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11 May 09

Wheeling Office
1 Medical Park
Wheeling, WV 26003
(304) 243-3490

U.S. NRC Region I
475 Allendale Road
King of Prussia, PA 19406-1415

Medical Staff
Gregory S. Merrick, M.D.
Jon David Pollock, M.D., Ph.D.
Joseph G. Donzella, D.O.

Re: Amendment Request
License No. 47-05322-02 *03012520*

Medical Physics
Wayne M. Butler, Ph.D.
Tapash K. Roy, Ph.D.
Amber L. Hines, M.S., C.M.D.
Jonathan H. Lief, Ph.D.
Robert W. Galbreath, Ph.D.
Brian S. Kurko, M.S., C.M.D.
Richard L. Anderson, R.T.T., C.M.D.
Brian C. Murray, B.S., C.M.D.
Ernest G. Butler, B.S., C.M.D.
Zachariah Allen, M.S.

Dear US NRC:

Please amend our radioactive materials license add the following individual as an authorized medical physicist under the provisions of 10 CFR 35.51 for use of iridium-192 in a high dose rate remote afterloader:

Ernest R. Butler, M.S.

Enclosed is a completed NRC Form 313A (AMP) for Mr. Butler documenting his formal education plus supervised full-time training and experience under the preceptorship of Wayne M. Butler, Ph.D. A copy of his diploma as a Master of Health Physics from the Illinois Institute of Technology is also enclosed.

Administrative Coordinator
Michele R. Doan

Administrative Assistant
Jill Ernest

Physical Rehabilitation
John DeBlasis, M.S., P.T., A.T.C.

SELECT Research Nurse
Jayme Nardo, R.N.

If you have any questions about this amendment request, please call Dr. Butler at 304-243-3983 or e-mail him at wbutler@wheelinghospital.org.

Best regards,


Ronald Violi
Chief Executive Officer

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REGION I
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Medical Physics
304-243-3983 Fon
304-243-7110 Fax
wbutler@wheelinghospital.com

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NMSS/RGN1 MATERIALS-002

**AUTHORIZED MEDICAL PHYSICIST TRAINING AND EXPERIENCE
AND PRECEPTOR ATTESTATION
[10 CFR 35.51]**

Name of Proposed Authorized Medical Physicist

Ernest G. Butler, MS

- 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
Master of Science	Health Physics
College or University	
Illinois Institute of Technology, Chicago, Illinois 60616	

- 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 Wayne Butler, PhD 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 Wayne Butler, PhD 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)

b. Supervised Full-Time Medical Physics Training and Work Experience (continued)

If more than one supervising individual is necessary to document supervised training, provide multiple copies of this page.

Description of Training/ Experience	Location of Training/License or Permit Number of Training Facility/Medical Devices Used+	Dates of Training*	Dates of Work Experience*
Medical Physics	Wheeling Hospital License # 47-05322-02 Treatment and safe use of LDR and HDR brachytherapy sources and radiopharmaceuticals	February 2002 - August 2005	August 2005 - Present
Performing sealed source leak tests and inventories	Wheeling Hospital License # 47-05322-02 Manual, low dose rate (LDR) brachytherapy: Cs-137, I-125, Pd-103, Ir-192	February 2002 - August 2005	August 2005 - Present
Performing decay corrections	Wheeling Hospital License # 47-05322-02 Radiopharmaceutical calibration: I-131, Sr-89, P-32 LDR brachytherapy: Cs-137, I-125, Pd-103, Ir-192	February 2002 - August 2005	August 2005 - Present
Performing full calibration and periodic spot checks of external beam treatment unit(s)			
Performing full calibration and periodic spot checks of stereotactic radiosurgery unit(s)			
Performing full calibration and periodic spot checks of remote afterloading unit(s)	Wheeling Hospital License # 47-05322-02 Remote afterloading, high dose rate (HDR) brachytherapy: Ir-192	February 2002 - August 2005	August 2005 - Present
Conducting radiation surveys around external beam treatment unit(s), stereotactic radiosurgery unit(s), remote after loading unit(s)	Wheeling Hospital License # 47-05322-02 Remote afterloading, high dose rate (HDR) brachytherapy: Ir-192	February 2002 - August 2005	August 2005 - Present

Supervising Individual**

Wayne Butler, PhD

License/Permit Number listing supervising individual as an authorized Medical Physicist
47-05322-02

for the following types of use:

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

+ Training and work experience must be conducted 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.

* 1 year of Full-time medical physics training and 1 year of full time work experience cannot be concurrent.

** If the supervising medical physicist is not an authorized medical physicist, the licensee must submit evidence that the supervising medical physicist meets the training and experience requirements in 10 CFR 35.51 and 35.59 for the types of use for which the individual is seeking authorization.

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	Wayne Butler, PhD Wheeling Hospital License # 47-05322-02 Training from Feb 2002 - Aug 2005		
Safety procedures for the device use	Wayne Butler, PhD Wheeling Hospital License # 47-05322-02 Training from Feb 2002 - Aug 2005		
Clinical use of the device	Wayne Butler, PhD Wheeling Hospital License # 47-05322-02 Training from Feb 2002 - Aug 2005		
Treatment planning system operation	Wayne Butler, PhD Wheeling Hospital License # 47-05322-02 Training from Feb 2002 - Aug 2005		

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.)

Wayne Butler, PhD

License/Permit Number listing supervising individual as an authorized Medical Physicist
47-05322-02

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 _____ 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 Ernest Butler, MS 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 Ernest Butler, MS 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 Ernest Butler, MS 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 Wayne Butler, PhD	Signature <i>Wayne Butler</i>	Telephone Number (304) 243-3983	Date 05/07/2009
License/Permit Number/Facility Name 47-05322-02 / Wheeling Hospital, Wheeling, WV 26003			

ILLINOIS INSTITUTE OF TECHNOLOGY

By authority of the Board of Trustees, and upon the recommendation of the faculty of the

College of Science and Letters

Illinois Institute of Technology hereby confers upon

Ernest Butler

the degree of

Master of Health Physics

with all the rights, privileges, and honors thereunto appertaining

Awarded at Chicago, in the State of Illinois

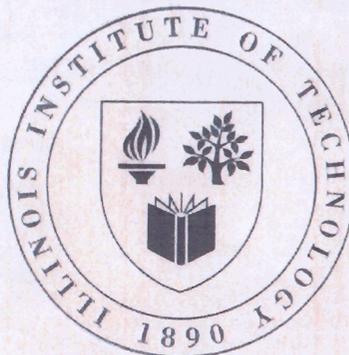
December 22, 2008

John Rowe

Chairman of the Board

Alan W. Brant

Provost



John L. Anderson

President

Russell E. Roberts

Dean

This is to acknowledge the receipt of your letter/application dated

5/11/2009, and to inform you that the initial processing which includes an **administrative** review has been performed.

AMEND. 47-05322-02 There were no administrative omissions. Your application was assigned to a **technical** reviewer. **Please note that the technical review** may identify additional omissions or require additional information.

Please provide to this office within 30 days of your receipt of this card

A copy of your **action** has been forwarded to our **License Fee & Accounts Receivable** Branch, who will contact you separately if there is a fee issue **involved**.

Your action has been assigned Mail Control Number 143744.
When **calling** to inquire about this action, please refer to this control **number**.
You may call us on (610) 337-5398, or 337-5260.

NRC FORM 532 (RI)
(6-96)

Sincerely,
Licensing Assistance Team Leader