

Materials Licensing Branch
Attn: Sara Forster
US NRC Region III
2443 Warrensville Road, Suite 210
Lisle, IL 60532-4352
(F) 630-829-9782

630-515-1259

RE: License #24-32604-01
Docket #030-37082

August 22, 2012

Dear Sara Forster:

This letter is referring to the information you requested- control number 577870, Missouri Cancer Center Associates license #24-32604-01.

I am the only employee on the license. Other AMPs on the license are locums. In the case of emergency, please expedite this application.

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

Sincerely,



Iris Ouyang, MS
Chief Medical Physicist
Missouri Cancer Associates
1705 E Broadway, Suite 100
Columbia, Missouri 65201
573-441-3711
Email: iris.ouyang@usoncology.com

**MISSOURI
CANCER
ASSOCIATES, LLC**
Medical and Radiation Oncology ■ Hematology ■

**MEDICAL ONCOLOGY
& HEMATOLOGY**

Joseph J. Muscato, M.D.
Mary S. Muscato, M.D.
David M. Schlossman, M.D., Ph.D.
Pameia J. Honeycutt, M.D., Ph.D.
Mark J. Vellek, M.D.
Michael C. Trendle, M.D.
Elangovan Balakrishnan, M.D.
Umasankar Ramadoss, M.D.
Mark M. Tungesvik, M.D.

RADIATION ONCOLOGY

Steven J. Westgate, M.D.
Mark P. Bryer, M.D.
Jay Allen, M.D.
Joseph Bean, M.D.
William E. Decker, M.D.
Greg Biedermaun, M.D.
Harold Johnson, M.D.

RADIATION THERAPY

(573) 442-5525
(573) 442-2124 Fax

PHARMACY

(573) 817-8627

BUSINESS OFFICE

(573) 875-7082

RESEARCH

(573) 817-8538

Materials Licensing Branch
Attn: Toye Simmons
US NRC Region III
2443 Warrensville Road, Suite 210
Lisle, IL 60532-4352
(F) 630-829-9782 ✓ *faxed on 7/12/12, will mail the original*

RE: License #24-32604-01
Docket #030-37082

July 12, 2012

To Whom It May Concern:

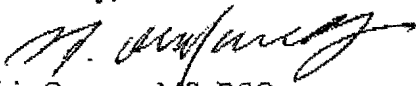
This letter is requesting to amend our license to add Mark Tucker, MS to our license with license #24-32604-01. Attached with this letter:

1. NRC FORM 313A (AMP) for Mark Tucker
2. Mark Tucker's graduate school medical physics training transcript

Due to lack of physics staffing and high volume of HDR demand, please expedite this application.

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

Sincerely,


Iris Ouyang, MS, RSO
Chief Medical Physicist
Missouri Cancer Associates
1705 E Broadway, Suite 100
Columbia, Missouri 65201
573-441-3711
Email: iris.ouyang@usoncology.com



Wayne State University

Upon the recommendation of
The Graduate Faculty of the School of Medicine
The Board of Governors hereby confers upon

Mark Andrew Tucker

the degree

Master of Science

With a Major in Radiological Physics

In recognition of the achievements specified for this degree.

August 10, 2011

Detroit, Michigan



Allen Hoffman
President

James L. Miller
Secretary, Board of Governors

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

U.S. NUCLEAR REGULATORY COMMISSION

**AUTHORIZED MEDICAL PHYSICIST TRAINING AND EXPERIENCE
AND PRECEPTOR ATTESTATION
[10 CFR 35.51]**

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

Name of Proposed Authorized Medical Physicist

Requested Authorization(s) (check all that apply)

35.400 Ophthalmic use of strontium-90 35.600 Teletherapy unit(s)

35.600 Remote afterloader unit(s) 35.600 Gamma stereotactic radiosurgery 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. Go to the table in 3.c. 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 Authorized Medical Physicist Seeking Additional Authorization for use(s) checked above

- a. Go to the table in section 3.c. to document training for new device.
- b. Skip to and complete Part II Preceptor Attestation

3. Education, Training, and Experience for Proposed Authorized Medical Physicist

- a. Education: Document master's or doctor's degree in physics, medical physics, other physical science, engineering, or applied mathematics from an accredited college or university.

Degree	Major Field
Master of Science (M.S.)	Radiological Physics
College or University	
Wayne State University School of Medicine	

- b. Supervised Full-Time Medical Physics Training and Work Experience in clinical radiation facilities that provide high-energy external beam therapy (photons and electrons with energies greater than or equal to 1 million electron volts) and brachytherapy services.

Yes. Completed 1 year of full-time training in medical physics (for areas identified below) under the supervision of Jay Burmeister, License # 21-04127-06 who meets the requirements for an Authorized Medical Physicist.

AND

Yes. Completed 1 year of full-time work experience in medical physics (for areas identified below) under the supervision of Iris Ouyang, License # 24-32604-01 who meets the requirements for an Authorized Medical Physicist.

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)

b. Supervised Full-Time Medical Physics Training and Work Experience (continued)

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

Description of Training/ Experience	Location of Training/License or Permit Number of Training Facility/Medical Devices Used+	Dates of Training*	Dates of Work Experience*
Medical Physics	Wayne State University School of Medicine / Karmanos Cancer Center; License # 21-04127-06; Nucletron Microselectron HDR	9/1/2008 - 4/1/2011	
Performing sealed source leak tests and inventories	Wayne State University School of Medicine / Karmanos Cancer Center; License # 21-04127-06; Nucletron Microselectron HDR	9/1/2008 - 4/1/2011	
Performing decay corrections	Wayne State University School of Medicine / Karmanos Cancer Center; License # 21-04127-06; Nucletron Microselectron HDR	9/1/2008 - 4/1/2011	
Performing full calibration and periodic spot checks of external beam treatment unit(s)	N/A		
Performing full calibration and periodic spot checks of stereotactic radiosurgery unit(s)	N/A		
Performing full calibration and periodic spot checks of remote afterloading unit(s)	Wayne State University School of Medicine / Karmanos Cancer Center; License # 21-04127-06; Nucletron Microselectron HDR	9/1/2008 - 4/1/2011	
Conducting radiation surveys around external beam treatment unit(s), stereotactic radiosurgery unit(s), remote after loading unit(s)	Wayne State University School of Medicine / Karmanos Cancer Center; License # 21-04127-06; Nucletron Microselectron HDR	9/1/2008 - 4/1/2011	

Supervising Individual** : License/Permit Number listing supervising individual as an authorized Medical Physicist
 Jay Barmeister : # 21-04127-06

for the following types of use:

- Remote afterloader unit(s) Teletherapy unit(s) Gamma stereotactic radiosurgery unit(s)

+ Training and work experience must be conducted in clinical radiation facilities that provide high-energy external beam therapy (photons and electrons with energies greater than or equal to 1 million electron volts) and brachytherapy services.

* 1 year of Full-time medical physics training and 1 year of full time work experience cannot be concurrent.

** If the supervising medical physicist is not an authorized medical physicist, the licensee must submit evidence that the supervising medical physicist meets the training and experience requirements in 10 CFR 35.51 and 35.59 for the types of use for which the individual is seeking authorization.

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)

b. Supervised Full-Time Medical Physics Training and Work Experience (continued)

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

Description of Training/ Experience	Location of Training/License or Permit Number of Training Facility/Medical Devices Used+	Dates of Training*	Dates of Work Experience*
Medical Physics	N/A		
Performing sealed source leak tests and inventories	Missouri Cancer Associates; License # 24-32604-01; Nucletron Microselectron HDR		7/12/2011 - 7/11/2012
Performing decay corrections	Missouri Cancer Associates; License # 24-32604-01; Nucletron Microselectron HDR		7/12/2011 - 7/11/2012
Performing full calibration and periodic spot checks of external beam treatment unit(s)	N/A		
Performing full calibration and periodic spot checks of stereotactic radiosurgery unit(s)	N/A		
Performing full calibration and periodic spot checks of remote afterloading unit(s)	Missouri Cancer Associates; License # 24-32604-01; Nucletron Microselectron HDR		7/12/2011 - 7/11/2012
Conducting radiation surveys around external beam treatment unit(s), stereotactic radiosurgery unit(s), remote after loading unit(s)	Missouri Cancer Associates; License # 24-32604-01; Nucletron Microselectron HDR		7/12/2011 - 7/11/2012

Supervising Individual**
Iris Ouyang
License/Permit Number listing supervising individual as an authorized Medical Physicist
24-32604-01

for the following types of use:

- Remote afterloader unit(s) Teletherapy unit(s) Gamma stereotactic radiosurgery unit(s)

+ Training and work experience must be conducted in clinical radiation facilities that provide high-energy external beam therapy (photons and electrons with energies greater than or equal to 1 million electron volts) and brachytherapy services.

* 1 year of Full-time medical physics training and 1 year of full time work experience cannot be concurrent.

** If the supervising medical physicist is not an authorized medical physicist, the licensee must submit evidence that the supervising medical physicist meets the training and experience requirements in 10 CFR 35.51 and 35.59 for the types of use for which the individual is seeking authorization.

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	Missouri Cancer Associates 7/12/2011 - 7/11/2012		
Safety procedures for the device use	Missouri Cancer Associates 7/12/2011 - 7/11/2012		
Clinical use of the device	Missouri Cancer Associates 7/12/2011 - 7/11/2012		
Treatment planning system operation	Missouri Cancer Associates 7/12/2011 - 7/11/2012		
Supervising Individual <i>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.)</i>	License/Permit Number listing supervising individual as an authorized Medical Physicist		
Iris Ouyang	# 24-32604-01		

for the following types of use:

- 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.

NRC FORM 313A (AMP)
(2-2009)

U.S. NUCLEAR REGULATORY COMMISSION

AUTHORIZED MEDICAL PHYSICIST 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.

First Section

Check one of the following:

1. Board Certification

I attest that _____ has satisfactorily completed the requirements in
Name of Proposed Authorized Medical Physicist
10 CFR 35.51(a)(1) and (a)(2).

OR

2. Education, Training, and Experience

I attest that Mark Tucker has satisfactorily completed the 1-year of full-time
Name of Proposed Authorized Medical Physicist
training in medical physics and an additional year of full-time work experience as required by 10 CFR 35.51(b)(1).

AND

Second Section

Complete the following:

I attest that Mark Tucker has training for the types of use for which authorization
Name of Proposed Authorized Medical Physicist
is sought that include hands-on device operation, safety procedures, clinical use, and the operation of a treatment planning system.

AND

Third Section

Complete the following:

I attest that Mark Tucker has achieved a level of competency sufficient to
Name of Proposed Authorized Medical Physicist
function independently as an Authorized Medical Physicist for the following:

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

AND

Fourth Section

Complete the following for preceptor attestation and signature:

I meet the requirements in 10 CFR 35.51, or equivalent Agreement State requirements for Authorized Medical Physicist for the following:

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

Name of Preceptor

Signature

Telephone Number

Date

Iris Ouyang



(573) 441-3711

8/12/2012

License/Permit Number/Facility Name

License # 24-32604-01 / Missouri Cancer Associates