



Medical Physics Department

Materials Licensing Branch
USNRC Region III
2443 Warrenville Road
Lisle, IL 60532-4351
Fax: 630-515-1078

March 24, 2010

RE: 13-15882-01 License amendment
Missing information for the application dated January 28-th, 2009 (reference no 318-798)

ATT: Toye Simmons

Mrs. Simmons:

As discussed during our phone conversation, please find attached the completed page 3 of the application, containing the training providers and dates. As a documentation of the training I've attached:

- The last vendor training (dated March 22, 2010) on device operation and device safety;
- The vendor's clinical support during our first clinical use of the device (a copy of the treatment completion screens are attached);
- The vendor's treatment planning system training record.

If you need additional information, please contact me.

Sincerely,



Mirel Palamaru, MS, DABR
Regional Director of Medical Physics
Phone: 219.8361600 ext 1725
Fax: 219.852.3072
E-mail: mpalamaru@comhs.org

cc: RSC

NRC FORM 313A (AMP)
(3-2009)

U.S. NUCLEAR REGULATORY COMMISSION

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	Post vendor training 22 MAR 2010		
Safety procedures for the device use	Post vendor training 22 MAR 2010		
Clinical use of the device	Vendor training November 2005 (first case support)		
Treatment planning system operation	Vendor training Aug 29 th - Sept 1 st , 2005		

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

Renu Sharma
for the following types of use:

21-32501-01, West Michigan Cancer Center, Kalamazoo, MI

- 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.



Nucletron

Treatm

Name: ~~Paolo Di Maria~~

Initials: AP

Plan Session: 3 of 3

Applicator:

Step size: 2.5 mm

Channel 3		
Ref.	11.500 mm	
Pos.	Plan(s)	ct(s)
1	62.0	62.0
2	55.4	55.4
3	46.8	46.8
4	38.3	38.3
5	32.8	32.8
6	28.4	28.4
7	30.4	30.4
8	32.4	32.4
9	40.2	40.2
10	47.5	47.5
11	56.0	56.0
12	62.7	62.7
13	66.7	66.7
14		



Nucletron

Treatm

Name: ~~Paolo Di Maria~~

Initials: AP

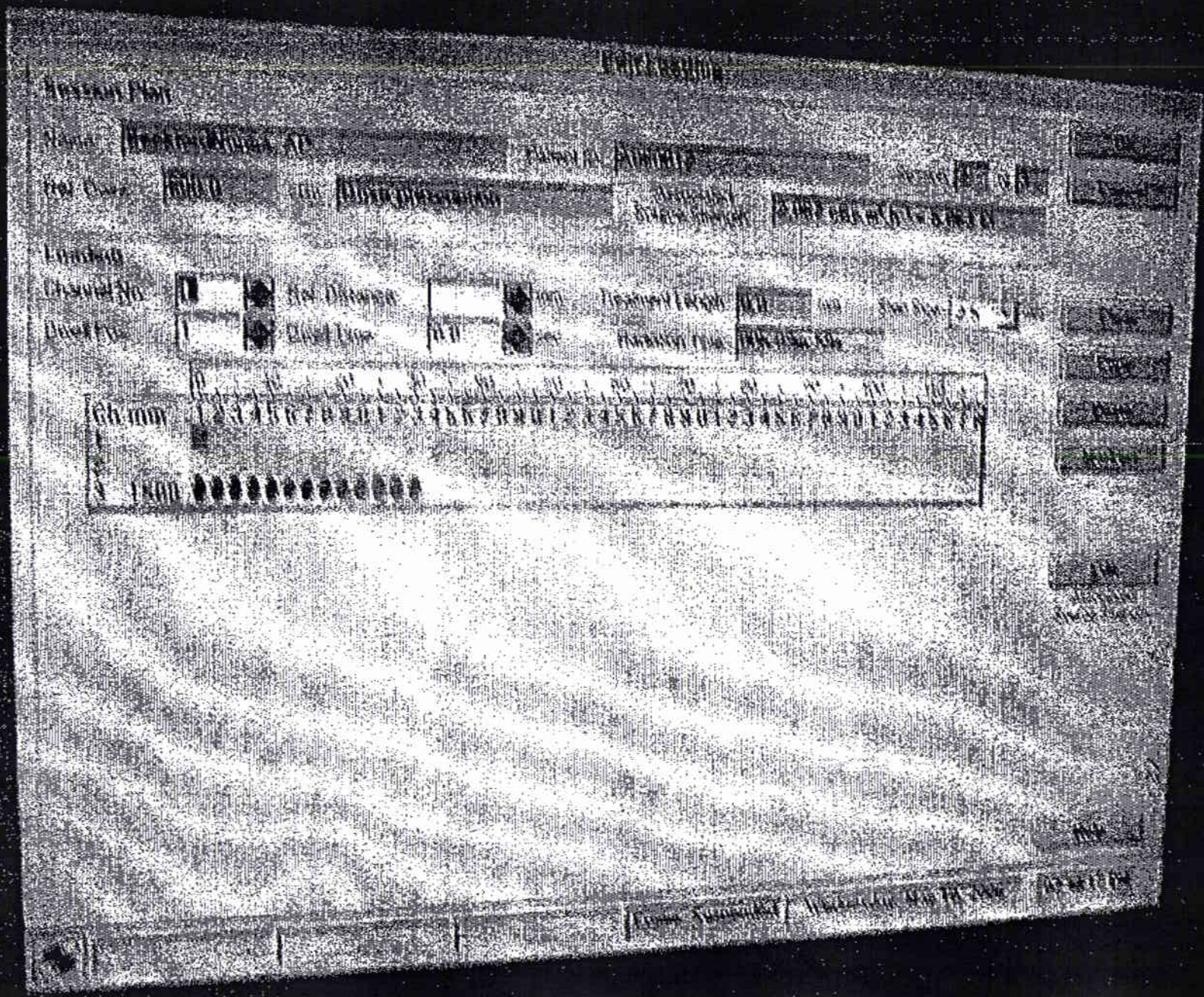
Event	Date / Time	Code	Description
1	2006/05/10 15:06:31	2047	Extra check cable
2	2006/05/10 15:06:45	2048	Extra check cable
3	2006/05/10 15:07:41	2011	The treatment is sta
4	2006/05/10 15:18:11	2014	Treatment is compl

Close

Print

Wednesday, May 10, 2006

03:18:29 PM





8671 Robert Fulton Drive
Columbia, MD 21046

Toll Free: 800-234-2249

FAX: 410-312-4198

Nucletron Training Seminar

Institution: Community Hospital

City, State/Province, Zip: Munster, IN, United States

1 Teaching Aids Used

- User's Manual
- Applicators and Accessories
- Source Container and Dummy Sources
- Other

2 Topics Covered

- Explanation of Remote Afterloading
- Explanation of Radiation Protection

3 Applications

- Bronchus
- Interstitial
- Intracavitary
- Intraoperative

4 Applicators/Accessories

- Bronchus
- GYN
- Esophagus
- Interstitial
- Other

5 Equipment Operation

- Treatment Unit
- Handling
- Power Requirements
- Console
- Treatment Start
- Interrupt
- Emergency Stop
- Alarm and Error Codes

Radioactive Source: IR-192

6 Receiving

- Unpacking
- Acceptance
- Calibration
- Installation

7 Shipping

- Release
- Packing
- Documents
- Measurements

Emergency Procedures

All areas marked were covered during training

03/22/2010 07:00:19 pm

Instructor

Instructor

03/22/2010 07:00:19 pm

Department Head

Department Head

Title

Title

* List of all attendees accompanies this form



Nucletron Training Attendance Registration

Hospital: Community Hospital Date: Monday, March 22, 2010


City /Country Munster, IN, United States

Course: Emergency Procedures

Instructor: Chris Hausoul

	Name	Department	Title	Email Address
1	Casey Abing	Medical Physics	Physicist	cabing@comhs.org
2	Kenneth Woo	Medical Physics	Physicist	kmwoo@comhs.org
3	Mirel Palamaru	Medical Physics	Physicist	mpalamaru@comhs.org
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30				

Instructor Signature: 
03/22/2010 06:59:51pm Instructor

Administrator: 
03/22/2010 06:59:51pm Administrator

Instructor Name & Title: _____

Admin Name & Title: _____

We the Instructor and Facility Administrator certify that the above individuals have been instructed in the above mention training in accordance with Nucletron Training Standards.

Training



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 29th-September 1st, 2005
Nucletron - Columbia, Maryland USA


Janice Stahl
Instructor



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


Mahta Mirzaei
Instructor