

September 15, 2009

U.S. Nuclear Regulatory Commission  
Region III  
Materials Licensing Branch  
2443 Warrenville Rd. Suite 210  
Lisle IL, 60532

RE: Amendment to Materials License number 13-09788-01

Dear Madam or Sir:

We wish to amend our Materials License number 13-09788-01 as follows:

**DELETE AUTHORIZED USERS**

Please delete Paul DesRosiers, M.D. and Timothy J. Lach, M.D. they are no longer affiliated with this facility.

**AUTHORIZED USER – ADDITIONAL APPROVED USE**

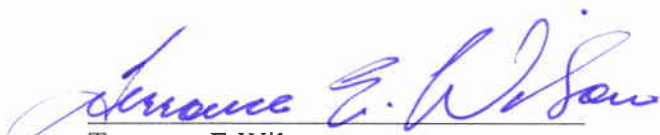
We wish to add the additional approved use of 10 CFR 35.300 to Michael F. Busch, M.D.. In support of this request we have enclosed an NRC 313A (AUT) Preceptor Form.

**CHANGE RADIATION SAFETY OFFICER**

Please remove Paul E. Gandy M.D. as the Radiation Safety Officer and replace him with Michael F. Busch M.D. Dr. Busch is presently listed as an authorized user on our license. In support of this request we have enclosed an NRC 313A (RSO) Preceptor Form. Additionally a letter of understanding between this facilities executive management and the proposed RSO is enclosed.

If you have any questions, please contact Thomas M Kumpuris, M.S., FACR of Medical Physics Consultants, Inc. at (800) 321-2207 or [tkumpuris@mpcphysics.com](mailto:tkumpuris@mpcphysics.com).

Sincerely,



Terrance E Wilson  
President and CEO

**RECEIVED SEP 28 2009**

September 15, 2009

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

RE: Amendment to Materials License 13-097788-01

Dear Madam or Sir:

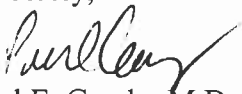
I attest that Michael Busch M.D. has the required training and experience and has satisfactorily completed the requirements to become a Radiation Safety Officer to include one year full-time radiation safety experience.

Michael Busch, M.D. is an authorized user identified on NRC license # 13-097788-01 and:

- Has experience with the radiation safety aspects of byproduct material for which they will have Radiation Safety Officer responsibilities.
- Has achieved a level of radiation safety knowledge sufficient to function independently as a Radiation Safety Officer.
- Has training in radiation safety, regulatory issues and emergency procedures for the following types of use: 35.100, 35.200, 35.300 and 35.400.
- Has achieved a level of radiation safety knowledge sufficient to function independently as a Radiation Safety Officer for this materials license.

I am the Radiation Safety Officer for St. Elizabeth Regional Health d/b/a Greater Lafayette Health Services, Inc. License # 13-09788-01.

Sincerely,



Paul E. Gandy, M.D.  
Radiation Safety Officer

September 15, 2009

Michael Busch M.D.  
St. Elizabeth Regional Health  
d/b/a Greater Lafayette Health Services, Inc.  
Nuclear Medicine Department  
1501 Hartford Street  
Lafayette, IN 47903

RE: Radiation Safety Officer/Executive management Letter of Understanding

Dear Dr. Busch:

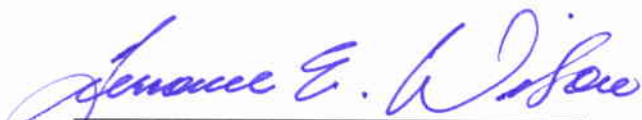
You have been appointed the Radiation Safety Officer (RSO) of this facility for our United States Nuclear Regulatory Commission Materials License. This "Letter of Understanding" is prepared to comply with Title 10 Code of Federal Regulations (CFR) Part 35.24(b). This section of the regulations requires that you agree in writing to the following:

- Assume responsibility for implementing the Radiation Protection Program
- Ensure that radiation safety activities are being performed in accordance with our own approved procedures and all regulatory requirements.
- Furthermore, in compliance with 10 CFR 35.24(e),(g), the executive management of this facility agrees to provide you as RSO:
- Specific written notation of your authority, duties and responsibilities, see attached.
- Sufficient authority, organizational freedom, time, resources and management prerogative to:
  1. Identify radiation safety problems;
  2. Initiate, recommend, or provide corrective actions;
  3. Stop unsafe operations; and,
  4. Verify implementation of corrective actions.

Our signatures noted below will attest to the issues noted above. Please make a copy of this document for your files and return the original to my attention.

Sincerely,

Terrance E Wilson



Terrance E. Wilson, President/CEO



Radiation Safety Officer

**AUTHORIZED USER TRAINING AND EXPERIENCE  
AND PRECEPTOR ATTESTATION**  
**(for uses defined under 35.300)**  
**[10 CFR 35.390, 35.392, 35.394, and 35.396]**

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

Name of Proposed Authorized User

State or Territory Where Licensed

Michael F. Busch, M.D.

Indiana

Requested Authorization(s) (check all that apply):

35.300 Use of unsealed byproduct material for which a written directive is required

**OR**

35.300 Oral administration of sodium iodide I-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)

35.300 Oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 1.22 gigabecquerels (33 millicuries)

35.300 Parenteral administration of any beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV for which a written directive is required

35.300 Parenteral administration of any other radionuclide for which a written directive is required

**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 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 35.390, provide documentation on supervised clinical case experience. The table in section 3.c. may be used to document this experience.
- c. For 35.396, provide documentation on classroom and laboratory training, supervised work experience, and supervised clinical case experience. The tables in sections 3.a., 3.b., and 3.c. may be used to document this experience.
- d. Skip to and complete Part II Preceptor Attestation.

**2. Current 35.300, 35.400, or 35.600 Authorized User Seeking Additional Authorization**

a. Authorized User on Materials License \_\_\_\_\_ under the requirements below or equivalent Agreement State requirements (check all that apply):

35.390     35.392     35.394     35.490     35.690

b. If currently authorized for a subset of clinical uses under 35.300, provide documentation on additional required supervised case experience. The table in section 3.c. may be used to document this experience. Also provide completed Part II Preceptor Attestation.

c. If currently authorized under 35.490 or 35.690 and requesting authorization for 35.396, provide documentation on classroom and laboratory training, supervised work experience, and supervised clinical case experience. The tables in sections 3.a., 3.b., and 3.c. may be used to document this experience. Also provide completed Part II Preceptor Attestation.

**AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)**

**3. Training and Experience for Proposed Authorized User**

a. Classroom and Laboratory Training  35.390  35.392  35.394  35.396

Description of Training	Location of Training	Clock Hours	Dates of Training*
Radiation physics and instrumentation	SUNY Syracuse College of Medicine	20	July, 2002 to June, 2006
Radiation protection	SUNY Syracuse College of Medicine	30	July, 2002 to June, 2006
Mathematics pertaining to the use and measurement of radioactivity	SUNY Syracuse College of Medicine	10	July, 2002 to June, 2006
Chemistry of byproduct material for medical use	SUNY Syracuse College of Medicine	10	July, 2002 to June, 2006
Radiation biology	SUNY Syracuse College of Medicine	10	July, 2002 to June, 2006
<b>Total Hours of Training:</b>		<b>80</b>	

b. Supervised Work Experience  35.390  35.392  35.394  35.396

*If more than one supervising individual is necessary to document supervised training, provide multiple copies of this page.*

Supervised Work Experience		Total Hours of Experience:	
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	St. Elizabeth Regional Health 13-09788-01	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	May, 2008 to Present
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters	St. Elizabeth Regional Health 13-09788-01	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	May, 2008 to Present
Calculating, measuring, and safely preparing patient or human research subject dosages	St. Elizabeth Regional Health 13-09788-01	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	May, 2008 to Present
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material	St. Elizabeth Regional Health 13-09788-01	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	May, 2008 to Present
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures	St. Elizabeth Regional Health 13-09788-01	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	May, 2008 to Present

**AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)**

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

b. Supervised Work Experience (continued)

Supervising Individual	License/Permit Number listing supervising individual as an authorized user
<b>Paul E. Gandy, M.D.</b>	<b>13-09788-01</b>

Supervising individual meets the requirements below, or equivalent Agreement State requirements (*check all that apply*)\*\*:

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> 35.390 | With experience administering dosages of:   |
| <input type="checkbox"/> 35.392            | <input checked="" type="checkbox"/> Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)   |
| <input type="checkbox"/> 35.394            | <input checked="" type="checkbox"/> Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)  |
| <input type="checkbox"/> 35.396            | <input checked="" type="checkbox"/> Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required |
|  | <input checked="" type="checkbox"/> Parenteral administration of any other radionuclide requiring a written directive   |

\*\* Supervising Authorized User must have experience in administering dosages in the same dosage category or categories as the individual requesting authorized user status.

c. Supervised Clinical Case Experience

*If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this page.*

Description of Experience	Number of Cases Involving Personal Participation	Location of Experience/License or Permit Number of Facility	Dates of Experience*
Oral administration of sodium iodide I-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)	Four (4)	St. Elizabeth Regional Health 13-09788-01	May, 2008 to Present
Oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 1.22 gigabecquerels (33 millicuries)	Four (4)	St. Elizabeth Regional Health 13-09788-01	May, 2008 to Present
Parenteral administration of any beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV for which a written directive is required			
Parenteral administration of any other radionuclide for which a written directive is required			
(List radionuclides)			

**AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)**

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

c. Supervised Clinical Case Experience (continued)

Supervising Individual	License/Permit Number listing supervising individual as an authorized user
Paul E. Gandy, M.D.	13-09788-01

Supervising individual meets the requirements below, or equivalent Agreement State requirements (*check all that apply*)\*\*:

- 35.390 With experience administering dosages of:
  - 35.392  Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)
  - 35.394  Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)
  - 35.396  Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required
  - Parenteral administration of any other radionuclide requiring a written directive

\*\* Supervising Authorized User must have experience in administering dosages in the same dosage category or categories as the individual requesting authorized user status.

d. Provide completed 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.

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 35.390:**

**Board Certification**

I attest that \_\_\_\_\_ has satisfactorily completed the training and experience requirements in 35.390(a)(1).  
Name of Proposed Authorized User

**OR**

**Training and Experience**

I attest that \_\_\_\_\_ has satisfactorily completed the 700 hours of training and experience, including a minimum of 200 hours of classroom and laboratory training, as required by 10 CFR 35.390 (b)(1).  
Name of Proposed Authorized User



**AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)**

**Preceptor Attestation (continued)**

**First Section (continued)**

**For 35.392 (Identical Attestation Statement Regardless of Training and Experience Pathway):**

I attest that Michael F. Busch, M.D. has satisfactorily completed the 80 hours of classroom  
Name of Proposed Authorized User  
and laboratory training, as required by 10 CFR 35.392(c)(1), and the supervised work and clinical case  
experience required in 35.392(c)(2).

**For 35.394 (Identical Attestation Statement Regardless of Training and Experience Pathway):**

I attest that Michael F. Busch, M.D. has satisfactorily completed the 80 hours of classroom  
Name of Proposed Authorized User  
and laboratory training, as required by 10 CFR 35.394 (c)(1), and the supervised work and clinical case  
experience required in 35.394(c)(2).

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**Second Section**

I attest that Michael F. Busch, M.D. has satisfactorily completed the required clinical case  
Name of Proposed Authorized User  
experience required in 35.390(b)(1)(ii)G listed below:

- Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)
- Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)
- Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required
- Parenteral administration of any other radionuclide requiring a written directive

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**Third Section**

I attest that Michael F. Busch, M.D. has satisfactorily achieved a level of competency to  
Name of Proposed Authorized User  
function independently as an authorized user for:

- Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)
- Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)
- Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required
- Parenteral administration of any other radionuclide requiring a written directive



**AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)**

**Fourth Section**

**For 35.396:**

**Current 35.490 or 35.690 authorized user:**

I attest that \_\_\_\_\_ is an authorized user under 10 CFR 35.490 or 35.690  
Name of Proposed Authorized User

or equivalent Agreement State requirements, has satisfactorily completed the 80 hours of classroom and laboratory training, as required by 10 CFR 35.396 (d)(1), and the supervised work and clinical case experience required by 35.396(d)(2), and has achieved a level of competency sufficient to function independently as an authorized user for:

- Parenteral administration of any beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV for which a written directive is required
- Parenteral administration of any other radionuclide for which a written directive is required

**OR**

**Board Certification:**

I attest that \_\_\_\_\_ has satisfactorily completed the board certification  
Name of Proposed Authorized User

requirements of 35.396(c), has satisfactorily completed the 80 hours of classroom and laboratory training required by 10 CFR 35.396 (d)(1) and the supervised work and clinical case experience required by 35.396(d)(2), and has achieved a level of competency sufficient to function independently as an authorized user for:

- Parenteral administration of any beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV for which a written directive is required
- Parenteral administration of any other radionuclide for which a written directive is required

**Fifth Section**

**Complete the following for preceptor attestation and signature:**

I meet the requirements below, or equivalent Agreement State requirements, as an authorized user for:

- 35.390     35.392     35.394     35.396

I have experience administering dosages in the following categories for which the proposed Authorized User is requesting authorization.

- Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)
- Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)
- Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required
- Parenteral administration of any other radionuclide requiring a written directive

Name of Preceptor <b>Paul E. Gandy, M.D.</b>	Signature 	Telephone Number <b>(765) 449-5127</b>	Date <b>09/15/2009</b>
License/Permit Number/Facility Name <b>13-09788-01 St. Elizabeth Regional Health d/b/a Greater Lafayette Health Services, Inc.</b>			

**RADIATION SAFETY OFFICER TRAINING AND EXPERIENCE  
AND PRECEPTOR ATTESTATION  
[10 CFR 35.50]**

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

Name of Proposed Radiation Safety Officer

Michael F. Busch, M.D.

Requested Authorization(s) *The license authorizes the following medical uses (check all that apply):*

- 35.100   
  35.200   
  35.300   
  35.400   
  35.500   
  35.600 (remote afterloader)  
 35.600 (teletherapy)   
  35.600 (gamma stereotactic radiosurgery)   
  35.1000 ( \_\_\_\_\_ )

**PART I -- TRAINING AND EXPERIENCE  
(Select one of the four 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. Use Table 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.

**OR**

**2. Current Radiation Safety Officer Seeking Authorization to Be Recognized as a Radiation Safety Officer for the Additional Medical Uses Checked Above**

- a. Use the table in section 3.c. to describe training in radiation safety, regulatory issues, and emergency procedures for the additional types of medical use for which recognition as RSO is sought.
- b. Skip to and complete Part II Preceptor Attestation.

**OR**

**3. Structured Educational Program for Proposed Radiation Safety Officer**

- a. Classroom and Laboratory Training

Description of Training	Location of Training	Clock Hours	Dates of Training*
Radiation physics and instrumentation			
Radiation protection			
Mathematics pertaining to the use and measurement of radioactivity			
Radiation biology			
Radiation dosimetry			

**Total Hours of Training:**

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

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

b. Supervised Radiation Safety Experience

*(If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this section.)*

Description of Experience	Location of Training/ License or Permit Number of Facility	Dates of Training*
Shipping, receiving, and performing related radiation surveys		
Using and performing checks for proper operation of instruments used to determine the activity of dosages, survey meters, and instruments used to measure radionuclides		
Securing and controlling byproduct material		
Using administrative controls to avoid mistakes in administration of byproduct material		
Using procedures to prevent or minimize radioactive contamination and using proper decontamination procedures		
Using emergency procedures to control byproduct material		
Disposing of byproduct material		
Licensed Material Used (e.g., 35.100, 35.200, etc.)+ _____ _____ _____		

+ Choose all applicable sections of 10 CFR Part 35 to describe radioisotopes and quantities used: 35.100, 35.200, 35.300, 35.400, 35.500, 35.600 remote afterloader units, 35.600 teletherapy units, 35.600 gamma stereotactic radiosurgery units, emerging technologies (provide list of devices).

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

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

b. Supervised Radiation Safety Experience (continued)

*(If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this section.)*

Supervising Individual	License/Permit Number listing supervising individual as a Radiation Safety Officer
------------------------	--

This license authorizes the following medical uses:

- |   |  |   |                                 |
|---|--|---|---------------------------------|
| <input type="checkbox"/> 35.100                                   | <input type="checkbox"/> 35.200                      | <input type="checkbox"/> 35.300               | <input type="checkbox"/> 35.400 |
| <input type="checkbox"/> 35.500                                   | <input 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 ( _____ )           |   |                                 |

c. Describe training in radiation safety, regulatory issues, and emergency procedures for all types of medical use on the license.

Description of Training	Training Provided By	Dates of Training*
Radiation safety, regulatory issues, and emergency procedures for 35.100, 35.200, and 35.500 uses	Paul E. Gandy, M.D., RSO	June, 2008 to Present
Radiation safety, regulatory issues, and emergency procedures for 35.300 uses	Paul E. Gandy, M.D., RSO	June, 2008 to Present
Radiation safety, regulatory issues, and emergency procedures for 35.400 uses	Paul E. Gandy, M.D., RSO	June, 2008 to Present
Radiation safety, regulatory issues, and emergency procedures for 35.600 - teletherapy uses		
Radiation safety, regulatory issues, and emergency procedures for 35.600 - remote afterloader uses		
Radiation safety, regulatory issues, and emergency procedures for 35.600 - gamma stereotactic radiosurgery uses		
Radiation safety, regulatory issues, and emergency procedures for 35.1000, specify use(s):		

**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>  Paul E. Gandy, M.D.	License/Permit Number listing supervising individual  13-09788-01
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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:

- 35.100     35.200     35.300     35.400  
 35.500     35.600 (remote afterloader)     35.600 (teletherapy)  
 35.600 (gamma stereotactic radiosurgery)     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**

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

**Preceptor Attestation (continued)**

**First Section (continued)**

Check one of the following:

**3. Additional Authorization as Radiation Safety Officer**

I attest that Michael F. Busch, M.D. is an  
Name of Proposed Radiation Safety Officer

- Authorized User                       Authorized Nuclear Pharmacist  
 Authorized Medical Physicist

identified on the Licensees license and has experience with the radiation safety aspects of similar type of use of byproduct material for which the individual has Radiation Safety Officer responsibilities

**AND**

**Second Section**

Complete for all (check all that apply):

I attest that Michael F. Busch, M.D. has training in the radiation safety, regulatory issues, and  
Name of Proposed Radiation Safety Officer

emergency procedures for the following types of use:

- 35.100
- 35.200
- 35.300 oral administration of less than or equal to 33 millicuries of sodium iodide I-131, for which a written directive is required
- 35.300 oral administration of greater than 33 millicuries of sodium iodide I-131
- 35.300 parenteral administration of any beta-emitter, or a photon-emitting radionuclide with a photon energy less than 150 keV for which a written directive is required
- 35.300 parenteral administration of any other radionuclide for which a written directive is required
- 35.400
- 35.500
- 35.600 remote afterloader units
- 35.600 teletherapy units
- 35.600 gamma stereotactic radiosurgery units
- 35.1000 emerging technologies, including:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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

**AND**

**Third Section  
Complete for ALL**

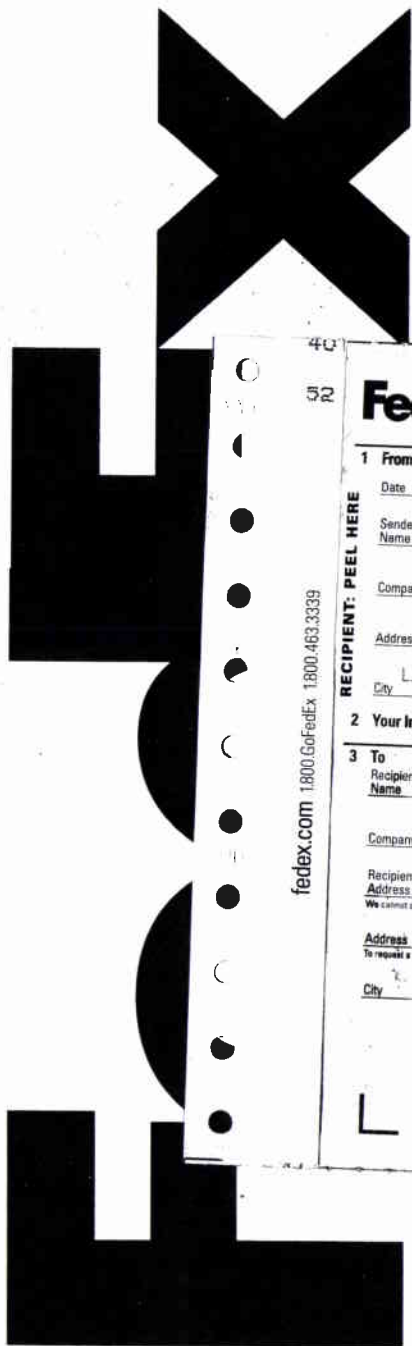
I attest that Michael F. Busch, M.D. has achieved a level of radiation safety knowledge  
Name of Proposed Radiation Safety Officer  
sufficient to function independently as a Radiation Safety Officer for a medical use licensee.

**Fourth Section  
Complete the following for Preceptor Attestation and signature**

I am the Radiation Safety Officer for St. Elizabeth Regional Health d/b/a/ Greater Lafayette Health Services  
Name of Facility

License/Permit Number: 13-09799-01

Name of Preceptor	Signature	Telephone Number	Date
Paul E. Gandy, M.D.		(765) 449-5127	09/15/2009



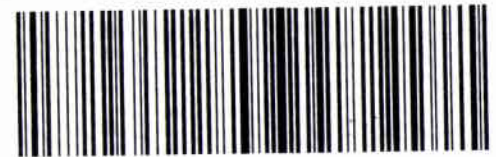
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**FedEx** US Airbill  
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FedEx Tracking Number 8689 3145 0902

1 From This portion can be removed for Recipient's records.

Date 9/23/09 FedEx Tracking Number 868931450902

Sender's Name David Reisman Phone 765 449-5132

Company HOME HOSPITAL

Address 2400 SOUTH ST

City LAFAYETTE State IN ZIP 47904-3027

2 Your Internal Billing Reference

3 To Recipient's Name US NRC Region III Phone

Company Materials Licensing Branch

Recipient's Address 2443 Warronville Rd. Suite 210

Address Dept./Floor/Suite/Room

City Lisle, IL State IL ZIP 60532



8689 3145 0902

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0215 Recipient's Copy

4a Express Package Service  
 FedEx Priority Overnight  
 FedEx Standard Overnight  
 FedEx 2Day  
 FedEx Express Saver

4b Express Freight Service  
 FedEx 1Day Freight\*  
 FedEx 2Day Freight  
 FedEx 3Day Freight

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

Does this shipment contain dangerous goods?  
 No  Yes  
Dangerous goods (including dry ice) cannot be shipped in FedEx packaging.

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

Total Packages Total Weight  
Our liability is limited to \$100 unless you declare a higher value. See the current FedEx Service Guide for details.

8 Residential Delivery Signature Options  
 No Signature  
 Direct Signature  
 Indirect Signature

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