



Radiology

200 Jefferson, SE
Grand Rapids, MI 49503
Phone: 616.685.6744, FAX: 616.685.3066
www.smhealthcare.org

September 1, 2009

Materials Licensing Branch Chief
U.S. Nuclear Regulatory Commission
Region III
2443 Warrenville Road, Suite 210
Lisle, Illinois 60532-4352

RE: Amendment of License: 21-01078-01

To Whom It May Concern:

Saint Mary's Health Care is requesting that the referenced Materials License be amended as follows:

Item 12

Remove Stephen B. Rupp, M.D. as an Authorized User.
Add Chen Chen, MS as an Authorized Medical Physicist. Mr Chen's ABR certificate and Form 313a are enclosed.

Please contact me if you have any questions about this amendment request.

Sincerely,

A handwritten signature in blue ink that reads "Dale Schippers".

Dale Schippers
Radiation Safety Officer

A handwritten signature in blue ink that reads "Earl Monks".

Earl Monks
Director of Radiology

RECEIVED SEP 15 2009



ABR⁷⁵ YEARS

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June 1, 2009

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Houston, Texas
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Jacksonville, Florida

ABRID P4210 / PT / 36 / 12
Confirmation # B2D7ADD6

Chen Chen, MS
3538 Long Grove Dr SE
Kentwood, MI 49512

Dear Mr. Chen:

I am pleased to inform you that you passed the oral examination held on May 31 to June 3, 2009. The American Board of Radiology grants you its Certificate in Therapeutic Radiologic Physics. This is a ten-year time-limited certificate. In addition, you have satisfied the NRC training requirements enabling you to be recognized as an ABR Diplomate in Certificate in Therapeutic Radiologic Physics who is eligible to become an Authorized Medical Physicist (AMP) via the certification pathway in 10 CFR 35.51(a). Thus, you will receive the "AMP Eligible" designation on your certificate. Please be aware that, although not noted explicitly on the certificate, by virtue of being AMP eligible, you have also satisfied the certification portion of the regulatory requirements in 10 CFR 35.50(c)(1) for Radiation Safety Officer (RSO) authorization.

The certificate will be sent to the above address in approximately three months from our printer, Jim Henry, Inc. Your name will appear on the certificate as shown above. If you wish your name to appear differently or you have an address change, please notify the Board office in writing by July 01, 2009. Your name and demographic information will be included in a Directory published by the American Board of Medical Specialties. It is your responsibility to notify other local and state or national organizations of your certification.

Important information about your Maintenance of Certification process is enclosed. Please review it and respond as requested.

Personally and on behalf of the Board of Trustees of The American Board of Radiology, I wish to congratulate you for this distinguished achievement. You have accomplished one of the most significant milestones in your career.

Sincerely,

Gary J. Becker, MD

Enclosures

Executive Director: Gary J. Becker, M.D.
Robert R. Hattery, M.D., Senior Advisor to the Executive Director

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Diagnostic Radiology: Dennis M. Balfe, M.D.
Radiation Oncology: Beth A. Erickson, M.D.
Radiologic Physics: Richard L. Morin, Ph.D.

Associate Executive Directors

Diagnostic Radiology: Kay H. Vydareny, M.D.
Radiation Oncology: Lawrence W. Davis, M.D.
Radiologic Physics: Stephen R. Thomas, Ph.D.
Administration: Jennifer Bosma, Ph.D.

Assistant Executive Directors: Maintenance of Certification

Diagnostic Radiology: James P. Borgstede, M.D.
Radiation Oncology: Larry E. Kun, M.D.
Radiologic Physics: G. Donald Frey, Ph.D.
Subspecialty Certification: George S. Bisset, M.D.

**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

Chen Chen

- 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
College or 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 _____ 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 _____ 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			
Performing sealed source leak tests and inventories			
Performing decay corrections			
Performing full calibration and periodic spot checks of external beam treatment unit(s)			
Performing full calibration and periodic spot checks of stereotactic radiosurgery unit(s)			
Performing full calibration and periodic spot checks of remote afterloading unit(s)			
Conducting radiation surveys around external beam treatment unit(s), stereotactic radiosurgery unit(s), remote after loading unit(s)			

Supervising Individual** : License/Permit Number listing supervising individual as an authorized Medical Physicist

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	July 05 - Sep 08		
Safety procedures for the device use	Nucletron, Inc Sep 29, 2008 Aug 23, 2007 Mar 02, 2007		
Clinical use of the device	July 05 - May 09		
Treatment planning system operation	July 05 - May 09		

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

Tewfik J. Bichay, PhD

21-01078-01 Saint Mary's Health Care, Grand Rapids, MI

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 Chen Chen 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 _____ 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 Chen Chen 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 Chen Chen 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)

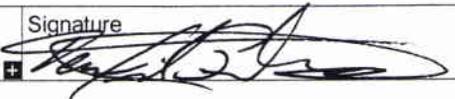
AND

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	Signature	Telephone Number	Date
Tewfik J. Bichay, PhD		(616) 685-6367	06/11/2009
License/Permit Number/Facility Name			

21-01078-01 Saint Marv's Health Care, Grand Rapids, MI

