

**PARKVIEW NORTH HOSPITAL
 PARKVIEW COMPREHENSIVE CARE CENTER
 11141 PARKVIEW PLAZA DR
 FT WAYNE, IN 46845
 PHONE: (260)266-9100
 FAX: (260) 266-9110**

FAX # 630-515-1078

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DEPARTMENT Materials Licensing Branch

Number of pages sent 13 including this one. If you do not receive all pages, or if you receive this transmission in error, please telephone the sender.

SENDER SUBHASH C. SHARMA, Ph.D.

DATE: 3/19/08 TIME 9:15 AM EST

Control : 316696 , NRC Lic # 13-01284-02

MESSAGE

Attached herewith please find the resubmission of Dr. Brian Chang, M.D.'s "Authorized user" Training & Experience and Preceptor Attestation for 10 CFR 35.300, 35.400 and 35.600.

I hope this will receive an expedited review. If you have any questions, please call me @ 1-260-266-9147

Fax # 1-260-266-9101. Thanks!!
Subhash Sharma, RSO

The Documents accompanying this transmission contain confidential information. 3/19/08
The information is intended only for the person names above. If you are not the intended recipient, you are notified that any disclosure copy, distribution, or the taking of any action in reliance on the contents of this information is not permissible.

* P.S. Please make a change of address as noted above on this fax.
Subhash Sharma, Ph.D. RSO
Parkview Comprehensive Cancer Ctr.
11141 Parkview Plaza Dr., Ft Wayne, IN
46845

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

U.S. NUCLEAR REGULATORY COMMISSION

**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.

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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	University of Texas	100	7/1/05-6/30/07
	University of Iowa	100	7/1/03-6/30/05
Radiation protection	University of Texas	20	7/1/05-6/30/07
	University of Iowa	20	7/1/03-6/30/05
Mathematics pertaining to the use and measurement of radioactivity	University of Texas	20	7/1/05-6/30/07
	University of Iowa	20	7/1/03-6/30/05
Chemistry of byproduct material for medical use	University of Texas	15	7/1/05-6/30/07
	University of Iowa	15	7/1/03-6/30/05
Radiation biology	University of Texas	100	7/1/05-6/30/07
	University of Iowa	100	7/1/03-6/30/05
Total Hours of Training:		510	

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:	
		500	
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	University of Texas Southwestern Medical Center	<input checked="" type="checkbox"/> Yes	7/1/05-6/30/07
	Parkview Hospital Lic 13-01284-02	<input type="checkbox"/> No	7/30/07-2/27/08
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters	University of Texas Southwestern Med Ctr	<input checked="" type="checkbox"/> Yes	7/1/05-6/30/07
	Parkview Hospital Lic 13-01284-02	<input type="checkbox"/> No	7/30/07-2/27/08
Calculating, measuring, and safely preparing patient or human research subject dosages	University of Texas Southwestern Med Ctr	<input checked="" type="checkbox"/> Yes	7/1/05-6/30/07
	Parkview Hospital Lic 13-01284-02	<input type="checkbox"/> No	7/30/07-2/27/08
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material	University of Texas Southwestern Med Ctr	<input checked="" type="checkbox"/> Yes	7/1/05-6/30/07
	Parkview Hospital Lic 13-01284-02	<input type="checkbox"/> No	7/30/07-2/27/08
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures	University of Texas Southwestern Med Ctr	<input checked="" type="checkbox"/> Yes	7/1/05-6/30/07
	Parkview Hospital Lic 13-01284-02	<input type="checkbox"/> No	7/30/07-2/27/08

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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>John N Crawford MD</i>	License/Permit Number listing supervising individual as an authorized user 13-01284-02
Supervising individual meets the requirements below, or equivalent Agreement State requirements (check all that apply)**:	
<input checked="" type="checkbox"/> 35.390 With experience administering dosages of:	
<input checked="" type="checkbox"/> 35.392 <input checked="" type="checkbox"/> 35.394 <input checked="" type="checkbox"/> 35.396	<input type="checkbox"/> Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries) <input checked="" type="checkbox"/> Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries) <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 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.	

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)	5	UT Southwestern Parkview Hospital	10/5/06, 11/10/06 11/13/06 12/28/07 1/10/08
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 Zevalin 25.9 millicuries Yttrium 90 35 millicuries Samarium 153 68 millicuries (List radionuclides)	3	UT Southwestern i	11/2/06 2/21/07 3/13/07

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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 Case Experience (continued)

Supervising Individual <i>John N. Crawford MD</i>	License/Permit Number listing supervising individual as an authorized user <i>13-01284-02</i>
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Supervising individual meets the requirements below, or equivalent Agreement State requirements (check all that apply)**:

- 35.390 With experience administering dosages of:
 - 35.392 Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)
 - 35.394 Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)
 - 35.396 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

** 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 Brian Chang, M.D. 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

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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, M.D. 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, M.D. 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, M.D. 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, M.D. 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

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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, MD. 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
- ^{or} 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>John Crawford, M.D.</u>	Signature <u>John N. Crawford, MD</u>	Telephone Number <u>260-266-9100</u>	Date <u>3/19/08</u>
License/Permit Number/Facility Name			

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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]		

Name of Proposed Authorized User Brian Chang, M.D.	State or Territory Where Licensed Indiana
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Requested Authorization(s) (check all that apply)

<input checked="" type="checkbox"/> 35.400 Manual brachytherapy sources	<input checked="" type="checkbox"/> 35.600 Teletherapy unit(s)
<input type="checkbox"/> 35.400 Ophthalmic use of strontium-90	<input type="checkbox"/> 35.600 Gamma stereotactic radiosurgery unit(s)
<input checked="" type="checkbox"/> 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	University of Texas SW Med Ctr	100	7/1/05-6/30/07
	University of Iowa	100	7/1/03-6/30/05
Radiation protection	University of Texas SW Med Ctr	20	7/1/05-6/30/07
	University of Iowa	20	7/1/03-6/30/05
Mathematics pertaining to the use and measurement of radioactivity	University of Texas SW Med Ctr	20	7/1/05-6/30/07
	University of Iowa	20	7/1/03-6/30/05
Radiation biology	University of Texas SW Med Ctr	100	7/1/05-6/30/07
	University of Iowa	100	7/1/03-6/30/05
Total Hours of Training:		480	

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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	
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	University of Iowa	<input checked="" type="checkbox"/> Yes	7/1/03-6/30/05
	University of Texas Southwestern Med Ctr	<input type="checkbox"/> No	7/1/05-6/30/07
	Parkview Hospital		7/30/07-3/3/08
Checking survey meters for proper operation	University of Iowa	<input checked="" type="checkbox"/> Yes	7/1/03-6/30/05
	University of Texas Southwestern Med Ctr	<input type="checkbox"/> No	7/1/05-6/30/07
	Parkview Hospital		7/30/07-3/3/08
Preparing, implanting, and safely removing brachytherapy sources	University of Iowa	<input checked="" type="checkbox"/> Yes	7/1/03-6/30/05
	University of Texas Southwestern Med Ctr	<input type="checkbox"/> No	7/1/05-6/30/07
	Parkview Hospital		7/30/07-3/3/08
Maintaining running inventories of material on hand	University of Iowa	<input checked="" type="checkbox"/> Yes	7/1/03-6/30/05
	University of Texas Southwestern Med Ctr	<input type="checkbox"/> No	7/1/05-6/30/07
	Parkview Hospital		7/30/07-3/3/08
Using administrative controls to prevent a medical event involving the use of byproduct material	University of Iowa	<input checked="" type="checkbox"/> Yes	7/1/03-6/30/05
	University of Texas Southwestern Med Ctr	<input type="checkbox"/> No	7/1/05-6/30/07
	Parkview Hospital		7/30/07-3/3/08
Using emergency procedures to control byproduct material	University of Iowa	<input checked="" type="checkbox"/> Yes	7/1/03-6/30/05
	University of Texas Southwestern Med Ctr	<input type="checkbox"/> No	7/1/05-6/30/07
	Parkview Hospital		7/30/07-3/3/08

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 University of Texas Southwestern Med Ctr	7/1/03-6/30/05 7/1/05-6/30/07

Supervising Individual <i>John N. Crawford MD</i>	License/Permit Number listing supervising individual as an Authorized User 13-01284-02
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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 <i>John D. Crawford MD</i>		License/Permit Number listing supervising individual as an Authorized User 13-01284-02	

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: 500	
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	University of Iowa University of Texas Southwestern Med Ctr Parkview Hospital	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/1/03-6/30/05 7/1/05-6/30/07 7/30/07-3/3/08
Preparing treatment plans and calculating treatment doses and times	University of Iowa University of Texas Southwestern Med Ctr Parkview Hospital	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/1/03-6/30/05 7/1/05-6/30/07 7/30/07-3/3/08
Using administrative controls to prevent a medical event involving the use of byproduct material	University of Iowa University of Texas Southwestern Med Ctr Parkview Hospital	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/1/03-6/30/05 7/1/05-6/30/07 7/30/07-3/3/08
Implementing emergency procedures to be followed in the event of the abnormal operation of the medical unit or console	University of Iowa University of Texas Southwestern Med Ctr Parkview Hospital	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/1/03-6/30/05 7/1/05-6/30/07 7/30/07-3/3/08
Checking and using survey meters	University of Iowa University of Texas Southwestern Med Ctr Parkview Hospital	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/1/03-6/30/05 7/1/05-6/30/07 7/30/07-3/3/08
Selecting the proper dose and how it is to be administered	University of Iowa University of Texas Southwestern Med Ctr Parkview Hospital	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/1/03-6/30/05 7/1/05-6/30/07 7/30/07-3/3/08

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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 Brian Chang, M.D. 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, M.D. 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

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AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

Preceptor Attestation (continued)

Third Section

For 35.690: (continued)

I attest that Brian Chang, 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 Brian Chang, 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

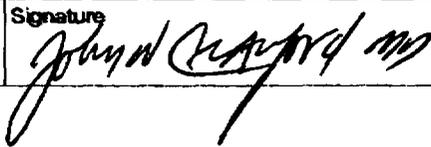
Complete the following for preceptor attestation and signature:

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 <u>John Crawford, M.D.</u>	Signature 	Telephone Number <u>260-266-9100</u>	Date <u>3/19/08</u>
License/Permit Number/Facility Name <u>13-01284-02</u>			