

NRC FORM 313
(4-2008)
10 CFR 30, 32, 33,
34, 35, 36, 39, and 40

U.S. NUCLEAR REGULATORY COMMISSION

APPROVED BY OMB: NO. 3150-0120

EXPIRES: 10/31/2008

Estimated burden per response to comply with this mandatory collection request: 4.4 hours. Submittal of the application is necessary to determine that the applicant is qualified and that adequate procedures exist to protect the public health and safety. Send comments regarding burden estimate to the Records and FOIA/Privacy Services Branch (T-5 F53), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to infocollects@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0120), Office of Management and Budget, Washington, DC 20503. If a means used to impose an information collection does not display a currently valid OMB control number, the NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.

APPLICATION FOR MATERIALS LICENSE

INSTRUCTIONS: SEE THE APPROPRIATE LICENSE APPLICATION GUIDE FOR DETAILED INSTRUCTIONS FOR COMPLETING APPLICATION. SEND TWO COPIES OF THE ENTIRE COMPLETED APPLICATION TO THE NRC OFFICE SPECIFIED BELOW.

APPLICATION FOR DISTRIBUTION OF EXEMPT PRODUCTS FILE APPLICATIONS WITH:

DIVISION OF INDUSTRIAL AND MEDICAL NUCLEAR SAFETY
OFFICE OF NUCLEAR MATERIALS SAFETY AND SAFEGUARDS
U.S. NUCLEAR REGULATORY COMMISSION
WASHINGTON, DC 20555-0001

IF YOU ARE LOCATED IN:

ILLINOIS, INDIANA, IOWA, MICHIGAN, MINNESOTA, MISSOURI, OHIO, OR WISCONSIN, SEND APPLICATIONS TO:

MATERIALS LICENSING BRANCH
U.S. NUCLEAR REGULATORY COMMISSION, REGION III
2443 WARRENVILLE ROAD, SUITE 210
LISLE, IL 60532-4352

ALL OTHER PERSONS FILE APPLICATIONS AS FOLLOWS:

IF YOU ARE LOCATED IN:

ALABAMA, CONNECTICUT, DELAWARE, DISTRICT OF COLUMBIA, FLORIDA, GEORGIA, KENTUCKY, MAINE, MARYLAND, MASSACHUSETTS, NEW HAMPSHIRE, NEW JERSEY, NEW YORK, NORTH CAROLINA, PENNSYLVANIA, PUERTO RICO, RHODE ISLAND, SOUTH CAROLINA, TENNESSEE, VERMONT, VIRGINIA, VIRGIN ISLANDS, OR WEST VIRGINIA, SEND APPLICATIONS TO:

LICENSING ASSISTANCE TEAM
DIVISION OF NUCLEAR MATERIALS SAFETY
U.S. NUCLEAR REGULATORY COMMISSION, REGION I
475 ALLENDALE ROAD
KING OF PRUSSIA, PA 19406-1415

ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, COLORADO, HAWAII, IDAHO, KANSAS, LOUISIANA, MISSISSIPPI, MONTANA, NEBRASKA, NEVADA, NEW MEXICO, NORTH DAKOTA, OKLAHOMA, OREGON, PACIFIC TRUST TERRITORIES, SOUTH DAKOTA, TEXAS, UTAH, WASHINGTON, OR WYOMING, SEND APPLICATIONS TO:

NUCLEAR MATERIALS LICENSING BRANCH
U.S. NUCLEAR REGULATORY COMMISSION, REGION IV
612 E LAMAR BOULEVARD, SUITE 400
ARLINGTON, TX 76011-4125

PERSONS LOCATED IN AGREEMENT STATES SEND APPLICATIONS TO THE U.S. NUCLEAR REGULATORY COMMISSION ONLY IF THEY WISH TO POSSESS AND USE LICENSED MATERIAL IN STATES SUBJECT TO U.S. NUCLEAR REGULATORY COMMISSION JURISDICTIONS.

1. THIS IS AN APPLICATION FOR (Check appropriate item)

- A. NEW LICENSE
- B. AMENDMENT TO LICENSE NUMBER 21-26632-01
- C. RENEWAL OF LICENSE NUMBER _____

2. NAME AND MAILING ADDRESS OF APPLICANT (Include ZIP code)

Vrinda Narayana, Ph.D.
Providence Cancer Center, Providence Hospital
22301 Foster Winter Drive, 1 Floor
Southfield, MI 48075

3. ADDRESS WHERE LICENSED MATERIAL WILL BE USED OR POSSESSED

Providence Cancer Center, Providence Hospital
22301 Foster Winter Drive, 1 Floor
Southfield, MI 48075

4. NAME OF PERSON TO BE CONTACTED ABOUT THIS APPLICATION

Vrinda Narayana

TELEPHONE NUMBER

(248) 849-8622

SUBMIT ITEMS 5 THROUGH 11 ON 8-1/2 X 11" PAPER. THE TYPE AND SCOPE OF INFORMATION TO BE PROVIDED IS DESCRIBED IN THE LICENSE APPLICATION GUIDE.

5. RADIOACTIVE MATERIAL

a. Element and mass number; b. chemical and/or physical form; and c. maximum amount which will be possessed at any one time.

6. PURPOSE(S) FOR WHICH LICENSED MATERIAL WILL BE USED.

7. INDIVIDUAL(S) RESPONSIBLE FOR RADIATION SAFETY PROGRAM AND THEIR TRAINING EXPERIENCE.

8. TRAINING FOR INDIVIDUALS WORKING IN OR FREQUENTING RESTRICTED AREAS

9. FACILITIES AND EQUIPMENT.

10. RADIATION SAFETY PROGRAM.

11. WASTE MANAGEMENT

12. LICENSE FEES (See 10 CFR 170 and Section 170.31)

FEE CATEGORY AMOUNT ENCLOSED \$

13. CERTIFICATION. (Must be completed by applicant) THE APPLICANT UNDERSTANDS THAT ALL STATEMENTS AND REPRESENTATIONS MADE IN THIS APPLICATION ARE BINDING UPON THE APPLICANT.

THE APPLICANT AND ANY OFFICIAL EXECUTING THIS CERTIFICATION ON BEHALF OF THE APPLICANT, NAMED IN ITEM 2, CERTIFY THAT THIS APPLICATION IS PREPARED IN CONFORMITY WITH TITLE 10, CODE OF FEDERAL REGULATIONS, PARTS 30, 32, 33, 34, 35, 36, 39, AND 40, AND THAT ALL INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF THEIR KNOWLEDGE AND BELIEF.

WARNING: 18 U.S.C. SECTION 1001 ACT OF JUNE 25, 1948 62 STAT. 749 MAKES IT A CRIMINAL OFFENSE TO MAKE A WILLFULLY FALSE STATEMENT OR REPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION.

CERTIFYING OFFICER - TYPED/PRINTED NAME AND TITLE

Vrinda Narayana, Ph.D. RSO

SIGNATURE

DATE

07/22/2008

FOR NRC USE ONLY

TYPE OF FEE	FEE LOG	FEE CATEGORY	AMOUNT RECEIVED	CHECK NUMBER	COMMENTS
			\$		
APPROVED BY				DATE	

RECEIVED JUL 24 2008



July 22, 2008

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

Ref: Material License # # 21-26632-01,

Subject: Request for license material amendment

To the person concerned,

Enclosed is our request to amend our material license # # **21-26632-01**, issued to Providence Hospital, Providence Cancer Center, 22301 Foster Winter Drive, Southfield, MI 48075.

1. Michelle Mierzwa M.D. has joined the staff at Providence Hospital and will begin working at Providence on August 1st 2008. I request that she be **added** as an Authorized User on our license for use of Iridium -192 in MDS Nordion (formerly Isotopen-Technik) GammaMed 12i HDR remote afterloading brachytherapy unit. I have attached the NRC Form 313A that documents her training and experience and is signed by her preceptor who is an Authorized User.

Thank you,

Sincerely,

A handwritten signature in black ink, appearing to read "Vrinda Narayana".

Vrinda Narayana, Ph.D
RSO
22301 Foster Winter Drive, I Floor
Southfield, MI 48075
248 849 8622

**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
MICHELLE MIERZWA

State or Territory Where Licensed
MICHIGAN

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

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	BARRETT CANCER CENTER UNIVERSITY HOSPITAL CINCINNATI, OH 45219		8/1/04 - 6/30/08
Radiation protection	BARRETT CANCER CENTER UNIVERSITY HOSPITAL CINCINNATI, OH 45219		8/1/04 - 6/30/08
Mathematics pertaining to the use and measurement of radioactivity	BARRETT CANCER CENTER UNIVERSITY HOSPITAL CINCINNATI, OH 45219		8/1/04 - 6/30/08
Radiation biology	BARRETT CANCER CENTER UNIVERSITY HOSPITAL CINCINNATI, OH 45219		8/1/04 - 6/30/08

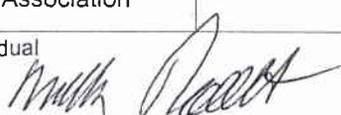
Total Hours of Training: 7200 HOURS

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	BARRETT CANCER CENTER UNIVERSITY HOSPITAL CINCINNATI, OH 45219	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/1/04 - 6/30/08
Checking survey meters for proper operation	//	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/1/04 - 6/30/08
Preparing, implanting, and safely removing brachytherapy sources	//	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/1/04 - 6/30/08
Maintaining running inventories of material on hand	//	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/1/04 - 6/30/08
Using administrative controls to prevent a medical event involving the use of byproduct material	//	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/1/04 - 6/30/08
Using emergency procedures to control byproduct material	//	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/1/04 - 6/30/08

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	BARRETT CANCER CENTER UNIVERSITY HOSPITAL CINCINNATI, OH 45219	7/1/04 - 6/30/08
Supervising Individual 	License/Permit Number listing supervising individual as an Authorized User 0211031001 (OHIO)	

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	N/A - NOT DONE DURING RESIDENCY TRAINING		
Supervising Individual <i>Melinda [Signature]</i>		License/Permit Number listing supervising individual as an Authorized User 0211031001 (OHIO)	

d. Supervised Work and Clinical Experience for 10 CFR 35.690

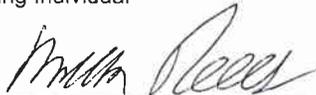
- Remote afterloader unit(s) Teletherapy unit(s) Gamma stereotactic radiosurgery unit(s)

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	BARRETT CANCER CENTER UNIVERSITY HOSPITAL CINCINNATI, OH 45219	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/1/04- 6/30/08
Preparing treatment plans and calculating treatment doses and times	//	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	//
Using administrative controls to prevent a medical event involving the use of byproduct material	//	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	//
Implementing emergency procedures to be followed in the event of the abnormal operation of the medical unit or console	//	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	//
Checking and using survey meters	//	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	//
Selecting the proper dose and how it is to be administered	//	<input checked="" type="checkbox"/> Yes <input 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	BARRETT CANCER CENTER UNIVERSITY HOSPITAL CINCINNATI, OH 45219	7/1/04 - 6/30/08
Supervising Individual 		License/Permit Number listing supervising individual as an Authorized User 0211031001 (Other)

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	WILLIAM BARRETT 7/1/04 - 6/30/08	WILLIAM BARRETT 7/1/04 - 6/30/08	WILLIAM BARRETT 7/1/04 - 6/30/08
Safety procedures for the device use			
Clinical use of the device	4	4	4
Supervising Individual. <i>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.)</i> 		License/Permit Number listing supervising individual as an Authorized User 0211031001 (Other)	
Authorized for the following types of use:			
<input checked="" type="checkbox"/> Remote afterloader unit(s) <input checked="" type="checkbox"/> Teletherapy unit(s) <input checked="" 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.

By checking the boxes below, the preceptor is attesting that the individual has knowledge to fulfill the duties of the position sought and not attesting to the individual's "general clinical competency."

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 MICHELLE MIERZWA 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 MICHELLE MIERZWA 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 MICHELLE MIERZWA 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 MICHELLE MIERZWA 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:

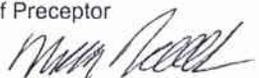
- Remote afterloader unit(s) Teletherapy unit(s) Gamma stereotactic radiosurgery unit(s)

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	Signature	Telephone Number	Date
	WILLIAM L. BARRETT	(513) 584-8216	7/14/08

License/Permit Number/Facility Name
OHIO DEPT OF HEALTH RADIOACTIVE MATERIALS

LICENSE # 0211031001

FedEx US Airbill
Express

FedEx Tracking Number

8663 7183 7680

RECIPIENT: PEEL HERE

fedex.com 1.800.GoFedEx 1.800.463.3339

1 From This portion can be removed for Recipient's records.

Date 23 July 98 FedEx Tracking Number 866371837680

Sender's Name VANDIA NAKAYAMA Phone 248 549 9022

Company HLS/PROVIDENCE CANCER INST

Address 22301 FOSTER WINTER DR STE 100

City SOUTHFIELD State MI ZIP 48075

2 Your Internal Billing Reference

3 To

Recipient's Name _____ Phone 620 829 9868

Company MATERIALS LICENSING PLANCH

Recipient's Address US - NUCLEAR REGULATORY COMMISSION REGULATORY

Address 2442 WALKERVILLE ROAD SUITE 210

City LISLE State IL ZIP 60532-4752



THE VVO NY ENLA

FedEx
TRK#
0215 8663 7183 7680



PT 593 D 7680 07.24

Emp# 158453 23JUL98 DEDA

FOR RETURN

0215 Recipient's Copy

4a Express Package Service

- FedEx Priority Overnight
Next business morning. * Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected.
- FedEx Standard Overnight
Next business afternoon. * Saturday Delivery NOT available.
- FedEx 2Day
Second business day. * Thursday shipments will be delivered on Monday unless SATURDAY Delivery is selected.
- FedEx Express Saver
Third business day. * Saturday Delivery NOT available.

Packages up to 150 lbs.

4b Express Freight Service

- FedEx 1Day Freight
Next business day. * Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected.
- FedEx 2Day Freight
Second business day. * Thursday shipments will be delivered on Monday unless SATURDAY Delivery is selected.

Packages over 150 lbs.

5 Packaging

- FedEx Envelope*
- FedEx Pak*
Includes FedEx Small Pak, FedEx Large Pak, and FedEx Sturdy Pak.
- FedEx Box
- FedEx Tube
- Other

6 Special Handling

- SATURDAY Delivery
Not available for FedEx Standard Overnight, FedEx First Overnight, FedEx Express Saver, or FedEx 3Day Freight.
- HOLD Weekday at FedEx Location
Not available for FedEx First Overnight.
- HOLD Saturday at FedEx Location
Available ONLY for FedEx Priority Overnight and FedEx 2Day to select locations.

- Does this shipment contain dangerous goods?
One box must be checked.
- No
 - Yes
As per attached Shipper's Declaration
 - Yes
Shipper's Declaration not required
 - Dry Ice
Dry Ice, 6 UN 1845

- 7 Payment Bill to:** Enter FedEx Acct. No. or Credit Card No. below. Obtain Recip. Acct. No.
- Sender
Acct. No. in Section 1 will be billed.
 - Recipient
 - Third Party
 - Credit Card
 - Cash/Check

Total Packages _____ Total Weight _____

Credit Card Auth. _____

*The liability is limited to \$100 unless you declare a higher value. See the current FedEx Service Guide for details.

Signature Options
If you require a signature, check Direct or Indirect.
THU - 24 JUL A2
STANDARD OVERNIGHT

519

60532
IL-US
ORD

Align bottom of Peel and Stick Airbill or Pouch here.