

# COMMUNITY Hospital

To: Toye Simmons

Address: U.S. NRC Region III  
2443 Warrenville Road  
Suite 210  
Lisle, Illinois 60532-4352

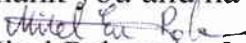
Phone: 630-829-9500  
Toll Free: 1-800-522-3025  
7 am to 4:45 pm (CT),  
Monday through Friday

Fax: 630-515-1078

January 28-th, 2010

Mrs. Simmons:

Thank you very much for the very useful phone conversation that we had today. As mentioned during the conversation we would like to have my name added to the license as soon as possible in order to provide the best standard of care to our patients in a timely manner. I would be the only physicist currently employed by Community Hospital able to perform this task.

Thank you and have a nice day,  
  
Mirel Palamaru, MS, DABR  
Regional Director of Medical Physics  
Community Healthcare System  
901 MacArthur Blvd.,  
MUNSTER, IN 46321

**RECEIVED FEB 02 2010**

**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

Mirel Palamaru

**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)**

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			
Safety procedures for the device use			
Clinical use of the device			
Treatment planning system operation			

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

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)**

**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)**

**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 Mirel Palamaru 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 Mirel Palamaru 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 Mirel Palamaru 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 <u>Renu Sharma</u>	Signature <u>Renu Sharma</u>	Telephone Number <u>269-373-7408</u>	Date <u>20 Jan 2010</u>
License/Permit Number/Facility Name <u>21-32501-01 West Michigan Cancer Center, Kalamazoo, MI</u>			



Medical Physics Department

Materials Licensing Branch  
USNRC Region III  
2443 Warrenville Road  
Lisle, IL 60532-4351

January 18, 2010

RE: 13-15882-01 License amendment

Dear Sirs:

We wish to add Mirel Palamaru, MS as an Authorized Medical Physicist for remote afterloaders to our license 13-15882-01. Enclosed is NRC form 313A (AMP) and a copy of the letter from the ABR stating that Mr. Palamaru has been granted a certificate in Therapeutic Radiological Physics and is eligible to be an AMP.

If you need additional information, please contact me at 219-836-7368 Voice, 219-852-6487 Fax, or MPALAMARU@COMHS.ORG E-mail.

Sincerely,

Mirel Palamaru, MS, DABR, Regional Director  
Medical Physics

cc: RSC

Training



By Nucletron

Certificate

granted to

**Mr. Mirel-Eugen Palamaru**

Radiation Therapy Services

Nassau, Bahamas

for completing

the following course

**Brachytherapy Treatment Planning**

**Version 14.2**

date

**August 29<sup>th</sup>-September 1<sup>st</sup>, 2005**

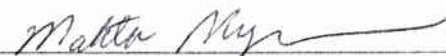
Nucletron – Columbia, Maryland USA

A handwritten signature in cursive script that reads "Janice Stahl".

**Janice Stahl**

Instructor



A handwritten signature in cursive script that reads "Mahta Mirzaei".

**Mahta Mirzaei**

Instructor

Certificate expires two years after last course day  
19 MDCB Credits, MDCB Ref # MDCB041561  
15.5 Category A CE, ASRT Ref #-MDZ0142008

# The American Board of Radiology

Organized through the cooperation of the  
American College of Radiology, the American Roentgen Ray Society,  
the American Radium Society, the Radiological Society of North America,  
the Section on Radiology of the American Medical Association,  
the American Society for Radiation Oncology, the Association of  
University Radiologists, and the American Association of Physicists in Medicine  
Hereby certifies that

**Mirel Eugen Palamaru, MS**

Has pursued an accepted course of graduate study  
and clinical work, has met certain standards and qualifications and  
has passed the examinations conducted under the authority of  
The American Board of Radiology

On this third day of June, 2009

Thereby demonstrating to the satisfaction of the Board  
that she is qualified to practice the speciality of

**Therapeutic Radiologic Physics**

AMP Eligible



Certificate No. P4250

*N. Reed* *J. J. J. J.*  
President

*Richard T. Moran*  
Secretary-Treasurer

*Henry J. ...*  
Executive Director



Valid through 2019



**Mirel Palamaru, MS, DABR**  
**Regional Director of Medical Physics**  
**Community Healthcare System** / *Community Hospital*  
901 MacArthur Blvd.,  
MUNSTER, IN 46321



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**\$01.050**  
01/29/2010  
Mailed From 46628  
US POSTAGE

*Toye Simmons*

**U.S. NRC Region III**  
**2443 Warrenville Road**  
**Suite 210**  
**Lisle, Illinois 60532-4352**

