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NRG FORM 313A (AUS) (10-2007) U.S. NUCLEAR REGULATORY COMMISSION

**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 ONE: NO. 3150-0120 EXPIRES: 10/31/2008

Name of Proposed Authorized User: **ROBERT L. HONV, M.D.** State or Territory Where Licensed: **VIRGINIA**

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	Loyola Medical Center / Maguire 2160 S. 15th Ave Sec 2A44 Bldg Maywood, IL 60153	50	6/23/04 6/30/08
Radiation protection	"	50	"
Mathematics pertaining to the use and measurement of radioactivity	"	50	"
Radiation biology	"	50	"
Total Hours of Training:		200	

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08/22/2008 FRI 15:41 FAX 7082165924 LU OP RADIATION ONCOLOGY

003/007

NRC FORM 313A (AUS) (10-2007)		U.S. NUCLEAR REGULATORY COMMISSION	
AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)			
<b>3. Training and Experience for Proposed Authorized User (continued)</b>			
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: <del>1500</del> 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		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Checking survey meters for proper operation		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Preparing, implanting, and safely removing brachytherapy sources		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Maintaining running inventories of material on hand		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Using administrative controls to prevent a medical event involving the use of byproduct material		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Using emergency procedures to control byproduct material		<input type="checkbox"/> Yes <input type="checkbox"/> No	
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	LOYOLA UNIVERSITY MEDICAL CENTER Dept. of Radiation Oncology 2160 S. 1st Ave Magnus Bldg STE 2444 Maywood, IL 60153	6/22/09 to 6/30/08	
Supervising Individual		License/Permit Number listing supervising individual as an Authorized User	

08/22/2008 FRI 15:41 FAX 7082165924 LU OP RADIATION ONCOLOGY

004/007

NRC FORM 313A (AUS) (10-2007)		U.S. NUCLEAR REGULATORY COMMISSION	
AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)			
<b>3. Training and Experience for Proposed Authorized User (continued)</b>			
<b>c. Supervised Clinical Experience for 10 CFR 35.461</b>			
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		License/Permit Number listing supervising individual as an Authorized User	
<b>d. Supervised Work and Clinical Experience for 10 CFR 35.690</b>			
<input checked="" type="checkbox"/> Remote afterloader unit(s) <input type="checkbox"/> Teletherapy unit(s) <input type="checkbox"/> Gamma stereotactic radiosurgery unit(s)			
Supervised Work Experience:		Total Hours of Experience: <b>800</b>	
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	<i>LOYOLA UNIVERSITY MEDICAL CENTER Radiation Oncology 2160 S. 15th Ave. Maguire Bldg. Ste 2444 Maywood, IL 60153</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<i>6/24/04 to 6/30/08</i>
Preparing treatment plans and calculating treatment doses and times	<i>"</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<i>"</i>
Using administrative controls to prevent a medical event involving the use of byproduct material	<i>"</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<i>"</i>
Implementing emergency procedures to be followed in the event of the abnormal operation of the medical unit or console	<i>"</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<i>"</i>
Checking and using survey meters	<i>"</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<i>"</i>
Selecting the proper dose and how it is to be administered	<i>"</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<i>"</i>

08/22/2008 FRI 15:41 FAX 7082165924 LU OP RADIATION ONCOLOGY

005/007

**NRC FORM 313A (AUS)**  
(10-2007) **U.S. NUCLEAR REGULATORY COMMISSION**

**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*
<b>Approved by:</b> <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	Loyola University Medical Center Radiation Oncology 2160 S. 1st Ave Maguire Bldg Ste 2944 Maywood, IL 60153	6/24/04 to 6/30/08
<b>Supervising Individual:</b> <span style="font-size: 2em; vertical-align: middle;">X</span> Ricardo Garcia MD		<b>License/Permit Number listing supervising individual as an Authorized User:</b> IL-01131-02 IL August State

**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	Varian 8/1/08		
Safety procedures for the device use	Varian 8/1/08		
Clinical use of the device	Varian 8/1/08		
<b>Supervising Individual. 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.)</b> Virginia Hospital Center		<b>License/Permit Number listing supervising individual as an Authorized User:</b> 45-01099-01	

**Authorized for the following types of use:**

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

**f. Provide completed Part II Preceptor Attestation.**

PAGE 4

08/22/2008 FRI 15:41 FAX 7082165924 LU OP RADIATION ONCOLOGY

006/007

NRG FORM 313A (AUS) (10-2007) 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.

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 ROBERT HONIG, MD 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.

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**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 ROBERT HONIG, MD 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**

08/22/2008 FRI 15:42 FAX 7082165924 LU OP RADIATION ONCOLOGY

007/007

**NRC FORM 313A (AUS)**  
(10-2007)

**U.S. NUCLEAR REGULATORY COMMISSION**

**AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)**

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**Preceptor Attestation (continued)**

**Third Section**

**For 35.690: (continued)**

I attest that ROBERT HONIG, MD 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)

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**AND**

**Fourth Section**

I attest that ROBERT HONIG, MD 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)

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**Fifth Section**

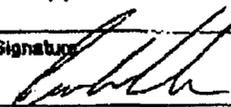
Complete the following for preceptor attestation and signature:

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     35.800 Gamma stereotactic radiosurgery unit(s)

35.600 Remote afterloader unit(s)

<b>Name of Preceptor</b> X <u>RICHARD GARZA, MD</u>	<b>Signature</b> 	<b>Telephone Number</b> <u>708216-2586</u>	<b>Date</b> <u>8/22/08</u>
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**License/Permit Number/Facility Name**  
LOYOLA UNIVERSITY MEDICAL CENTER IL Agreement State: IL-01131-02

PAGE 6