

TRANSMISSION VERIFICATION REPORT

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NAME : USNRC REGION3 DNMS  
FAX : 6305151259  
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UNITED STATES  
**NUCLEAR REGULATORY COMMISSION**

REGION III  
2443 WARRENVILLE ROAD, SUITE 210  
LISLE, ILLINOIS 60532-4352

**TELEFAX TRANSMITTAL**

DATE September 16, 2010

NUMBER OF PAGES 6

SEND TO Ed Wroblewski, Radiation Safety Officer

LOCATION St. Vincent Hospital & Health Care Center

FAX NUMBER (317) 338-2496

VERIFY BY CALLING

FROM: Bill Reichhold  
(Sender)

TELEPHONE NUMBER (630) 829-9839

FAX NUMBER (630) 515-1078

If you do not receive the complete fax transmittal, please contact the sender as soon as possible at the telephone number provided above.

MESSAGE See accompanying documents.



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**NOTICE**

This message is intended only for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential, or exempt from disclosure under applicable law. If the reader of this message is not the intended recipient or the employee responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you received this communication in error, please notify the sender immediately by telephone and return the original to the above address, by U.S. Mail. Thank You.

Please **resubmit** your request to add Brady Nye Taylor, M.S. as an authorized medical physicist. There is missing and confusing information in the NRC Form 313A (AMP) you submitted with your request.

1. Please fill in the name of the proposed authorized medical physicist.
2. Please remove the check mark for 35.600 Teletherapy unit(s) in the box titled "Requested Authorization(s)". Your license does not authorize this use.
3. Please fill in the name of the Supervising Individual in item 3.b.
4. Please fill in the license number listing the Supervising Individual as an authorized Medical Physicist.
5. Please remove the check mark by Teletherapy unit(s) in item 3.b. because your license does not authorize this use.
6. Missing the Training Provider in item 3.c. Please fill in the Training Provider (St. Vincent Hospital ?).
7. Missing the Supervising Individuals who provided the training in item 3.c. Please fill in the names of the Supervising Individuals.
8. Please remove the check mark by Teletherapy unit(s) in item 3.c. because your license does not authorize this use.
9. Please remove the check marks by Teletherapy unit(s) in Part II – Preceptor Attestation, Sections 3 and 4 because your license does not authorize this use.

Please see attached.

Please carefully proof read your document before you submit it to the NRC. I know you would have found the missing and confusing information in the NRC FORM 313A (AMP) and corrected it before you submitted your request to the NRC.

Please send a facsimile (630- 515-1078) of your response to the above within 7 days and refer to control 573361 . Please call me at 630-829-9839 if you have any questions.

*In accordance with 10 CFR 2.390 of the NRC's "Rules of Practice," a copy of this facsimile and the attached documents will be available electronically for public inspection in the NRC Public Document Room or from the Publicly Available Records (PARS) component of NRC's document system (ADAMS). The NRC's document system is accessible from the NRC Web site at <http://www.nrc.gov/reading-rm/adams.html> (the Public Electronic Reading Room).*

From the desk of:

  
Bill Reichhold

MISSING NAME  
 Fill IN  
 ↓

**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

- 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
M.S.	Medical Physics
College or University	
Duke University	

- 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 Benwen Ni, PhD, Xiaoyang Wang, M.S 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 Benwen Ni, PhD, Xiaoyang Wang, M.S 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	St. Vincent Hospital Indianapolis / 13-00133-02 See devices listed below.	8/11/08-8/11/09	8/11/09-Present
Performing sealed source leak tests and inventories	St. Vincent Hospital Indianapolis / 13-00133-02 Quadramet, Bexxar, Cs-137, Ir-192, Pre-loaded Prostate Pd-103 Needles	8/11/08-8/11/09	8/11/09-Present
Performing decay corrections	St. Vincent Hospital Indianapolis / 13-00133-02 Calculation	8/11/08-8/11/09	8/11/09-Present
Performing full calibration and periodic spot checks of external beam treatment unit(s)	St. Vincent Hospital Indianapolis / 13-00133-02 Novalis, Siemens Primus, Varian 2100 C/D	8/11/08-8/11/09	8/11/09-Present
Performing full calibration and periodic spot checks of stereotactic radiosurgery unit(s)	St. Vincent Hospital Indianapolis / 13-00133-02 Novalis	8/11/08-8/11/09	8/11/09-Present
Performing full calibration and periodic spot checks of remote afterloading unit(s)	St. Vincent Hospital Indianapolis / 13-00133-02 Nucletron MicroSelectron Ir-192 remote afterloader	8/11/08-8/11/09	8/11/09-Present
Conducting radiation surveys around external beam treatment unit(s), stereotactic radiosurgery unit(s), remote after loading unit(s)	St. Vincent Hospital Indianapolis / 13-00133-02 Ludlum IC, Luclum GM, Victoreen IC	8/11/08-8/11/09	8/11/09-Present

Missing Name(s)  
Fill IN →

Supervising Individual\*\*

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

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	Vendor? - ? - Training Provider and Dates		
	Remote Afterloader	Teletherapy ?	Gamma Stereotactic Radiosurgery
Hands-on device operation	Benwen Ni, PhD, Xiaoyang Wang, M.S, 8/11/08-8/11/09	Benwen Ni, PhD, Xiaoyang Wang, M.S, 8/11/08-8/11/09	
Safety procedures for the device use	Benwen Ni, PhD, Xiaoyang Wang, M.S, 8/11/08-8/11/09	Benwen Ni, PhD, Xiaoyang Wang, M.S, 8/11/08-8/11/09	
Clinical use of the device	Benwen Ni, PhD, Xiaoyang Wang, M.S, 8/11/08-8/11/09	Benwen Ni, PhD, Xiaoyang Wang, M.S, 8/11/08-8/11/09	
Treatment planning system operation	Benwen Ni, PhD, Xiaoyang Wang, M.S, 8/11/08-8/11/09	Benwen Ni, PhD, Xiaoyang Wang, M.S, 8/11/08-8/11/09	

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

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.

Missing Names

Fill IN

**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 Brady Nye Taylor 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 Brady Nye Taylor 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 Brady Nye Taylor 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
Benwen Ni, PhD, Xiaoyang Wang, M.S		(317) 415-6661	8/13/2010
License/Permit Number/Facility Name			
13-00133-02 / St. Vincent Hospital Indianapolis			