

(03-2013)  
10 CFR 30, 32, 33,  
34, 35, 36, 39, and 40



**APPLICATION FOR MATERIALS  
LICENSE**

Estimated burden per response to comply with this mandatory collection request: 4.3 hours. Submittal of the application is necessary to determine that the applicant is qualified and that adequate procedures exist to protect the public health and safety. Send comments regarding burden estimate to the Information Services Branch (T-5 F53), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to Infocollects.Resource@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0120), Office of Management and Budget, Washington, DC 20503. If a means used to impose an information collection does not display a currently valid OMB control number, the NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.

**INSTRUCTIONS: SEE THE APPROPRIATE LICENSE APPLICATION GUIDE FOR DETAILED INSTRUCTIONS FOR COMPLETING APPLICATION. SEND TWO COPIES OF THE ENTIRE COMPLETED APPLICATION TO THE NRC OFFICE SPECIFIED BELOW. \*AMENDMENTS/RENEWALS THAT INCREASE THE SCOPE OF THE EXISTING LICENSE TO A NEW OR HIGHER FEE CATEGORY WILL REQUIRE A FEE.**

|   |  |
|---|--|
| APPLICATION FOR DISTRIBUTION OF EXEMPT PRODUCTS FILE APPLICATIONS WITH:   | IF YOU ARE LOCATED IN:   |
| OFFICE OF FEDERAL & STATE MATERIALS AND ENVIRONMENTAL MANAGEMENT PROGRAMS<br>DIVISION OF MATERIALS SAFETY AND STATE AGREEMENTS<br>U.S. NUCLEAR REGULATORY COMMISSION<br>WASHINGTON, DC 20555-0001 | ILLINOIS, INDIANA, IOWA, MICHIGAN, MINNESOTA, MISSOURI, OHIO, OR WISCONSIN,<br>SEND APPLICATIONS TO:   |
| ALL OTHER PERSONS FILE APPLICATIONS AS FOLLOWS:   | MATERIALS LICENSING BRANCH<br>U.S. NUCLEAR REGULATORY COMMISSION, REGION III<br>2443 WARRENVILLE ROAD, SUITE 210<br>LISLE, IL 60532-4352   |
| IF YOU ARE LOCATED IN:  | ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, COLORADO, HAWAII, IDAHO, KANSAS, LOUISIANA, MISSISSIPPI, MONTANA, NEBRASKA, NEVADA, NEW MEXICO, NORTH DAKOTA, OKLAHOMA, OREGON, PACIFIC TRUST TERRITORIES, SOUTH DAKOTA, TEXAS, UTAH, WASHINGTON, OR WYOMING, |
| SEND APPLICATIONS TO:   | SEND APPLICATIONS TO:  |
| LICENSING ASSISTANCE TEAM<br>DIVISION OF NUCLEAR MATERIALS SAFETY<br>U.S. NUCLEAR REGULATORY COMMISSION, REGION I<br>2100 RENAISSANCE BOULEVARD, SUITE 100<br>KING OF PRUSSIA, PA 19406-2713      | NUCLEAR MATERIALS LICENSING BRANCH<br>U.S. NUCLEAR REGULATORY COMMISSION, REGION IV<br>1600 E. LAMAR BOULEVARD<br>ARLINGTON, TX 76011-4511   |

**PERSONS LOCATED IN AGREEMENT STATES SEND APPLICATIONS TO THE U.S. NUCLEAR REGULATORY COMMISSION ONLY IF THEY WISH TO POSSESS AND USE LICENSED MATERIAL IN STATES SUBJECT TO U.S. NUCLEAR REGULATORY COMMISSION JURISDICTIONS.**

|  |  |
|--|--|
| <p>1. THIS IS AN APPLICATION FOR (Check appropriate item)</p> <p><input type="checkbox"/> A. NEW LICENSE</p> <p><input checked="" type="checkbox"/> B. AMENDMENT TO LICENSE NUMBER <u>21-26632-01</u></p> <p><input type="checkbox"/> C. RENEWAL OF LICENSE NUMBER _____</p> | <p>2. NAME AND MAILING ADDRESS OF APPLICANT (Include ZIP code)</p> <p>Vrinda Narayana, Ph.D.<br/>Providence Cancer Center, Providence Hospital<br/>22301 Foster Winter Drive, 1 floor<br/>Southfield, MI 48075</p> |
|--|--|

|  |   |   |  |  |  |
|--|---|---|--|--|--|
| <p>3. ADDRESS WHERE LICENSED MATERIAL WILL BE USED OR POSSESSED</p> <p>Providence Cancer Center, Providence Hospital<br/>22301 Foster Winter Drive, 1 floor<br/>Southfield, MI 48075</p> | <p>4. NAME OF PERSON TO BE CONTACTED ABOUT THIS APPLICATION</p> <p>Vrinda Narayana, Ph.D.</p> <table border="1"> <tr> <td data-bbox="800 1146 1146 1213">BUSINESS TELEPHONE NUMBER<br/>(248) 849-8622</td> <td data-bbox="1146 1146 1482 1213">BUSINESS CELLULAR TELEPHONE NUMBER<br/>(248) 867-8424</td> </tr> <tr> <td colspan="2" data-bbox="800 1224 1482 1297">BUSINESS EMAIL ADDRESS<br/>vrinda.narayana@stjohn.org</td> </tr> </table> | BUSINESS TELEPHONE NUMBER<br>(248) 849-8622 | BUSINESS CELLULAR TELEPHONE NUMBER<br>(248) 867-8424 | BUSINESS EMAIL ADDRESS<br>vrinda.narayana@stjohn.org |  |
| BUSINESS TELEPHONE NUMBER<br>(248) 849-8622  | BUSINESS CELLULAR TELEPHONE NUMBER<br>(248) 867-8424  |   |  |  |  |
| BUSINESS EMAIL ADDRESS<br>vrinda.narayana@stjohn.org   |   |   |  |  |  |

SUBMIT ITEMS 5 THROUGH 11 ON 8-1/2 X 11" PAPER. THE TYPE AND SCOPE OF INFORMATION TO BE PROVIDED IS DESCRIBED IN THE LICENSE APPLICATION GUIDE.

|  |   |
|--|---|
| <p>5. RADIOACTIVE MATERIAL</p> <p>a. Element and mass number, b. chemical and/or physical form; and c. maximum amount which will be possessed at any one time.</p> | <p>6. PURPOSE(S) FOR WHICH LICENSED MATERIAL WILL BE USED.</p>                                  |
| <p>8. TRAINING FOR INDIVIDUALS WORKING IN OR FREQUENTING RESTRICTED AREAS.</p>   | <p>7. INDIVIDUAL(S) RESPONSIBLE FOR RADIATION SAFETY PROGRAM AND THEIR TRAINING EXPERIENCE.</p> |
| <p>10. RADIATION SAFETY PROGRAM.</p>   | <p>9. FACILITIES AND EQUIPMENT.</p>   |
| <p>12. LICENSE FEES (Fees required only for new applications, with few exceptions*)<br/>(See 10 CFR 170 and Section 170.31)</p>                                    | <p>11. WASTE MANAGEMENT.</p>  |

|              |  |                    |  |
|--------------|--|--------------------|--|
| FEE CATEGORY |  | AMOUNT ENCLOSED \$ |  |
|--------------|--|--------------------|--|

13. CERTIFICATION. (Must be completed by applicant) THE APPLICANT UNDERSTANDS THAT ALL STATEMENTS AND REPRESENTATIONS MADE IN THIS APPLICATION ARE BINDING UPON THE APPLICANT.

THE APPLICANT AND ANY OFFICIAL EXECUTING THIS CERTIFICATION ON BEHALF OF THE APPLICANT, NAMED IN ITEM 2, CERTIFY THAT THIS APPLICATION IS PREPARED IN CONFORMITY WITH TITLE 10, CODE OF FEDERAL REGULATIONS, PARTS 30, 32, 33, 34, 35, 36, 39, AND 40, AND THAT ALL INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF THEIR KNOWLEDGE AND BELIEF.

WARNING: 18 U.S.C. SECTION 1001 ACT OF JUNE 25, 1948 62 STAT. 749 MAKES IT A CRIMINAL OFFENSE TO MAKE A WILLFULLY FALSE STATEMENT OR REPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION.

|  |           |             |
|--|-----------|-------------|
| CERTIFYING OFFICER -- TYPED/PRINTED NAME AND TITLE | SIGNATURE | DATE        |
| Vrinda Narayana/ Chief Physicist/RSO               |           | 21 May 2013 |

**FOR NRC USE ONLY**

| TYPE OF FEE | FEE LOG | FEE CATEGORY | AMOUNT RECEIVED | CHECK NUMBER | COMMENTS |
|-------------|---------|--------------|-----------------|--------------|----------|
| APPROVED BY |         | DATE         |                 |              |          |

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**ST JOHN**  
HEALTH SM **PROVIDENCE**  
**Cancer Institute**

May 21, 2013

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

**Ref: Material License # # 21-26632-01,**

**Subject:** Request for license material amendment

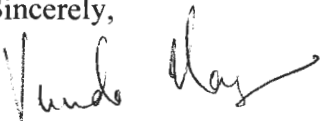
To the person concerned,

Enclosed is our request to amend our material license # **21-26632-01**, issued to Providence Hospital, Providence Cancer Center, 22301 Foster Winter Drive, Southfield, MI 48075.

Dr. Brooke Trotter, MD will be joining our staff at Providence Hospital on July 22, 2013. I request that she be added as an Authorized User on our license for the use of Ir-192 in our HDR remote afterloading unit. I have attached the NRC Form 313A(AUS) that documents her training and experience in anticipation of successfully completing her training at the Wayne State University and is signed by an Authorized User, Steven R. Miller on license number 21-04127-06.

Thank you,

Sincerely,



Vrinda Narayana, Ph.D  
RSO  
22301 Foster Winter Drive, I Floor  
Southfield, MI 48075  
248 849 8622

**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: (05/31/2015)

Name of Proposed Authorized User

Brooke Trotter

State or Territory Where Licensed

MI

Requested

Authorization(s)  
(check all that apply)

- 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)

**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                              | Wayne State University, Detroit, MI | 50          | March 6, 2009 to April 30, 2013 |
| Radiation protection   | Wayne State University, Detroit, MI | 50          | March 6, 2009 to April 30, 2013 |
| Mathematics pertaining to the use and measurement of radioactivity | Wayne State University, Detroit, MI | 50          | March 6, 2009 to April 30, 2013 |
| Radiation biology  | Wayne State University, Detroit, MI | 50          | March 6, 2009 to April 30, 2013 |

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:   | 500                                   |
|--|---|--|---------------------------------------|
| 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 | Karmanos Cancer Center<br>21-04127-06                       | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | March 6, 2009<br>to<br>April 30, 2013 |
| Checking survey meters for proper operation  | Karmanos Cancer Center<br>21-04127-06                       | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | March 6, 2009<br>to<br>April 30, 2013 |
| Preparing, implanting, and safely removing brachytherapy sources   | Karmanos Cancer Center<br>21-04127-06                       | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | March 6, 2009<br>to<br>April 30, 2013 |
| Maintaining running inventories of material on hand  | Karmanos Cancer Center<br>21-04127-06                       | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | March 6, 2009<br>to<br>April 30, 2013 |
| Using administrative controls to prevent a medical event involving the use of byproduct material             | Karmanos Cancer Center<br>21-04127-06                       | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | March 6, 2009<br>to<br>April 30, 2013 |
| Using emergency procedures to control byproduct material   | Karmanos Cancer Center<br>21-04127-06                       | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | March 6, 2009<br>to<br>April 30, 2013 |

| 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*                  |
|---|---|---------------------------------------|
| <b>Approved by:</b><br><input checked="" type="checkbox"/> Residency Review Committee for Radiation Oncology of the ACGME<br><input type="checkbox"/> Royal College of Physicians and Surgeons of Canada<br><input type="checkbox"/> Committee on Postdoctoral Training of the American Osteopathic Association | Karmanos Cancer Center<br>License # 21-04127-06             | March 6, 2009<br>to<br>April 30, 2013 |

|  |   |
|--|---|
| Supervising Individual<br>Steven R. Miller, MD | License/Permit Number listing supervising individual as an Authorized User<br>21-04127-06 |
|--|---|

**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 *N/A*

| 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: <i>500</i>                                  |  |
|--|---|--|--|
| 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   | <i>Karmanos Cancer Center<br/>License # 21-04127-06</i>     | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | <i>March 6, 2009<br/>to<br/>April 30, 2013</i> |
| Preparing treatment plans and calculating treatment doses and times  | <i>Karmanos Cancer Center<br/>License # 21-04127-06</i>     | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | <i>March 6, 2009<br/>to<br/>April 30, 2013</i> |
| Using administrative controls to prevent a medical event involving the use of byproduct material                       | <i>Karmanos Cancer Center<br/>License # 21-04127-06</i>     | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | <i>March 6, 2009<br/>to<br/>April 30, 2013</i> |
| Implementing emergency procedures to be followed in the event of the abnormal operation of the medical unit or console | <i>Karmanos Cancer Center<br/>License # 21-04127-06</i>     | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | <i>March 6, 2009<br/>to<br/>April 30, 2013</i> |
| Checking and using survey meters   | <i>Karmanos Cancer Center<br/>License # 21-04127-06</i>     | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | <i>March 6, 2009<br/>to<br/>April 30, 2013</i> |
| Selecting the proper dose and how it is to be administered   | <i>Karmanos Cancer Center<br/>License # 21-04127-06</i>     | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | <i>March 6, 2009<br/>to<br/>April 30, 2013</i> |

**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*  |
| <b>Approved by:</b><br><input checked="" type="checkbox"/> Residency Review Committee for Radiation Oncology of the ACGME<br><input type="checkbox"/> Royal College of Physicians and Surgeons of Canada<br><input type="checkbox"/> Committee on Postdoctoral Training of the American Osteopathic Association | Karmanos Cancer Center<br>License # 21-04127-06             | March 6, 2009<br>to<br>April 30, 2013   |
| Supervising Individual<br>Steven R. Miller, M.D.  |   | License/Permit Number listing supervising individual as an Authorized User<br>21-04127-06 |

**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                     | Steven R. Miller, MD<br>Jan-Dec 2010 |             |                                 |
| Safety procedures for the device use | Steven R. Miller, MD<br>Jan-Dec 2010 |             |                                 |
| Clinical use of the device           | Steven R. Miller, MD<br>Jan-Dec 2010 |             |                                 |

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  
21-04127-06

Steven R. Miller, MD

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 \_\_\_\_\_ 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 Brooke Trotter 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 Brooke Trotter 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 Brooke Trotter 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 Brooke Trotter 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    | Signature  | Telephone Number | Date    |
|----------------------|--|------------------|---------|
| Steven R. Miller, MD |  | 313-576-9545     | 5-21-13 |

License/Permit Number/Facility Name  
Karmanos Cancer Center 21-04127-06



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| VRINDA NARAYANA<br>248.849.8622<br>PROVIDENCE CANCER CENTER - SOU<br>22301 FOSTER WINTER DR.<br>SOUTHFIELD MI 48075             |  | 0.1 LBS LTR   | 1 OF 1 |
| <b>SHIP TO:</b><br>MATERIALS LICENSING BRANCH<br>US NRC REGION III<br>SUITE 210<br>2443 WARRENVILLE ROAD<br>LISLE IL 60532-4352 |  |   |        |
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