Missouri Baptist Medical Center
3015 N. Ballas Rd
St. Louis, MO 63131

July 10, 2008

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

Re: NRC License 24-11128-02 Amendment

Dear Sir or Madame

Enclosed you will find NRC form 313A (AMP) for myself, Lindsay Launius-Mobley, MS. Per the enclosed form, I would like to be added to license 24-11128-02 as an authorized medical physicist.

If you have any questions concerning this amendment, please contact me at 314-996-5730.

Sincerely,

Lindsay Launius-Mobley

Lindsay Launius-Mobley, MS

RECEIVED JUL 2 3 2008

NRC FORM 313A (AMP) (10-2006) | U.S. NUCLEAR REGULATORY COMMISSION

AUTHORIZED MEDICAL PHYSICIST TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION [10 CFR 35.51]

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

Name of Proposed Authorized Medical Physicist

Lindsay Launius-Mobley

Requested Authorization(s) (check all that apply)

- ☐ 35.400 Ophthalmic use of strontium-90
- ☐ 35.600 Teletherapy unit(s)
- ☒ 35.600 Remote afterloader unit(s)
- ☐ 35.600 Gamma stereotactic radiosurgery 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. Go to the table in 3.c. 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 Authorized Medical Physicist Seeking Additional Authorization for use(s) checked above**

a. Go to the table in section 3.c. to document training for new device.

b. Skip to and complete Part II Preceptor Attestation

☐ **3. Education, Training, and Experience for Proposed Authorized Medical Physicist**

a. Education: Document master's or doctor's degree in physics, medical physics, other physical science, engineering, or applied mathematics from an accredited college or university.

Degree	Major Field
Masters	Medical Physics
College or University	
Georgia Institute of Technology	

b. Supervised Full-Time Medical Physics Training and Work Experience in clinical radiation facilities that provide high-energy external beam therapy (photons and electrons with energies greater than or equal to 1 million electron volts) and brachytherapy services.

☒ Yes. Completed 1 year of full-time training in medical physics (for areas identified below) under the supervision of Eric Elder, PhD who meets the requirements for an Authorized Medical Physicist.

AND

☒ Yes. Completed 1 year of full-time work experience in medical physics (for areas identified below) under the supervision of Richard Keys who meets the requirements for an Authorized Medical Physicist.

AUTHORIZED MEDICAL PHYSICIST TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. **Education, Training, and Experience for Proposed Authorized Medical Physicist** (continued)

b. Supervised Full-Time Medical Physics Training and Work Experience (continued)

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

Description of Training/ Experience	Location of Training/License or Permit Number of Training Facility/Medical Devices Used+	Dates of Training*	Dates of Work Experience*
Medical Physics	Missouri Baptist Medical Center 24-11128-02		Dec 1, 2006 → May 2008
Performing sealed source leak tests and inventories	Missouri Baptist Medical Center 24-11128-02		Dec 2006 → May 2008
Performing decay corrections	Missouri Baptist Medical Center 24-11128-02		Dec 2006 → May 2008
Performing full calibration and periodic spot checks of external beam treatment unit(s)	Missouri Baptist Medical Center 24-11128-02		Dec 2006 → May 2008
Performing full calibration and periodic spot checks of stereotactic radiosurgery unit(s)	N/A		
Performing full calibration and periodic spot checks of remote afterloading unit(s)	24-11128-02 Missouri Baptist Medical Center GammaMed Plus & GammaMed 12i-t		Dec 2006 → May 2008
Conducting radiation surveys around external beam treatment unit(s), sterotactic radiosurgery unit(s), remote after loading unit(s)	24-11128-02 Missouri Baptist Medical Center		Dec 2006 → May 2008

Supervising Individual**: Richard Keys

License/Permit Number listing supervising individual as an authorized Medical Physicist: 24-11128-02

for the following types of use:

☒ Remote afterloader unit(s) ☐ Teletherapy unit(s) ☐ Gamma stereotactic radiosurgery unit(s)

\+ Training and work experience must be conducted in clinical radiation facilities that provide high-energy external beam therapy (photons and electrons with energies greater than or equal to 1 million electron volts) and brachytherapy services.

* 1 year of Full-time medical physics training and 1 year of full time work experience cannot be concurrent.

** If the supervising medical physicist is not an authorized medical physicist, the licensee must submit evidence that the supervising medical physicist meets the training and experience requirements in 10 CFR 35.51 and 35.59 for the types of use for which the individual is seeking authorization.

Lindsay Ward Laurens

NRC FORM 313A (AMP) (10-2000) U.S. NUCLEAR REGULATORY COMMISSION

AUTHORIZED MEDICAL PHYSICIST TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. **Education, Training, and Experience for Proposed Authorized Medical Physicist** (continued)

b. Supervised Full-Time Medical Physics Training and Work Experience (continued)

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

Description of Training/ Experience	Location of Training/License or Permit Number of Training Facility/Medical Devices Used+	Dates of Training*	Dates of Work Experience*
Medical Physics	Georgia Institute of Technology & Emory University Hospital	Aug 2004 - Dec 2005	
Performing sealed source leak tests and inventories	Georgia Institute of Technology & Emory University Hospital	Aug 2004 - Dec 2005	
Performing decay corrections	Georgia Institute of Technology & Emory University Hospital	Aug 2004 - Dec 2005	
Performing full calibration and periodic spot checks of external beam treatment unit(s)	Georgia Institute of Technology & Emory University Hospital & Atlanta VA Medical Center	Aug 2004 - Dec 2005	
Performing full calibration and periodic spot checks of stereotactic radiosurgery unit(s)	N/A	N/A	
Performing full calibration and periodic spot checks of remote afterloading unit(s)	Georgia Institute of Technology, Emory University Hospital, Crawford Long Hospital	Aug 2004 - Dec 2005	
Conducting radiation surveys around external beam treatment unit(s), sterotactic radiosurgery unit(s), remote after loading unit(s)	Georgia Institute of Technology, Emory University Hospital, Crawford Long Hospital	Aug 2004 - Dec 2005	

Supervising Individual** Eric Klein, PhD

License/Permit Number listing supervising individual as an authorized Medical Physicist GA 153-1

for the following types of use:

☒ Remote afterloader unit(s) ☐ Teletherapy unit(s) ☐ Gamma stereotactic radiosurgery unit(s)

\+ Training and work experience must be conducted in clinical radiation facilities that provide high-energy external beam therapy (photons and electrons with energies greater than or equal to 1 million electron volts) and brachytherapy services.

* 1 year of full-time medical physics training and 1 year of full time work experience cannot be concurrent.

** If the supervising medical physicist is not an authorized medical physicist, the licensee must submit evidence that the supervising medical physicist meets the training and experience requirements in 10 CFR 35.51 and 35.59 for the types of use for which the individual is seeking authorization.

Lindsay Wood Lawrence Perry

NRC FORM 313A (AMP)
(10-2006)

U.S. NUCLEAR REGULATORY COMMISSION

AUTHORIZED MEDICAL PHYSICIST TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. **Education, Training, and Experience for Proposed Authorized Medical Physicist** (continued)

b. Supervised Full-Time Medical Physics Training and Work Experience (continued)

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

Description of Training/ Experience	Location of Training/License or Permit Number of Training Facility/Medical Devices Used+	Dates of Training*	Dates of Work Experience*
Medical Physics	Georgia Institute of Technology & Emory University Hospital	Aug 2004- Dec 2005	
Performing sealed source leak tests and inventories	Georgia Institute of Technology & Emory University Hospital	Aug 2004- Dec 2005	
Performing decay corrections	Georgia Institute of Technology & Emory University Hospital	Aug 2004- Dec 2005	
Performing full calibration and periodic spot checks of external beam treatment unit(s)	Georgia Institute of Technology & Emory University Hospital & Atlanta VA Medical Center	Aug 2004- Dec 2005	
Performing full calibration and periodic spot checks of stereotactic radiosurgery unit(s)	N/A	N/A	
Performing full calibration and periodic spot checks of remote afterloading unit(s)	Georgia Institute of Technology, Emory University Hospital, Crawford Long Hospital	Aug 2004- Dec 2005	
Conducting radiation surveys around external beam treatment unit(s), sterotactic radiosurgery unit(s), remote after loading unit(s)	Georgia Institute of Technology, Emory University Hospital, Crawford Long Hospital	Aug 2004- Dec 2005	

Supervising Individual**	License/Permit Number listing supervising individual as an authorized Medical Physicist
Eric Elder, PhD	

for the following types of use:

☒ Remote afterloader unit(s) ☐ Teletherapy unit(s) ☐ Gamma stereotactic radiosurgery unit(s)

\+ Training and work experience must be conducted in clinical radiation facilities that provide high-energy external beam therapy (photons and electrons with energies greater than or equal to 1 million electron volts) and brachytherapy services.

* 1 year of Full-time medical physics training and 1 year of full time work experience cannot be concurrent.

** If the supervising medical physicist is not an authorized medical physicist, the licensee must submit evidence that the supervising medical physicist meets the training and experience requirements in 10 CFR 35.51 and 35.59 for the types of use for which the individual is seeking authorization.

AUTHORIZED MEDICAL PHYSICIST TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Education, Training, and Experience for Proposed Authorized Medical Physicist (continued)

c. 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
Hands-on device operation	Richard Keys Dec 2006 - May 2008		
Safety procedures for the device use	Richard Keys Dec 2006 - May 2008		
Clinical use of the device	Richard Keys Dec 2006 - May 2008		
Treatment planning system operation	Richard Keys + Wayne LaJoie (Varian) ↳ 1 day course Dec 2006 → May 2008		

Supervising Individual
If training is provided by Supervising Medical Pysicist, (If more than one supervising individual is necessary to document supervised training, provide multiple copies of this page.)
Richard Keys

License/Permit Number listing supervising individual as an authorized Medical Physicist
24-11128-02

for the following types of use:

☒ Remote afterloader unit(s) ☐ Teletherapy unit(s) ☐ Gamma stereotactic radiosurgery unit(s)

If Applicable:

Authorization Sought	Device	Training Provided By	Dates of Training
35.400 Ophthalmic Use of strontium-90			

d. Skip to and complete Part II Preceptor Attestation.

NRC FORM 313A (AMP) U.S. NUCLEAR REGULATORY COMMISSION
(10-2006)

AUTHORIZED MEDICAL PHYSICIST 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:

1. Board Certification

☐ I attest that _____ has satisfactorily completed the requirements in
Name of Proposed Authorized Medical Physicist
10 CFR 35.51(a)(1) and (a)(2).

OR

2. Education, Training, and Experience

☒ I attest that Lindsay Launius-Mobley has satisfactorily completed the 1-year of full-time
Name of Proposed Authorized Medical Physicist
training in medical physics and an additional year of full-time work experience as required by 10 CFR 35.51(b)(1).

AND

Second Section
Complete the following:

☒ I attest that Lindsay Launius-Mobley has training for the types of use for which authorization
Name of Proposed Authorized Medical Physicist
is sought that include hands-on device operation, safety procedures, clinical use, and the operation of a treatment planning system.

AND

Third Section
Complete the following:

☒ I attest that Lindsay Launius-Mobley has achieved a level of competency sufficient to
Name of Proposed Authorized Medical Physicist
function independently as an Authorized Medical Physicist for the following:

☐ 35.400 Ophthalmic use of strontium-90 ☐ 35.600 Teletherapy unit(s)
☒ 35.600 Remote afterloader unit(s) ☐ 35.600 Gamma stereotactic radiosurgery unit(s)

AND

Fourth Section
Complete the following for preceptor attestation and signature:

☒ I meet the requirements in 10 CFR 35.51, or equivalent Agreement State requirements for Authorized Medical Physicist for the following:

☐ 35.400 Ophthalmic use of strontium-90 ☐ 35.600 Teletherapy unit(s)
☒ 35.600 Remote afterloader unit(s) ☐ 35.600 Gamma stereotactic radiosurgery unit(s)

Name of Preceptor	Signature	Telephone Number	Date
RICHARD KEYS	Richard Keys	314-996-5730	6/6/08

License/Permit Number/Facility Name
24-11128-02 MISSOURI BAPTIST MEDICAL CENTER

Lindsay Launius-Mobley
Missouri Baptist Medical Center
RAD/ONC
3015 N. Ballas Rd.
St. Louis, MO 63131

PRESORTED FIRST CLASS

Hasler

016H26501864
$00.819
07/14/2008
Mailed From 63110
US POSTAGE

U.S. NRC Region III
Materials Licensing Branch
2443 Warrenville Rd.
Suite 210
Lisle, IL 60532-4352