

May 17, 2012

Licensing Section  
U.S. Nuclear Regulatory Commission  
Region III  
2443 Warrenville Road, Suite 210  
Lisle, IL 60532-4352

RE: License # 13-13144-02

MICHIGAN CITY  
301 West Homer Street  
Michigan City, IN 46360  
PH: 219 879 8511

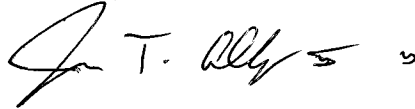
To Whom It May Concern:

We would like to make the following amendment to our radioactive materials license # 13-13144-02:

We would like to add Dr. Sea Chen, M.D., PhD. as an authorized user for 35.400. Enclosed is his American Board of Radiology certificate, preceptor forms from his residency program and a letter from Rush University Medical Center confirming Dr. Griem's authorized user status.

If you require additional assistance please call Amy Johns, Nuclear Medicine Supervisor, at 219-877-1568. Thank you and we look forward to receiving this amendment.

Sincerely,



James T. Callaghan III, M.D., MBA *ah*  
President  
Franciscan St. Anthony Health-Michigan City

# 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 certifies that

**Sea Chen, MD**

Has pursued an accepted course of graduate study  
and clinical work, has met certain standards and qualifications, including  
passing the examinations conducted under the authority of  
The American Board of Radiology,  
demonstrating to the satisfaction of the Board that he is qualified to practice,  
and is therefore awarded the Board's certification in the specialty of

AB Eligible

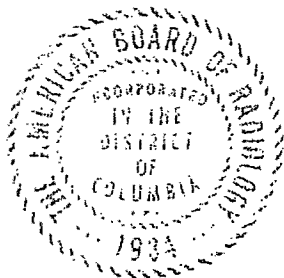
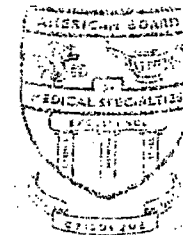
**Radiation Oncology**

Effective June 30, 2010

  
President

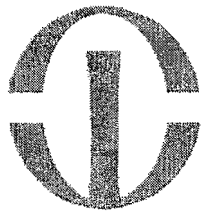
  
Secretary-Treasurer

  
Executive Director



Certificate No. 59359

Valid through 2020



# RUSH UNIVERSITY MEDICAL CENTER



Chicago, Illinois

certifies that

## Sea Chen, MD

has successfully completed a Residency in

### Radiation Oncology

on 6/30/2009

*Susan Winkler Dent MD.*

Associate Dean,  
Graduate Medical Education



MINISTRARE  
PLR SCIENTIAM



COLLEGIUM MEDICINAE

*Robert A. Hersh*

Chairperson of Department

*Robert S. Dean*

Dean, Rush Medical College

*Larry J. Goodman*

President and CEO

*Stephen J. Freeman*

Program Director

01-12-12; 10:13AM;

NRC FORM 313A (AUS) (3-2008)	U.S. NUCLEAR REGULATORY COMMISSION	APPROVED BY OMB: NO. 3150-0120 EXPIRES: 3/31/2012
<b>AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION</b> (for uses defined under 35.400 and 35.600) [10 CFR 35.490, 35.491, and 35.690]		

Name of Proposed Authorized User <b>Sea Chen, M.D., Ph.D.</b>	State or Territory Where Licensed <b>Indiana</b>
--	---

Requested  35.400 Manual brachytherapy sources  35.600 Teletherapy unit(s)

Authorization(s) (check all that apply)  35.400 Ophthalmic use of strontium-90  35.600 Gamma stereotactic radiosurgery unit(s)

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	RUSH UNIVERSITY MEDICAL CENTER 7/1/03 - 6/30/07		
Radiation protection	↓		
Mathematics pertaining to the use and measurement of radioactivity			
Radiation biology			

Total Hours of Training:

01-12-12;10:13AM;

NRC FORM 313A (AUS) (2-2000) U.S. NUCLEAR REGULATORY COMMISSION  
**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	RUSH UNIVERSITY MEDICAL CENTER	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/1/03 - 6/30/07
Checking survey meters for proper operation	↓	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Preparing, implanting, and safely removing brachytherapy sources		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Maintaining running inventories of material on hand		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Using administrative controls to prevent a medical event involving the use of byproduct material		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Using emergency procedures to control byproduct material		<input checked="" 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 checked="" 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	RUSH UNIVERSITY MEDICAL CENTER	7/1/03 - 6/30/07

Supervising Individual: [Signature] License/Permit Number listing supervising individual as an Authorized User: IL 01766-01  
 KATHERINE GRIEM

NRC FORM 313A (AUS) (3-2008) U.S. NUCLEAR REGULATORY COMMISSION  
**AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)**

**2. 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	RUSH UNIVERSITY MEDICAL CENTER		6/30 7/1/03 - 6/30/07

Supervising Individual: **KATHARINE GRIGEN**  
 License/Permit Number listing supervising individual as an Authorized User: **IL 01766 01**

**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	RUSH UNIVERSITY MEDICAL CENTER	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/1/03 - 6/30/07
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 checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Selecting the proper dose and how it is to be administered		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

NRC FORM 313A (AUS)  
(3-2000)

U.S. NUCLEAR REGULATORY COMMISSION

**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 checked="" 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	RUSH UNIVERSITY MEDICAL CENTER	7/1/03 - 6/30/07
Supervising Individual <b>KATHERINE GRIEM</b>		License/Permit Number listing supervising individual as an Authorized User <b>IL 01766-01</b>

**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	7/1/03 - 6/30/07		
Safety procedures for the device use	↓		
Clinical use of the device	↓		
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.) <b>KATHERINE GRIEM</b>		License/Permit Number listing supervising individual as an Authorized User <b>IL 01766-01</b>	

Authorized for the following types of use:

- Remote afterloader unit(s)     
  Teletherapy unit(s)     
  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 SEACITEN MD 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 SEACITEN MD 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



NRC FORM 313A (AUS)  
(3-7500)

U.S. NUCLEAR REGULATORY COMMISSION

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

Preceptor Attestation (continued)

Third Section

For 35.690: (continued)

I attest that SEACHEN MD PhD has received training required in 35.690(c) for device 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 SEACHEN MD PhD has achieved a level of competency sufficient to 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	Signature	Telephone Number	Date
Katherine Grien		317 942 5757	1/12/12
License/Permit Number/Facility Name			
IL 01766-01			

**Radiation Safety Office**  
Rush University Medical Center  
The Tower  
1620 W. Harrison St.  
3301  
Chicago, IL 60612

Tel: 312.947.0310  
Fax: 312.947.6382  
Pager: 85-7750  
www.rush.edu

**Manjeet Hansra**  
**Radiation Safety Officer**



May 15, 2012

To: Ms. Amy Johns  
Franciscan St. Anthony Hospital  
301 W. Homer St.  
Michigan City, IN. 46360

Re: Dr. K Griem

This letter is to confirm that Dr. Katherine Griem is a board certified Radiation Oncologist at the Rush University Medical Center. She is the Professor and the Residency Program Director for the Department of the Radiation Oncology. She is authorized for the Low Dose Rate (LDR) and the High Dose Rate (HDR) Brachytherapy.

Please do not hesitate to contact me if you have any questions or concerns.

Sincerely,

A handwritten signature in black ink, appearing to read 'Manjeet Hansra', written over a horizontal line.

Manjeet Hansra  
Radiation Safety Officer  
Rush University Medical Center  
1653 W. Congress Parkway  
Chicago, IL. 60612

PH: 312-947-0310  
Fax: 312-947-6382



Rush is a proud three-time recipient  
of the ANCC Magnet Recognition®  
for excellence in nursing

64  
00  
RECIPIENT: PEEL HERE  
fedex.com 1.800.GoFedEx 1.800.463.3339

**FedEx** *NEW Package*  
Express *US Airbill*

FedEx Tracking Number **8003 4328 4906**

**Recipient's Copy**

**1 From** This portion can be removed for Recipient's records.  
Date 5-22-12 FedEx Tracking Number 800343284906

Sender's Name Amy Johns Phone 219 877-1568

Company HL SOB/ST ANTHONY MEM HLTH CTR

Address 301 W HOMER ST *Nuclear Medicine*

City MICHIGAN CITY State IN ZIP 46360-4358

**2 Your Internal Billing Reference**

**3 To** Recipient's Name Licensing Section RECEIVED MAY 23 2012  
Company U.S. NRC Region III

Address 2443 Warrenville Rd Suite 210  
We cannot deliver to P.O. boxes or P.O. ZIP codes. Dept./Floor/Suite/Room

Address Lisle  
Use this line for the HOLD location address or for continuation of your shipping address.

City Lisle State IL ZIP 60532-4352

**4 Express Package Service** \*To meet localities. Packages up to 150 lbs. For packages over 150 lbs., see the new FedEx Express Freight US Airbill.

NOTE: Service order has changed. Please select carefully.

**Next Business Day**

FedEx First Overnight  
Earliest next business morning delivery to select locations. Friday shipments will be delivered on Monday unless SAT/NOVUS Delivery is selected.

FedEx Priority Overnight  
Next business morning. \*Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected.

FedEx Standard Overnight  
Next business afternoon. Saturday Delivery NOT available.

**2 or 3 Business Days**

NEW FedEx 2Day A.M.  
Second business morning. Saturday Delivery NOT available.

FedEx 2Day  
Second business afternoon. \*Thursday shipments will be delivered on Monday unless SATURDAY Delivery is selected.

FedEx Express Saver  
Third business day. Saturday Delivery NOT available.

**5 Packaging** \*Declared value limit \$500.

FedEx Envelope\*  FedEx Pak\*  FedEx Box  FedEx Tube  Other

**Special Handling and Delivery Signature Options**

SATURDAY Delivery  
NOT available for FedEx Standard Overnight, FedEx 2Day A.M., or FedEx Express Saver.

No Signature Required  
Package may be left without obtaining a signature for delivery.

Direct Signature  
Someone at recipient's address may sign for delivery. Fee applies.

Indirect Signature  
If an one is available at recipient's address, someone at a neighboring address may sign for delivery. Fee applies.

**Does this shipment contain dangerous goods?**

One box must be checked.

No  Yes  
If yes, attach Shipper's Declaration.

Yes Shipper's Declaration not required.

Dry Ice  
Dry Ice, 6, UN 1845 \_\_\_\_\_ kg

Cargo Aircraft Only

Dangerous goods (including dry ice) cannot be shipped in FedEx packaging or placed in a FedEx Express Drive-Box.

**7 Payment** Bill to:

Sender's Acc. No. & Section 1 will be billed.  Recipient  Third Party  Credit Card  Cash/Check

Enter FedEx Acct. No. or Credit Card No. below. Obtain recip. Acct. No.

Total Packages 1 Total Weight 1# Credit Card Auth. [REDACTED]

\*Our liability is limited to \$100 unless you declare a higher value. See the current FedEx Service Guide for details.

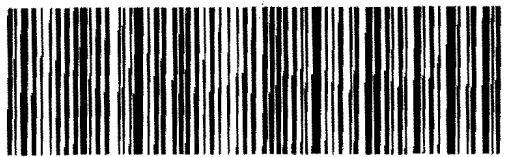


0448925273  
RECEIVED MAY 23 2012

RT 373  
376  
1  
B  
4806  
05/23

FedEx  
TRK# 8003 4328 4906  
XH BDFA

WED - 23 MAY A1  
PRIORITY OVERNIGHT  
DSR  
60532  
IL-US  
ORD



Emp# 878278 22MAY12 MCA 512C3/61A4/A278