



In alliance with
The University of Vermont

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FAX COVER SHEET

DEPARTMENT OF RADIATION ONCOLOGY
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Date of Transmittal: July 23 2009 FAX Number: 610 337 5269
TO: Attn Tara Weidner Company Name: NRC

FROM: Marleen Moore MS RSO
Radiation Oncology

Total number of pages:
(including cover sheet) 2

Comments: Mail Control #143810

PRIVACY AND CONFIDENTIALITY NOTICE



143810

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

HW 7/23/09

For 35.690: (continued)

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

Name of Proposed Authorized User

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

AND

Fourth Section

I attest that Dr. Havaleh Gagne has achieved a level of competency sufficient to achieve a level of competency sufficient to function independently as an authorized user for:

Name of Proposed Authorized User

- 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 H. James Wallace, M.D.	Signature <i>H. James Wallace</i>	Telephone Number (802) 847-3506	Date 07/22/2009
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License/Permit Number/Facility Name
Fletcher Allen Health Care #44-10187-03