for proper operation		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Preparing, implanting, and safely removing brachytherapy sources	1/10/04, 1/21/04, 1/28/04, 2/14/04, 2/11/04, 2/12/04, 2/19/04, 2/25/04, 3/10/04, 3/17/04, 4/6/05, 4/7/05, 4/17/05,	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Maintaining running inventories of material on hand	4/12/05, 5/2/05, 5/6/05, 6/10/05, 6/14/05, 6/16/05, 6/22/05, 6/23/05, 6/25/07	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Using administrative controls to prevent a medical event involving the use of byproduct material		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Using emergency procedures to control byproduct material		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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*
Approved by: <input checked="" 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	University of Iowa Hospitals and Clinics University of Texas Southwestern Medical Center	7/1/03-6/30/05 7/1/05-6/30/07

Supervising Individual <i>A Spangler MD</i>	License/Permit Number listing supervising individual as an Authorized User <i>L00384</i>
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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)

Supervised Work Experience		Total Hours of Experience:	
Description of Experience Must Include:	Location of Experience/License or Permit Number of Facility	Confirm	Dates of Experience*
Reviewing full calibration measurements and periodic spot-checks		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Preparing treatment plans and calculating treatment doses and times		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Using administrative controls to prevent a medical event involving the use of byproduct material		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Implementing emergency procedures to be followed in the event of the abnormal operation of the medical unit or console		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Checking and using survey meters		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Selecting the proper dose and how it is to be administered		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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*
Approved by: <input checked="" 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	University of Iowa Hospitals and Clinics University of Texas Southwestern Medical Center	7/1/03 - 6/30/05 7/1/05 - 6/30/07
Supervising Individual <i>A Spangler</i>		License/Permit Number listing supervising individual as an Authorized User L00384

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	Univ of Iowa 1/16/04, 1/21/04, 1/28/04, 2/4/04, 2/11/04, 2/12/04, 2/19/04, 2/25/04, 3/10/04, 3/17/04		
Safety procedures for the device use	4/6/05, 4/7/05, 4/17/05, 4/18/05, 5/2/05, 5/6/05, 6/10/05, 6/14/05, 6/16/05, 6/22/05, 6/23/05, 6/25/07		
Clinical use of the device	Univ of Iowa as above UTSW as above		
Supervising Individual. 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.)		License/Permit Number listing supervising individual as an Authorized User	
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 Brian Chang 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 Brian Chang 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 Brian Chang 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 Brian Chang 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 Brian Chang 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>Ann Spangler</u>	Signature <u>A Spangler</u>	Telephone Number <u>214-645-8525</u>	Date <u>10-15-07</u>
License/Permit Number/Facility Name			

**AUTHORIZED USER TRAINING AND EXPERIENCE
AND PRECEPTOR ATTESTATION**
(for uses defined under 35.300)
[10 CFR 35.390, 35.392, 35.394, and 35.396]

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

Name of Proposed Authorized User

Brian Chang, M.D.

State or Territory Where Licensed

Indiana

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

35.300 Use of unsealed byproduct material for which a written directive is required

OR

35.300 Oral administration of sodium iodide I-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)

35.300 Oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 1.22 gigabecquerels (33 millicuries)

35.300 Parenteral administration of any beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV for which a written directive is required

35.300 Parenteral administration of any other radionuclide for which a written directive is required

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 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 35.390, provide documentation on supervised clinical case experience. The table in section 3.c. may be used to document this experience.
- c. For 35.396, provide documentation on classroom and laboratory training, supervised work experience, and supervised clinical case experience. The tables in sections 3.a., 3.b., and 3.c. may be used to document this experience.
- d. Skip to and complete Part II Preceptor Attestation.

2. **Current 35.300, 35.400, or 35.600 Authorized User Seeking Additional Authorization**

a. Authorized User on Materials License _____ under the requirements below or equivalent Agreement State requirements (check all that apply):

35.390 35.392 35.394 35.490 35.690

b. If currently authorized for a subset of clinical uses under 35.300, provide documentation on additional required supervised case experience. The table in section 3.c. may be used to document this experience. Also provide completed Part II Preceptor Attestation.

c. If currently authorized under 35.490 or 35.690 and requesting authorization for 35.396, provide documentation on classroom and laboratory training, supervised work experience, and supervised clinical case experience. The tables in sections 3.a., 3.b., and 3.c. may be used to document this experience. Also provide completed Part II Preceptor Attestation.

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Training and Experience for Proposed Authorized User

a. Classroom and Laboratory Training 35.390 35.392 35.394 35.396

Description of Training	Location of Training	Clock Hours	Dates of Training*
Radiation physics and instrumentation	UT Southwestern	46.5	7/13/05 - 12/21/05
Radiation protection	UT Southwestern	1.5	11/4/05
Mathematics pertaining to the use and measurement of radioactivity	UT Southwestern	4.5	7/27/05 - 11/23/05
Chemistry of byproduct material for medical use			
Radiation biology	UT Southwestern	29	1/5/06 - 6/15/06
Total Hours of Training:			

b. Supervised Work Experience 35.390 35.392 35.394 35.396

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

Supervised Work Experience		Total Hours of Experience:	
Description of Experience Must Include:	Location of Experience/License or Permit Number of Facility	Confirm	Dates of Experience*
Ordering, receiving, and unpacking radioactive materials safely and performing the related radiation surveys		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Calculating, measuring, and safely preparing patient or human research subject dosages		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

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

b. Supervised Work Experience (continued)

Supervising Individual <i>Dr. Fatukhi / Dr Spangler</i>	License/Permit Number listing supervising individual as an authorized user
Supervising individual meets the requirements below, or equivalent Agreement State requirements (<i>check all that apply</i>)**:	
<input type="checkbox"/> 35.390	With experience administering dosages of:
<input type="checkbox"/> 35.392	<input type="checkbox"/> Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)
<input type="checkbox"/> 35.394	<input checked="" type="checkbox"/> Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)
<input type="checkbox"/> 35.396	<input type="checkbox"/> Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required
	<input type="checkbox"/> Parenteral administration of any other radionuclide requiring a written directive
** Supervising Authorized User must have experience in administering dosages in the same dosage category or categories as the individual requesting authorized user status.	

c. Supervised Clinical Case Experience

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

Description of Experience	Number of Cases Involving Personal Participation	Location of Experience/License or Permit Number of Facility	Dates of Experience*
Oral administration of sodium iodide I-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)			
Oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 1.22 gigabecquerels (33 millicuries)	3	UT Southwestern	10/5/06 11/10/06 11/13/06
Parenteral administration of any beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV for which a written directive is required			
Parenteral administration of any other radionuclide for which a written directive is required	3	UT Southwestern	11/2/06 2/21/07 3/13/07
_____ (List radionuclides)			

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

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

c. Supervised Clinical Case Experience (continued)

Supervising Individual Dr Farukhi / Dr Spangler	License/Permit Number listing supervising individual as an authorized user L00384
Supervising individual meets the requirements below, or equivalent Agreement State requirements (check all that apply)**:	
<input type="checkbox"/> 35.390	With experience administering dosages of:
<input type="checkbox"/> 35.392	<input type="checkbox"/> Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)
<input type="checkbox"/> 35.394	<input checked="" type="checkbox"/> Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)
<input type="checkbox"/> 35.396	<input checked="" type="checkbox"/> Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required
	<input checked="" type="checkbox"/> Parenteral administration of any other radionuclide requiring a written directive
** Supervising Authorized User must have experience in administering dosages in the same dosage category or categories as the individual requesting authorized user status.	

d. Provide completed Part II Preceptor Attestation.

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 35.390:

Board Certification

I attest that _____ has satisfactorily completed the training and experience requirements in 35.390(a)(1).
Name of Proposed Authorized User

OR

Training and Experience

I attest that _____ has satisfactorily completed the 700 hours of training and experience, including a minimum of 200 hours of classroom and laboratory training, as required by 10 CFR 35.390 (b)(1).
Name of Proposed Authorized User

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

Preceptor Attestation (continued)

First Section (continued)

For 35.392 (Identical Attestation Statement Regardless of Training and Experience Pathway):

I attest that Brian Chang has satisfactorily completed the 80 hours of classroom
Name of Proposed Authorized User

and laboratory training, as required by 10 CFR 35.392(c)(1), and the supervised work and clinical case experience required in 35.392(c)(2).

For 35.394 (Identical Attestation Statement Regardless of Training and Experience Pathway):

I attest that Brian Chang has satisfactorily completed the 80 hours of classroom
Name of Proposed Authorized User

and laboratory training, as required by 10 CFR 35.394 (c)(1), and the supervised work and clinical case experience required in 35.394(c)(2).

Second Section

I attest that Brian Chang has satisfactorily completed the required clinical case
Name of Proposed Authorized User

experience required in 35.390(b)(1)(ii)G listed below:

- Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)
- Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)
- Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required
- Parenteral administration of any other radionuclide requiring a written directive

Third Section

I attest that Brian Chang has satisfactorily achieved a level of competency to
Name of Proposed Authorized User

function independently as an authorized user for:

- Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)
- Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)
- Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required
- Parenteral administration of any other radionuclide requiring a written directive

in 35.390(b) must also have experience in the oral administration of sodium iodide I-131 for which a written directive is required and the parenteral administration of any beta emitter, or a photon-emitting radionuclide with a photon energy less than 150 KeV, for which a written directive is required. Instruction may take place as part of the RRC required courses in radiation physics, radiation and cancer biology and clinical radiation oncology or a rotation in nuclear medicine.

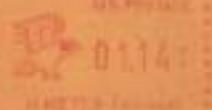
2. This training and supervised work experience must include all NRC-required items related to the safe handling, administration and quality control of the radionuclide doses used in clinical radiation oncology and nuclear medicine. The Federal Register provides a comprehensive list of these items. ABR testing will cover topics that include radiation safety, radionuclide handling, quality assurance, treatment planning, and the clinical use of unsealed byproduct material for which a written directive is required, as well as manual brachytherapy, remote afterloading brachytherapy, stereotactic radiosurgery and external beam therapy. Such items will be included on both the written and oral examinations.
3. ABR Certification will include satisfying the requirements for authorized user status as specified in 35.390(b)1(ii)(G)(2) and in 35.390(b)1(ii)(G)(3). To meet the requirements as an authorized user, residents must participate in three cases involving oral administration of > 33 mCi of I-131 and three cases involving the parenteral administration of any beta emitter, or a photon-emitting radionuclide with photon energy of < 150 KeV. Note that this category includes I-131 labeled antibodies and I-131 MIBG.
4. The specific dates on which experiences with oral I-131 and parenteral therapy occur and a case description should be kept in a log by each resident in a format similar to the following:

Brian Chang
Resident Name

UT Southwestern Radiation Oncology
Program

	<u>Date</u>	<u>Disorder</u>	<u>Dose Administered</u>	<u>Preceptor Name/Signature</u>
Oral I-131				
1.	11/15/06	90030244 thyroid cancer	I-131 203 millicuries	Dr Farukhi / [Signature]
2.	11/10/06	73532349 thyroid cancer	I-131 151.7 millicuries	Dr Farukhi / [Signature]
3.	11/13/06	90038088 thyroid cancer	I-131 154.9 millicuries	Dr Farukhi / [Signature]
Parenteral				
1.	11/2/06	05726715 bone metastases	68 millicuries Samarium 153	Dr Farukhi / [Signature]
2.	2/21/07	90030250 liver metastasis	35 millicuries yttrium 90	Dr Matthews / [Signature]
3.	3/13/07	73520921 lymphoma	25.9 millicuries zevalin	Dr Oz / [Signature]

0106401
Parkview Comprehensive Cancer Center
2500 East State Blvd.
Fort Wayne, IN 46805



U.S. Nuclear Regulatory Commission
Materials Licensing Section
2443 Warrenville Road, Suite 210
Lisle, IL 60532-4352

