MidMichigan
Medical Center
Midland

July 20, 2010

Materials Licensing Branch
U.S. Nuclear Regulatory Commission
Region III
2443 Warrenville Road, Suite 210
Lisle, Illinois 60532-4352

Dear Sir / Madame,

This letter is to request amendment to NRC byproduct material license **# 21-01549-02**, MidMichigan Medical Center, Midland, Michigan.

Please **add Victor Hosfeld, MS** to the license as an authorized medical physicist (AMP) for Iridium-192 in a High Dose Rate Remote Afterloader Unit for calibrations, spot-checks, and training. An NRC 313a (AMP) form is attached for your review.

Please **add David Dubriwny, DO** to the license as an authorized user for 10 CFR parts 35.100 and 35.200. He is currently listed on NRC materials license 21-08966-01, Central Michigan Community Hospital, 1221 S. Michigan Drive, Mt. Pleasant, Michigan 48858, for these uses.

Please **remove Paul N. Mobit, PhD and Robert H. Smereka, MS** as authorized medical physicists from the license

For further information or questions, please contact me directly at 517-839-3450 or at fax number 989-839-1347.

Sincerely,

L. Langrill

Larry Langrill, RSO
MidMichigan Medical Center
4005 Orchard Dr.
Midland, MI 48670

NRC FORM 313A (AMP)
(10-2006)

U.S. NUCLEAR REGULATORY COMMISSION

AUTHORIZED MEDICAL PHYSICIST TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION [10 CFR 35.51]

APPROVED BY OMB: NO. 3150-0120
EXPIRES: 10/31/2008

Name of Proposed Authorized Medical Physicist: **Victor D. Hosfeld, MS**

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: **Duke University Durham, North Carolina**	

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 **Larry N. Langrill, MS** 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 **Larry N. Langrill, MS** who meets the requirements for an Authorized Medical Physicist.

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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)

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	**MidMichigan Medical Center - Midland Radiation Oncology NRC License # 21-01549-02**	**May '08 - June '09**	**July '09 - July '10**
Performing sealed source leak tests and inventories	**MidMichigan Medical Center - Midland Radiation Oncology NRC License # 21-01549-02**	**May '08 - June '09**	**July '09 - July '10**
Performing decay corrections	**MidMichigan Medical Center - Midland Radiation Oncology NRC License # 21-01549-02**	**May '08 - June '09**	**July '09 - July '10**
Performing full calibration and periodic spot checks of external beam treatment unit(s)	**MidMichigan Medical Center - Midland Radiation Oncology NRC License # 21-01549-02**	**May '08 - June '09**	**July '09 - July '10**
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)	**MidMichigan Medical Center - Midland Radiation Oncology NRC License # 21-01549-02**	**May '08 - June '09**	**July '09 - July '10**
Conducting radiation surveys around external beam treatment unit(s), sterotactic radiosurgery unit(s), remote after loading unit(s)	**MidMichigan Medical Center - Midland Radiation Oncology NRC License # 21-01549-02**	**May '08 - June '09**	**July '09 - July '10**

Supervising Individual**	License/Permit Number listing supervising individual as an authorized Medical Physicist
Larry Langrill, MS, RSO	**21 - 01549 - 02**

for the following types of use:

- [x] 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.

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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	MidMichigan Medical Center Radiation Oncology Dept. Midland, Michigan May 2008 - July 2010	N/A	N/A
Safety procedures for the device use	MidMichigan Medical Center Radiation Oncology Dept. Midland, Michigan May 2008 - July 2010	N/A	N/A
Clinical use of the device	MidMichigan Medical Center Radiation Oncology Dept. Midland, Michigan May 2008 - July 2010	N/A	N/A
Treatment planning system operation	MidMichigan Medical Center Radiation Oncology Dept. Midland, Michigan May 2008 - July 2010	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.)
Larry Langrill, MS, RSO

License/Permit Number listing supervising individual as an authorized Medical Physicist
NRC Byproduct materials license # 21-01549-02

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.

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U.S. NUCLEAR REGULATORY COMMISSION

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 **Victor D. Hosfeld, MS** 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 **Victor D. Hosfeld, MS** 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 **Victor D. Hosfeld, MS** 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
Larry N. Langrill, RSO	L Langrill	**989-839-3452**	**7-15-10**

License/Permit Number/Facility Name
NRC license # 21-01549-02, MidMichigan Medical Center, Midland, Michigan

MidMichigan
Medical Center
Midland

RADIATION ONCOLOGY
4005 Orchard Drive
Midland, MI 48670

Phone: (989) 839-3450
Fax: (989) 839-1347

FAX TRANSMITTAL

Date: 07/20/2010
To: REGIONAL III OFFICE OF NRC, CHICAGO
Fax No.: 630-515-1078
From: VICTOR D. HOSFELD, PHONE: 989-839-1407
No. of Pages: 6 (INCLUDING COVER)

NRC FORM 313a (AMP)

****CONFIDENTIAL****

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