



MIRO & MCCI 21st Century Oncology Affiliate

Jeffrey D. Forman, M.D., FACR, Medical Director
Ahmed E. Ezz, M.D., FRCP
Mark J.R. Fireman, M.D.
Michael J. Katin, M.D., FACR, FACR, FACRO
Kay T. Miller, M.D.
Madhubala C. Patel, M.D.
Nitin G. Vaishampayan, M.D.
Anatoly Zellkov, M.D.

Confidential Information

Information contained in this transmission is privileged and confidential. It is intended only to the use of the individual or entity to which it is addressed. If the reader of this message any dissemination, distribution or copying of this fax is prohibited. If you have received this communication in error, please notify us immediately by telephone.

FAX

Facsimile Transmittal

FAX

Date: 9-2-09
To: Ms. Troy Simon
Phone: _____
Fax #: (630) 515-1078

Re: Ref. control # 318302
From: Dr. Shamaou
Phone: _____
Fax #: _____

Number of pages including this one: 2

MESSAGE
Thank you.

As the recipient of this information, you are prohibited from using this information for any purpose other than the stated purpose. You may disclose this information to another party only with written authorization from the patient or his/her legal representative. As required by law, if urgently needed for the patient's continued care. You must destroy this information after its stated need has been fulfilled. If this disclosure contains information relating to alcohol or drug abuse education, training, treatment, rehabilitation, or research, the following shall apply: This information has been disclosed to you from records whose confidentiality is protected by federal law. Federal regulation (Title 42 CFR Part 2) prohibit you from making any further disclosure of it without the specific written authorization from the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is NOT sufficient for this purpose.

Clarkston Cancer Center • MidOakland Medical Center #106 • 6770 Dixie Highway • Clarkston, MI 48346 • (248) 625-0300 • Fax (248) 625-0363
Farmington Hills Cancer Center • M.I.N.D. Building #110 • 28595 Orchard Lake Road • Farmington Hills, MI 48334 • (248) 553-0606 • Fax (248) 553-7674
Macomb Cancer Center • 17435 Hall Road • Macomb MI 48044 • 586-228-0299 • Fax 586-228-5918
Madison Heights Cancer Center • 30365 Dequindre • Madison Heights, MI 48071 • (248) 589-5000 • Fax (248) 589-5006
Monroe Cancer Center • 1085 North Macomb Street • Monroe, MI 48162 • (734) 241-1900 • Fax (734) 241-3737
✓ St. Joseph Mercy Hospital Campus • 70 Fulton Street • Pontiac, MI 48341 • (248) 338-0300 • Fax (248) 338-0663
X-Ray Treatment Center • 23337 Gratiot Avenue • Eastpointe, MI 48201 • 586-776-4820 • Fax 586-776-1860

RADIATION SAFETY OFFICER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Structured Educational Program for Proposed Radiation Safety Officer (continued)

c. Training in radiation safety, regulatory issues, and emergency procedures for all types of medical use on the license (continued)

Supervising Individual <i>If training was provided by supervising RSO, AU, AMP, or ANP. (If more than one supervising individual is necessary to document supervised training, provide multiple copies of this page.)</i>	License/Permit Number listing supervising individual
---	--

License/Permit lists supervising individual as:

- Radiation Safety Officer
 Authorized User
 Authorized Nuclear Pharmacist
 Authorized Medical Physicist

Authorized as RSO, AU, ANP, or AMP for the following medical uses:

- | | | | |
|---|---|---|---------------------------------|
| <input type="checkbox"/> 35.100 | <input type="checkbox"/> 35.200 | <input checked="" type="checkbox"/> 35.300 | <input type="checkbox"/> 35.400 |
| <input type="checkbox"/> 35.500 | <input checked="" type="checkbox"/> 35.600 (remote afterloader) | <input type="checkbox"/> 35.600 (teletherapy) | |
| <input type="checkbox"/> 35.600 (gamma stereotactic radiosurgery) | <input type="checkbox"/> 35.1000 (_____) | | |

d. Skip to and complete Part II Preceptor Attestation.

OR

4. Authorized User, Authorized Medical Physicist, or Authorized Nuclear Pharmacist identified on the licensee's license

- a. Provide license number.
- b. Use the table in section 3.c. to describe training in radiation safety, regulatory issues, and emergency procedures for all types of medical use on the license.
- c. Skip to and complete Part II Preceptor Attestation.

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 Radiation Safety Officer

10 CFR 35.50(a)(1)(i) and (a)(1)(ii); or 35.50 (a)(2)(i) and (a)(2)(ii); or 35.50(c)(1).

OR

2. Structured Educational Program for Proposed Radiation Safety Officers

I attest that _____ has satisfactorily completed a structural educational

Name of Proposed Radiation Safety Officer

program consisting of both 200 hours of classroom and laboratory training and one year of full-time radiation safety experience as required by 10 CFR 35.50(b)(1).

OR