

**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]

APPROVED BY OMB: NO. 3150-0120
EXPIRES: 3/31/2012

Name of Proposed Authorized User

State or Territory Where Licensed

Tae Soo Chung, M.D.

Indiana

Requested

35.400 Manual brachytherapy sources 35.600 Teletherapy unit(s)

Authorization(s)

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

(check all that apply)

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.

3. Training and Experience for Proposed Authorized User

- a. Classroom and Laboratory Training 35.490 35.491 35.690

Description of Training	Location of Training	Clock Hours	Dates of Training*
Radiation physics and instrumentation			
Radiation protection			
Mathematics pertaining to the use and measurement of radioactivity			
Radiation biology			
Total Hours of Training:			

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 35.490 (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		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Checking survey meters for proper operation		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Preparing, implanting, and safely removing brachytherapy sources		<input 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 type="checkbox"/> Yes <input type="checkbox"/> No	
Using emergency procedures to control byproduct material		<input 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 type="checkbox"/> Royal College of Physicians and Surgeons of Canada <input type="checkbox"/> Committee on Postdoctoral Training of the American Osteopathic Association		
Supervising Individual	License/Permit Number listing supervising individual as an Authorized User	

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:	
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		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Preparing treatment plans and calculating treatment doses and times		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Using administrative controls to prevent a medical event involving the use of byproduct material		<input 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 type="checkbox"/> Yes <input type="checkbox"/> No	
Checking and using survey meters		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Selecting the proper dose and how it is to be administered		<input type="checkbox"/> Yes <input type="checkbox"/> No	

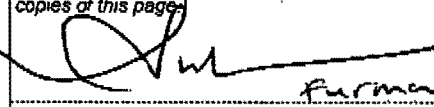
AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

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 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 type="checkbox"/> Royal College of Physicians and Surgeons of Canada <input type="checkbox"/> Committee on Postdoctoral Training of the American Osteopathic Association		
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	Varian Engineer 5/25/2011 ~ 5/27/2011		
Safety procedures for the device use	Varian Engineer 5/25/2011 - 5/27/2011		
Clinical use of the device	breast - Pt ID 307931 on 6/29/11, 6/30/11, 7/1/11 and 7/5/11 prostate - Pt ID 149275 on 8/5/11 and 8/8/11 Endometrial - Pt ID 160875 on 8/18/11 and 8/24/11		
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	
 J. Furman		13-01787-01	
Authorized for the following types of use:			
<input checked="" type="checkbox"/> Remote afterloader unit(s) <input type="checkbox"/> Teletherapy unit(s) <input type="checkbox"/> Gamma stereotactic radiosurgery unit(s)			

f. Provide completed Part II Preceptor Attestation.

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 _____ 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 _____ 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

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

Preceptor Attestation (continued)

Third Section

For 35.690: (continued)

I attest that Tae Soo Chung, M.D. has received training required in 35.690(c) for device
Name of Proposed Authorized User
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 Tae Soo Chung, M.D. has achieved a level of competency sufficient to
Name of Proposed Authorized User
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, 35.491, 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 <u>Dr. Subashini. Furman</u>	Signature <u>[Signature]</u>	Telephone Number <u>812-885-3939</u>	Date <u>10/12/11</u>
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License/Permit Number/Facility Name

13-01787-01

The American Board of Radiology

*Organized through the cooperation of the
American College of Radiology, the American Roentgen Ray Society,
the American Radium Society, the Radiological Society of North America,
the Section on Radiology of the American Medical Association
and the American Society of Therapeutic Radiologists
Hereby certifies that*

Tae Son Chung, M.D.

*Has pursued an accepted course of graduate study
and clinical work, has met certain standards and qualifications and
has passed the examinations conducted under the authority of*

The American Board of Radiology

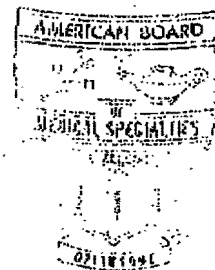
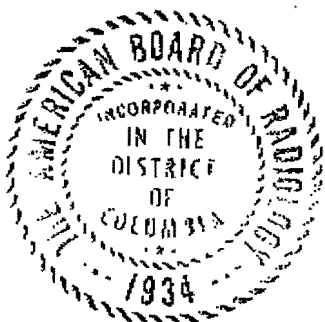
On this tenth day of December, 1976

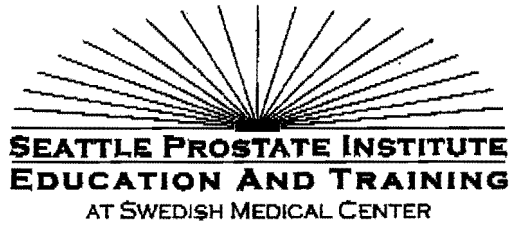
*Thereby demonstrating to the satisfaction of the Board
that he is qualified to practice the specialty of*

Therapeutic Radiology

Sidney W. Nelson
President

C. Allen Good
Secretary





SEATTLE PROSTATE INSTITUTE
EDUCATION AND TRAINING
AT SWEDISH MEDICAL CENTER

June 20, 2011

To Whom It May Concern:

Ref: Tae Chung, M.D.
Radiation Oncology Center
Cancer Pavillion
520 S Seventh Street
Vincennes, IN 47591

Dear Sir or Madam:

This is to certify that *Tae Chung, M.D.* actively participated in the Course for "High Dose Rate Brachytherapy for Prostate, Gynecological, and Breast Cancer" held June 20-21, 2011 in Seattle, Washington.

Tae Chung, M.D. attended the required lectures and video case presentations.

Sincerely,

Dawn M. Scott

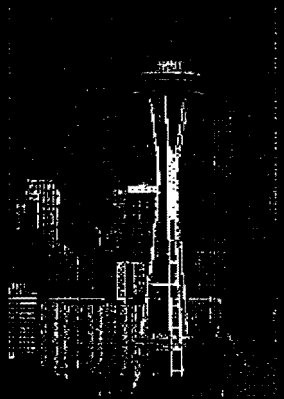
Dawn M. Scott
Education Coordinator
Seattle Prostate Institute

HIGH DOSE RATE BRACHYTHERAPY

FOR
PROSTATE,
GYNECOLOGICAL,
THORACIC and BREAST
CANCER

Jointly sponsored by
**SEATTLE PROSTATE
INSTITUTE**

AND
The Institute for
Medical Studies



EDUCATION COMMITTEE

Stephen Eulau, M.D.
Timothy Mate, M.D.
Vivek Mehra, M.D.
Robert Takamiya, M.D.

Dawn M. Scott
Education Coordinator

Course Description:

This is a one and a half day course for Radiation Oncologists, Urologists, Medical Physicists, Dosimetrists and Nurses interested in temporary seed implantation from patient selection, setting up an implant program, and patient follow-up. The course is designed to be the finest of its kind in the country.

The faculty of Radiation Oncologists, Urologists, Nurses, and Physicists is dedicated to teaching your team high quality implantation. In addition to the didactic sessions, the course will include a video presentation of an HDR implant. The registration fee includes a detailed manual and a CD of the PowerPoint slide presentations.

Course Objectives:

Upon completion of this course, participants will be able to describe or compare the results of temporary implantation, patient selection, dosimetry philosophy and basic physics, dosimetry planning, temporary implant technique, and practical aspects of setting up an implant program.

Course Location/Accommodations:

The Course will be held at the Sorrento Hotel 900 Madison Street, Seattle, WA 98104. Please contact the Sorrento Hotel directly at 800-426-1265, 206-622-6400 or e-mail reservations@hotelsorrento.com and ask for the Seattle Prostate Institute rate. Reservations must be made at least two weeks prior to the Course to ensure the discounted rate.

FACULTY

Stephen Eulau, M.D. — Radiation Oncology
Seattle Prostate Institute

James Gasparich, M.D. — Urology
Seattle Urological Associates

**Terry L. Inge, M.S., DABR — Dosimetry/
Treatment Planning**
Swedish Cancer Institute

Timothy Mate, M.D. — Radiation Oncology
Seattle Prostate Institute
Swedish Cancer Institute

Vivek Mehta, M.D. — Radiation Oncology
Swedish Cancer Institute

Astrid Morris, M.D. — Radiation Oncology
Swedish Cancer Institute

Mark Phillips, Ph.D. — Physics
University of Washington Medical Center

**Robert Takamiya, M.D. —
Radiation Oncology**
Seattle Prostate Institute

Stanley Golanty, M.D. — CME Advisor
The Institute for Medical Studies

(Not all faculty available at every course)

COURSE DATES 2011

June 20-21 November 14-15

AGENDA

Day One 7:30 am—5:00 pm

History of HDR Prostate Brachytherapy
Interstitial HDR Brachytherapy for Prostate Cancer:
Technical Overview
HDR Logistics and Practical Tips
Physics and Dosimetry Issues
Dosimetry Planning Techniques
HDR Treatment Setup and Post-op Care
Urology Perspective/Management of Complications
HDR Prostate Brachytherapy Video Case
Presentation

Day Two 7:30 am – 11:30 a.m.

The Role of HDR Brachytherapy for Gynecological
Malignancies
HDR Brachytherapy for Breast Cancer

Accreditation: This CME activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education (ACCME) through the Joint Sponsorship of The Institute for Medical Studies (IMS) and Seattle Prostate Institute. IMS is accredited by the ACCME to provide continuing medical education for physicians.

Credits: IMS designates this educational activity for a maximum of **11 AMA PRA Category 1 Credits™**. Physicians should only claim credit commensurate with the extent of their participation in the activity.

CME Information Confidentiality: In connection with your participation in this CME program, you may receive patient information that is considered confidential. Confidential patient information includes any and all information that could be used to identify the individual patient. By participating in this CME program, you agree to maintain the confidentiality of all patient information and not release that information to any third party.

REGISTRATION

LDR for Early Stage Prostate Cancer

Registration: Contact our office prior to registering to determine availability. **Registration is reserved on the day tuition is received.**

Complete this form and fax to:
SEATTLE PROSTATE INSTITUTE
EDUCATION and TRAINING
1101 MADISON, SUITE 1101 SEATTLE, WA 98104
Phone: 206-215-2490 Fax: 206-215-2487
E-mail: education@seattleprostate.com

Program Fee: Physicians — \$1,195.00
Physicists, Dosimetrists, and Nurses — \$795.00
Includes all sessions, materials, continental breakfast and lunch.

Payment: VISA or MASTERCARD

Card # _____

Expiration Date _____

Billing Address for Card _____

Cancellations:

Cancellations must be made in writing at least three weeks prior to the course to qualify for a refund. All refunds for cancellations will be assessed a \$100.00 administrative fee. This fee will be waived if you are able to reschedule for a different course date in the same calendar year. No shows will not be eligible for a refund.

Name (last, first, initial, degree(s))

Title/Specialty

Institution/Affiliation

Department/Street Address

City, State, Zip Code, Country

Phone

Fax

E-Mail

Course Dates Requested 1st 2nd 3rd

CANCER
GOOD SAMARITAN HOSPITAL
PAVILION
520 South Seventh Street
Vincennes, IN 47591

Outpatient Oncology Infusion Center
Radiation Oncology
Telephone: 812-885-3955 or 3939
FAX: 812-885-3974



GOOD SAMARITAN
HOSPITAL
520 S. Seventh St.
Vincennes, Indiana 47591

FACSIMILE COVER SHEET

DATE: 10/13/11 TIME: 10:40 NO. OF PAGES: 11
TO: NRC Attn: Sara Forster
FAX#: 630-515-1078
FROM: Good Samaritan Hospital - Ron Stanczak
COMMENTS: Please send an email confirming that
this information was received to: rstanczak@gshvin.org

Thank you

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Oct 13 2011 10:40AM