

Date: 9/8/2008

U.S. Nuclear Regulatory Commission  
Washington, DC 20555-0001

Ana Mihail  
Madison County Cancer Care Center  
1340 N. Madison Ave.  
Anderson, IN, 46011

Dear Sir/Madam:

Please find enclosed Form 313 A for Maria Bunta to be added on the NRC License # 13-32500-01.

If you have any questions please feel free to contact me at: 765-622-7600 or by email at: [anamihail@hotmail.com](mailto:anamihail@hotmail.com).

Thank you,



Ana Mihail, DABR  
Madison County Cancer Care Center

RECEIVED OCT 01 2008

**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

MARIA BUNTA

- 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
College or University	

- 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 \_\_\_\_\_ 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 \_\_\_\_\_ 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)**

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	Aug. 2007 - Aug. 2008		
Safety procedures for the device use	Aug. 2007 - Aug. 2008		
Clinical use of the device	Aug. 2007 - Aug. 2008		
Treatment planning system operation	Aug 2007 - Aug 2008		
Supervising Individual <i>If training is provided by Supervising Medical Physicist, (If more than one supervising individual is necessary to document supervised training, provide multiple copies of this page.)</i>		License/Permit Number listing supervising individual as an authorized Medical Physicist	
ANA MIHAIL		13-32500-01	
for the following types of use:			
<input checked="" type="checkbox"/> Remote afterloader unit(s) <input type="checkbox"/> Teletherapy unit(s) <input type="checkbox"/> 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.

**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	Aug 2007 - Aug 2008		
Safety procedures for the device use	Aug 2007 - Aug 2008		
Clinical use of the device	Aug 2007 - Aug 2008		
Treatment planning system operation	Aug 2007 - Aug 2008		

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

License/Permit Number listing supervising individual as an authorized Medical Physicist

ANA MIHAIL

13-32500-01

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.

**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 MARIA BUNTA 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 \_\_\_\_\_ 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 MARIA BUNTA 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 MARIA BUNTA 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 <u>ANA MIHAIL</u>	Signature <u>Amihail</u>	Telephone Number <u>965-622-7600</u>	Date <u>9/8/2008</u>
License/Permit Number/Facility Name <u>13-32500-01</u>			

# 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*

**Maria Bunta, MS**

*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 thirteenth day of June, 2006  
Thereby demonstrating to the satisfaction of the Board  
that she is qualified to practice the specialty of*

**Therapeutic Radiologic Physics**



Certificate No. P3382

*Phyllis O. Alderson, MD*  
President

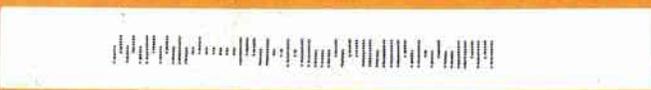
*Lith Eichen*  
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*R.P. Hatten, MD*  
Executive Director



Valid through 2016

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1340 N. MADISON  
ANDERSON, IN 46011



PM INDIANAPOLIS, IN 462 SEP 9 2008 PM INDIANAPOLIS, IN 4

NUCLEAR REGULATORY COMMISSION  
REGION III

ATTN: MATERIALS LICENSING BRANCH  
Loren J. Hueter

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LISLE, ILLINOIS 60532-4352