



Lakeland HealthCare
Medical Excellence. Compassionate Care.

October 14, 2010

Toye Simmons
U.S. Nuclear Regulatory Commission
Materials Licensing Branch, Region III
2443 Warrenville Road
Lisle, IL 60532-4352

RE: *License No. 21-04177-01, Lakeland Medical Center*
Control No. 573393

Enclosed is further documentation you have requested concerning David E. Sieffert, M.S. NRC form 313A (AMP). Page 3 has been completed with the description of training and dates concerning David's preceptor training. The training includes hand's-on device operation, safety procedures for the device, clinical use of the device, and treatment planning system operation.

If you have any questions, please contact David Sieffert, M.S., Medical Physicist, RSO at 269-982-4873.

Sincerely,

Loren B. Hamel, MD
President & CEO
Lakeland HealthCare

LBH:nh
enclosure

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

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	Brent D. Murphy, MS, DARR Center for Cancer Care Coshon, IN 46526 NRC Lic # 13-18845-01 Aug 2008 - Aug 2010		
Safety procedures for the device use			
Clinical use of the device			
Treatment planning system operation			

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

Brent D. Murphy
for the following types of use:

NRC Lic # 13-18845-01

☒ 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.



<input checked="" type="checkbox"/> Lakeland Regional Medical Center 1234 Napier Avenue St. Joseph, MI 49085-2158	<input type="checkbox"/> Lakeland Specialty Hospital 6418 Deans Hill Road Berrien Center, MI 49102-9704	<input type="checkbox"/> Lakeland Hand Clinic 3901 Stonegate Park, Suite 400 St. Joseph, MI 49085	<input type="checkbox"/> Lakeland at Meadowbrook 2550 Meadowbrook Road Benton Harbor, MI 49022
<input type="checkbox"/> Lakeland Community Hospital 31 N. St. Joseph Avenue Niles, MI 49120-2287	<input type="checkbox"/> Lakeland Health Park 3774 Hollywood Road St. Joseph, MI 49085-9550	<input type="checkbox"/> Lakeland Continuing Care Center 3425 Lakeshore Drive St. Joseph, MI 49085-2695	<input type="checkbox"/> Other _____

Fax Cover Sheet

To		From	
Name	Toye Simmons	Name	Jeremy Blauser
Location		Location	
Phone		Phone	
Fax	630-515-1078	Fax	269-982-4937

Message

RE: AMP Application for Dave Sieffert
Additional Information Requested.

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Transmission

By	QPB	Date	10/15/2010	Pages (including cover)	3
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