

Yun Wang, Ph.D., DABR

Indiana University Health Hematology & Oncology Clinic

1346 E. County Line Road

Indianapolis, IN 46227

NRC license # 13-32241-01

U.S. NRC Region III

2443 Warrenville Road

Suite 210

Lisle, Illinois 60532-4352

Dear Sir/Madam,

As part of Indiana University Health, I would like to add the nine physicists to our NRC license. Their names are listed here:

Minsong Cao

Colleen DesRosiers, Ph.D.

Phil Dittmer, Ph.D.

Xiaoyi Lu

Eric Slessinger

Hualin Zhang

Douglas Frye, Ph.D.

Alexander Georgiades, M.S.

John Kent, M.S.

All of them are currently HDR AMP on the IU Radionuclide Use Permit. The copies (one for MHRT02 and one for RONCO2) of the Radionuclide Use Permit, issued by the IU Radiation Safety Office, are attached here.

Also, I would like to add Paul Des Rosiers, M.D. as the Authorized user for the 10. CFR 35.300 for using Quadramet and Zevalin. He is currently Authorized User for 10 CFR 35.600, limited to Iridium-192 in an HDR remote afterloading device. The filled NRC Form 313A is attached here as well as the supporting materials.

RECEIVED OCT 3 1 2011

Also, I would like to remove Yuenian (Neal) Zhang, Ph.D. From our NRC license, since he is no longer working for our organization.

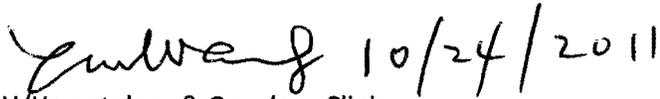
Please call me at (317) 250-7435 if you have any questions.

Yours sincerely,

Yun Wang, Ph.D., DABR

Radiation Safety Officer for IUH/Hematology & Oncology Clinic

NRC License # 13-32241-01

Handwritten signature of Yun Wang and the date 10/24/2011.



# Radionuclide Use Permit

**Authorization Number:** RONC02

**Issued To:** Peter Johnstone, M.D.

**Issued Date:** 12/19/2006

**Expiration Date:** 12/31/2012

**Amended Date:**

In accordance with the statements and representatives made in your application for Project Approval, Project Amendment, and/or your Progress Report, an approval authorizing the below named individuals to order, possess, and use the materials or items designated below in accordance with NRC regulations, state regulations, University regulations, and such other conditions as are herein specified is hereby issued.

## 1. Personnel / Status

### Approved

Lester Wessel

### HDR AMP

Minsong Cao

Xiaoyi Lu

Colleen DesRosiers, Ph.D.

Eric Slessinger

Phil Dittmer, Ph.D.

Hualin Zhang

### HDR AROP

Jeffrey Buchsbaum, M.D.

Mark Henderson, M.D.

Mark McDonald, M.D.

Higinia Cardenes, MD

Peter Johnstone, M.D.

Jennifer Zook, M.D.

Achilles Fakiris, MD

Mark Langer, MD

### HDR MP Resident

Yingcui Jia,

Yong Peng,

### HDR Nurse

Robert Bittelmeyer, RN

Sharon Morphew, RN

Debbie Miller, RN

Kathy Tudor, (NUR)

Margie Morales, RN

Christer Zollicoffer, RN

### HDR Resident

David Andolino, RES

Norleena Gullett,

Geoffrey Ray, RES

Christopher Watson, RES

David Chang, RES

Foster Lasley, RES

Ronald Shapiro, RES

Ben Goodman, RES

Apryl Mensah, RES

Julia Walker, RES

## 2. Locations of Use

### Approved

RT 017

## 3. Nuclides / Chemical Forms / Exp. Limit / Poss. Limit

Ir-192HD                      10000                      20000

HDR source

## 4. Authorized Use

Interstitial and intracavity treatment of cancer.

Medical research and research and development as defined in 10CFR30.4(q).

## 5. Conditions of Authorization



# Radionuclide Use Permit

---

"Approved" - RO personnel up-to-date on initial and refresher training for the HDR unit. May only operate unit in emergency and non-treatment situations (e.g., calibration).

"HDR AMP" - "Authorized Medical Physicist" as defined in 10CFR35 and approved by RRSC for HDR who is up to date on initial and refresher training for the HDR unit.

"HDR AROP" - "Authorized User" as defined in 10CFR35 and approved by RRSC for HDR who is up-to-date on initial and refresher training for the HDR unit.

"HDR MD" - Radiation Oncology physician who is up-to-date on initial and refresher training for the HDR unit. This physician may be used to meet the requirements in 10CFR35 that a physician be in attendance during any HDR treatment.

"HDR Nurse" - Nurse who is up-to-date on initial and refresher training for the HDR unit.

"HDR Resident" - RO Resident who is up-to-date on initial and refresher training for the HDR unit. This physician may be used to meet the requirements in 10CFR35 that a physician be in attendance during any HDR treatment.

"HDR MP Resident" - Medical physics resident who is up-to-date on initial and refresher training for the HDR unit. This individual may operate unit in emergency and non-treatment situations (e.g., calibration).

Personnel monitoring (whole body and ring) required when utilizing high energy beta and/or gamma emitting radionuclides.

Radiation survey meter required.

Annual retraining for all operators is required.

The following checks shall be performed and documented prior to use of the HDR unit each day:

1. Verification of the proper operation of all interlocks.
2. Reproducibility of source positioning to within plus or minus 1 millimeter.
3. Verification of the proper operation of source position indicators.
4. Inspection of the guide tubes for kinks and/or other imperfections.
5. Verification with a check source that the radiation area monitor in the treatment room is functioning properly.

"General Operating Procedures" and "Emergency Procedures" shall be posted near the HDR unit operator console.

The operators manual shall be located at the operator console.

The HDR unit shall not be operated without appropriate CCTV observation of the patient.

The HDR room shall be secured when not in use or during the absence of Radiation Oncology personnel.

The key shall be removed from the HDR unit operators console when the unit is unattended.

When entering the treatment room, the HDR unit operator shall wear a radiation monitoring device which emits an audible warning when radiation is present or shall carry a portable survey instrument equipped with a speaker.

Full calibration of the HDR unit is required following each source replacement.

A direct radiation survey of all areas adjacent to the HDR unit room shall be performed following each source exchange.



INDIANA UNIVERSITY

Radiation Safety Office  
Indianapolis

# Radionuclide Use Permit

---

A leak test of the HDR source shall be performed at six month intervals, if not during the source exchange.

This permit was originally under Ned Hornback, MD, Marcus Randall, MD, and James Morphis, MD.

All checks and safety precautions shall be enforced on research projects as in therapy.

The QMP shall be read and followed.



# Radionuclide Use Permit

**Authorization Number:** MHRT02

**Issued To:** Peter Johnstone, M.D.

**Issued Date:** 03/07/2011

**Expiration Date:** 03/31/2012

**Amended Date:**

In accordance with the statements and representatives made in your application for Project Approval, Project Amendment, and/or your Progress Report, an approval authorizing the below named individuals to order, possess, and use the materials or items designated below in accordance with NRC regulations, state regulations, University regulations, and such other conditions as are herein specified is hereby issued.

## 1. Personnel / Status

### HDR AMP

Douglas Frye, Ph.D.

Alexander Georgiades, M.S.

John Kent, M.S.

### HDR AROP

Higinia Cardenes, MD

Thomas Dugan, M.D.

Michael Eaton, M.D.

Achilles Fakiris, MD

Peter Garrett, M.D.

Valeri Goutsouliak, M.D.

Jianan Graybill, M.D.

Mark Henderson, M.D.

Peter Johnstone, M.D.

Mark Langer, MD

John Marvel, M.D.

Newell Pugh, M.D.

David Ross, M.D.

Shih Wei, M.D.

Alex Yeh, M.D.

Jennifer Zook, M.D.

## 2. Locations of Use

### Preliminary

MH AG125      5/4/11

## 3. Nuclides / Chemical Forms / Exp. Limit / Poss. Limit

<b>Ir-192HD</b>	11000	24000	P	3/7/11
-----------------	-------	-------	---	--------

HDR source (A - 3/7/2011)

## 4. Authorized Use

Medical use of VariSource HDR afterloader as permitted by 10CFR35.600.

## 5. Conditions of Authorization

All HDR operators and AMPs must review operating procedures and participate in emergency drills annually.

All HDR AROPs must participate in annual drills of emergency procedures.

Ir-192 activity cannot exceed 11 Curies at time of installation.

**AUTHORIZED USER TRAINING AND EXPERIENCE  
AND PRECEPTOR ATTESTATION**  
(for uses defined under 35.300)  
[10 CFR 35.390, 35.392, 35.394, and 35.396]

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

Name of Proposed Authorized User

Paul M. DesRosiers MD

State or Territory Where Licensed

IN (medical)  
(01047188)

Requested Authorization(s) (check all that apply):

35.300 Use of unsealed byproduct material for which a written directive is required

OR

35.300 Oral administration of sodium iodide I-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)

35.300 Oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 1.22 gigabecquerels (33 millicuries)

35.300 Parenteral administration of any beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV for which a written directive is required

35.300 Parenteral administration of any other radionuclide for which a written directive is required

**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 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 35.390, provide documentation on supervised clinical case experience. The table in section 3.c. may be used to document this experience.
- c. For 35.396, provide documentation on classroom and laboratory training, supervised work experience, and supervised clinical case experience. The tables in sections 3.a., 3.b., and 3.c. may be used to document this experience.
- d. Skip to and complete Part II Preceptor Attestation.

**2. Current 35.300, 35.400, or 35.600 Authorized User Seeking Additional Authorization**

a. Authorized User on Materials License under the requirements below or equivalent Agreement State requirements (check all that apply):

35.390     35.392     35.394     35.490     35.690

b. If currently authorized for a subset of clinical uses under 35.300, provide documentation on additional required supervised case experience. The table in section 3.c. may be used to document this experience. Also provide completed Part II Preceptor Attestation.

c. If currently authorized under 35.490 or 35.690 and requesting authorization for 35.396, provide documentation on classroom and laboratory training, supervised work experience, and supervised clinical case experience. The tables in sections 3.a., 3.b., and 3.c. may be used to document this experience. Also provide completed Part II Preceptor Attestation.

**AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)**

**3. Training and Experience for Proposed Authorized User**

a. Classroom and Laboratory Training  35.390  35.392  35.394  35.396

Description of Training	Location of Training	Clock Hours	Dates of Training*
Radiation physics and instrumentation	① Rosalind Parks University, IL	32	3/1989-6/91
	② IU Radiation Onc Residency	16	7/1996-2000
Radiation protection	① Rosalind Parks UNIV FL	16	3/1989-91
	② IU Residency	16	7/1996-2000
Mathematics pertaining to the use and measurement of radioactivity	① Rosalind Parks UNIV IL	16	3/1989-1991
	② IU Residency	16	7/96 6/2000
Chemistry of byproduct material for medical use	① Rosalind Parks	8x2	3/1989-
Radiation biology	① Rosalind Parks	8x2	3/1989-(1991)
	② IU residency	16	7/96 6/2000
<b>Total Hours of Training:</b>			

b. Supervised Work Experience  35.390  35.392  35.394  35.396

If more than one supervising individual is necessary to document supervised training, provide multiple copies of this page.

Supervised Work Experience		Total Hours of Experience: <b>86 hrs.</b>	
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	Central Indiana Cancer Centers (CICC) License # 13-32241-01	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	See attached letter.
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters	CICC / NRC # 13-32241-01 (License)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	,
Calculating, measuring, and safely preparing patient or human research subject dosages	CICC/NRC # 13-32241-01	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	,
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material	CICC/NRC # 13-32241-01	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	,
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures	CICC/NRC # 13-32241-01	<input checked="" 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)**

**b. Supervised Work Experience (continued)**

Supervising Individual	License/Permit Number listing supervising individual as an authorized user
Supervising individual meets the requirements below, or equivalent Agreement State requirements ( <i>check all that apply</i> )**:	
<input type="checkbox"/> 35.390	With experience administering dosages of:
<input type="checkbox"/> 35.392	<input type="checkbox"/> Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)
<input type="checkbox"/> 35.394	<input type="checkbox"/> Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)
<input type="checkbox"/> 35.396	<input type="checkbox"/> Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required
	<input type="checkbox"/> Parenteral administration of any other radionuclide requiring a written directive
** Supervising Authorized User must have experience in administering dosages in the same dosage category or categories as the individual requesting authorized user status.	

**c. Supervised Clinical Case Experience**

*If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this page.*

Description of Experience	Number of Cases Involving Personal Participation	Location of Experience/License or Permit Number of Facility	Dates of Experience*
Oral administration of sodium iodide I-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)			
Oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 1.22 gigabecquerels (33 millicuries)			
Parenteral administration of any beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV for which a written directive is required			
Parenteral administration of any other radionuclide for which a written directive is required			
Samarium Sm-153 Lexidronam Ibritumomab Tiuxetan (List radionuclides)			

**AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)**

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

**c. Supervised Clinical Case Experience (continued)**

Supervising Individual	License/Permit Number listing supervising individual as an authorized user
Supervising individual meets the requirements below, or equivalent Agreement State requirements (check all that apply)**:	
<input type="checkbox"/> 35.390	With experience administering dosages of:
<input type="checkbox"/> 35.392	<input type="checkbox"/> Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)
<input type="checkbox"/> 35.394	<input type="checkbox"/> Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)
<input type="checkbox"/> 35.396	<input type="checkbox"/> Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive
	<input type="checkbox"/> Parenteral administration of any other radionuclide requiring a written directive
** Supervising Authorized User must have experience in administering dosages in the same dosage category or categories as the individual requesting authorized user status.	

**d. Provide completed Part II Preceptor Attestation.**

**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 35.390:**

**Board Certification**

I attest that Paul DesRosiers MD has satisfactorily completed the training and experience requirements in 35.390(a)(1).  
Name of Proposed Authorized User

OR

**Training and Experience**

I attest that Paul DesRosiers MD has satisfactorily completed the 700 hours of training and experience, including a minimum of 200 hours of classroom and laboratory training, as required by 10 CFR 35.390 (b)(1).  
Name of Proposed Authorized User

**AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)**

**Preceptor Attestation (continued)**

**First Section (continued)**

**For 35.392 (Identical Attestation Statement Regardless of Training and Experience Pathway):**

I attest that Paul DeRosiers MD has satisfactorily completed the 80 hours of classroom  
Name of Proposed Authorized User

and laboratory training, as required by 10 CFR 35.392(c)(1), and the supervised work and clinical case experience required in 35.392(c)(2).

**For 35.394 (Identical Attestation Statement Regardless of Training and Experience Pathway):**

I attest that Paul DeRosiers MD has satisfactorily completed the 80 hours of classroom  
Name of Proposed Authorized User

and laboratory training, as required by 10 CFR 35.394 (c)(1), and the supervised work and clinical case experience required in 35.394(c)(2).

**Second Section**

I attest that \_\_\_\_\_ has satisfactorily completed the required clinical case  
Name of Proposed Authorized User

experience required in 35.390(b)(1)(ii)G listed below:

- Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)
- Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)
- Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required
- Parenteral administration of any other radionuclide requiring a written directive

**Third Section**

I attest that \_\_\_\_\_ has satisfactorily achieved a level of competency to  
Name of Proposed Authorized User

function independently as an authorized user for:

- Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)
- Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)
- Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required
- Parenteral administration of any other radionuclide requiring a written directive

**AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)**

**Fourth Section**

**For 35.396:**

**Current 35.490 or 35.690 authorized user:**

I attest that Paul DesRosiers MD is an authorized user under 10 CFR 35.490 or 35.690  
Name of Proposed Authorized User

or equivalent Agreement State requirements, has satisfactorily completed the 80 hours of classroom and laboratory training, as required by 10 CFR 35.396 (d)(1), and the supervised work and clinical case experience required by 35.396(d)(2), and has achieved a level of competency sufficient to function independently as an authorized user for:

Parenteral administration of any beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV for which a written directive is required

Parenteral administration of any other radionuclide for which a written directive is required

**OR**

**Board Certification:**

I attest that Paul DesRosiers has satisfactorily completed the board certification  
Name of Proposed Authorized User

requirements of 35.396(c), has satisfactorily completed the 80 hours of classroom and laboratory training required by 10 CFR 35.396 (d)(1) and the supervised work and clinical case experience required by 35.396(d)(2), and has achieved a level of competency sufficient to function independently as an authorized user for:

Parenteral administration of any beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV for which a written directive is required

Parenteral administration of any other radionuclide for which a written directive is required

**Fifth Section**

**Complete the following for preceptor attestation and signature:**

I meet the requirements below, or equivalent Agreement State requirements, as an authorized user for:

35.390       35.392       35.394       35.396

I have experience administering dosages in the following categories for which the proposed Authorized User is requesting authorization.

Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)

Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)

Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required

Parenteral administration of any other radionuclide requiring a written directive

Name of Preceptor <u>MORGAN THARP, MD</u>	Signature <u>[Signature]</u>	Telephone Number <u>(317)964-5219</u>	Date <u>9/26/11</u>
License/Permit Number/Facility Name <u>13-32241-01 / Indiana University Health Hematology &amp; oncology Clinic</u>			

MEDICAL ONCOLOGISTS/  
HEMATOLOGISTS  
Magaral S. Murali, M.D.  
Keith W. Logie, M.D.  
Andrew R. Greenspan, M.D.  
Thomas L. Whittaker, M.D.  
Elsayed M. Aly, M.D.  
Hillary H. Wu, M.D., Ph.D.  
Sead Beganovic, M.D., Ph.D.  
Jennifer K. Morgan, M.D.  
Danielle M. Doyle, M.D.  
Madelaine M. Sgroi, D.O.  
Harold O. Longe, M.D.  
Melody E. Sands, RN, CS, MSN

RADIATION ONCOLOGISTS  
Nini M. Bermudez-Webb, M.D.  
*Retired*  
Morgan E. Tharp II, M.D.  
G. Irene Minor, M.D.  
Bryce C. Lord, D.O.  
Paul M. DesRosiers, M.D.  
Tracy R. Price, M.D.

SERVICES  
Clinical Hematology  
Medical Oncology  
Thrombosis & Hemostasis  
(Thrombophilia in  
Pregnancy Clinic)  
PET Scanning/Nuclear Medicine  
Conformal Radiation/IMRT  
Specialized Brachytherapy  
CyberKnife® Radiosurgery  
Cancer Research and Screening  
Palliative Care  
Laboratory Services  
(CLIA/COLA  
Accredited)

EXECUTIVE DIRECTOR  
Christopher Achten

CENTRAL BUSINESS OFFICE  
6330 East 75th Street, Suite 140  
Indianapolis, IN 46250  
317-594-6900  
Fax 317-594-6911

CANCER CENTER LOCATIONS

Fishers  
10212 Lantern Road  
Fishers, IN 46037  
317-841-5656

East Indianapolis  
6845 Rama Drive  
Indianapolis, IN 46219  
317-964-5200

Hancock  
1 Memorial Square, Suite 50  
Greenfield, IN 46140  
317-467-7100

South/Greenwood  
1346 E. County Line Road  
Indianapolis, IN 46227  
317-859-5500

Carmel  
11725 Illinois Street, Suite 565  
Carmel, IN 46032  
317-819-5320



**CENTRAL INDIANA  
CANCER CENTERS**

September 26, 2011

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

To Whom It May Concern:

This is documentation of Quadramet (Sm-153) and Zevalin (Y-90) training received by Dr. Paul M. DesRosiers. His training was overseen by Dr. G. Irene Minor, Dr. Morgan E. Tharp, Dr. Yun Wang and myself.

Initial Quadramet training was done on 09/25/09 by Dr. Minor, Chuck Brenneman, our Nuclear Medicine Technician, and myself. On the following dates, Dr. DesRosiers gave the doses with Dr. Minor or Dr. Tharp present, as well as, Chuck Brenneman and myself:  
07/02/10, 11/05/10 x 2, 11/24/10, 02/04/11 and 02/11/11.

Initial Zevalin training was done on 11/13/10 by Dr. Tharp, Chuck Brenneman, our Nuclear Medicine Technician, and myself. On the following dates, Dr. DesRosiers gave the doses with Dr. Minor or Dr. Tharp present, as well as, Chuck Brenneman and myself:  
07/13/10, 11/01/10, 01/24/11, 07/25/11 and 09/26/11.

Dr. DesRosiers also holds an MS Medical Physics degree which he completed in 1991.

If you have any questions, please feel free to contact me.

Sincerely,

Teresa Dallas, RN  
Brachytherapy Coordinator  
Central Indiana Cancer Centers  
6845 Rama Drive  
Indianapolis, IN 46219

G. Irene Minor, M.D.

Morgan E. Tharp, II

Yun Wang, Ph.D.

# 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,  
the American Society for Radiation Oncology, the Association of  
University Radiologists, and the American Association of Physicists in Medicine  
Hereby acknowledges that*

**Paul Martin Desrosiers, MD**

*Has successfully fulfilled the requirements of this Board's  
Maintenance of Certification Program and is certified as a  
Diplomate of the American Board of Radiology*

*in*

**Radiation Oncology**

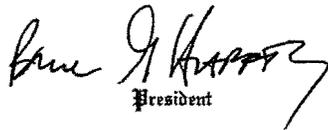
*American College of Radiology, the American Roentgen Ray Society,  
the American Radium Society, the Radiological Society of North America,  
the Section on Radiology of the American Medical Association,  
the American Society for Radiation Oncology, the Association of  
University Radiologists, and the American Association of Physicists in Medicine  
Hereby acknowledges that*

**Paul Martin Desrosiers, MD**

*Has successfully fulfilled the requirements of this Board's  
Maintenance of Certification Program and is certified as a  
Diplomate of the American Board of Radiology*

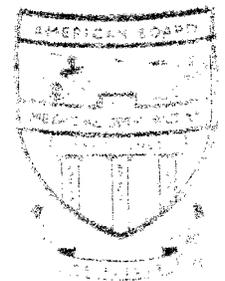
*in*

**Radiation Oncology**

  
President

  
Secretary-Treasurer

  
Executive Director



Yun Wang, Ph.D. DABR, RSO  
IUH / Hematology & Oncology Clinic  
1346 E. County Line Rd.  
Indianapolis, IN 46227



UNITED STATES POSTAGE  
EAGLE  
FITNEY DOWES  
02 1P \$000.88<sup>0</sup>  
0052578516 OCT 24 2011  
MAIL FROM ZIP CODE 46218

U.S. NRC Region III  
2443 Warrenville Road  
Suite 210  
Lisle, Illinois 60532-4352

ML

