

BOTSFORD RADIATION ONCOLOGY CENTER

27900 Grand River Avenue, Suite 120, Farmington Hills, MI 48336 | P 248.471.8120

August 12, 2010

James R. Mullauer, M.H.S.
Health Physicist
Materials Licensing Branch
U.S. Nuclear Regulatory Commission, Region III
2443 Warrenville Road, Suite 210
Lisle, IL 60532-4352

Re: Amendment to License Number 21-08892-01
Botsford General Hospital, Farmington Hills, MI 48336

Dear Mr. Mullauer:

We are resubmitting the application as per your advice.

We are requesting to add Nasser Al-Dhaibani M.D. to our license as an Authorized User for 35.400 and 35.600.

Dr. Al-Dhaibani has accepted a position as a radiation oncologist in the Department of Radiation Oncology at William Beaumont Hospital, 3601 West Thirteen Mile Road, Royal Oak MI 48073. Dr. Al-Dhaibani would also be working in the radiation oncology department of Botsford Cancer Center. Dr. Al-Dhaibani has completed his residency program (July 2005 to June 2010) in radiation oncology at Cross Cancer Institute, University of Alberta, Edmonton, Canada.

The list of the documents enclosed is as follows:

1. NRC Forms 313 and 313A(AUS) Training and Experience for Dr. Al-Dhaibani
2. Letter from University of Alberta, Department of Oncology – postgraduate clinical training rotation (radiation oncology)
3. Letters from Royal College of Physicians and Surgeons of Canada
4. HDR Brachytherapy Safety Training Checklist
5. Copy of Interim Approval granted to Nasser Al-Dhaibani M.D. as an authorized user for radiation oncology in categories 35.400, 35.500, 35.600 (HDR) from William Beaumont Hospital.

Please contact the following for any more information you might need

Purushottam Sharma, Physicist
Tel: 248-473-4811 office
Cell: 248-719-0096

Margaret Syrian, Physicist
Tel: 248-473-4802

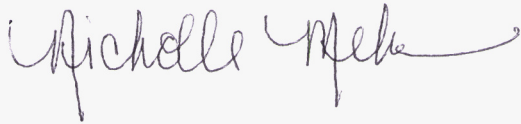
RECEIVED AUG 17 2010

BOTSFORD
CANCER CENTER

We request you to please approve this amendment at your earliest convenience.

Thanking you in advance

Yours truly,

A handwritten signature in purple ink that reads "Nicholle Mehr". The signature is fluid and cursive, with a long horizontal flourish extending to the right.

Nicholle Mehr, BSRTT
Director
Botsford Cancer Center

NRC FORM 313

U.S. NUCLEAR REGULATORY COMMISSION

APPROVED BY OMB: NO. 3150-0120

EXPIRES: 3/31/2012

(3-2009)
10 CFR 30, 32, 33,
34, 35, 36, 39, and 40

APPLICATION FOR MATERIALS LICENSE

Estimated burden per response to comply with this mandatory collection request: 4.3 hours. Submittal of the application is necessary to determine that the applicant is qualified and that adequate procedures exist to protect the public health and safety. Send comments regarding burden estimate to the Records and FOIA/Privacy Services Branch (T-5 F53), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to infocollects.resource@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0120), Office of Management and Budget, Washington, DC 20503. If a means used to impose an information collection does not display a currently valid OMB control number, the NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.

INSTRUCTIONS: SEE THE APPROPRIATE LICENSE APPLICATION GUIDE FOR DETAILED INSTRUCTIONS FOR COMPLETING APPLICATION.
SEND TWO COPIES OF THE ENTIRE COMPLETED APPLICATION TO THE NRC OFFICE SPECIFIED BELOW.

APPLICATION FOR DISTRIBUTION OF EXEMPT PRODUCTS FILE APPLICATIONS WITH:

OFFICE OF FEDERAL & STATE MATERIALS AND
ENVIRONMENTAL MANAGEMENT PROGRAMS
DIVISION OF MATERIALS SAFETY AND STATE AGREEMENTS
U.S. NUCLEAR REGULATORY COMMISSION
WASHINGTON, DC 20555-0001

ALL OTHER PERSONS FILE APPLICATIONS AS FOLLOWS:

IF YOU ARE LOCATED IN:

ALABAMA, CONNECTICUT, DELAWARE, DISTRICT OF COLUMBIA, FLORIDA, GEORGIA,
KENTUCKY, MAINE, MARYLAND, MASSACHUSETTS, NEW HAMPSHIRE, NEW JERSEY,
NEW YORK, NORTH CAROLINA, PENNSYLVANIA, PUERTO RICO, RHODE ISLAND, SOUTH
CAROLINA, TENNESSEE, VERMONT, VIRGINIA, VIRGIN ISLANDS, OR WEST VIRGINIA,
SEND APPLICATIONS TO:

LICENSING ASSISTANCE TEAM
DIVISION OF NUCLEAR MATERIALS SAFETY
U.S. NUCLEAR REGULATORY COMMISSION, REGION I
475 ALLENDALE ROAD
KING OF PRUSSIA, PA 19406-1415

IF YOU ARE LOCATED IN:

ILLINOIS, INDIANA, IOWA, MICHIGAN, MINNESOTA, MISSOURI, OHIO, OR WISCONSIN, SEND
APPLICATIONS TO:

MATERIALS LICENSING BRANCH
U.S. NUCLEAR REGULATORY COMMISSION, REGION III
2443 WARRENVILLE ROAD, SUITE 210
LISLE, IL 60532-4352

ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, COLORADO, HAWAII, IDAHO, KANSAS,
LOUISIANA, MISSISSIPPI, MONTANA, NEBRASKA, NEVADA, NEW MEXICO, NORTH
DAKOTA, OKLAHOMA, OREGON, PACIFIC TRUST TERRITORIES, SOUTH DAKOTA, TEXAS,
UTAH, WASHINGTON, OR WYOMING, SEND APPLICATIONS TO:

NUCLEAR MATERIALS LICENSING BRANCH
U.S. NUCLEAR REGULATORY COMMISSION, REGION IV
612 E. LAMAR BOULEVARD, SUITE 400
ARLINGTON, TX 76011-4125

PERSONS LOCATED IN AGREEMENT STATES SEND APPLICATIONS TO THE U.S. NUCLEAR REGULATORY COMMISSION ONLY IF THEY WISH TO POSSESS AND USE LICENSED
MATERIAL IN STATES SUBJECT TO U.S. NUCLEAR REGULATORY COMMISSION JURISDICTIONS.

1. THIS IS AN APPLICATION FOR (Check appropriate item)

☐ A. NEW LICENSE☒ B. AMENDMENT TO LICENSE NUMBER 21-08892-01☐ C. RENEWAL OF LICENSE NUMBER _____

2. NAME AND MAILING ADDRESS OF APPLICANT (Include ZIP code)

Stephan R. Morse, D.O., FAOCR
Radiation Safety Officer
Botsford General Hospital
28050 Grand River Avenue, Farmington Hills, MI 48336

3. ADDRESS WHERE LICENSED MATERIAL WILL BE USED OR POSSESSED

Botsford Cancer Center,
Department of Radiation Oncology
27900 Grand River Avenue
Farmington Hills, MI 448336

4. NAME OF PERSON TO BE CONTACTED ABOUT THIS APPLICATION

Purushottam Sharma or Margaret Syrian, Physicists

TELEPHONE NUMBER

(248) 473-4802

SUBMIT ITEMS 5 THROUGH 11 ON 8-1/2 X 11" PAPER. THE TYPE AND SCOPE OF INFORMATION TO BE PROVIDED IS DESCRIBED IN THE LICENSE APPLICATION GUIDE.

5. RADIOACTIVE MATERIAL

a. Element and mass number; b. chemical and/or physical form; and c. maximum amount
which will be possessed at any one time.

6. PURPOSE(S) FOR WHICH LICENSED MATERIAL WILL BE USED.

7. INDIVIDUAL(S) RESPONSIBLE FOR RADIATION SAFETY PROGRAM AND THEIR
TRAINING EXPERIENCE.

8. TRAINING FOR INDIVIDUALS WORKING IN OR FREQUENTING RESTRICTED AREAS.

9. FACILITIES AND EQUIPMENT.

10. RADIATION SAFETY PROGRAM.

11. WASTE MANAGEMENT.

12. LICENSE FEES (See 10 CFR 170 and Section 170.31)

FEE CATEGORY	AMOUNT ENCLOSED	\$

13. CERTIFICATION. (Must be completed by applicant) THE APPLICANT UNDERSTANDS THAT ALL STATEMENTS AND REPRESENTATIONS MADE IN THIS APPLICATION ARE BINDING
UPON THE APPLICANT.

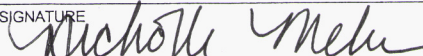
THE APPLICANT AND ANY OFFICIAL EXECUTING THIS CERTIFICATION ON BEHALF OF THE APPLICANT, NAMED IN ITEM 2, CERTIFY THAT THIS APPLICATION IS PREPARED IN
CONFORMITY WITH TITLE 10, CODE OF FEDERAL REGULATIONS, PARTS 30, 32, 33, 34, 35, 36, 39, AND 40, AND THAT ALL INFORMATION CONTAINED HEREIN IS TRUE AND
CORRECT TO THE BEST OF THEIR KNOWLEDGE AND BELIEF.

WARNING: 18 U.S.C. SECTION 1001 ACT OF JUNE 25, 1948 62 STAT. 749 MAKES IT A CRIMINAL OFFENSE TO MAKE A WILLFULLY FALSE STATEMENT OR REPRESENTATION TO
ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION.

CERTIFYING OFFICER - TYPED/PRINTED NAME AND TITLE

Nicholle Mehr, BSRTT, Director, Bostford Cancer Center

SIGNATURE



DATE

8/11/10

FOR NRC USE ONLY

TYPE OF FEE	FEE LOG	FEE CATEGORY	AMOUNT RECEIVED	CHECK NUMBER	COMMENTS
			\$		
APPROVED BY				DATE	

NRC FORM 313A (AUS) (3-2009)		U.S. NUCLEAR REGULATORY COMMISSION		APPROVED BY OMB: NO. 3150-0120 EXPIRES: 3/31/2012	
AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (for uses defined under 35.400 and 35.600) [10 CFR 35.490, 35.491, and 35.690]					
Name of Proposed Authorized User <i>Nasser Al-Dhaibani, MD, FRCPc</i>			State or Territory Where Licensed <i>MI</i>		
Requested <input checked="" type="checkbox"/> 35.400 Manual brachytherapy sources <input type="checkbox"/> 35.600 Teletherapy unit(s) Authorization(s) <input type="checkbox"/> 35.400 Ophthalmic use of strontium-90 <input type="checkbox"/> 35.600 Gamma stereotactic radiosurgery unit(s) (check all that apply) <input checked="" type="checkbox"/> 35.600 Remote afterloader 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. For 35.600, go to the table in 3.e. 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 35.600 Authorized User Requesting Additional Authorization for 35.600 Use(s) Checked Above a. Go to the table in section 3.e. to document training for new device. b. Skip to and complete Part II Preceptor Attestation.					
<input checked="" type="checkbox"/> 3. Training and Experience for Proposed Authorized User a. Classroom and Laboratory Training <input checked="" type="checkbox"/> 35.490 <input type="checkbox"/> 35.491 <input checked="" type="checkbox"/> 35.690					
Description of Training	Location of Training	Clock Hours	Dates of Training*		
Radiation physics and instrumentation	Cross Cancer Institute University of Alberta Canada	140	July 1, 2005 through June 30, 2010		
Radiation protection	as part of Radiation Oncology Residency training	20			
Mathematics pertaining to the use and measurement of radioactivity		10			
Radiation biology		130			
Total Hours of Training:		300			

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

U.S. NUCLEAR REGULATORY COMMISSION

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Training and Experience for Proposed Authorized User (continued)

b. Supervised Work and Clinical Experience for 10 CFR 35.480 (If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this page.)

Supervised Work Experience		Total Hours of Experience:	
Description of Experience Must Include:	Location of Experience/License or Permit Number of Facility	Confirm	Dates of Experience*
Ordering, receiving, and unpacking radioactive materials safely and performing the related radiation surveys	Radiation Oncology Department Physics Department University of Alberta, Canada Cross Cancer Institute	<input type="checkbox"/> Yes	July 1, 2005 through June 30, 2010
Checking survey meters for proper operation		<input type="checkbox"/> No	
Preparing, implanting, and safely removing brachytherapy sources		<input checked="" type="checkbox"/> Yes	
		<input type="checkbox"/> No	
Maintaining running inventories of material on hand		<input type="checkbox"/> Yes	
		<input type="checkbox"/> No	
Using administrative controls to prevent a medical event involving the use of byproduct material		<input checked="" type="checkbox"/> Yes	
Using emergency procedures to control byproduct material		<input checked="" type="checkbox"/> Yes	
		<input type="checkbox"/> No	

Clinical experience in radiation oncology as part of an approved formal training program	Location of Experience/License or Permit Number of Facility	Dates of Experience*
Approved by: <input type="checkbox"/> Residency Review Committee for Radiation Oncology of the ACGME <input checked="" type="checkbox"/> Royal College of Physicians and Surgeons of Canada <input type="checkbox"/> Committee on Postdoctoral Training of the American Osteopathic Association	As part of Radiation Oncology Residency Training Program University of Alberta Canada	between July 1, 2005 & June 30, 2010
Supervising Individual	License/Permit Number listing supervising individual as an Authorized User CNSC License 01832-47-11.6 (Alberta Health Services)	

Dr. Parliament
Director of Radiation Onc. Dep.

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NRC FORM 313A (AUS)
(5-2009)

U.S. NUCLEAR REGULATORY COMMISSION

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Training and Experience for Proposed Authorized User (continued)

c. Supervised Clinical Experience for 10 CFR 35.491

Description of Experience	Location of Experience/License or Permit Number of Facility	Clock Hours	Dates of Experience*
Use of strontium-90 for ophthalmic treatment, including: examination of each individual to be treated; calculation of the dose to be administered; administration of the dose; and follow up and review of each individual's case history			
Supervising Individual		License/Permit Number listing supervising individual as an Authorized User	

d. Supervised Work and Clinical Experience for 10 CFR 35.690

☒ Remote afterloader unit(s)☐ Teletherapy unit(s)☐ Gamma stereotactic radiosurgery unit(s)

Supervised Work Experience

Total Hours of Experience: 500

Description of Experience Must Include:	Location of Experience/License or Permit Number of Facility	Confirm	Dates of Experience*
Reviewing full calibration measurements and periodic spot-checks	Radiation Oncology Residency Cross Cancer Institute ↓ Radiation Oncology + Physics Departments Cross Cancer Institute ↓ University of Alberta, Canada	<input type="checkbox"/> Yes <input type="checkbox"/> No	July 1, 2005 through June 30, 2010
Preparing treatment plans and calculating treatment doses and times		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Using administrative controls to prevent a medical event involving the use of byproduct material		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Implementing emergency procedures to be followed in the event of the abnormal operation of the medical unit or console		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Checking and using survey meters		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Selecting the proper dose and how it is to be administered		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

U.S. NUCLEAR REGULATORY COMMISSION

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Training and Experience for Proposed Authorized User (continued)

d. Supervised Work and Clinical Experience for 10 CFR 35.690 (continued)

Clinical experience in radiation
oncology as part of an approved
formal training programLocation of Experience/License or
Permit Number of FacilityDates of
Experience

Approved by:

- ☐ Residency Review
Committee for Radiation
Oncology of the ACGME
- ☒ Royal College of Physicians
and Surgeons of Canada
- ☐ Committee on Postdoctoral
Training of the American
Osteopathic Association

Radiation Oncology Residency Program
University of AlbertaCertification by Royal College of
Physicians and Surgeons of CanadaJuly 1, 2005
through
June 30, 2010

Supervising Individual

License/Permit Number listing supervising individual as an
Authorized User

e. For 35.600, 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
Device operation	University of Alberta Residency program July 1, 2005 through June 30, 2010		
Safety procedures for the device use			
Clinical use of the device			

Supervising Individual. If training provided by Supervising
Individual. (If more than one supervising individual is necessary
to document supervised work experience, provide multiple
copies of this page.)License/Permit Number listing supervising individual as an
Authorized User

Authorized for the following types of use:

☒ Remote afterloader unit(s)☐ Teletherapy unit(s)☐ Gamma stereotactic radiosurgery unit(s)

f. Provide completed Part II Preceptor Attestation.

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NRC FORM 313A (AUS)
11-2005

U.S. NUCLEAR REGULATORY COMMISSION

AUTHORIZED USER 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.

By checking the boxes below, the preceptor is attesting that the individual has knowledge to fulfill the duties of the position sought and not attesting to the individual's "general clinical competency."

First Section

Check one of the following for each requested authorization:

For 35.490:

Board Certification

☐ I attest that _____ has satisfactorily completed the requirements in _____
Name of Proposed Authorized User

35.490(a)(1) and has achieved a level of competency sufficient to function independently as an authorized user of manual brachytherapy sources for the medical uses authorized under 10 CFR 35.400.

OR

Training and Experience

☒ I attest that Nasser Al-Dhaibani, MD, FRCP has satisfactorily completed the 200 hours of _____
Name of Proposed Authorized User

classroom and laboratory training, 500 hours of supervised work experience, and 3 years of supervised clinical experience in radiation oncology, as required by 10 CFR 35.490(b)(1) and (b)(2), and has achieved a level of competency sufficient to function independently as an authorized user of manual brachytherapy sources for the medical uses authorized under 10 CFR 35.400.

For 35.491:

☐ I attest that _____ has satisfactorily completed the 24 hours of _____
Name of Proposed Authorized User

classroom and laboratory training applicable to the medical use of strontium-90 for ophthalmic radiotherapy, has used strontium-90 for ophthalmic treatment of 5 individuals, as required by 10 CFR 35.491(b), and has achieved a level of competency sufficient to function independently as an authorized user of strontium-90 for ophthalmic use.

Second Section

For 35.690:

Board Certification

☐ I attest that _____ has satisfactorily completed the requirements in _____
Name of Proposed Authorized User

35.690(a)(1).

OR

Training and Experience

☒ I attest that Nasser Al-Dhaibani, MD, FRCP has satisfactorily completed 200 hours of classroom _____
Name of Proposed Authorized User

and laboratory training, 500 hours of supervised work experience, and 3 years of supervised clinical experience in radiation therapy, as required by 10 CFR 35.690(b)(1) and (b)(2).

AND

NRC FORM 313A (AUG)

U.S. NUCLEAR REGULATORY COMMISSION

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

Preceptor Attestation (continued)

Third Section

For 35.600: (continued)

I attest that Nasser Al Shalabi, MD, FRCPC has received training required in 35.600(c) for device operation, safety procedures, and clinical use for the type(s) of use for which authorization is sought, as checked below.

☒ Remote afterloader unit(s) ☐ Teletherapy unit(s) ☐ Gamma stereotactic radiosurgery unit(s)

AND

Fourth Section

I attest that Nasser Al Shalabi, MD, FRCPC has achieved a level of competency sufficient to achieve a level of competency sufficient to function independently as an authorized user for:

☒ Remote afterloader unit(s) ☐ Teletherapy unit(s) ☐ Gamma stereotactic radiosurgery unit(s)

Fifth Section

Complete the following for preceptor attestation and signature:

☒ I meet the requirements in 10 CFR 35.490, 35.401, 35.690, or equivalent Agreement State requirements, as an authorized user for:

☒ 35.400 Manual brachytherapy sources ☐ 35.600 Teletherapy unit(s)

☐ 35.400 Ophthalmic use of strontium-90 ☒ 35.600 Gamma stereotactic radiosurgery unit(s)

☒ 35.600 Remote afterloader unit(s)

Name of Preceptor

Signature

Telephone Number

Date

License/Permit Number/Facility Name

Jing S GRIIS



248-551-7032

8/4/10

21-01333-01

William Beaumont Hospital
MI USA

PAGE 2



UNIVERSITY OF
ALBERTA

Department of Oncology

Cross Cancer Institute, 11560 University Ave
Edmonton, Alberta, Canada T6G 1Z2

Dr. Nasser Al-Dhaibani

Postgraduate Clinical Training Rotations (Radiation Oncology)

Chair

Alexander (Sandy) McEwan
Tel: 780 432 8320
Fax: 780 432 8425
sandy@ccrboard.ab.ca

Assistant Chair Administration

Cynthia Henderson
Tel: 780 432 8576
Fax: 780 432 8425
cynthiah@ccrboard.ab.ca

Experimental Oncology Director

David Murray
Tel: 780 432 8427
Fax: 780 432 8428
dave@ccrboard.ab.ca

Medical Oncology Director

Peter Venner
Tel: 780 432 8756
Fax: 780 432 8888
peter@ccrboard.ab.ca

Medical Physics Director

Gino Fallone
Tel: 780 432 8750
Fax: 780 432 8615
gino@ccrboard.ab.ca

Oncologic Imaging Acting Director

Steve McQuarrie
Tel: 780 989 4311
Fax: 780 432 8483
steve@ccrboard.ab.ca

Palliative Care Medicine Director

Robin Fainsinger
Tel: 780 735 7727
Fax: 780 735 7302
robin.fainsinger@albertahealthservices.ca

Radiation Oncology Director

Matthew Parliament
Tel: 780 432 8749
Fax: 780 432 8380
matthewp@ccrboard.ab.ca

Surgical Oncology Director

Christopher de Gara
Tel: 780 432 8337
Fax: 780 432 8333
chrisdeg@ccrboard.ab.ca

Year 1 2005-2006	From	To	Preceptor	Subject
	July 1/05	July 31/05	Dr. Scrimger	Radiation Oncology
	Aug 1/05	Aug 28/05	Dr. Boulanger	Emerg Medicine
	Aug 29/05	Sept 25/05	Dr. Zia	Internal Medicine
	Sept 26/05	Oct 23/05	Dr. P. Turner	Internal Medicine
	Oct 24/05	Nov 20/05	Dr. Hasse	Surgery
	Nov 21/05	Dec 18/05	Dr. Seikaly	ENT
	Dec 19/05	Jan 15/06	Dr. Chandra	OB Gyne
	Jan 16/06	Feb 12/06	Dr. Bistriz	Radiology
	Feb 13/06	Mar 12/06	Dr. Puttagunta	Pathology
	Mar 13/06	Apr 9/06	Dr. Amigo	Palliative Medicine
	Apr 10/06	May 7/06		Vacation
	May 8/06	Jun 4/06	Dr. Ross	Family Medicine
	Jun 5/06	Jun 30/06	Dr. O'Reilly	CCU

Year 2 – 2006-2007	From	To	Preceptor	Subject
	July 1/06	July 16/06	Dr. Koski	Vacation
	July 17/06	July 30/06	Dr. Shafran	Infectious Disease
	July 31/06	Aug 27/06	Dr. Brown	Pulmonary
	Aug 28/06	Sep 24/06	Dr. R. Turner	Hematology
	Sep 25/06	Oct 22/06	Dr. Koski	Medical Oncology
	Oct 23/06	Nov 5/06		Vacation
	Nov 6/06	Dec 17/06	Dr. Koski	Medical Oncology
	Dec 18/06	Mar 11/07	Dr. Roa	Clinical Rad Onc
	Mar 12/07	May 6/07	Dr. Parliament	Clinical Rad Onc
	May 7/07	June 30/07	Dr. Chafe	Clinical Rad Onc

Year 3 2007-2008	From	To	Preceptor	Subject
	July 1/07	Aug 26/07	Dr. Jha	Clinical Rad Onc
	Aug 27/07	Oct 21/07	Dr. Dundas	Clinical Rad Onc
	Oct 22/07	Jan 13/08	Dr. Amanie	Clinical Rad Onc
	Jan 14/08	Apr 6/08	Dr. Yee	Clinical Rad Onc
	Apr 7/08	June 30/08	Dr. Nijjar	Clinical Rad Onc

Year 4 2008-2009	From	To	Preceptor	Subject
	July 1/08	Aug 24/08	Dr. Joseph	Clinical Rad Onc
	Aug 25/08	Oct 5/08	Dr. Al-Ghamdi	Clinical Elective
	Oct 6/08	Nov 14/08	S. Connors	Clinical Physics
	Nov 17/08	Feb 8/09	Dr. Fairchild	Clinical Rad Onc
	Feb 9/09	May 3/09	Dr. Murtha	Clinical Rad Onc
	May 4/09	Jun 30/09	Dr. Severin	Clinical Rad Onc

Year 5 2009-2010	From	To	Preceptor	Subject
	July 1/09	Sept 20/09	Dr. Dundas	Clinical Rad Onc
	Sep 21/09	Dec 13/09	Dr. Scrimger	Clinical Rad Onc
	Dec 14/09	Mar 7/10	Dr. Usmani	Clinical Rad Onc
	Mar 8/10	June 30/10	Dr. Patel	Clinical Rad Onc

Date

Program Director Signature



ROYAL COLLEGE
OF PHYSICIANS AND SURGEONS OF CANADA
COLLÈGE ROYAL
DES MÉDECINS ET CHIRURGIENS DU CANADA

royalcollege.ca • collegeroyal.ca

June 23, 2010

0742768
Dr. Nasser Ali Nasser Al-Dhaibani
Suite 8208
117th St NW
Edmonton, AB T6G 1R2

Dear Doctor Al-Dhaibani,

On behalf of the Royal College, I extend to you our congratulations for your success at the examination leading to Certification in the specialty of RADIATION ONCOLOGY.

The official date on which you have satisfied all the requirements of Certification by the Royal College of Physicians and Surgeons of Canada is June 30, 2010.

All provincial licensing authorities will be notified of your Certification at that time. However, I suggest that you forward this letter as soon as possible to the medical licensing authority in the jurisdiction where you intend to practice in order to ensure timely processing of your license application. Your specialist certification will automatically be mailed to you in approximately three months.

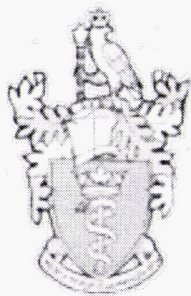
All specialists certified by this College are invited to apply as early as possible for admission to Fellowship. Membership in the Royal College includes enrollment in the maintenance of Certification program and permits the use of the well recognized specialty designation FRCPC (or FRCSC) in recognition of your achievement. A registration form will be mailed to you shortly by the Membership Unit with other pertinent information.

We hope that you will maintain a continuing association with the College, as a Fellow, and thereby participate actively in furthering its objectives. If you have any question, please contact the Membership Services Centre at the toll-free telephone number at 1-800-461-9598.

May I extend to you my personal best wishes for success in your future professional endeavours.

Sincerely,

Kenneth A. Harris, MD FRCSC
Director, Office of Education



**The Royal College of Physicians and Surgeons of Canada
Le Collège royal des médecins et chirurgiens du Canada**

774 promenade Echo Drive, Ottawa, Canada K1S 5N8

Office of Education

Bureau de l'éducation

June 1, 2010 / le 1 juin 2010

Doctor Nasser Ali Nasser Al-Dhaibani

ID Number / numéro d'identité: 742768

**Radiation Oncology
Radio-oncologie**

On behalf of the Royal College, it gives us great pleasure to inform you that you have been successful at the recent examination in your specialty.

We will confirm the result of your examination, by mail, in the near future.

Au nom du Collège royal, il nous fait grand plaisir de vous aviser que vous avez réussi à l'examen de votre spécialité.

Nous confirmerons le résultat de votre examen, par la poste, aussitôt que possible.

Kenneth A. Harris, MD, FRCSC
Director of Education/Directeur de l'éducation

The McLaughlin Centre for Evaluation/Le Centre d'évaluation McLaughlin
Tel/Tél 1-800-668-3740 Fax/Téléc.: 613-730-8261 E-mail/Courriel.: examadmin@rcpsc.edu
"One grade only, and that the best" Colonel R. Samuel McLaughlin (1871-1972) « Une seule qualité, la meilleure »

HDR Brachytherapy Safety Training Checklist

All persons working with HDR brachytherapy are required to have annual safety training.

This form is a record of your periodic training. Please check off in the first column items covered in your training session, sign and date at the bottom.

Item	Required for			
	MD	RN	Phys	
QMP Program Requirements:				
<input checked="" type="checkbox"/> Written Directive	X	X	X	
<input checked="" type="checkbox"/> 2 independent forms of patient ID	X	X	X	
<input checked="" type="checkbox"/> Treatment Plan checked by 2 nd person	X		X	
<input checked="" type="checkbox"/> Connections checked by 2 nd person	X	X	X	
<input checked="" type="checkbox"/> Operator understands Rx and plan			X	
<input checked="" type="checkbox"/> Physical presence of AU and AMP	X	X	X	
<input checked="" type="checkbox"/> MD confirms delivery meets Rx (progress note)	X		X	
Applicator				
<input checked="" type="checkbox"/> MammoSite (single lumen only)	X	X	X	
<input checked="" type="checkbox"/> Multi-lumen Breast Balloons	X	X	X	
<input checked="" type="checkbox"/> Ring and Tandem	X	X	X	
<input checked="" type="checkbox"/> Vaginal Cylinder	X	X	X	
<input checked="" type="checkbox"/> Flexible Catheters	X	X	X	
Afterloader programming check				
<input checked="" type="checkbox"/> Items to be verified	X		X	
<input checked="" type="checkbox"/> Items most likely to cause significant error	X		X	
<input checked="" type="checkbox"/> Location of posted checklist	X		X	
<input checked="" type="checkbox"/> Reviewed/approved by both AU and AMP	X		X	
Locations and operation of safety/emergency equipment				
<input checked="" type="checkbox"/> Independent room radiation monitor	X	X	X	
<input checked="" type="checkbox"/> Survey meter	X		X	
<input checked="" type="checkbox"/> Emergency container, long-handled forceps	X	X	X	
<input checked="" type="checkbox"/> Suture removal kit	X	X		
<input checked="" type="checkbox"/> Emergency stop buttons	X	X	X	
Emergency procedures				
<input checked="" type="checkbox"/> Posted procedures	X	X	X	
<input checked="" type="checkbox"/> Responsibilities of various team members	X	X	X	
<input checked="" type="checkbox"/> Emergency telephone numbers	X	X	X	
<input checked="" type="checkbox"/> Walk-through of mock emergency	X	X	X	
Normal operations				
<input type="checkbox"/> Remote afterloader programming/operation			X	
<input checked="" type="checkbox"/> Remote afterloader in-room precautions/hookup	X	X	X	
<input checked="" type="checkbox"/> Security procedures	X	X	X	

Nasser Al-Dhaibani, MD, FRCPC
print name

Evelyn Sebastian
print name of trainer

[Signature]
signature

Evelyn Sebastian
signature of trainer

Aug 4th 2010
Date

8/4/2010
Date

William Beaumont Hospital, Royal Oak, MI, USA

To: Alvaro Martinez, M.D. Department: Director, Radiation Oncology

From: Darlene Fink-Bennett, M.D. Department: Chair, Radiation Safety Committee

Date: August 11, 2010

Subject: Interim Approval of New Authorized User for Radiation Oncology- Nasser Al-Dhaibani, M.D.

The training and experience of Nasser Al-Dhaibani, M.D. was reviewed. This included NRC Form 313A (AUS), Authorized User Training and Experience and Preceptor Attestation; Certificate of completion of Residency Training in Radiation Oncology at Cross Cancer Institute, University of Alberta, Canada. This documented training and experience meets the requirements of 10 CFR Parts 35 for categories 35.400, 35.500, 35.600 (HDR). Therefore, the Radiation Safety Committee grants interim approval to Nasser Al-Dhaibani, M.D. as a new authorized user for radiation oncology in categories 35.400, 35.500, 35.600 (HDR) pending full approval at the next RSC meeting on September 8, 2010.

cc. Nasser Al-Dhaibani, M.D.
Lisa Burgess
Evelyn Sebastian
Cheryl Culver Schultz

BOTSFORD RADIATION ONCOLOGY CENTER

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