



Community Hospital East
1500 North Ritter Avenue
Indianapolis, Indiana 46219-3095
317-355-1411 (tel)
eCommunity.com

May 3, 2010

U.S. Nuclear Regulatory Commission
Region III
2443 Warrenville Road, Suite 210
Lisle, IL 60532-4352

Dear Ms. Casey:

I am asking that you reactivate the amendment request to Materials License 13-06009-01 to add as an Authorized Medical Physicist:

Shawn Hollars, M.A. for iridium-192 in High Dose Rate Remote Afterloading Brachytherapy device for calibration, spot checks and training.

I am re-submitting NRC Form 313A(AMP) as documentation of training and experience. It is my understanding that the Regional Office has re-interpreted 10 CFR 35.51(b)(1) and that the one fulltime year of training in medical physics may be part of the course of studies leading to the master's degree. Beside that documented on the 313a, Mr. Hollars has had additional clinical experience. He worked in accelerator only facilities prior to serving Community Hospitals. From summer 2006 until 5/2007 he worked at the South Suburban Oncology Center in Quincy, Massachusetts and from 5/2007 until 7/2008 he worked in radiation oncology at Provena in Elgin, Illinois. We did not include either of these facilities under experience because neither site had HDR available. Thank you for your consideration.

Sincerely,

A handwritten signature in dark ink, appearing to read "Andrea D. Browne".

Andrea D. Browne, Ph.D.
Radiation Safety Officer

RECEIVED MAY 07 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

Shawn Hollars

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 |
| <i>Master of Arts</i> | <i>Physics</i> |
| College or University | |
| <i>Ball State University</i> | |

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 *Joe Butts* 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 *William Howard* 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 | Ball Memorial Hospital, Muncie, IN License Number 13-00951-03 Ion chambers, electrometers, survey meters, HDR afterloader | Jan. 2005 - May 2006 | N/A |
| Performing sealed source leak tests and inventories | Ball Memorial Hospital, Muncie, IN License Number 13-00951-03 survey meters, NaI well counters | Jan. 2005 - May 2006 | N/A |
| Performing decay corrections | Ball Memorial Hospital, Muncie, IN License Number 13-00951-03 | Jan. 2005 - May 2006 | N/A |
| Performing full calibration and periodic spot checks of external beam treatment unit(s) | Ball Memorial Hospital, Muncie, IN License Number 13-00951-03 Ion chambers, electrometers, scanning equipment | Jan. 2005 - May 2006 | N/A |
| Performing full calibration and periodic spot checks of stereotactic radiosurgery unit(s) | N/A | N/A | N/A |
| Performing full calibration and periodic spot checks of remote afterloading unit(s) | Ball Memorial Hospital, ^{Muncie} Indianapolis , IN License Number 13-00951-13 Nucletron HDR, well chamber, electrometer | Jan. 2005 - May 2006 | N/A |
| Conducting radiation surveys around external beam treatment unit(s), stereotactic radiosurgery unit(s), remote after loading unit(s) | Ball Memorial Hospital, Muncie, IN License Number 13-00951-13 survey meter | Jan. 2005 - May 2006 | N/A |

Supervising Individual**

License/Permit Number listing supervising individual as an authorized Medical Physicist

Joe Butts

13-00951-03

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)

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 | Community Hospital East, Indianapolis, IN License Number: 13-06009-01 Ion chambers, electrometers, survey meters, HDR Afterloaders | N/A | Jun. 2008 - present |
| Performing sealed source leak tests and inventories | Community Hospital East, Indianapolis, IN License Number 13-06009-01 survey meters, NaI well counters | N/A | Jun. 2008 - present |
| Performing decay corrections | Community Hospital East, Indianapolis, IN License Number 13-06009-01 | N/A | Jun. 2008 - present |
| Performing full calibration and periodic spot checks of external beam treatment unit(s) | Community Hospital East, Indianapolis, IN License Number 13-06009-01 Ion chambers, survey meters, electrometers, scanning equipment | N/A | Jun. 2008 - present |
| Performing full calibration and periodic spot checks of stereotactic radiosurgery unit(s) | N/A | N/A | N/A |
| Performing full calibration and periodic spot checks of remote afterloading unit(s) | Community Hospital East, Indianapolis, IN License Number 13-06009-01 Nucletron HDR, well chamber, electrometer | N/A | Jun. 2008 - present |
| Conducting radiation surveys around external beam treatment unit(s), stereotactic radiosurgery unit(s), remote after loading unit(s) | Community Hospital East, Indianapolis, IN License Number 13-06009-01 survey meter | N/A | Jun. 2008 - present |

Supervising Individual**

License/Permit Number listing supervising individual as an authorized Medical Physicist

William Howard

13-06009-01

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 | Joe Butts Jan. 2005 - May 2006 | N/A | N/A |
| Safety procedures for the device use | Joe Butts Jan. 2005 - May 2006 Nucletron Engineer March 2009 | N/A | N/A |
| Clinical use of the device | Joe Butts Jan. 2005 - May 2006 | N/A | N/A |
| Treatment planning system operation | Joe Butts Jan. 2005 - May 2006 | N/A | N/A |

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.)

Joe Butts
for the following types of use:

License/Permit Number listing supervising individual as an authorized Medical Physicist

13-00951-03

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 | N/A | N/A | N/A |

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 _____ 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 Shawn Hollars 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 Shawn Hollars 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 Shawn Hollars 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 Remote afterloader unit(s)
- 35.600 Teletherapy 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 Remote afterloader unit(s)
- 35.600 Teletherapy unit(s)
- 35.600 Gamma stereotactic radiosurgery unit(s)

Name of Preceptor

Signature

Telephone Number

Date

William Howard

William A Ford

(317) 355-3875

1/13/10

License/Permit Number/Facility Name

13-06009-01

Ball State University

has admitted

Shawn Cory Hollars

to the degree

Master of Arts

With all the rights and privileges appertaining

In Witness Whereof, this diploma is issued under the authority of Ball State University
Board of Trustees and upon recommendation of the Faculty at Muncie, Indiana,
this sixth day of May, A.D., two thousand and six.

Thomas A. Kellner

President of the Board of Trustees



J. Lee M. Gray

President of the University



A. Browne
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