

July 19, 2013

USNRC  
REGION III  
2443 Warrenville Road, Suite 210  
Lisle, IL 60532-4352

Re: Request for Amendment to USNRC Materials License No. 13-02128-03

Dear Sir/Madam:

This correspondence is sent as an amendment request to U.S.N.R.C. materials license No: 13-02128-03.

Please add Michael Scott-Soon Eaton, MD as an Authorized User of 10 CFR 35.300 Radioactive Materials requiring a written directive. NRC Form 313A and a copy of his ABR Certification are included. Dr. Eaton is currently listed as a 10 CFR 35.600 user on this license.

Also, please remove the following physicians as Authorized Users:

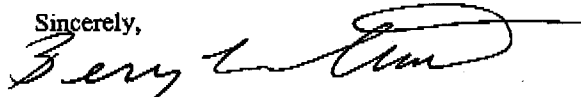
Ramchandra Reddy, M.D.

Colleen M. Madden, M.D.

Stephen H. Kliman, M.D.

If more information is requested, you may contact me at 317-528-5173.

Sincerely,



**Berry L. Stewart, M.S., DABR**  
**Radiation Safety Officer**  
**Franciscan St. Francis Health**

cc: USNRC Materials License File

**CARMEL**  
12188 B North Meridian Street  
Carmel, IN 46032  
PH: 317 705 4500

**INDIANAPOLIS**  
8111 South Emerson Avenue  
Indianapolis, IN 46237  
PH: 317 865 5000

**MOORESVILLE**  
1201 Hadley Road  
Mooresville, IN 46158  
PH: 317 831 1160

**AUTHORIZED USER TRAINING AND EXPERIENCE  
AND PRECEPTOR ATTESTATION**  
(for uses defined under 35.300)  
[10 CFR 35.390, 35.392, 35.394, and 35.396]

APPROVED BY OMB: NO. 3100-0120  
EXPIRES: (05/31/2016)

Name of Proposed Authorized User  
Michael Scott-Sosa Eaton, MD PhD

State or Territory Where Licensed  
Indiana and California

Requested Authorization(s) (check all that apply):

35.300 Use of unsealed byproduct material for which a written directive is required

OR

35.300 Oral administration of sodium iodide I-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)

35.300 Oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 1.22 gigabecquerels (33 millicuries)

35.300 Parenteral administration of any beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV for which a written directive is required

35.300 Parenteral administration of any other radionuclide for which a written directive is required

**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 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 35.390, provide documentation on supervised clinical case experience. The table in section 3.c. may be used to document this experience.

c. For 35.396, provide documentation on classroom and laboratory training, supervised work experience, and supervised clinical case experience. The tables in sections 3.a., 3.b., and 3.c. may be used to document this experience.

d. Skip to and complete Part II Preceptor Attestation.

2. Current 35.300, 35.400, or 35.600 Authorized User Seeking Additional Authorization

a. Authorized User on Materials License \_\_\_\_\_ under the requirements below or equivalent Agreement State requirements (check all that apply):

35.390     35.392     35.394     35.490     35.690

b. If currently authorized for a subset of clinical uses under 35.300, provide documentation on additional required supervised case experience. The table in section 3.c. may be used to document this experience. Also provide completed Part II Preceptor Attestation.

c. If currently authorized under 35.490 or 35.690 and requesting authorization for 35.396, provide documentation on classroom and laboratory training, supervised work experience, and supervised clinical case experience. The tables in sections 3.a., 3.b., and 3.c. may be used to document this experience. Also provide completed Part II Preceptor Attestation.

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

**3. Training and Experience for Proposed Authorized User**

a. Classroom and Laboratory Training  35.390  35.392  35.394  35.396

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			
Chemistry of byproduct material for medical use			
Radiation biology			
<b>Total Hours of Training:</b>		<input type="text"/>	

b. Supervised Work Experience  35.390  35.392  35.394  35.396

*If more than one supervising individual is necessary to document supervised training, 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	
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Calculating, measuring, and safely preparing patient or human research subject dosages		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures		<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)**

**b. Supervised Work Experience (continued)**

Supervising Individual: License/Permit Number listing supervising individual as an authorized user

Supervising individual meets the requirements below, or equivalent Agreement State requirements (check all that apply)\*\*:

- 35.390 With experience administering dosages of:
- 35.392  Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)
- 35.394  Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)
- 35.396  Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required
- Parenteral administration of any other radionuclide requiring a written directive

\*\* Supervising Authorized User must have experience in administering dosages in the same dosage category or categories as the individual requesting authorized user status.

**c. Supervised Clinical Case Experience**

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

Description of Experience	Number of Cases Involving Personal Participation	Location of Experience/License or Permit Number of Facility	Dates of Experience*
Oral administration of sodium iodide I-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)			
Oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 1.22 gigabecquerels (33 millicuries)			
Parenteral administration of any beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV for which a written directive is required			
Parenteral administration of any other radionuclide for which a written directive is required			
<div style="border: 1px solid black; width: 150px; height: 20px; margin: 5px 0;"></div> (List radionuclides)			

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

**3. Training and Experience for Proposed Authorized User (continued)**

**c. Supervised Clinical Case Experience (continued)**

Supervising Individual	License/Permit Number listing supervising individual as an authorized user
Supervising Individual meets the requirements below, or equivalent Agreement State requirements (check all that apply)**:	
<input type="checkbox"/> 35.390	With experience administering dosages of:
<input type="checkbox"/> 35.392	<input type="checkbox"/> Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)
<input type="checkbox"/> 35.394	<input type="checkbox"/> Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)
<input type="checkbox"/> 35.396	<input type="checkbox"/> Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required
	<input type="checkbox"/> Parenteral administration of any other radionuclide requiring a written directive
** Supervising Authorized User must have experience in administering dosages in the same dosage category or categories as the individual requesting authorized user status.	
<b>d. Provide completed Part II Preceptor Attestation.</b>	

**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 35.390:**

**Board Certification**

I attest that Michael Scott-Soon Eaton, MD PhD has satisfactorily completed the training and experience requirements in 35.390(a)(1).  
Name of Proposed Authorized User

**OR**

**Training and Experience**

I attest that \_\_\_\_\_ has satisfactorily completed the 700 hours of training and experience, including a minimum of 200 hours of classroom and laboratory training, as required by 10 CFR 35.390 (b)(1).  
Name of Proposed Authorized User

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

**Fourth Section**

**For 35.396:**

Current 35.490 or 35.690 authorized user:

I attest that \_\_\_\_\_ is an authorized user under 10 CFR 35.490 or 35.690  
Name of Proposed Authorized User

or equivalent Agreement State requirements, has satisfactorily completed the 80 hours of classroom and laboratory training, as required by 10 CFR 35.396 (d)(1), and the supervised work and clinical case experience required by 35.396(d)(2), and has achieved a level of competency sufficient to function independently as an authorized user for:

- Parenteral administration of any beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV for which a written directive is required
- Parenteral administration of any other radionuclide for which a written directive is required

**OR**

**Board Certification:**

I attest that Michael Scott-Soon Eaton has satisfactorily completed the board certification  
Name of Proposed Authorized User

requirements of 35.396(c), has satisfactorily completed the 80 hours of classroom and laboratory training required by 10 CFR 35.396 (d)(1) and the supervised work and clinical case experience required by 35.396(d)(2), and has achieved a level of competency sufficient to function independently as an authorized user for:

- Parenteral administration of any beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV for which a written directive is required
- Parenteral administration of any other radionuclide for which a written directive is required

**Fifth Section**

Complete the following for preceptor attestation and signature:

I meet the requirements below, or equivalent Agreement State requirements, as an authorized user for:

- 35.390     35.392     35.394     35.396

I have experience administering dosages in the following categories for which the proposed Authorized User is requesting authorization.




- Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)
- Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)
- Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required
- Parenteral administration of any other radionuclide requiring a written directive

Name of Preceptor <u>ROBERT HENDERSON</u>	Signature <u>Robert Henderson</u>	Telephone Number <u>626 664 9908</u>	Date <u>6/10/2013</u>
License/Permit Number/Facility Name <u>DOCTOR OF NUCLEAR MEDICINE, KECK SCHOOL OF MEDICINE</u>			

OF USC

**Radiation Oncology  
Oral I-131 & Parenteral Administration Log**

Michael Etkin      LAC-USC      \_\_\_\_\_  
Resident Name      Program      Program #

Date	Disorder	Radionuclide	Dose Administered	Preceptor Name/Signature
<b>Oral I-131 (&gt;33 mCi)</b>				
1. <u>9/9/08</u>	<u>Recurrent Papillary Thyroid I-131</u>	<u>I-131</u>	<u>200mCi</u>	<u>Dr. Collett</u> 
2. <u>11/13/08</u>	<u>Papillary Thyroid I-131</u>	<u>I-131</u>	<u>170mCi</u>	<u>Dr. Collett</u> 
3. <u>4/3/09</u>	<u>Papillary Thyroid I-131</u>	<u>I-131</u>	<u>150mCi</u>	<u>Dr. Collett</u> 
<b>Parenteral</b>				
1. <u>8/25/09</u>	<u>Metastatic Colorectal</u>	<u>Yttrium 90 Si-Sphere</u>	<u>19mCi</u>	<u>[Signature]</u>
2. <u>12/23/09</u>	<u>Metastatic Endometrial</u>	<u>Zinc</u>	<u>32mCi</u>	<u>[Signature]</u>
3. <u>2/25/10</u>	<u>Metastatic Prostate</u>	<u>Strontium 90</u>	<u>75mCi 1mCi/kg</u>	<u>[Signature]</u>

1/1/08

# The American Board of Radiology

*Organized through the cognation of the  
American College of Radiology, the American Roentgen Ray Society,  
the American Radiology 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*

**Michael Scott-Soon Eaton, 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 the specialty of*

**Radiation Oncology**

All Eligible

May 26, 2011

ABR



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



Certificate No. 62668

*Ann J. Horvath*  
President

*Richard A. Moran*  
Secretary/Treasurer

*Hayden P. ...*  
Executive Director

Valid through 2021



# ST FRANCIS CANCER CARE SERVICES

## FAX TRANSMITTAL SHEET

**TO: MATERIALS LICENSING,  
REGION III**

**FAX: 630-515-1078**

**FROM: Berry L. Stewart, MS, RSO**

**DATE: 07/19/13**

**RE: LIC# 13-02128-03**

**PAGES: 9 inclusive**

**CC:**

### RADIATION ONCOLOGY DEPARTMENT:

**DR. PETER GARRETT  
DR. VALERI GOUTSOULIAK  
Berry L. Stewart, MS, RSO**

**PHONE: (317) 528-5173  
FAX: (317) 528-5172**

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