

7905 Calumot Avenue, Munster, Indiana, 46321 – 219/836 5800 11355 West 9781 Jano, St. Jone, indiaec, 46323 – 219/865 5577 9800 Valparaiso CE, Muniter, Indiana 46321 – – 219/934 9800

April 14, 2008

U.S. Nuclear Regulatory Commission Radioisotopes Licensing Division Region III 2443 Warrenville Road, Suite 210 Lisle, Illinois 60532-4352

Re: NRC Radioactive Materials License #13-16680-01, Hammond Clinic, Munster, Indiana

Dear Sir or Madam:

We wish to amend the above referenced license to reflect the following:

Please change the Radiation Safety Officer from Dr. Barbara Carr to Dr. Kimberly Chaney. Dr. Chaney is currently an authorized user on our license.

Please refer to the attached copy of NRC form 313A (RSO), Dr. Chaney's American Board of Radiology certificate and the Delegation of Authority form.

We hope this is sufficient to grant our request. For further information, contact Nancy Boilek, Nuclear Medicine Department, at 219-836-5800, ext. 61019.

Sincerely,

Armin Pigula

Radiology Manager

RECEIVED APR 1 8 2008

NRC FORM 313A (RSO) (2-2007)	U.S. NUCLEAR REGULATORY COMMISSION							
RADIATION SAFETY OFFIC AND PRECEPT [10 C	APPROVED BY OMB: NO. 3150-0120 EXPIRES: 10/31/2008							
Name of Proposed Radiation Safety Officer								
KIMBERLY CHANEY, MD								
Requested Authorization(s) The license a	authorizes the following medical uses (check all	that apply):						
✓ 35.100 ✓ 35.200 ✓ 35.200	✓ 35.100 ✓ 35.200 ✓ 35.300 35.400 35.500 (remote afterloader)							
35.600 (teletherapy) [_] 35.	600 (gamma stereotactic radiosurgery) [ ] 3	5.1000 ()						
	ART I – TRAINING AND EXPERIENCE Select one of the four methods below)	<u> </u>						
*Training and Experience, including board application or the individual must have ob	d certification, must have been obtained within t tained related continuing education and experie dates, duration, and description of continuing e	ence since the required training						
✓ 1. Board Certification								
a. Provide a copy of the board certil	fication.							
<ul> <li>b. Use Table 3.c. to describe trainin all types of medical use on the lic</li> </ul>	g in radiation safety, regulatory issues, and eme ense.	ergency procedures for						
c. Skip to and complete Part II Prec	eptor Attestation.							
	OR							
<ul> <li>Officer for the Additional Medica</li> <li>a. Use the table in section 3.c. to of</li> </ul>	Seeking Authorization to Be Recognized as al Uses Checked Above describe training in radiation safety, regulatory is pes of medical use for which recognition as RS	ssues, and emergency						
b. Skip to and complete Part II Pre	eceptor Attestation.							
2. Structured Educational Dragon	OR for Proposed Badiation Safety Officer							
a. Classroom and Laboratory Train	) for Proposed Radiation Safety Officer pind							
Description of Training	Location of Training	Clock Dates of						
Radiation physics and instrumentation		Hours Training*						
Radiation protection								
Mathematics pertaining to the use and measurement of radioactivity		······································						
Radiation biology	··· ··· · · ··· · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·						
Radiation dosimetry	······································	···						
· · · · · · · · · · · · · · · · · · ·	Total Hours of Training:							
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(2-2007)		

U.S. NUCLEAR REGULATORY COMMISSION

## RADIATION SAFETY OFFICER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

## 3. Structured Educational Program for Proposed Radiation Safety Officer (continued)

## b. Supervised Radiation Safety Experience

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

Location of Training/ License or Permit Number of Facility	Dates of Training*

Structured Educational Program for Propo	sed Rad	iation Safety Officer (continued)	ATION (continue	
b. Supervised Radiation Safety Experience (				
(If more than one supervising individual is copies of this section.)			ence, provide multij	
Supervising Individual		License/Permit Number listing supervising individual as a Radiation Safety Officer		
This license authorizes the following medical	uses:			
35.100 35.200 35.300		35.400		
35.500 35.600 (remote afterloade	er)	35.600 (teletherapy)		
35.600 (gamma stereotactic radiosurgery)		35.1000 (	)	
			· ··· -·	
c. Describe training in radiation safety, regula use on the license.		es, and emergency procedures for all t	ypes of medical	
Description of Training		Training Provided By	Dates of Training*	
Radiation safety, regulatory issues, and emergency procedures for 35.100, 35.200, and 35.500 uses	HAMI	MOND CLINIC, LLC	07/07-03/0	
Radiation safety, regulatory issues, and emergency procedures for 35.300 uses	HAM	MOND CLINIC, LLC	07/07-03/0	
Radiation safety, regulatory issues, and emergency procedures for 35.400 uses				
Radiation safety, regulatory issues, and emergency procedures for 35.600 - teletherapy uses				
Radiation safety, regulatory issues, and emergency procedures for 35.600 - remote afterloader uses				
Radiation safety, regulatory issues, and emergency procedures for 35.600 - gamma		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · ·	
stereotactic radiosurgery uses				

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RADI	IATION SAFETY OFFICER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)
	uctured Educational Program for Proposed Radiation Safety Officer (continued)
c. T li	Training in radiation safety, regulatory issues, and emergency procedures for all types of medical use on the license (continued)
RSO, nece	Dervising Individual If training was provided by supervising D, AU, AMP, or ANP. (If more than one supervising individual is essary to document supervised training, provide multiple copies of page.)
Lice	ense/Permit lists supervising individual as:
	Radiation Safety Officer
	Authorized Medical Physicist
A   A	Authorized as RSO, AU, ANP, or AMP for the following medical uses:
	35.100 35.200 35.300 35.400
	35.500 35.600 (remote afterloader) 35.600 (teletherapy)
	35.600 (gamma stereotactic radiosurgery) 35.1000 (
<u>ت</u> d. ٤	Skip to and complete Part II Preceptor Attestation.
	OR
	<u>Authorized User, Authorized Medical Physicist, or Authorized Nuclear Pharmacist identified on</u> the licensee's license
e a	a. Provide lícense number.
<b>b</b>	b. Use the table in section 3.c. to describe training in radiation safety, regulatory issues, and emergency procedures for all types of medical use on the license.
с	c. Skip to and complete Part II Preceptor Attestation.
	PART II – PRECEPTOR ATTESTATION
ir O	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 Sec Check or	ction ne of the following:
	Board Certification
	t attest that KIMBERLY CHANEY, MD has satisfactorily completed the requirements in Name of Proposed Radiation Safety Officer
f	10 CFR 35.50(a)(1)(i) and (a)(1)(ii); or 35.50 (a)(2)(i) and (a)(2)(ii); or 35.50(c)(1).
	OR
2. <u>St</u>	tructured Educational Program for Proposed Radiation Safety Officers
	l attest that has satisfactorily completed a structural educational
r e	Name of Proposed Radiation Safety Officer program consisting of both 200 hours of classroom and laboratory training and one year of full-time
	radiation safety experience as required by 10 CFR 35.50(b)(1).
	OR

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NRC FORM 313A (F (2-2007)	RSO)	U.S. NUCLEAR REGULATORY COMMISSION			
	AFETY OFFICER TRAIL	NING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)			
Preceptor Attesta	ation (continued)				
First Section(co Check one of the					
3. Addition	al Authorization as Ra	diation Safety Officer			
I attest th	at	is an			
	Name of Proposed Ra	diation Safety Officer			
	thorized User	Authorized Nuclear Pharmacíst			
[] Au	thorized Medical Physic	ist			
aspec		ense and has experience with the radiation safety of byproduct material for which the individual has onsibilities			
* • • • • • • • • •					
Second Section		AND			
	(check all that apply):				
✓ I attest that	KIMBERLY CHAN				
emergency p	rocedures for the follow	ing types of use:			
[✔] 35.100					
🖌 35.200					
[√] 35.300	oral administration o which a written direc	f less than or equal to 33 millicuries of sodium iodide I-131, for tive is required			
35.300	35.300 oral administration of greater than 33 millicuries of sodium iodide I-131				
[_] 35.300	35.300 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				
[_] 35.300	parenteral administra required	ation of any other radionuclide for which a written directive is			
35.400					
[] 35.500					
35.600	remote afterloader u	nits			
35.600	teletherapy units				
35.600	gamma stereotactic	radiosurgery units			
35.1000	emerging technologi	es, including:			
	······································				
	·····	<u>-</u>			
L		PAGE 5			

NRC FORM 313A (RSO)			U.S. NUCLEAR REGULAT	DRY COMMISSION
(2-2007) RADIATION SAFETY OFFICER TR	AINING AND EXPE	RIENCE AND PRECE	PTOR ATTESTATION	(continued)
	A	ND		
Third Section Complete for ALL				
✓       I attest that       KIMBERLY CH         Name of Proposed Rad	· · · · · · · · · · · · · · · · · · ·	s achieved a level of ra	adiation safety knowled	ge
sufficient to function independently	as a Radiation Safe	ty Officer for a medica	use licensee.	
Fourth Section Complete the following for Preceptor	• Attestation and sig	jnatur <del>e</del>		
I am the Radiation Safety Officer for	HAMMOND CL	INIC, LLC Name of Facilit	y	
License/Permit Number: 13-16680-0	l	<u> </u>		
		·· ·		
Name of Preceptor Barbara E. Carr, M.D.	Signature Butbara	E. Car, tod	Telephone Number (219)836-4647	Date 3/17/08 PAGE 6

## **DELEGATION OF AUTHORITY**

DATE: 04/11/2008 THE RADIATION SAFETY OFFICER TO: FROM: **ADMINISTRATOR** SUBJECT: **DELEGATION OF AUTHORITY** 

You, Kimberly Chaney, M.D., have been appointed Radiation Safety Officer and are responsible for ensuring the safe use of radiation. You are responsible for managing the radiation protection program; identifying radiation protection problems; initiating, recommending, or providing corrective actions; verifying implementation of corrective actions; stopping unsafe activities; and ensuring compliance with the rules. You are hereby delegated the authority necessary to meet those responsibilities, including prohibiting the use of radioactive material by employees who do not meet the necessary requirements and shutting down operations where justified by radiation safety. You are required to notify management if staff do not cooperate and do not address radiation safety issues. In addition, you are free to raise issues with the Nuclear Regulatory Commission at any time.

Beverly DeLao (Administrator)

I accept the above responsibilities,

Kimberly Chaney, M.D.

The American Stand of Radialogy Organized through the cooperation of the American College of Radiology, the American Roentgen Ray Society, the American Radium Society, the Radiological Society of North America, the Section on Radiology of the American Medical Association, the American Society for Therapeutic Radiology and Oncology, the Association of University Radiologists, and American Association of Physicists in Medicine Hereby certifies that Kimberly Ann Chaney, MD Has pursued an accepted course of graduate study and clinical work, has met certain standards and qualifications and has passed the examinations conducted under the authority of The American Board of Radiology On this fifth day of November, 2007 AH Eligible Thereby demonstrating to the satisfaction of the Board that she is qualified to practice the specialty of MERICAN BOA Biagnostic Radiology R.P. Hatter D

Certificate No. 55296

Halid through 2017



U.S. Nuclear Regulatory Commission Radioisotopes Licensing Division Region III 2443 Warrenville Road, Suite 210 Lisle, Illinois 60532-4352