

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:

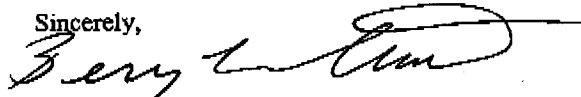
Ramchandra Reddy, M.D.

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			
Total Hours of Training:		<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; height: 20px; width: 100%;"></div> (List radionuclide)			

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
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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.

d. Provide completed Part II Preceptor Attestation.

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
Oral I-131 (>33 mCi)				
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> 
Parenteral				
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 Lung Cancer</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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