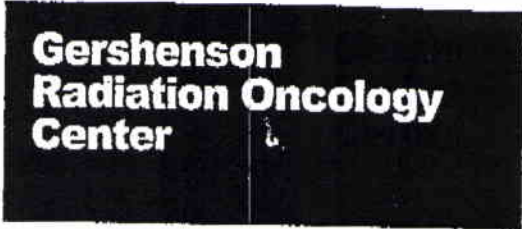


Harper Hospital
3990 John R Street
Detroit, MI 48201
313-745-2560 Telephone
313-745-2314 ; Fax



Fax

To: NRC From: Joe Rakowski

Fax: 630-829-9742 Pages: 7 including cover

Phone: 630-829-9848 Date: 8/27/08

Re: License Amendment CC:

- Urgent For Review Please Comment Please Reply Please Recycle

• Comments:

If the transmission is incomplete or unclear, please contact the sender as soon as possible.

This material is intended only for the individual to whom it is addressed. It may contain privileged, confidential information which is exempt from disclosure under applicable laws. If you are not the intended recipient, please note that you are strictly prohibited from disseminating or distributing this material (other than to the intended recipient) or copying this material. If you have received this communication in error, please notify us immediately by telephone and return this material (and any copies) to us by mail at the address above.

BARBARA ANN
KARMANOS
CANCER INSTITUTE

August 25, 2008

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

Re: Request for Authorized User Status for License #21-04127-06

Dear Sir or Madame,

This letter is a request to grant Authorized User Status to Mi Kyung Ko, M.D., for 35.400 manual brachytherapy sources and ophthalmic use of strontium-90, 35.600 teletherapy, and 35.600 remote afterloader unit limited to Iridium-192 in a High Dose Rate Remote Afterloading Brachytherapy device. We have attached the NRC form 313a with preceptor attestation, and a copy of her Board Certification. If you require further assistance please feel free to contact our RSO Joe Rakowski at (313)745-1435.

Thank you.

Sincerely,



Mara Jelich
Manager Ambulatory Operations
Karmanos Cancer Center

The American Board of Radiology

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

Mi Kyung Ko, 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 June, 2007

Thereby demonstrating to the satisfaction of the Board
that she is qualified to practice the specialty of

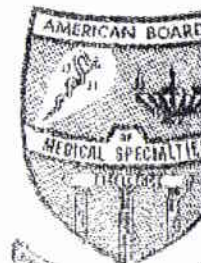
Radiation Oncology

Eligible



[Handwritten signature]

DD 11-10

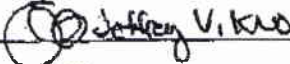


NRC FORM 313A (AUS) (10-2007)	U.S. NUCLEAR REGULATORY COMMISSION	APPROVED BY OMB: NO. 3150-0120 EXPIRES: 10/31/2008																									
AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (for uses defined under 35.400 and 35.600) [10 CFR 35.490, 35.491, and 35.690]																											
Name of Proposed Authorized User Mi Kyung Kim		State or Territory Where Licensed Michigan																									
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 checked="" 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.																											
<input checked="" type="checkbox"/> 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.																											
<input type="checkbox"/> 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.																											
<input type="checkbox"/> 3. Training and Experience for Proposed Authorized User																											
a. Classroom and Laboratory Training <input type="checkbox"/> 35.490 <input type="checkbox"/> 35.491 <input type="checkbox"/> 35.690																											
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">Description of Training</th> <th style="width:35%;">Location of Training</th> <th style="width:15%;">Clock Hours</th> <th style="width:15%;">Dates of Training*</th> </tr> </thead> <tbody> <tr> <td>Radiation physics and instrumentation</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Radiation protection</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Mathematics pertaining to the use and measurement of radioactivity</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Radiation biology</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="4" style="text-align: center;">Total Hours of Training:</td> </tr> </tbody> </table>	Description of Training	Location of Training	Clock Hours	Dates of Training*	Radiation physics and instrumentation				Radiation protection				Mathematics pertaining to the use and measurement of radioactivity				Radiation biology				Total Hours of Training:						
Description of Training	Location of Training	Clock Hours	Dates of Training*																								
Radiation physics and instrumentation																											
Radiation protection																											
Mathematics pertaining to the use and measurement of radioactivity																											
Radiation biology																											
Total Hours of Training:																											





Jul 22 08 12:05p

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*
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 California, Irvine (Residency Program in Radiation Oncology), Radioactive materials license RHB 0278-30	7/2002 to 6/2006
Supervising Individual		License/Permit Number listing supervising individual as an Authorized User
 Jeffrey V. Kuo		RHB-0278-30

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	UC/UC (University of CA Irvine Radiation Oncology Residency program)		N/A
Safety procedures for the device use	7/02 - 6/06		
Clinical use of the device			
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.)		License/Permit Number listing supervising individual as an Authorized User	
 Jeffrey V. Kuo		* RHB 0278-30	

Authorized for the following types of use:
 Remote afterloader unit(s)
 Teletherapy unit(s)
 Gamma stereotactic radiosurgery unit(s)

1. Provide completed Part II Preceptor Attestation.

PAGE 4

Jul 22 08 12:05p

NRC 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 Mi Kyung Ko 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 Mi Kyung Ko 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 Mi Kyung Ko 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 Mi Kyung Ko has satisfactorily completed the requirements in
Name of Proposed Authorized User

35.690(a)(1).

OR

Training and Experience
I attest that Mi Kyung Ko 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

PAGE 1

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

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

Preceptor Attestation (continued)

Third Section

For 35.690: (continued)

I attest that Mi Kyung Ko has received training required in 35.690(c) for device 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 Mi Kyung Ko has achieved a level of competency sufficient to 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 35.800 Gamma stereotactic radiosurgery unit(s)

35.600 Remote afterloader unit(s)

Name of Preceptor	Signature	Telephone Number	Date
Jeffrey V. Kuo, H.D.		714-456-8073	8/4/08

Licence/Permit Number/Facility Name

University of California Irvine Medical Center
RHB 0278-30

PAGE 6