



TO: file

COMPANY: N/A

NUCLEAR REGULATORY COMMISSION  
REGION III  
2443 WARRENVILLE ROAD  
LISLE, ILLINOIS 60532-4351

# PAGES: 2 TEL.: N/A

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(630) 829-9892 FAX: (630) 515-1078

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**CONVERSATION RECORD**

TIME DATE  
1:15 pm April 16, 2012

NAME OF PERSON(S) CONTACTED	TELEPHONE NO.	ORGANIZATION
Stacie L. Godin, M.S. Eric B. Ramsay, Ph.D., proposed RSO	(574) 237-1328	Michiana Hematology-Oncology, P.C.

REPRESENTED PERSON or PERSONS	ORGANIZATION
Kim Woofer, Chief Operating Officer	Michiana Hematology-Oncology, P.C.

SUBJECT

|License No.: 13-32719-01 |Control No.: 576936

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**SUMMARY**

We have reviewed your license amendment request and find that we are unable to continue this action until we have received information regarding the following:

1. The request includes a new mailing address that coincides with the address listed on the licensee's letterhead. However, the zip code on the letterhead is 46628, while the zip code listed for the mailing address is 46601.

**RESPONSE:** In the response dated April 19, 2012, and received via FedEx on April 23, 2012, the licensee indicated that the correct zip code is 46628. This coincides with the zip code indicated in a mapquest search of the address. No additional response is needed.

2. Under 10 CFR 35.51(b)(1), an AMP must have a master's degree. Further, under 10 CFR 35.51(b)(1), an AMP must have completed 1 year of full-time training and 1 additional year of full-time work experience. The training and experience must be completed in medical physics, in a clinical setting. The NRC Form 313A (AMP) form submitted in support of the request to add Stacie L. Godin, M.S., as an Authorized Medical Physicist, lists no more than 11 months of full-time clinical training. This does not meet the full year requirement listed under 10 CFR 35.51(b)(1).

**RESPONSE:** In the April 19, 2012 response, the licensee resubmitted Ms. Godin's NRC Form 313A (AMP), which included the full year of clinical training in addition to the full year of work experience. No additional information is required.

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3. You have requested to add a 10 CFR 35.600 Iridium-192 high dose rate remote afterloader unit authorization for Guy Kedziora, M.D. You submitted an NRC Form 313A (AUS) in support of that request. The submitted form indicates that Dr. Kedziora has completed a Board Certification, as required under 10 CFR 35.690(a). However, Dr. Kedziora's 1987 American Board of Radiology certification is not among the certifications recognized by the NRC, under 10 CFR 35.690. Please resubmit NRC Form 313A (AUS), together with the appropriate preceptor attestations, including documentation that Dr. Kedziora meets the requirements listed in either 10 CFR 35.690(a) and 35.690(c), or in 10 CFR 35.690(b)(1), 35.690(b)(2), and 35.690(c).

**RESPONSE:** In the April 19, 2012 response, the licensee resubmitted Dr. Kedziora's NRC Form 313A. However, the form did not demonstrate that Dr. Kedziora qualified under either the 10 CFR 35.690(a) or 10 CFR 35.690(b) pathway. Information is insufficient, and Dr. Kedziora will not be added in this amendment. The cover letter will note additional training and experience requirements required in order to add Dr. Kedziora to the license. Without a current Board Certification, additional information is still required:

- 10 CFR 35.690(b)(1)(ii): Work experience (500 hrs.)
- 10 CFR 35.690(b)(2): Supervised clinical experience in radiation therapy (3 yrs.); and
- 10 CFR 35.690(c): remote afterloader training & experience (as provided previously is ok)

**We have requested that you submit the referenced items:**

- Zip code clarification
- Resubmitted NRC Form 313A(AMP) for Ms. Godin
- Resubmitted NRC Form 313A(AUS) for Dr. Kedziora

– via facsimile, to (630) 515-1078. Please reference the Control No. 576936, as listed at the top of this memo. We expected to – and did – hear from you on or before April 26, 2012.

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**For future reference, please always include the name, phone number and fax number of at least one person whom we may contact for additional information when reviewing your licensing correspondence and requests.**

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Please submit the requested information within 10 days of this record. **Include reference control number 576936, Please FAX your response to my attention at (630) 515-1078.** You may also scan your response and send to me via email, as a pdf file.

Please direct any questions you have to me at (630) 829-9892 or [sara.forster@nrc.gov](mailto:sara.forster@nrc.gov).

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NAME OF PERSON DOCUMENTING CONVERSATION

SIGNATURE

DATE

Sara A.B. Forster

*Sara A.B. Forster* 04/25/2012

*HF*