

MERCY

HEALTH PARTNERS

06 Jul 2009

**Materials Licensing Branch
US NRC Region III
2443 Warrenville Road, Suite 210
Lisle, IL 60532-4352**

**RE: action adding an authorized user to NRC Radioactive Material
 License No. 21-02187-01**

Dear Sir:

I request the addition of Matthew L. Tate, MD, in the capacity of an authorized user, to our Radioactive Materials License No. 21-02187-01. Dr. Tate meets the educational, training and work experience requirements delineated in 10 CFR 35.49(b) and 10 CFR 35.69(b) as pertains to authorized use of manual brachytherapy sources (10 CFR 35.400) and radioactive source materials in an high dose rate remote afterloader (HDR) as described in 10 CFR 35.600. As verification, I have included completed copies of two separate forms 313A (AUS), covering training and experience accumulated over a confirmed total 435 hours of clinical laboratory and classroom training, as well as four years of supervised clinical work experience.

As documented by the preceptors' attestations, Dr. Tate demonstrates expertise in all aspects of manual brachytherapy implants—temporary as well as permanent—and HDR remote afterloading implant procedures.

RECEIVED JUL 08 2009

The intent of this request is to ensure this institution remains in compliance with NRC regulations and our own license stipulations concerning administration of sealed sources for brachytherapy applications.

Should you have any additional questions regarding Dr. Tate's qualifications, please contact me at 231-672-2008. Thank you for your prompt attention to this request.

Sincerely,

Jennifer Hann Fisher

**Jennifer Hann Fisher, MS, DABR
Senior Medical Physicist and Radiation Safety Officer**

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

U.S. NUCLEAR REGULATORY COMMISSION

**AUTHORIZED USER TRAINING AND EXPERIENCE
AND PRECEPTOR ATTESTATION**
(for uses defined under 35.400 and 35.600)
[10 CFR 35.490, 35.491, and 35.690]

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

Name of Proposed Authorized User

Matthew Tate, MD

State or Territory Where Licensed

Kentucky

Requested

Authorization(s)

(check all that apply)

- 35.400 Manual brachytherapy sources 35.600 Teletherapy unit(s)
 35.400 Ophthalmic use of strontium-90 35.600 Gamma stereotactic radiosurgery unit(s)
 35.600 Remote afterloader 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. For 35.600, go to the table in 3.e. 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 35.600 Authorized User Requesting Additional Authorization for 35.600 Use(s) Checked Above

- a. Go to the table in section 3.e. to document training for new device.
 b. Skip to and complete Part II Preceptor Attestation.

3. Training and Experience for Proposed Authorized User

- a. Classroom and Laboratory Training 35.490 35.491 35.690

Description of Training	Location of Training	Clock Hours	Dates of Training*
Radiation physics and instrumentation	U. of Louisville Brown Cancer Center	149	7/1/05-7/1/07
Radiation protection	U. of Louisville Brown Cancer Center	45	7/1/05-7/1/07
Mathematics pertaining to the use and measurement of radioactivity	U. of Louisville Brown Cancer Center	26	7/1/05-7/1/07
Radiation biology	U. of Louisville Brown Cancer Center	54	7/1/05-7/1/07
Total Hours of Training:		274	

502 561 2709

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

U.S. NUCLEAR REGULATORY COMMISSION

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Training and Experience for Proposed Authorized User (continued)

b. Supervised Work and Clinical Experience for 10 CFR 35.490 (If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this page.)

Supervised Work Experience		Total Hours of Experience: 500 hrs training, 2 yrs clinic	
Manual Brachytherapy Sources			
Description of Experience Must include:	Location of Experience/License or Permit Number of Facility	Confirm	Dates of Experience*
Ordering, receiving, and unpacking radioactive materials safely and performing the related radiation surveys	U. of Louisville Brown Cancer Center	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/1/05-7/1/07
Checking survey meters for proper operation	U. of Louisville Brown Cancer Center	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/1/05-7/1/07
Preparing, implanting, and safely removing brachytherapy sources	U. of Louisville Brown Cancer Center	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/1/05-7/1/07
Maintaining running inventories of material on hand	U. of Louisville Brown Cancer Center	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/1/05-7/1/07
Using administrative controls to prevent a medical event involving the use of byproduct material	U. of Louisville Brown Cancer Center	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/1/05-7/1/07
Using emergency procedures to control byproduct material	U. of Louisville Brown Cancer Center	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/1/05-7/1/07

Clinical experience in radiation oncology as part of an approved formal training program	Location of Experience/License or Permit Number of Facility	Dates of Experience*
Approved by: <input checked="" type="checkbox"/> Residency Review Committee for Radiation Oncology of the ACGME <input type="checkbox"/> Royal College of Physicians and Surgeons of Canada <input type="checkbox"/> Committee on Postdoctoral Training of the American Osteopathic Association	University of Louisville Brown Cancer Center Radiation Oncology Louisville, KY 40202	7/1/05-7/1/07

Supervising Individual William J. Spanos, MD	License/Permit Number listing supervising individual as an Authorized User Kentucky RMA # 202-029-22
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NRC FORM 313A (AUS)
(3-2009)

U.S. NUCLEAR REGULATORY COMMISSION

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Training and Experience for Proposed Authorized User (continued)

c. Supervised Clinical Experience for 10 CFR 35.491

Description of Experience	Location of Experience/License or Permit Number of Facility	Clock Hours	Dates of Experience*
Use of strontium-90 for ophthalmic treatment, including: examination of each individual to be treated; calculation of the dose to be administered; administration of the dose; and follow up and review of each individual's case history			
Supervising Individual William J. Spanos, MD		License/Permit Number listing supervising individual as an Authorized User Kentucky RMA # 202-029-22	

d. Supervised Work and Clinical Experience for 10 CFR 35.690

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

Supervised Work Experience Remote Afterloader Units		Total Hours of Experience:	
Description of Experience Must include:	Location of Experience/License or Permit Number of Facility	Confirm	Dates of Experience*
Reviewing full calibration measurements and periodic spot-checks	U. of Louisville Brown Cancer Center	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/1/05-7/1/07
Preparing treatment plans and calculating treatment doses and times	U. of Louisville Brown Cancer Center	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/1/05-7/1/07
Using administrative controls to prevent a medical event involving the use of byproduct material	U. of Louisville Brown Cancer Center	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/1/05-7/1/07
Implementing emergency procedures to be followed in the event of the abnormal operation of the medical unit or console	U. of Louisville Brown Cancer Center	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/1/05-7/1/07
Checking and using survey meters	U. of Louisville Brown Cancer Center	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/1/05-7/1/07
Selecting the proper dose and how it is to be administered	U. of Louisville Brown Cancer Center	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/1/05-7/1/07

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

U.S. NUCLEAR REGULATORY COMMISSION

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Training and Experience for Proposed Authorized User (continued)

d. Supervised Work and Clinical Experience for 10 CFR 35.690 (continued)

Clinical experience in radiation oncology as part of an approved formal training program	Location of Experience/License or Permit Number of Facility	Dates of Experience*
Approved by: <input checked="" type="checkbox"/> Residency Review Committee for Radiation Oncology of the ACGME <input type="checkbox"/> Royal College of Physicians and Surgeons of Canada <input type="checkbox"/> Committee on Postdoctoral Training of the American Osteopathic Association	University of Louisville Brown Cancer Center Radiation Oncology Louisville, KY 40202	7/1/05-7/1/07
Supervising Individual William J. Spanos, MD		License/Permit Number listing supervising individual as an Authorized User Kentucky RMA # 202-029-22

e. For 35.600, 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
Device operation	7/1/05-7/1/07		
Safety procedures for the device use	7/1/05-7/1/07		
Clinical use of the device	7/1/05-7/1/07		
Supervising Individual. <i>If training provided by Supervising Individual (If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this page.)</i> William J. Spanos, MD		License/Permit Number listing supervising individual as an Authorized User Kentucky RMA # 202-029-22	
Authorized 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)			

f. Provide completed Part II Preceptor Attestation.

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

U.S. NUCLEAR REGULATORY COMMISSION

AUTHORIZED USER 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.

By checking the boxes below, the preceptor is attesting that the individual has knowledge to fulfill the duties of the position sought and not attesting to the individual's "general clinical competency."

First Section

Check one of the following for each requested authorization:

For 35.490:

Board Certification

I attest that _____ has satisfactorily completed the requirements in
Name of Proposed Authorized User

35.490(a)(1) and has achieved a level of competency sufficient to function independently as an authorized user of manual brachytherapy sources for the medical uses authorized under 10 CFR 35.400.

OR

Training and Experience

I attest that Matthew Tate, MD has satisfactorily completed the 200 hours of
Name of Proposed Authorized User

classroom and laboratory training, 500 hours of supervised work experience, and 3 years of supervised clinical experience in radiation oncology, as required by 10 CFR 35.490(b)(1) and (b)(2), and has achieved a level of competency sufficient to function independently as an authorized user of manual brachytherapy sources for the medical uses authorized under 10 CFR 35.400.

For 35.491:

I attest that _____ has satisfactorily completed the 24 hours of
Name of Proposed Authorized User

classroom and laboratory training applicable to the medical use of strontium-90 for ophthalmic radiotherapy, has used strontium-90 for ophthalmic treatment of 5 individuals, as required by 10 CFR 35.491(b), and has achieved a level of competency sufficient to function independently as an authorized user of strontium-90 for ophthalmic use.

Second Section

For 35.690:

Board Certification

I attest that _____ has satisfactorily completed the requirements in
Name of Proposed Authorized User

35.690(a)(1).

OR

Training and Experience

I attest that Matthew Tate, MD has satisfactorily completed 200 hours of classroom
Name of Proposed Authorized User

and laboratory training, 500 hours of supervised work experience, and 3 years of supervised clinical experience in radiation therapy, as required by 10 CFR 35.690(b)(1) and (b)(2).

AND

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

U.S. NUCLEAR REGULATORY COMMISSION

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

Preceptor Attestation (continued)

Third Section

For 35.690: (continued)

I attest that Matthew Tate, MD has received training required in 35.690(c) for device
Name of Proposed Authorized User
operation, safety procedures, and clinical use for the type(s) of use for which authorization is sought, as checked below.

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

AND

Fourth Section

I attest that Matthew Tate, MD has achieved a level of competency sufficient to
Name of Proposed Authorized User
achieve a level of competency sufficient to function independently as an authorized user for:

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

Fifth Section

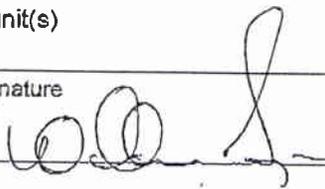
Complete the following for preceptor attestation and signature:

I meet the requirements in 10 CFR 35.490, 35.491, 35.690, or equivalent Agreement State requirements, as an authorized user for:

35.400 Manual brachytherapy sources 35.600 Teletherapy unit(s)

35.400 Ophthalmic use of strontium-90 35.600 Gamma stereotactic radiosurgery unit(s)

35.600 Remote afterloader unit(s)

Name of Preceptor William J. Spanos	Signature 	Telephone Number (502) 561-2700	Date 7/1/09
License/Permit Number/Facility Name Kentucky RMA # 202-029-22			

**AUTHORIZED USER TRAINING AND EXPERIENCE
AND PRECEPTOR ATTESTATION**
(for uses defined under 35.400 and 35.600)
[10 CFR 35.490, 35.491, and 35.690]

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

Name of Proposed Authorized User: **Matthew Lloyd Tate, MD**
State or Territory Where Licensed: **Kentucky**

Requested Authorization(s) (check all that apply)

- 35.400 Manual brachytherapy sources
- 35.600 Teletherapy unit(s)
- 35.400 Ophthalmic use of strontium-90
- 35.600 Gamma stereotactic radiosurgery unit(s)
- 35.600 Remote afterloader 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. For 35.600, go to the table in 3.e. 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 35.600 Authorized User Requesting Additional Authorization for 35.600 Use(s) Checked Above

- a. Go to the table in section 3.e. to document training for new device.
- b. Skip to and complete Part II Preceptor Attestation.

3. Training and Experience for Proposed Authorized User

- a. Classroom and Laboratory Training 35.490 35.491 35.690

Description of Training	Location of Training	Clock Hours	Dates of Training*
Radiation physics and instrumentation	University of Kentucky, Chandler Medical Center Department of Radiation Medicine Lexington, KY 40536-0293	70	07/01/2007 to 06/30/2009
Radiation protection	University of Kentucky, Chandler Medical Center Department of Radiation Medicine Lexington, KY 40536-0293	22	07/01/2007 to 06/30/2009
Mathematics pertaining to the use and measurement of radioactivity	University of Kentucky, Chandler Medical Center Department of Radiation Medicine Lexington, KY 40536-0293	15	07/01/2007 to 06/30/2009
Radiation biology	University of Kentucky, Chandler Medical Center Department of Radiation Medicine Lexington, KY 40536-0293	54	07/01/2007 to 06/30/2009

Total Hours of Training: 161

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Training and Experience for Proposed Authorized User (continued)

b. Supervised Work and Clinical Experience for 10 CFR 35.490 (If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this page.)

Supervised Work Experience

Total Hours of Experience: 500 hrs training, 2 yrs clinic

Description of Experience Must Include:	Location of Experience/License or Permit Number of Facility	Confirm	Dates of Experience*
Ordering, receiving, and unpacking radioactive materials safely and performing the related radiation surveys	University of Kentucky, Chandler Medical Center Department of Radiation Medicine Lexington, KY 40536-0293	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	07/01/2007 to 06/30/2009
Checking survey meters for proper operation	University of Kentucky, Chandler Medical Center Department of Radiation Medicine Lexington, KY 40536-0293	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	07/01/2007 to 06/30/2009
Preparing, implanting, and safely removing brachytherapy sources	University of Kentucky, Chandler Medical Center Department of Radiation Medicine Lexington, KY 40536-0293	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	07/01/2007 to 06/30/2009
Maintaining running inventories of material on hand	University of Kentucky, Chandler Medical Center Department of Radiation Medicine Lexington, KY 40536-0293	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	07/01/2007 to 06/30/2009
Using administrative controls to prevent a medical event involving the use of byproduct material	University of Kentucky Chandler Medical Center Department of Radiation Medicine Lexington, KY 40536-0293	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	07/01/2007 to 06/30/2009
Using emergency procedures to control byproduct material	University of Kentucky Chandler Medical Center Department of Radiation Medicine Lexington, KY 40536-0293	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	07/01/2007 to 06/30/2009

Clinical experience in radiation oncology as part of an approved formal training program	Location of Experience/License or Permit Number of Facility	Dates of Experience*
Approved by: <input checked="" type="checkbox"/> Residency Review Committee for Radiation Oncology of the ACGME <input type="checkbox"/> Royal College of Physicians and Surgeons of Canada <input type="checkbox"/> Committee on Postdoctoral Training of the American Osteopathic Association	University of Kentucky Chandler Medical Center Department of Radiation Medicine 800 Rose Street Lexington, KY 40536-0293	07/01/2007 to 06/30/2009

Supervising Individual
Mahesh Kudrimoti, MD

License/Permit Number listing supervising individual as an Authorized User
Kentucky RMA # 202-049-22

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Training and Experience for Proposed Authorized User (continued)

c. Supervised Clinical Experience for 10 CFR 35.491

Description of Experience	Location of Experience/License or Permit Number of Facility	Clock Hours	Dates of Experience*
Use of strontium-90 for ophthalmic treatment, including: examination of each individual to be treated; calculation of the dose to be administered; administration of the dose; and follow up and review of each individual's case history			
Supervising Individual	License/Permit Number listing supervising individual as an Authorized User		

d. Supervised Work and Clinical Experience for 10 CFR 35.690

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

Supervised Work Experience

Total Hours of Experience: 500

Description of Experience Must Include:	Location of Experience/License or Permit Number of Facility	Confirm	Dates of Experience*
Reviewing full calibration measurements and periodic spot-checks	University of Kentucky, Chandler Medical Center Department of Radiation Medicine Lexington, KY 40536-0293	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	07/01/2007 to 06/30/2009
Preparing treatment plans and calculating treatment doses and times	University of Kentucky, Chandler Medical Center Department of Radiation Medicine Lexington, KY 40536-0293	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	07/01/2007 to 06/30/2009
Using administrative controls to prevent a medical event involving the use of byproduct material	University of Kentucky, Chandler Medical Center Department of Radiation Medicine Lexington, KY 40536-0293	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	07/01/2007 to 06/30/2009
Implementing emergency procedures to be followed in the event of the abnormal operation of the medical unit or console	University of Kentucky, Chandler Medical Center Department of Radiation Medicine Lexington, KY 40536-0293	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	07/01/2007 to 06/30/2009
Checking and using survey meters	University of Kentucky, Chandler Medical Center Department of Radiation Medicine Lexington, KY 40536	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	07/01/2007 to 06/30/2009
Selecting the proper dose and how it is to be administered	University of Kentucky, Chandler Medical Center Department of Radiation Medicine Lexington, KY 40536	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	07/01/2007 to 06/30/2009

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Training and Experience for Proposed Authorized User (continued)

d. Supervised Work and Clinical Experience for 10 CFR 35.690 (continued)

Clinical experience in radiation oncology as part of an approved formal training program	Location of Experience/License or Permit Number of Facility	Dates of Experience*
Approved by: <input checked="" type="checkbox"/> Residency Review Committee for Radiation Oncology of the ACGME <input type="checkbox"/> Royal College of Physicians and Surgeons of Canada <input type="checkbox"/> Committee on Postdoctoral Training of the American Osteopathic Association	University of Kentucky Chandler Medical Center Department of Radiation Medicine 800 Rose Street Lexington, KY 40536-0293	07/01/2007 to 06/30/2009
Supervising Individual	License/Permit Number listing supervising individual as an Authorized User	
Mahesh Kudrimoti, MD	Kentucky RMA # 202-049-22	

e. For 35.600, 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
Device operation	07/01/2007 to 06/30/2009	07/01/2007 to 06/30/2009	07/01/2007 to 06/30/2009
Safety procedures for the device use	07/01/2007 to 06/30/2009	07/01/2007 to 06/30/2009	07/01/2007 to 06/30/2009
Clinical use of the device	07/01/2007 to 06/30/2009	07/01/2007 to 06/30/2009	07/01/2007 to 06/30/2009
Supervising Individual. <i>If training provided by Supervising Individual (If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this page.)</i>		License/Permit Number listing supervising individual as an Authorized User	
Mahesh Kudrimoti, MD		Kentucky RMA # 202-049-22	

Authorized for the following types of use:

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

f. Provide completed Part II Preceptor Attestation.

AUTHORIZED USER 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.

By checking the boxes below, the preceptor is attesting that the individual has knowledge to fulfill the duties of the position sought and not attesting to the individual's "general clinical competency."

First Section

Check one of the following for each requested authorization:

For 35.490:

Board Certification

I attest that _____ has satisfactorily completed the requirements in
Name of Proposed Authorized User

35.490(a)(1) and has achieved a level of competency sufficient to function independently as an authorized user of manual brachytherapy sources for the medical uses authorized under 10 CFR 35.400.

OR

Training and Experience

I attest that **Matthew Lloyd Tate, MD** has satisfactorily completed the 200 hours of
Name of Proposed Authorized User

classroom and laboratory training, 500 hours of supervised work experience, and 3 years of supervised clinical experience in radiation oncology, as required by 10 CFR 35.490(b)(1) and (b)(2), and has achieved a level of competency sufficient to function independently as an authorized user of manual brachytherapy sources for the medical uses authorized under 10 CFR 35.400.

For 35.491:

I attest that _____ has satisfactorily completed the 24 hours of
Name of Proposed Authorized User

classroom and laboratory training applicable to the medical use of strontium-90 for ophthalmic radiotherapy, has used strontium-90 for ophthalmic treatment of 5 individuals, as required by 10 CFR 35.491(b), and has achieved a level of competency sufficient to function independently as an authorized user of strontium-90 for ophthalmic use.

Second Section

For 35.690:

Board Certification

I attest that _____ has satisfactorily completed the requirements in
Name of Proposed Authorized User

35.690(a)(1).

OR

Training and Experience

I attest that **Matthew Lloyd Tate, MD** has satisfactorily completed 200 hours of classroom
Name of Proposed Authorized User

and laboratory training, 500 hours of supervised work experience, and 3 years of supervised clinical experience in radiation therapy, as required by 10 CFR 35.690(b)(1) and (b)(2).

AND

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

Preceptor Attestation (continued)

Third Section

For 35.690: (continued)

I attest that Matthew Lloyd Tate, MD has received training required in 35.690(c) for device
Name of Proposed Authorized User
operation, safety procedures, and clinical use for the type(s) of use for which authorization is sought, as checked below.

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

AND

Fourth Section

I attest that Matthew Lloyd Tate, MD has achieved a level of competency sufficient to
Name of Proposed Authorized User
achieve a level of competency sufficient to function independently as an authorized user for:

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

Fifth Section

Complete the following for preceptor attestation and signature:

I meet the requirements in 10 CFR 35.490, 35.491, 35.690, or equivalent Agreement State requirements, as an authorized user for:

- 35.400 Manual brachytherapy sources 35.600 Teletherapy unit(s)
 35.400 Ophthalmic use of strontium-90 35.600 Gamma stereotactic radiosurgery unit(s)
 35.600 Remote afterloader unit(s)

Name of Preceptor

Signature

Telephone Number

Date

Mahesh Kudrimoti, MD

(859) 323-0283

06/22/2009

License/Permit Number/Facility Name

Kentucky RMA # 202-049-22/University of Kentucky

Align top of FedEx Express Shipping Label here.

FedEx
TRK#
8697 5154 9102

WED - 08 JUL A1
PRIORITY OVERNIGHT

XH ENLA

60532
IL-US
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FedEx Express US Airbill

8697 5154 9102

fedex.com 1.800.GoFedEx 1.800.463.3339

1 From: Sender's FedEx Account Number 418092726
 Date 7/7/09
 Sender Name Jennifer Fisher Phone 231 673-2017
 Company JFCCC
 Address 1440 E Sherman Suite 300
 City Muskegon State MI ZIP 49444

2 Your Internal Billing Reference

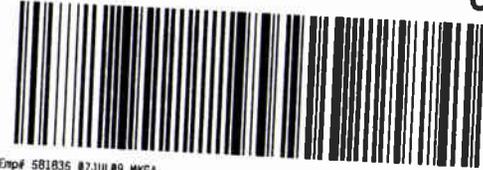
3 To Recipient's Name Materials Licensing Branch
 Company LS NRC Region III
 Recipient's Address 2443 Warrenville Rd Suite 210
 Address
 City Lisle State IL ZIP 60532-4358



8697 5154 9102

© 2005 FedEx 158388 REV 4/05 BP
01345-1108

- 4a Express
 FedEx Priority Overnight
 FedEx 2 Day
 FedEx Home Delivery
 4b Express
 FedEx International Priority
 FedEx International Economy



Emp# 581835 07JUL09 MKGA

- 5 Packaging
 FedEx Envelope
 FedEx Pak
 FedEx Box
 FedEx Tube
 Other

- 6 Special Handling
 SATURDAY Delivery
 HOLD Weekday at FedEx Location
 HOLD Saturday at FedEx Location
 Dry Ice
 Cargo Aircraft Only

- 7 Payment Bill to:
 Sender
 Recipient
 Third Party
 Credit Card
 Cash/Check

Total Packages
 Total Weight

- 8 Residential Delivery Signature Options
 No Signature Required
 Direct Signature
 Indirect Signature

520

Here, Press Here, Press Here, Press Here

This pouch is resealable.

For FedEx Express® Shipments Only

Align bottom of Peel and Stick Airbill or Pouch here.

RT 535 1 D
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 FZ 531