

**SPECTRUM HEALTH**

# Fax

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**Spectrum Health Butterworth Hospital**  
**Department of Radiology, MC 046**  
**100 Michigan NE**  
**Grand Rapids, MI 49503**

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Date:	Time:	No. of pages (including cover):
6/23/2009	17:10	9
To:	Fax:	Phone:
NRC Licensing	630.515.1078	630.829.9887
From:	Fax:	Phone:
Bruce Hasselquist	616.391.2665	

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Please call if you have any problems with this transmission.  
If you have received this fax in error, please notify us immediately.

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Message:

*Please Expedite —*

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**Confidential Information**

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**BUTTERWORTH CAMPUS**

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100 Michigan Street NE Grand Rapids MI 49503-2560  
616 391 1774 fax 391 2745 spectrum-health.org

June 23, 2009

United States Nuclear Regulatory Commission  
Region III, Materials Licensing Section  
2443 Warrenville Road, Suite 210  
Lisle, IL 60532-4352

License Number: 21-00243-06 (Spectrum Health Hospitals)

**Please Expedite by July 17, 2009.**

Dear Sir or Madam:

We would like to add Eugene James Boylan, III, ME, DABR to our license as an Authorized Medical Physicist (AMP) for remote afterloader units. We have attached NRC Form 313A (AMP) as completed by Mr. Boylan, who has been on staff at Spectrum Health for several years. He received his ABR certification in Therapeutic Radiologic Physics in 2006.

**We are requesting that this amendment be expedited and approved by July 17.**

One of the AMP's on our license, Mark E. Colgan, M.S., was employed on a temporary basis and has recently left for another position and should be removed from Item 11.B. One of the other AMP's on our license is available on a very limited basis creating staffing issues that will put our ability to provide HDR services at risk. We have replaced Mr. Colgan but were not able to secure someone who is qualified as an AMP. The addition of Mr. Boylan to our license is critical to maintaining our current service levels and would appreciate your prompt attention to this amendment request.

If you have any questions regarding this amendment request, please contact me at 616-391-2498 or via email at [bruce.hasselquist@spectrum-health.org](mailto:bruce.hasselquist@spectrum-health.org).

Thank you for your assistance.

Sincerely,

A handwritten signature in black ink that reads "Bruce Hasselquist".

Bruce E. Hasselquist, Ph.D., RSO  
Chief Medical Physicist, Radiology

Enclosures

NRC FORM 313A (AMP)  
(3-2009)

U.S. NUCLEAR REGULATORY COMMISSION

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

APPROVED BY OMB: NO. 3150-0120  
EXPIRES: 3/31/2012

Name of Proposed Authorized Medical Physicist

*Eugene James Baylan III*

- 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	<i>Masters of Engineering</i>	Major Field	<i>Radiological Health Engineering</i>
College or University	<i>University of Michigan - Ann Arbor</i>		

- 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 *Joseph W. Kethner* 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 *Joseph W. Kethner* who meets the requirements for an Authorized Medical Physicist.

NRC FORM 313A (AMP)  
(3-2009)

U.S. NUCLEAR REGULATORY COMMISSION

**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	Spectrum Health/NRC #21-00243-06 Nucletron Plato 4 v2	6/1/07 to 6/1/08	6/1/08 to 6/1/09
Performing sealed source leak tests and inventories	Spectrum Health/NRC #21-00243-06 Capintec Dose Calibrators	6/1/07 to 6/1/08	6/1/08 to 6/1/09
Performing decay corrections	Spectrum Health/NRC #21-00243-06 Excel Spreadsheets	6/1/07 to 6/1/08	6/1/08 to 6/1/09
Performing full calibration and periodic spot checks of external beam treatment unit(s)	N/A		
Performing full calibration and periodic spot checks of stereotactic radiosurgery unit(s)	N/A		
Performing full calibration and periodic spot checks of remote afterloading unit(s)	Spectrum Health/NRC #21-00243-06 Prima 4000 electrometer & HDR 1000 plus well chamber	6/1/07 to 6/1/08	6/1/08 to 6/1/09
Conducting radiation surveys around external beam treatment unit(s), stereotactic radiosurgery unit(s), remote after loading unit(s)	Spectrum Health/NRC #21-00243-06 Victoreen Ion chambers	6/1/07 to 6/1/08	6/1/08 to 6/1/09

Supervising Individual\*\*

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

Joseph W. Kethren

NRC License # 21-00243-06

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.

NRC FORM 313A (AMP)  
(3-2009)

U.S. NUCLEAR REGULATORY COMMISSION

**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	Joseph W. Kethner 6/1/07 - 6/1/08		
Safety procedures for the device use	Joseph W. Kethner & Nucletron 6/1/07 - 6/1/08		
Clinical use of the device	Joseph W. Kethner 6/1/07 - 6/1/08		
Treatment planning system operation	Joseph W. Kethner 6/1/07 - 6/1/08		

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

Joseph W. Kethner NRC License # 21-00243-06

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.



NRC FORM 313A (AMP)  
(3-2009)

U.S. NUCLEAR REGULATORY COMMISSION

**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 10 CFR 35.51(a)(1) and (a)(2).  
Name of Proposed Authorized Medical Physicist

OR

**2. Education, Training, and Experience**

I attest that Eugene J. Boylan has satisfactorily completed the 1-year of full-time training in medical physics and an additional year of full-time work experience as required by 10 CFR 35.51(b)(1).  
Name of Proposed Authorized Medical Physicist

AND

**Second Section**

Complete the following:

I attest that Eugene J. Boylan has training for the types of use for which authorization is sought that include hands-on device operation, safety procedures, clinical use, and the operation of a treatment planning system.  
Name of Proposed Authorized Medical Physicist

AND

**Third Section**

Complete the following:

I attest that Eugene J. Boylan has achieved a level of competency sufficient to function independently as an Authorized Medical Physicist for the following:  
Name of Proposed Authorized Medical Physicist

- 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>Joseph W. Kettner</u>	Signature <u>Joseph W. Kettner</u>	Telephone Number <u>616-486-5740</u>	Date <u>6/15/09</u>
License/Permit Number/Facility Name <u>NRC License # 21-00243-06, Spectrum Health Hospitals</u>			



# The University of Michigan

to all who may read these letters, Greetings:

Hereby it is certified that upon recommendation of the  
College of Engineering

The Regents of The University of Michigan have conferred upon

**Eugene James Boylan III**

in recognition of the satisfactory fulfillment of the prescribed requirements  
the degree of

**Master of Engineering**

(Radiological Health Engineering)

with all the rights, privileges, and honors thereto pertaining here and elsewhere.

Dated at Ann Arbor, Michigan the Eleventh day of April, nineteen hundred and ninety-eight

*John B. Gillingham*  
President



*Walter Harrison*  
Secretary



# 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*

**Eugene James Boylan III, MEd**

*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 he is qualified to practice the speciality of*

**Therapeutic Radiologic Physics**



*Ray O. Anderson, MD*  
President

*Lith Eichen*  
Secretary-Treasurer

*R.R. Hatten, MD*  
Executive Director



Certificate No. P2767

Valid through 2016





**Nucletron**


*This certifies that*


**Jim Boylan**

*has successfully completed our course on*

**Brachytherapy Treatment Planning  
given September 13<sup>th</sup> through 17<sup>th</sup>, 1999**

*at Nucletron Corporation  
Columbia, MD*

  
Joe Iannitto  
Application Specialist

  
Richard Rutten  
Application Specialist

Nucletron Corporation 7080 Columbia Gateway Drive Columbia, MD 21046-2133