



GREAT LAKES CANCER INSTITUTE



McLAREN REGIONAL MEDICAL CENTER CAMPUS
Department of Radiation Oncology
4100 Beecher Rd
Flint, MI 48532

Date: 8/29/08
To: Bill White
From: Art Ewald

Time: 9:15AM
Fax #: 630-515-1078

Telephone: (810) 342-3800

Fax: (810) 342-3784

Number of Pages: 6 (including cover sheet)

Remarks: Information on Dr. Nail for HDR usage.

Thanks

Art

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NRC FORM 313A (10-2005)	U.S. NUCLEAR REGULATORY COMMISSION	APPROVED BY OMB: NO. 3150-0120 EXPIRES: 10/31/2008
MEDICAL USE TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION		

PART I – TRAINING AND EXPERIENCE

Note: Descriptions of training and experience must contain sufficient detail to match the training and experience criteria in the applicable regulation (10 CFR Part 35)

1. Name of Individual, Proposed Authorization (e.g., Radiation Safety Officer), and Applicable Training Requirements (e.g., 10 CFR 35.50)

William Edward Nail, Jr. M.D.

2. For Physicians, Podiatrists, Dentists, Pharmacists – State or Territory Where Licensed

Wisconsin; Michigan

3. CERTIFICATION

a. Provide a copy of the board certification. (Stop here if applying under 10 CFR Part 35, Subpart J or 35.590(a); continue if applying under other subparts.)

b. Provide documentation in appropriate items 4 through 10 of training or clinical case work required by 35.50(e); 35.51(c); 35.290(c)(1)(ii)(G) for AU seeking 35.200 authorization; 35.390(b)(1)(ii)(G); 35.396(d)(1) and 35.396(d)(2); 35.590(c); or 35.690(c).

c. Provide completed Part II Preceptor Attestation, Items 11a through 11d.
Stop here after completing items 3a, 3b, and 3c when using board certification to meet 10 CFR Part 35 training and experience requirements.

4. INDIVIDUALS IDENTIFIED ON A LICENSE OR PERMIT AS RADIATION SAFETY OFFICERS (RSO), AUTHORIZED USERS (AU), AUTHORIZED MEDICAL PHYSICISTS (AMP), OR AUTHORIZED NUCLEAR PHARMACISTS (ANP) SEEKING ADDITIONAL AUTHORIZATIONS

a. Provide a copy of the license or broadscope permit listing the current authorization **and** (b) or (c)

b. Complete items 6c (and 10 when training is provided by an RSO, AMP, ANP, or AU) and preceptor items 11b through 11d to meet requirements for: RSO in 35.50(c)(2) or 35.50(e); or AU in 35.290(c)(1)(ii)(G) or 35.390(b)(1)(ii)(G) or 35.590(c) or 35.690(c); or AMP under 35.51(c).

c. Complete items 5, 6a, 6b, 10, and Preceptor items 11a through 11d to meet AU requirements in 35.396(a).

5. DIDACTIC OR CLASSROOM AND LABORATORY TRAINING (optional for Medical Physicists)

Description of Training	Location	Clock Hours	Dates of Training
Radiation Physics and Instrumentation	University of Wisconsin Hospital and Clinics Madison Wisconsin	~100 hours	1983-1985
Radiation Protection	University of Wisconsin Hospital and Clinics Madison Wisconsin	~50 hours	1983-1985
Mathematics Pertaining to the Use and Measurement of Radioactivity	University of Wisconsin Hospital and Clinics Madison Wisconsin	~50 hours	1983-1985
Radiation Biology	University of Wisconsin Hospitals and Clinics Madison Wisconsin	~100 hours	1983-1985
Chemistry of Byproduct Material for Medical Use			
OTHER HDR Brachytherapy Prostate/GYN/Breast; (ABS GYN)	Swedish Medical Center Seattle, Washington; (Chicago, Illinois)	10 hours; (12.5 hours)	October 2004 : (July 2007)

NRC FORM 313A
(10-2005)

U.S. NUCLEAR REGULATORY COMMISSION

MEDICAL USE TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

6a. WORK OR PRACTICAL EXPERIENCE WITH RADIATION

Description of Experience	Name of Supervising Individual(s)	Location and Corresponding Materials License Number	Dates and/or Clock Hours of Experience
reviewing full calibration measurements and periodic spot-checks	Jack Wang, MD	Muskegon, Michigan	2007-2008
preparing treatment plans and calculating treatment doses and times	Jack Wang, MD	Muskegon, Michigan	2007-2008
using administrative controls to prevent a medical event involving the use of byproduct material	Jack Wang, MD	Muskegon, Michigan	2007-2008
implementing emergency procedures to be followed in the event of the abnormal operation of the medical unit or console	Jack Wang, MD	Muskegon, Michigan	2007-2008
checking and using survey meters	Jack Wang, MD	Muskegon, Michigan	2007-2008
Selecting the proper dose and how it is to be administered	Jack Wang, MD	Muskegon, Michigan	2007-2008

6b. SUPERVISED CLINICAL CASE EXPERIENCE (describe experience elements in 6a)

Radionuclide	Type of Use	No. of Cases Involving Personal Participation	Name of Supervising Individual	Location and Corresponding Materials License Number	Dates and/or Clock Hours of Experience
Iridium-192	HDR Brachytherapy	~30	Jack Wang, MD	Hackley Hospital, Muskegon, Michigan	2007-2008

NRC FORM 313A (10-2005) **U.S. NUCLEAR REGULATORY COMMISSION**
MEDICAL USE TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

6c. TRAINING FOR SECTIONS 35.50(e), 35.51(c), 35.590(c), or 35.690(c)

Training Element	Type of Training *	Location and Dates
✓ HDR Remote Afterloading Unit	Device Operation	Hackley Hospital, Muskegon, Michigan 2007-2008
✓ HDR Remote Afterloading Unit	Safety Procedures for device use	Hackley Hospital, Muskegon, Michigan 2007-2008
✓ HDR Remote Afterloading Unit	Clinical use of the device	Hackley Hospital, Muskegon, Michigan 2007-2008

* Types of training may include supervised (complete item 10 for 35.50(e), 35.51(c), and 35.690(c)), didactic, or vendor training.

7. FORMAL TRAINING Physicians (for uses under 35.400 and 35.600) and Medical Physicists

Degree, Area of Study or Residency Program	Name of Program and Location with Corresponding Materials License Number	Dates	Name of Organization that Approved the Program (e.g., Accreditation Council for Graduate Medical Education) and the Applicable Regulation (e.g., 10 CFR 35.490)
✓ Radiation Oncology	University of Wisconsin Hospital and Clinics, Madison, Wisconsin	1983-1985	Accreditation Council for Graduate Medical Education

8. RADIATION SAFETY OFFICER (RSO) – ONE-YEAR FULL-TIME EXPERIENCE

YES Completed 1 year of full-time radiation safety experience (in areas identified in item 6a) under supervision.
 N/A of _____ the RSO for License No. _____

9. MEDICAL PHYSICIST – ONE-YEAR FULL-TIME TRAINING/WORK EXPERIENCE

YES Completed 1 year of full-time training (for areas identified in item 6a) in therapeutic radiological physics (35.961) or medical physics (35.51) under the supervision of _____
 N/A who is a medical physicist (35.961) or meets requirements for Authorized Medical Physicists (35.51);

and

YES Completed 1 year of full-time work experience (at location providing radiation therapy services described and for topics identified in item 6a) for (specify use or device) _____
 N/A under the supervision of _____ who is a medical physicist (35.961) or meets requirements for Authorized Medical Physicists (35.51) (specify use or device) _____

NRC FORM 313A
(10-2005)

U.S. NUCLEAR REGULATORY COMMISSION

MEDICAL USE TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

10. SUPERVISING INDIVIDUAL - IDENTIFICATION AND QUALIFICATIONS

The training and experience indicated above was obtained under the supervision of (if more than one supervising individual is needed to meet requirements in 10 CFR Part 35, provide the following information for each):

A. Name of Supervisor

Jack Wang, MD

B. Supervisor is:

Authorized User

Authorized Medical Physicist

Radiation Safety Officer

Authorized Nuclear Pharmacist

C. Supervisor meets requirements of Part 35, Section(s)

690, 960 JW

for medical uses in Part 35, Section(s)

D. Address

Hackley Hospital Cancer Center 1700 Clinton Street
Muskegon, Michigan 49443

E. Materials License Number

21-04125-01

PART II - PRECEPTOR ATTESTATION

Note: This part must be completed by the individual's preceptor. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each. This part is not required to meet training requirements in 35.590 or Part 35, Subpart J (except 35.980).

I attest the individual named in Item 1:

11a.

has satisfactorily completed the requirements in Part 35, Section(s) and Paragraph(s) 690B as documented in section(s) 5, 6A of this form. JW

11b. Select one

meets the requirements in 35.50(e) 35.51(c) 35.390(b)(1)(ii)(C) 35.690(c) for types of use, as documented in section(s) 6C of this form. JW

11c.

has achieved a level of competency sufficient to independently operate a nuclear pharmacy (for 35.980); OR

has achieved a level of competency sufficient to function independently as an authorized user for HDR Remote Afterloader uses (or units); OR

has achieved a level of radiation safety knowledge sufficient to function independently as a Radiation Safety Officer for a medical use licensee; OR

N/A

11d.

I am an Authorized Nuclear Pharmacist; OR I am a Radiation Safety Officer; OR

I meet the requirements of section(s) of 10 CFR Part 35

or equivalent Agreement State requirements to be a preceptor AU or AMP

for the following byproduct material uses (or units):

IR-192 HDR Remote Afterloader Unit JW

A. Address

Hackley Hospital Cancer Center, 1700 Clinton,
Muskegon, Michigan 49443

B. Materials License Number

21-04125-01

C. NAME OF PRECEPTOR (print clearly)

Jack Wang, MD

D. SIGNATURE - PRECEPTOR

[Signature]

E. DATE

5/1/08



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1700 Clinton St. 231.726.3511 phone
Muskegon, MI 800.825.4677 toll-free
49443-3302 www.hackley.org

May 1, 2008

Re: W. Edward Naill, MD- HDR Preceptorship Attestation

To Whom It May Concern:

It is a pleasure to support the application of Dr. Naill for high dose rate brachytherapy. I have worked with Dr. Naill for approximately seven years.

Since June 2007 until now, Dr Naill has been supervised in this preceptorship for HDR brachytherapy patient evaluation, treatment planning and HDR treatment delivery. In addition, patients were evaluated in consultations, simulations, and follow-up. This preceptorship which started in June 2007 is being completed now, coinciding with the merger of Hackley Hospital with Mercy Hospital, concluding the radiation oncology practice at Hackley Hospital.

If additional information is needed, please do not hesitate to contact me.

Sincerely yours,

A handwritten signature in black ink, appearing to read 'Jack Wang', is written over the typed name.

Jack Wang, MD
Director of Radiation Oncology
Hackley Hospital Cancer Center

JW/bam