

June 5, 2013

Materials Licensing Branch
U.S. NRC Region III
2443 Warrenville Rd.
Suite 210
Lisle, IL 60532-4352

Re: U.S. NRC Radioactive Materials License number 24-32517-01

Dear NRC Representative:

We would like to amend the above license to include the following items:

1. To include **Margaret Cunningham, M.S.** as an authorized medical physicist (AMP) of medical use of remote afterloading HDR using Ir-192 (35.600). NRC Form 313A documenting experience and training for Ms. Cunningham is attached.
2. To remove **Chris Campen, M.S.** as an AMP of medical use of remote afterloading HDR using Ir-192 (35.600).
3. To remove **Bruce E. Ellerin, M.D.** as an authorized user (AU) of medical use of remote afterloading HDR using Ir-192 (35.600).
4. We will be adding a SPECT-CT scanner to our location at 1000 E. 101st Terrace, Kansas City, Missouri. We would like to remove the standby condition for this location listed under section 10.C. and amend the license so that this location is included under section 10.A of the license (similar to the 4881 NE Goodview Circle and 8700 N. Green Hills Road locations).

Please feel free to contact me if you have further inquiry.

Thank you for your assistance in this matter.

Sincerely,



Stephen Howard, M.S.
Medical Physicist, RSO
Kansas City Cancer Centers
University of Kansas Cancer Center
Kansas City, MO 64131
Tel: 816-823-6659
Cell: 913-967-9056
Email: showard2@kumc.edu

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

APPROVED BY OMB: NO. 3150-0120
EXPIRES: (05/31/2015)

Name of Proposed Authorized Medical Physicist

Margaret Elaine Cunningham

- 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's of Science	Radiation Sciences - Medical Physics
College or University	
University of Kentucky (Lexington)	

- 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 Nilendu Gupta, Ph.D. 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 Nilendu Gupta, Ph.D. who meets the requirements for an Authorized Medical Physicist.

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	The Ohio State University Wexner Medical Center; GammaMed Plus iX (#H64A067) & Brachyvision Leksell GammaKnife Perfexion (#6175) & LGP	July 2011 to June 2012	July 2012 to June 2013
Performing sealed source leak tests and inventories	The Ohio State University Wexner Medical Center; GammaMed Plus iX (#H64A067) Leksell GammaKnife Perfexion (#6175)	July 2011 to June 2012	July 2012 to June 2013
Performing decay corrections	The Ohio State University Wexner Medical Center; GammaMed Plus iX (#H64A067) Leksell GammaKnife Perfexion (#6175)	July 2011 to June 2012	July 2012 to June 2013
Performing full calibration and periodic spot checks of external beam treatment unit(s)	The Ohio State University Wexner Medical Center; Leksell GammaKnife Perfexion (#6175)	July 2011 to June 2012	July 2012 to June 2013
Performing full calibration and periodic spot checks of stereotactic radiosurgery unit(s)	The Ohio State University Wexner Medical Center; Leksell GammaKnife Perfexion (#6175)	July 2011 to June 2012	July 2012 to June 2013
Performing full calibration and periodic spot checks of remote afterloading unit(s)	The Ohio State University Wexner Medical Center; GammaMed Plus iX (#H64A067)	July 2011 to June 2012	July 2012 to June 2013
Conducting radiation surveys around external beam treatment unit(s), stereotactic radiosurgery unit(s), remote after loading unit(s)	The Ohio State University Wexner Medical Center; GammaMed Plus iX (#H64A067) Leksell GammaKnife Perfexion (#6175)	July 2011 to June 2012	July 2012 to June 2013

Supervising Individual** License/Permit Number listing supervising individual as an authorized Medical Physicist

Nilendu Gupta, Ph.D.

Ohio # 0210250037

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.

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	The Ohio State University Wexner Medical Center; GammaMed Plus iX (#H64A067) & Brachyvision		The Ohio State University Wexner Medical Center; Leksell GammaKnife Perfexion (#6175) & Leksell GammaPlan
Safety procedures for the device use	The Ohio State University Wexner Medical Center; GammaMed Plus iX (#H64A067) & Brachyvision		The Ohio State University Wexner Medical Center; Leksell GammaKnife Perfexion (#6175) & Leksell GammaPlan
Clinical use of the device	The Ohio State University Wexner Medical Center; GammaMed Plus iX (#H64A067) & Brachyvision		The Ohio State University Wexner Medical Center; Leksell GammaKnife Perfexion (#6175) & Leksell GammaPlan
Treatment planning system operation	The Ohio State University Wexner Medical Center; GammaMed Plus iX (#H64A067) & Brachyvision		The Ohio State University Wexner Medical Center; Leksell GammaKnife Perfexion (#6175) & Leksell GammaPlan

Supervising Individual

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.)

License/Permit Number listing supervising individual as an authorized Medical Physicist

Nilendu Gupta, Ph.D.

Ohio # 0210250037

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.

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 Margaret Elaine Cunningham 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 Margaret Elaine Cunningham 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 Margaret Elaine Cunningham 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

NILONDU GUPTA Ph.D.

Signature

Telephone Number

614-293-4204

Date

4/16/2013

License/Permit Number/Facility Name

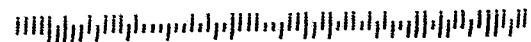
OHIO # 0210250037 - THE OHIO STATE UNIVERSITY.

THE UNIVERSITY
OF KANSAS

CANCER CENTER

Materials Licensing Branch
US NRC Region III
2443 Warrenville Rd.
Suite 210
Lisle, IL 60532-4352

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