

INGHAM
REGIONAL MEDICAL CENTER

A McLAREN HEALTH SERVICE

June 9, 2009

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

RE: Amendment to NRC License No. 21-04073-01
Ingham Regional Medical Center

Dear Sir/Madam:

We would like to amend our current NRC license to reflect the following changes.

Item #1 Please add the following medical physicist to our NRC license:

Michael Huberts, M.S. HDR Brachytherapy

Mr. Huberts has included his NRC 313A (amp) for your review.

If you have any questions or require additional information, please contact Bryan Tollenaar, M.S. at 517-975 -7811.

Sincerely,



Robert N. Wright
CEO
Ingham Regional Medical Center

RECEIVED JUL 07 2009

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

APPROVED BY OMB: NO. 3150-0120
EXPIRES: 10/31/2009

Name of Proposed Authorized Medical Physicist

Michael J. Huberts

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	Radiological Physics
College or University	
Wayne State 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 Jay Burmeister, Ph.D. / Bryan G. Tollenaar 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 Bryan G. Tollenaar 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	Karmanos Cancer Center, Detroit MI U.S.NRC License No. 21-04127-06 Nucletron microSelection Remote Afterloader Ir-192 Sealed Source	09/2006 - 12/2006	
Performing sealed source leak tests and inventories	Karmanos Cancer Center, Detroit MI U.S.NRC License No. 21-04127-06 Nucletron microSelection Remote Afterloader Ir-192 Sealed Source	09/2006 - 12/2006	
Performing decay corrections	Karmanos Cancer Center, Detroit MI U.S.NRC License No. 21-04127-06 Nucletron microSelection Remote Afterloader Ir-192 Sealed Source	09/2006 - 12/2006	
Performing full calibration and periodic spot checks of external beam treatment unit(s)	Karmanos Cancer Center, Detroit MI U.S.NRC License No. 21-04127-06 Varian Clinac Series Linear Accelerator(s)	09/2006 - 12/2006	
Performing full calibration and periodic spot checks of stereotactic radiosurgery unit(s)			
Performing full calibration and periodic spot checks of remote afterloading unit(s)	Karmanos Cancer Center, Detroit MI U.S.NRC License No. 21-04127-06 Nucletron microSelection Remote Afterloader Ir-192 Sealed Source	09/2006 - 12/2006	
Conducting radiation surveys around external beam treatment unit(s), stereotactic radiosurgery unit(s), remote after loading unit(s)	Karmanos Cancer Center, Detroit MI U.S.NRC License No. 21-04127-06 Nucletron microSelection Remote Afterloader Ir-192 Sealed Source	09/2006 - 12/2006	

Supervising Individual**
Jay Bunnester, Ph.D.

License/Permit Number listing supervising individual as an authorized Medical Physicist
U.S.NRC License No. 21-04127-06

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.

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	Jay Burmeister, Ph.D. Karmanos Cancer Center U.S.NRC License No. 21-04127-06		
Safety procedures for the device use	Jay Burmeister, Ph.D. Karmanos Cancer Center U.S.NRC License No. 21-04127-06		
Clinical use of the device	Jay Burmeister, Ph.D. Karmanos Cancer Center U.S.NRC License No. 21-04127-06		
Treatment planning system operation	Jay Burmeister, Ph.D. Karmanos Cancer Center U.S.NRC License No. 21-04127-06		

Supervising Individual
(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.)
 Jay Burmeister, Ph.D.

License/Permit Number listing supervising individual as an authorized Medical Physicist
 U.S.NRC License No. 21-04127-06

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.

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 Michael J Huberts 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 Michael J Huberts 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 Michael J Huberts 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 Jay Burmeister, Ph.D.	Signature 	Telephone Number 313-745-2483	Date 12/17/08
License/Permit Number/Facility Name U.S.NRC License No. 21-04127-06 Karmanos Cancer Center, Detroit MI			

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	Ingham Regional Medical Center, Lansing MI U.S.NRC License No. 21-04073-01 GammaMed 12i Remote Afterloader / Ir-192 Sealed Source	08/2007 - 05/2008	05/2008 - Present
Performing sealed source leak tests and inventories	Ingham Regional Medical Center, Lansing MI U.S.NRC License No. 21-04073-01 GammaMed 12i Remote Afterloader / Ir-192 Sealed Source	08/2007 - 05/2008	05/2008 - Present
Performing decay corrections	Ingham Regional Medical Center, Lansing MI U.S.NRC License No. 21-04073-01 GammaMed 12i Remote Afterloader / Ir-192 Sealed Source	08/2007 - 05/2008	05/2008 - Present
Performing full calibration and periodic spot checks of external beam treatment unit(s)	Ingham Regional Medical Center, Lansing MI U.S.NRC License No. 21-04073-01 Varian Clinac Series Linear Accelerator(s)	08/2007 - 05/2008	05/2008 - Present
Performing full calibration and periodic spot checks of stereotactic radiosurgery unit(s)			
Performing full calibration and periodic spot checks of remote afterloading unit(s)	Ingham Regional Medical Center, Lansing MI U.S.NRC License No. 21-04073-01 GammaMed 12i Remote Afterloader / Ir-192 Sealed Source	08/2007 - 05/2008	05/2008 - Present
Conducting radiation surveys around external beam treatment unit(s), stereotactic radiosurgery unit(s), remote after loading unit(s)	Ingham Regional Medical Center, Lansing MI U.S.NRC License No. 21-04073-01 GammaMed 12i Remote Afterloader / Ir-192 Sealed Source	08/2007 - 05/2008	05/2008 - Present

Supervising Individual**

Bryan G. Tollenaar RSO

License/Permit Number listing supervising individual as an
authorized Medical Physicist
U.S.NRC License No. 21-04073-01

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	Bryan G. Tollenaar RSO U.S.NRC License No. 21-04073-01		
Safety procedures for the device use	Bryan G. Tollenaar RSO U.S.NRC License No. 21-04073-01		
Clinical use of the device	Bryan G. Tollenaar RSO U.S.NRC License No. 21-04073-01		
Treatment planning system operation	Bryan G. Tollenaar RSO U.S.NRC License No. 21-04073-01		

Supervising Individual:
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.

Bryan G. Tollenaar RSO

License/Permit Number listing supervising individual as an authorized Medical Physicist:
 U.S.NRC License No. 21-04073-01

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 _____ 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 Michael J. Huberts 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 Michael J. Huberts 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 Michael J. Huberts 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 Bryan G. Tollenaar RSO	Signature <i>Bryan G. Tollenaar</i>	Telephone Number 517-975-7811	Date 5/18/09
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License/Permit Number/Facility Name
 U.S. NRC License No. 21-04073-01 / Ingham Regional Medical Center, Lansing MI

UPS CampussShip: View/Print Label

1. **Print the label(s):** Select the Print button on the print dialog box that appears. Note: If your browser does not support this function select Print from the File menu to print the label.
2. **Fold the printed label at the dotted line.** Place the label in a UPS Shipping Pouch. If you do not have a pouch, affix the folded label using clear plastic shipping tape over the entire label.
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 - o Schedule a same day or future day Pickup to have a UPS driver pickup all your CampussShip packages.
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