



INSIST ON QUALITY

June 4, 2013

USNRC Region I DNMS  
2100 Renaissance Boulevard  
King of Prussia, PA 19406

B. 1

03013331

REC RG 1 06 26 13 AM 07:11

RE: License No. 07-17792-01  
**Amendment Request Pursuant to 35.14(b)(5)**  
**Addition of Authorized User**

Dear Sir or Madame:

Beebe Medical Center would like to amend the above referenced license to include Jennifer Hung, M.D. as an Authorized User for manual brachytherapy (35.400). Dr. Hung is certified by the American Board of Radiology in Radiation Oncology and has completed the training and experience requirements outlined in 35.490.

Two preceptor statements are enclosed. NRC Form 313A (1) outlines the educational program while NRC Form 313A (2) includes the preceptor statement that is specific for the manual brachytherapy.

If additional information is needed or there are any questions regarding our request, please contact our Radiation Safety Officer, Ms. Suzanne Krueger-Schmidt at 410-692-9806 or our Director of Diagnostic Imaging, Mr. Dan Mapes at 302-645-3342.

Sincerely,



Jeffrey M. Fried, FACHE  
President and CEO

581266

NMSS/RGN1 MATERIALS-002

**Distribution List;**

- Jeffrey Fried, FACHE, President and CEO
  - Dan Mapes, Chairman, Radiation Safety Committee
- 

**Jennifer Hung, M.D.**

Medical License – State of Delaware License Number #C2-0009771 [expires 3/31/2013]

American Board of Radiology – Radiation Oncology Certificate No. 6-728 Effective: May 22, 2012

1. Approval Criteria:

**10 CFR Part 35 Requirements:**

Category of Therapeutic Use	Requirements <sup>1, 2</sup>
35.400–Manual Brachytherapy	<ul style="list-style-type: none"><li>▪ 200 hrs classroom and laboratory (structured educational program)</li><li>▪ 500 hours work experience</li><li>▪ 3 years supervised clinical training</li><li>▪ written preceptor certification</li></ul>

**Specialty Board(s) Certification Recognized by NRC Under 10 CFR Part 35**

§35.490 Training for manual brachytherapy sources

American Board of Radiology (ABR) certification process from June 2007 to May 2012 for the Radiation Oncology specialty with the words "AU eligible" appearing above the ABR seal; and from May 2012 to present Radiation Oncology specialty with the words "AU eligible" appearing above the ABR seal. Additionally, the certificates issued after May 2012 will only be recognized for 4 years from the date of issuance.

American Osteopathic Board of Radiology (AOBR) certification process from May 1, 2007 forward for the Radiation Oncology specialty.

**II. Training & Experience Summary:**

American Board of Radiology, Radiation Oncology

Certification: No#60728

May 22, 2012; AU eligible appears above the ABR seal

**III. Preceptor Attestation:**

NRC Form 313A Part II Signed Attestation by Authorized user: [Preceptor; Brian Costleigh M.D.]

NRC Form 313A Part II Signed Attestation by Authorized user: [Preceptor; John Fiveash, M.D.]

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<sup>1</sup> Exemption #1: A physician who is identified as an Authorized User on an NRC or Agreement State license prior to 10/24/02 is exempt from part 35 training and experience requirements, for the use categories authorized on the previous license, when requesting authorization for those categories already approved on the previous license.

<sup>2</sup> Exemption #2: A physician certified by a medical specialty board whose certification process includes the training and education identified in the relevant code section, and, is recognized by the NRC as acceptable, is exempt from the T&E requirements. Preceptor attestation is required.

**Distribution List;**

- Jeffrey Fried, FACHE, President and CEO
  - Dan Mapes, Chairman, Radiation Safety Committee
- 

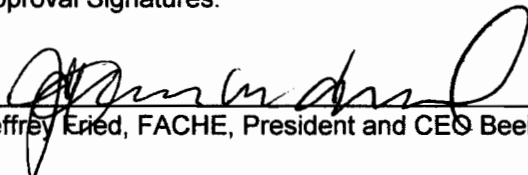
**IV. RSO Discussion/Recommendation**

I have reviewed the training and experience documents for Jennifer Hung, M.D. to determine her qualifications for use of manual brachytherapy sources. Dr. Hung has met the training and experience requirements.

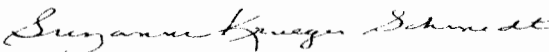
It is recommended that Dr. Hung be approved by Beebe Medical Center's Executive Leadership to be added to the Center's NRC license as an Authorized User of materials listed in 35.400 (Manual brachytherapy)

.....

Approval Signatures:

  
\_\_\_\_\_  
Jeffrey Fried, FACHE, President and CEO Beebe Medical Center

06/14/13  
Date

  
\_\_\_\_\_  
Suzanne Krueger-Schmidt, Radiation Safety Officer

6/4/2013  
Date

# 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 Physicians in Medicine,  
Hereby certifies that*

**Jennifer Hung, 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 qualification  
to practice; and is therefore awarded the Board's certification in*

**Radiation Oncology**

**AB Eligible**



Certificate No. 60728

*Ongoing validity of this certificate is contingent upon  
meeting the requirements of Maintenance of Certification.*

*This diplomate of the American Board of Radiology  
is permitted to use the **ABR** mark to signify this certification.*

*Barry J. Hopper*  
President



*Richard T. Morin*  
Secretary-Treasurer

*Hayden R. Roberts*  
Executive Director

**ABR**



Effective: May 22, 2012

	<b>State of Delaware</b> The Official Website for the First State	
<a href="#">Visit the Governor</a>   <a href="#">General Assembly</a>   <a href="#">Courts</a>   <a href="#">Other Elected Officials</a>   <a href="#">Federal, State &amp; Local Sites</a>		
<a href="#">State Directory</a>   <a href="#">Help</a>   <a href="#">Search</a>		<a href="#">Citizen Services</a>   <a href="#">Business Services</a>   <a href="#">Visitor Info.</a>
<b>Licensee Information</b>		
Full Name: Jennifer Hung		
<b>License Information</b>		
License No: C1-0009807 Profession: Medical Practice		License Type: Physician M.D.
License Status: Active	Issue Date: 8/23/2011	Expiration Date: 3/31/2015
<b>Address Information</b>		
This information is from the address supplied by the licensee. For most license types, licensees may choose a residence, business or other mailing address.		
City: Rehoboth Beach State: DE Zipcode: 19971 Country: United States		
<b>Discipline Information</b>		
<p>If the licensee above has been disciplined, violations cited in the disciplinary order, consent agreement or reprimand appear below. Violations refer to a section of <i>The Delaware Code</i> (law) or Rules and Regulations, as it was numbered when the discipline occurred. (Note that section numbers sometimes change.) For example, violation T24-S-3302(6)a refers to Title 24 of <i>The Delaware Code</i>, Section 3302, subsection 6a. Violation Reg. 1.2.12 refers to section 1.2.12 of the Board's Rules and Regulations. The disciplinary actions resulting from the violations, together with the date(s) of the action, are also shown. Note that multiple violations may result in a single disciplinary action or that a single violation may result in multiple disciplinary actions. To view the law, click <i>The Delaware Code</i>. To view a profession's Rules and Regulations, click <a href="http://www.dpr.delaware.gov">www.dpr.delaware.gov</a>, select the profession and then click Rules and Regulations on the left.</p>		
No Discipline Information		
<b>Limits/Restriction Information</b>		
If limits/restrictions have been imposed on the licensee above, the date(s) of the limit/restriction are shown below.		
No Limits/Restriction Information		
<b>Public Documents</b>		
The Division of Professional Regulation is in the process of making public disciplinary orders and consent agreements from 2006 to the present available online. If disciplinary information appears above but no documents are listed below, the Division has not yet added the documents to the webpage. To request the documents, click <a href="#">Request for Public Records form</a> .		
No Public Documents Available Online		

FORM 1

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

U.S. NUCLEAR REGULATORY COMMISSION

**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: 3/31/2012

Name of Proposed Authorized User

Jennifer Hung, MD

State or Territory Where Licensed

Delaware

Requested



35.400 Manual brachytherapy sources



35.600 Teletherapy unit(s)

Authorization(s)



35.400 Ophthalmic use of strontium-90



35.600 Gamma stereotactic radiosurgery unit(s)

(check all that apply)



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	University of Alabama at Birmingham Department of Radiation Oncology	55	07/2007-03/2008
		50	07/2008-03/2009
		35	07/2009-06/2010
Radiation protection	University of Alabama at Birmingham Department of Radiation Oncology	7	07/2007-03/2008
		6	07/2008-03/2009
		8	07/2009-06/2010
Mathematics pertaining to the use and measurement of radioactivity	University of Alabama at Birmingham Department of Radiation Oncology	11	07/2007-03/2008
		9	07/2008-03/2009
		12	07/2009-06/2010
Radiation biology	University of Alabama at Birmingham Department of Radiation Oncology	36	07/2007-03/2008
		56	07/2008-03/2009
		18	07/2009-06/2010
Total Hours of Training:		303	

## 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: 249	
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	University of Alabama at Birmingham Department of Radiation Oncology	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	07/2007-06/2011
Checking survey meters for proper operation	University of Alabama at Birmingham Department of Radiation Oncology	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	07/2007-06/2011
Preparing, implanting, and safely removing brachytherapy sources	University of Alabama at Birmingham Department of Radiation Oncology	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	07/2007-06/2011
Maintaining running inventories of material on hand	University of Alabama at Birmingham Department of Radiation Oncology	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	07/2007-06/2011
Using administrative controls to prevent a medical event involving the use of byproduct material	University of Alabama at Birmingham Department of Radiation Oncology	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	07/2007-06/2011
Using emergency procedures to control byproduct material	University of Alabama at Birmingham Department of Radiation Oncology	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	07/2007-06/2011

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> <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	University of Alabama at Birmingham Department of Radiation Oncology	07/01/07-06/30/11
Supervising Individual <b>John B. Fiveash, M.D.</b>	License/Permit Number listing supervising individual as an Authorized User <b>James A. Bonner, M.D. (314)</b>	

## 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

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	University of Alabama at Birmingham Department of Radiation Oncology	0	N/A
Supervising Individual  John B. Fivcash, M.D.		License/Permit Number listing supervising individual as an Authorized User  James A. Bonner, M.D. (314)	

## 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: 1,587	
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	University of Alabama at Birmingham Department of Radiation Oncology	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	07/2007-06/2011
Preparing treatment plans and calculating treatment doses and times	University of Alabama at Birmingham Department of Radiation Oncology	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	07/2007-06/2011
Using administrative controls to prevent a medical event involving the use of byproduct material	University of Alabama at Birmingham Department of Radiation Oncology	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	07/2007-06/2011
Implementing emergency procedures to be followed in the event of the abnormal operation of the medical unit or console	University of Alabama at Birmingham Department of Radiation Oncology	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	07/2007-06/2011
Checking and using survey meters	University of Alabama at Birmingham Department of Radiation Oncology	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	07/2007-06/2011
Selecting the proper dose and how it is to be administered	University of Alabama at Birmingham Department of Radiation Oncology	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	07/2007-06/2011



## 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> <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	University of Alabama at Birmingham Department of Radiation Oncology	07/01/07-06/30/11
Supervising Individual  John B. Fiveash, M.D.		License/Permit Number listing supervising individual as an Authorized User  James A. Bonner, M.D. (314)

## 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	07/2007-06/2011	07/2007-06/2011	07/2007-06/2011
Safety procedures for the device use	07/2007-06/2011	07/2007-06/2011	07/2007-06/2011
Clinical use of the device	07/2007-06/2011	07/2007-06/2011	07/2007-06/2011
Supervising Individual. <i>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.)</i>  John B. Fiveash, M.D.		License/Permit Number listing supervising individual as an Authorized User  James A. Bonner, M.D. (314)	
Authorized for the following types of use: <input checked="" type="checkbox"/> Remote afterloader unit(s) <input checked="" type="checkbox"/> Teletherapy unit(s) <input checked="" type="checkbox"/> 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 \_\_\_\_\_ 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 Jennifer Hung, MD 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 Jennifer Hung, MD 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 Jennifer Hung, MD 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**

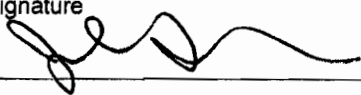
**Complete the following for preceptor attestation and signature:**

☒ 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 <b>John B. Fiveash, M.D.</b>	Signature 	Telephone Number <b>(205) 975-0224</b>	Date <b>06/30/2011</b>
License/Permit Number/Facility Name <b>University of Alabama at Birmingham, Department of Radiation Oncology, James A. Bonner, M.D. (314)</b>			

Form 2

NRC FORM 313A (AUS)  
(05-2012)

U.S. NUCLEAR REGULATORY COMMISSION

**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

Jennifer Hung, M.D.

State or Territory Where Licensed

Delaware

Requested



35.400 Manual brachytherapy sources



35.600 Teletherapy unit(s)

Authorization(s)



35.400 Ophthalmic use of strontium-90



35.600 Gamma stereotactic radiosurgery unit(s)

(check all that apply)



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			
Radiation protection			
Mathematics pertaining to the use and measurement of radioactivity			
Radiation biology			

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:	
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		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Checking survey meters for proper operation		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Preparing, implanting, and safely removing brachytherapy sources		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Maintaining running inventories of material on hand		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Using administrative controls to prevent a medical event involving the use of byproduct material		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Using emergency procedures to control byproduct material		<input 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*
<b>Approved by:</b> <input 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		
Supervising Individual		License/Permit Number listing supervising individual as an Authorized User

## 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

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:	
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		<input type="checkbox"/> Yes <input type="checkbox"/> No	
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 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 type="checkbox"/> Yes <input type="checkbox"/> No	
Selecting the proper dose and how it is to be administered		<input type="checkbox"/> Yes <input type="checkbox"/> No	

**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> <input 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		
Supervising Individual		License/Permit Number listing supervising individual as an Authorized User

**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			
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.)		License/Permit Number listing supervising individual as an Authorized User	
Authorized for the following types of use: <input type="checkbox"/> Remote afterloader unit(s) <input type="checkbox"/> Teletherapy unit(s) <input type="checkbox"/> 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 Jennifer Hung, M.D. 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 \_\_\_\_\_ 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**



## AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

## Preceptor Attestation (continued)

## Third Section

## For 35.690: (continued)

☐ I attest that \_\_\_\_\_ 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 Jennifer Hung, M.D. 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)

Manual  
Brachy-  
therapy

## 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)

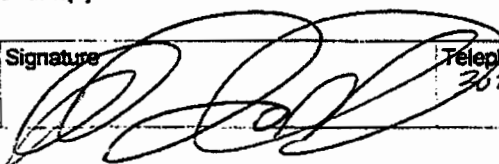
☐ 35.400 Ophthalmic use of strontium-90 ☐ 35.600 Gamma stereotactic radiosurgery unit(s)

☐ 35.600 Remote afterloader unit(s)

Name of Preceptor

Brian Costleigh, M.D.

Signature



Telephone Number

302/645-3725

Date

6/3/13

License/Permit Number/Facility Name

Beebe Medical Center NRC License No. 07-17792-01

This is to acknowledge the receipt of your letter/application dated

06-04-13, and to inform you that the initial processing which includes an administrative review has been performed.

☒ Amend: 07-17792-01 (2)  
There were no administrative omissions. Your application was assigned to a technical reviewer. Please note that the technical review may identify additional omissions or require additional information.

☐ Please provide to this office within 30 days of your receipt of this card

A copy of your action has been forwarded to our License Fee & Accounts Receivable Branch, who will contact you separately if there is a fee issue involved.

(2)  
Your action has been assigned **Mail Control Number** 581266  
When calling to inquire about this action, please refer to this control number.  
You may call us on (610) 337-5398, or 337-5260.