



21st Century Oncology



FAX

Facsimile Transmittal

FAX

Date: 12/20/07

Re: MAIL CONTROL : 141368

To: SANDRA GABRIEL

From: LEANDRO BARRECA

Phone: _____

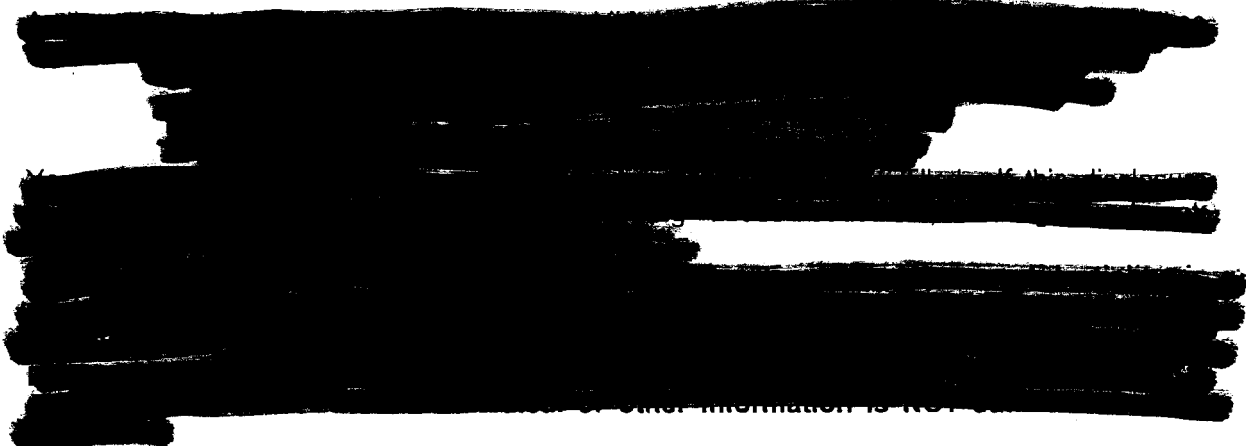
Phone: 239-768-7377

Fax #: 610-337-5269

Fax #: 239-~~768~~-5281 MS 16

Number of pages including this one: 4 ~~1111~~ K-8

<p>DEAR SANDRA:</p> <p style="text-align: center;">MESSAGE</p> <p style="text-align: right;">09-31141-01 03037177</p> <p style="text-align: center;">Kind enclosed supportive documentation for Dr. Mattheus amendment request.</p> <p style="text-align: right;">Best regards, Leandro</p>



141368

NRC FORM 313A (AUS)
(2-2007)

U.S. NUCLEAR REGULATORY COMMISSION

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 Shirnett Matthews, M.D. has satisfactorily completed the requirements in
Name of Proposed Authorized User
35.690(a)(1).

OR

Training and Experience

I attest that _____ 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

NRC FORM 313A (AUS)
(3-2007)

U.S. NUCLEAR REGULATORY COMMISSION

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

Preceptor Attestation (continued)

Third Section

For 35.690: (continued)

I attest that Shirnett Matthews, M.D. 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 Shirnett Matthews, M.D. 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

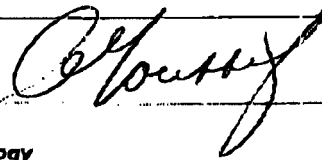
Complete the following for preceptor attestation and signature:

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 Ashraf Youssef, M.D.	Signature 	Telephone Number 609 877 3064	Date 12/20/07
License/Permit Number/Facility Name NRC License 09-31141-01 / 21st Century Oncology			



CERTIFICATE OF TRAINING

awarded to

Shirnett Matthews

for completing the following course:

Physician Training - Overview for HDR Brachytherapy

At 21st Century Oncology, FT. Myers, FL

Date

March 9, 2007

Presented by:

Nucletron Corporation, 8671 Robert Fulton Drive, Columbia, Maryland

Joe Iannitto
Joe Iannitto
Instructor