



The Cancer Center
at Ball Memorial Hospital

U. S. Nuclear Regulatory Commission
Materials Licensing Section
2443 Warrenville Road, Suite 210
Lisle, IL 60532-4352

License No.: 13-00951-03

May 26, 2010

Dear Sir or Madam:

We wish to amend our materials license to add Jared Weatherford, MS as an authorized medical physicist for HDR remote afterloader units. Mr. Weatherford meets the requirements for training and experience as detailed in 10 CFR 35.690. Please find the enclosed form 313(AMP) in support of this request.

This amendment request has been approved by our institution's Radiation Safety Committee.

If there are any questions concerning this license notification, please feel free to contact me at 765-747-4440.

Sincerely,

Alvis E. Foster, PhD
Radiation Safety Officer

Terry Pence, RPh, MBA
Vice President, Clinical Service Line

Enclosures: 7

RECEIVED JUN 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

Jared Weatherford

- 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
Master of Science	Medical Physics
College or University	
University of Cincinnati, Cincinnati, Ohio	

- 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 Howard Elson, Ph.D. 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 Al Foster, Ph.D. 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	Barrett Cancer Center & University Hospital, Cincinnati, OH/0211031001/Ir-192 HDR remote afterloader, NaI & CM counter, ion chamber survey meter, well counter, auto-gamma well counter	Sept. 2007 - Mar. 2009	
Performing sealed source leak tests and inventories	Barrett Cancer Center & University Hospital, Cincinnati, OH/0211031001/auto-gamma well counter, NaI & GM counter, ion chamber survey meter	Sept. 2007 - Mar. 2009	
Performing decay corrections	Barrett Cancer Center & University Hospital, Cincinnati, OH/0211031001/Ir-192, I-125, F-18 (FDG), Tc-99m, Cs-137	Sept. 2007 - Mar. 2009	
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)	Barrett Cancer Center, Cincinnati, OH/0211031001/Ir-192 HDR remote afterloader, ion chamber survey meter, source positioning ruler, well counter, electrometer	Sept. 2007 - Mar. 2009	
Conducting radiation surveys around external beam treatment unit(s), stereotactic radiosurgery unit(s), remote after loading unit(s)	Barrett Cancer Center, Cincinnati, OH/0211031001/Ir-192 HDR remote afterloader, ion chamber survey meter	Sept. 2007 - Mar. 2009	

Supervising Individual**
Howard Elson, Ph.D.

License/Permit Number listing supervising individual as an authorized Medical Physicist
0211031001

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	Trained by A.M.P. from Sept. 2007 to Mar. 2009		
Safety procedures for the device use	Trained by A.M.P. from Sept. 2007 to Mar. 2009		
Clinical use of the device	Trained by A.M.P. from Sept. 2007 to Mar. 2009		
Treatment planning system operation	Trained by A.M.P. from Sept. 2007 to Mar. 2009		

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

Howard Elson, Ph.D. **0211031001**

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 _____ 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 **Jared Weatherford** 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 **Jared Weatherford** 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 **Jared Weatherford** 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)

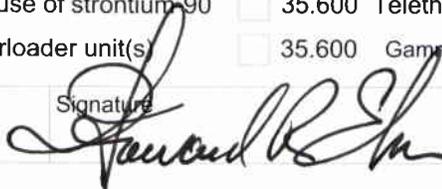
Name of Preceptor

Signature

Telephone Number

Date

Howard Elson, Ph.D.



(513) 584-5668

5/19/10

License/Permit Number/Facility Name

0211031001/Barrett Cancer Center, Cincinnati, Ohio

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 Cancer Center, Muncie, IN / 13-00951-03 / Ir-192 HDR remote afterloader, GM counter, ion chamber survey meter, well counter, electrometer		May 2009 - May 2010
Performing sealed source leak tests and inventories	Ball Cancer Center, Muncie, IN / 13-00951-03 / GM counter, ion chamber survey meter, wipe test radiation monitor		May 2009 - May 2010
Performing decay corrections	Ball Cancer Center, Muncie, IN / 13-00951-03 / Ir-192 HDR remote afterloader, Pd-103 brachytherapy seeds		May 2009 - May 2010
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)	Ball Cancer Center, Muncie, IN / 13-00951-03 / Ir-192 HDR remote afterloader, ion chamber survey meter, source positioning ruler, well counter, electrometer		May 2009 - May 2010
Conducting radiation surveys around external beam treatment unit(s), stereotactic radiosurgery unit(s), remote after loading unit(s)	Ball Cancer Center, Muncie, IN / 13-00951-03 / Ir-192 HDR remote afterloader, ion chamber survey meter		May 2009 - May 2010

Supervising Individual**

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

Al Foster, Ph.D.

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)

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 **Jared Weatherford** 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 **Jared Weatherford** 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 **Jared Weatherford** 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
Al Foster, Ph.D.		(765) 747-4440	5/25/10
License/Permit Number/Facility Name			
13-00951-03 / Ball Cancer Center			

Avis E. Foster, Ph.D.
Ball Memorial Hospital
2401 W. University Ave.
Muncie, IN 47303-3428

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

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