



8/28/2013

U.S. Nuclear Regulatory Commission
Materials Licensing Section
2442 Warrenville Road, Suite 210
Lisle, IL 60532 – 4352

Dear Sir or Madam:

Hancock Regional Hospital would like to amend its radioactive materials license, number 13-16730-01, to change the radiation safety officer from Mary Lynn Wolfe, M.D. to Justin P. Chang, M.D. Enclosed is a 313a (RSO) with the necessary supporting documentation.

In addition we would like to add Justin P. Chang, M.D. as an authorized user for 35.100, 35.200 and 35.392. Enclosed is a 313a (AUD) and 313a (AUT) with the necessary supporting documentation.

In addition, Hancock Regional Hospital would like to notify the NRC that the administration and Radiation Safety Committee has approved Justin P. Chang, M.D. as a temporary RSO pending this amendment.

Should there be any questions concerning this request, please feel free to contact Mr. Timothy Greist, DABR of Medical Physics Consultants at tgreist@mpcphysics.com or 310-975-4149.

Sincerely,

A handwritten signature in cursive script that reads "Bobby Keen".

Bobby Keen, FACHE
President and CEO

Sept. 9, 2013
Date

801 North State St.
Greenfield, IN 46140
Phone (317) 462.5544

RECEIVED SEP 11 2013

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RSO / EXECUTIVE MANAGEMENT
LETTER OF UNDERSTANDING

8/28/2013

Justin P. Chang, M.D.
Radiation Safety Officer
Hancock Regional Hospital
801 N. State St.
Greenfield, IN 46140

Dear Dr. Justin P. Chang, RSO:

You have been appointed the Radiation Safety Officer (RSO) of this facility for our United States Nuclear Regulatory Commission Material License. This "Letter of Understanding" is prepared to comply with Title 10 Code of Federal Regulations (CFR) Part 35.24(b). This section of the regulations requires that you agree in writing to the following:

- Assume responsibility for implementing the Radiation Protection Program.
- Ensure that radiation safety activities are being performed in accordance with our own approved procedures and all regulatory requirements.

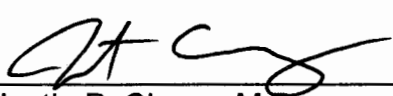
Furthermore, in compliance with 10 CFR 35.24 (e), (g), the executive management of this facility agrees to provide you as RSO:

- Specific written notation of your authority, duties and responsibilities, see attached.
- Sufficient authority, organizational freedom, time, resources and management prerogative to:
 1. Identify radiation safety problems;
 2. Initiate, recommend, or provide corrective actions;
 3. Stop unsafe operations; and,
 4. Verify implementation of corrective actions.

Our signatures noted below will attest to the issues noted above. Please make a copy of this document for your files and return the original to my attention.

Sincerely,

 9/9/2013
 Bobby Keen, FACHE
 President and CEO
 Date

 8/28/13
 Justin P. Chang, M.D.
 Radiation Safety Officer
 Date

801 North State St.
 Greenfield, IN 46140
 Phone (317) 462.5544

RADIATION SAFETY OFFICER AUTHORITY, DUTIES AND RESPONSIBILITIES

The Radiation Safety Officer (RSO) shall:

1. Have the authority to implement the Radiation Protection Program as referenced in 10 CFR 20.1101.
2. Have the authority, organizational freedom, time, resources, and management prerogative to:
 - a. Identify radiation safety problems;
 - b. Initiate, recommend or provide corrective actions,
 - c. Stop unsafe operations; and,
 - d. Verify implementation of corrective actions.
3. Investigate deviations from the radiation safety practices approved by facility management and/or the Radiation Safety Committee, if applicable.
4. Collect in a centralized location, executive management approved procedures that can include policy and technical issues which, would makeup the Radiation Protection Program as follows:
 - a. Authorization for the purchase of radioactive material.
 - b. Receipt and opening of packages containing radioactive material.
 - c. Storage of radioactive material.
 - d. Inventory control of radioactive material.
 - e. Safe use of radioactive material.
 - f. Emergency procedures in the event of loss, theft, etc.
 - g. Periodic radiation surveys and wipe tests
 - h. Checks of radiation survey and other radiation safety instruments.
 - i. Disposal of radioactive material.
 - j. Personnel training of those who work in or frequent areas of radioactive material use or storage.
5. Oversee a record system of the Radiation Protection Program per 10 CFR 20.2102 to include at least the following:

The provisions of the Radiation Protection Program until the license is terminated by the NRC such as:

- a. All records, reports, written policies and procedures required by regulatory agencies concerning radioactive material.
- b. A copy of the regulations governing the possession, use and disposal of licensed material, such as Title 10 Code of Federal Regulations.

Audits and other reviews of the Radiation Protection Program content and implementation for a period of three (3) years after the record is made.

6. Periodically evaluate "action levels" for continued appropriateness to ensure compliance with 10 CFR 20.1501 and 1502 for the following:
 - a. Personnel exposure investigation levels
 - b. Area surveys dose rate and contamination levels
 - c. Bioassays, if necessary
 - d. Radioactive effluent concentrations, if necessary
7. Review the following Radiation Protection Program records, if applicable:
 - a. Sealed source inventories
 - b. Sealed source leak tests
 - c. Dose calibrator linearity tests
 - d. Dose calibrator accuracy tests
 - e. Dose calibrator geometrical variation tests
 - f. Occupational radiation exposure reports
 - g. Medical event documentation
 - h. Spill / incident reports for cause and corrective action
 - i. Dose rate and contamination survey results
 - j. Changes in the radiation safety program
8. Ensure the use of reasonable practices and controls to strive to maintain doses to workers and to the public are ALARA, in compliance with 10 CFR 20.1101(b).
9. Review with facility management at least annually of the content of the Radiation Protection Program and determine if the written program is being implemented in compliance with 10 CFR 20.1101(c).
10. Ensure as a part of the ALARA effort that individual members of the public shall not receive a Total Effective Dose Equivalent (TEDE) of more than 10 mrem (0.1 mSv) per year from airborne radioactive material releases as per 10 CFR 20.1101(d) as necessary.
11. Be a member of the Radiation Safety Committee (RSC), if applicable, that will oversee all uses of byproduct material permitted by the license as per 10 CFR 35.24(f).

**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. 3150-0120
EXPIRES: (05/31/2015)

Name of Proposed Authorized User

Justin Chang, MD

State or Territory Where Licensed

Indiana

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	William Beaumont Hospital, Royal Oak, Michigan	35	7-1-2007 - 6-30-2012
Radiation protection	William Beaumont Hospital, Royal Oak, Michigan	20	7-1-2007 - 6-30-2012
Mathematics pertaining to the use and measurement of radioactivity	William Beaumont Hospital, Royal Oak, Michigan	6	7-1-2007 - 6-30-2012
Chemistry of byproduct material for medical use	William Beaumont Hospital, Royal Oak, Michigan	24	7-1-2007 - 6-30-2012
Radiation biology	William Beaumont Hospital, Royal Oak, Michigan	10	7-1-2007 - 6-30-2012
Total Hours of Training:		95	

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: 700	
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	William Beaumont Hospital, Royal Oak, Michigan 21-01333-01	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7-1-2007 - 6-30-2012
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters	William Beaumont Hospital, Royal Oak, Michigan 21-01333-01	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7-1-2007 - 6-30-2012
Calculating, measuring, and safely preparing patient or human research subject dosages	William Beaumont Hospital, Royal Oak, Michigan 21-01333-01	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7-1-2007 - 6-30-2012
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material	William Beaumont Hospital, Royal Oak, Michigan 21-01333-01	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7-1-2007 - 6-30-2012
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures	William Beaumont Hospital, Royal Oak, Michigan 21-01333-01	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7-1-2007 - 6-30-2012

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
Darlene Fink-Bennett, MD	21-01333-01

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)	4	William Beaumont Hospital, Royal Oak, Michigan 21-01333-01	3/6/08; 3/12/08; 4/1/08; 4/25/08
Oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 1.22 gigabecquerels (33 millicuries)	3	William Beaumont Hospital, Royal Oak, Michigan 21-01333-01	4/23/10; 4/23/10; 4/27/10
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: 100px; 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
Darlene Fink-Bennett, MD	21-01333-01 William Beaumont Hospital

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 _____ 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 Justin Chang, MD 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)

Preceptor Attestation (continued)

First Section (continued)

For 35.392 (Identical Attestation Statement Regardless of Training and Experience Pathway):

I attest that Justin Chang, MD has satisfactorily completed the 80 hours of classroom
Name of Proposed Authorized User

and laboratory training, as required by 10 CFR 35.392(c)(1), and the supervised work and clinical case experience required in 35.392(c)(2).

For 35.394 (Identical Attestation Statement Regardless of Training and Experience Pathway):

I attest that Justin Chang, MD has satisfactorily completed the 80 hours of classroom
Name of Proposed Authorized User

and laboratory training, as required by 10 CFR 35.394 (c)(1), and the supervised work and clinical case experience required in 35.394(c)(2).

Second Section

I attest that Justin Chang, MD has satisfactorily completed the required clinical case
Name of Proposed Authorized User

experience required in 35.390(b)(1)(ii)G listed below:

- 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

Third Section

I attest that Justin Chang, MD has satisfactorily achieved a level of competency to
Name of Proposed Authorized User

function independently as an authorized user for:

- 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

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 _____ 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

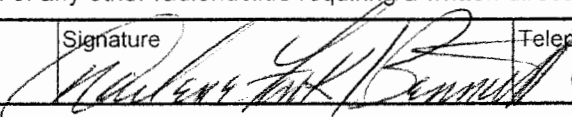
Complete the following for preceptor attestation and signature:

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	Signature	Telephone Number	Date
Darlene Fink-Bennett, MD		(248) 898-4126	08/29/2013
License/Permit Number/Facility Name			
21-01333-01 William Beaumont Hospital, Royal Oak, MI			

**AUTHORIZED USER TRAINING AND EXPERIENCE
AND PRECEPTOR ATTESTATION**
(for uses defined under 35.100, 35.200, and 35.500)
[10 CFR 35.190, 35.290, and 35.590]

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

Name of Proposed Authorized User

Justin Chang, MD

State or Territory Where Licensed

Indiana

Requested Authorization(s) (check all that apply)

35.100 Uptake, dilution, and excretion studies

35.200 Imaging and localization studies

35.500 Sealed sources for diagnosis (specify device) _____

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. If using only 35.500 materials, stop here. If using 35.100 and 35.200 materials, skip to and complete Part II Preceptor Attestation.

2. Current 35.390 Authorized User Seeking Additional 35.290 Authorization

a. Authorized user on Materials License _____ meeting 10 CFR 35.390 or equivalent Agreement State requirements seeking authorization for 35.290.

b. Supervised Work Experience.

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

Description of Experience	Location of Experience/License or Permit Number of Facility	Clock Hours	Dates of Experience*
Eluting generator systems appropriate for the preparation of radioactive drugs for imaging and localization studies, measuring and testing the eluate for radionuclidic purity, and processing the eluate with reagent kits to prepare labeled radioactive drugs			

Total Hours of Experience:

Supervising Individual

License/Permit Number listing supervising individual as an authorized user

Supervisor meets the requirements below, or equivalent Agreement State requirements (check all that apply).

35.290

35.390 + generator experience in 32.290(c)(1)(ii)(G)

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Training and Experience for Proposed Authorized User

a. Classroom and Laboratory Training.

Description of Training	Location of Training	Clock Hours	Dates of Training*
Radiation physics and instrumentation	William Beaumont Hospital, Royal Oak, Michigan	35	7-1-2007 - 6-30-2012
Radiation protection	William Beaumont Hospital, Royal Oak, Michigan	20	7-1-2007 - 6-30-2012
Mathematics pertaining to the use and measurement of radioactivity	William Beaumont Hospital, Royal Oak, Michigan	6	7-1-2007 - 6-30-2012
Chemistry of byproduct material for medical use <i>(not required for 35.590)</i>	William Beaumont Hospital, Royal Oak, Michigan	24	7-1-2007 - 6-30-2012
Radiation biology	William Beaumont Hospital, Royal Oak, Michigan	10	7-1-2007 - 6-30-2012
Total Hours of Training: 95			

b. Supervised Work Experience (completion of this table is not required for 35.590).
(If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this section.)

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	William Beaumont Hospital, Royal Oak, Michigan	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7-1-2007 - 6-30-2012
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters	William Beaumont Hospital, Royal Oak, Michigan	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7-1-2007 - 6-30-2012

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

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

b. Supervised Work Experience. (continued)

Description of Experience Must Include:	Location of Experience/License or Permit Number of Facility	Confirm	Dates of Experience*
Calculating, measuring, and safely preparing patient or human research subject dosages	William Beaumont Hospital, Royal Oak, Michigan 21-01333-01	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7-1-2007 - 6-30-2012
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material	William Beaumont Hospital, Royal Oak, Michigan 21-01333-01	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7-1-2007 - 6-30-2012
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures	William Beaumont Hospital, Royal Oak, Michigan 21-01333-01	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7-1-2007 - 6-30-2012
Administering dosages of radioactive drugs to patients or human research subjects	William Beaumont Hospital, Royal Oak, Michigan 21-01333-01	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7-1-2007 - 6-30-2012
Eluting generator systems appropriate for the preparation of radioactive drugs for imaging and localization studies, measuring and testing the eluate for radionuclidic purity, and processing the eluate with reagent kits to prepare labeled radioactive drugs	William Beaumont Hospital, Royal Oak, Michigan 21-01333-01	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7-1-2007 - 6-30-2012

Supervising Individual: Darlene Fink-Bennett, MD

License/Permit Number listing supervising individual as an authorized user: 21-01333-01 William Beaumont Hospital

Supervisor meets the requirements below, or equivalent Agreement State requirements (*check one*).
 35.190 35.290 35.390 35.390 + generator experience in 35.290(c)(1)(ii)(G)

c. For 35.590 only, provide documentation of training on use of the device.

Device	Type of Training	Location and Dates

d. For 35.500 uses only, stop here. For 35.100 and 35.200 uses, skip to and complete 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. (Not required to meet training requirements in 35.590)

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 use requested:

For 35.190

Board Certification

I attest that _____ has satisfactorily completed the requirements in
Name of Proposed Authorized User

10 CFR 35.190(a)(1) and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100.

OR

Training and Experience

I attest that Justin Chang, MD has satisfactorily completed the 60 hours of training and
Name of Proposed Authorized User

experience, including a minimum of 8 hours of classroom and laboratory training, required by 10 CFR 35.190(c)(1), and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100.

For 35.290

Board Certification

I attest that _____ has satisfactorily completed the requirements in
Name of Proposed Authorized User

10 CFR 35.290(a)(1) and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100 and 35.200.

OR

Training and Experience

I attest that Justin Chang, MD has satisfactorily completed the 700 hours of training
Name of Proposed Authorized User

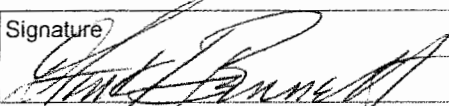
and experience, including a minimum of 80 hours of classroom and laboratory training, required by 10 CFR 35.290(c)(1), and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100 and 35.200.

Second Section

Complete the following for preceptor attestation and signature:

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

- 35.190 35.290 35.390 35.390 + generator experience

Name of Preceptor	Signature	Telephone Number	Date
Darlene Fink-Bennett, MD		(248) 898-4126	08/29/2013
License/Permit Number/Facility Name			
21-01333-01 William Beaumont Hospital			

**RADIATION SAFETY OFFICER TRAINING AND EXPERIENCE
AND PRECEPTOR ATTESTATION**
[10 CFR 35.50]

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

Name of Proposed Radiation Safety Officer

Justin Chang M.D.

Requested Authorization(s) *The license authorizes the following medical uses (check all that apply):*

- 35.100
 35.200
 35.300
 35.400
 35.500
 35.600 (remote afterloader)
 35.600 (teletherapy)
 35.600 (gamma stereotactic radiosurgery)
 35.1000 (_____)

PART I -- TRAINING AND EXPERIENCE
(Select one of the four 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. Use Table 3.c. to describe training in radiation safety, regulatory issues, and emergency procedures for all types of medical use on the license.
- c. Skip to and complete Part II Preceptor Attestation.

OR

2. Current Radiation Safety Officer Seeking Authorization to Be Recognized as a Radiation Safety Officer for the Additional Medical Uses Checked Above

- a. Use the table in section 3.c. to describe training in radiation safety, regulatory issues, and emergency procedures for the additional types of medical use for which recognition as RSO is sought.
- b. Skip to and complete Part II Preceptor Attestation.

OR

3. Structured Educational Program for Proposed Radiation Safety Officer

a. Classroom and Laboratory Training

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			
Radiation dosimetry			

Total Hours of Training:

RADIATION SAFETY OFFICER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Structured Educational Program for Proposed Radiation Safety Officer (continued)

b. Supervised Radiation Safety Experience

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

Description of Experience	Location of Training/ License or Permit Number of Facility	Dates of Training*
Shipping, receiving, and performing related radiation surveys		
Using and performing checks for proper operation of instruments used to determine the activity of dosages, survey meters, and instruments used to measure radionuclides		
Securing and controlling byproduct material		
Using administrative controls to avoid mistakes in administration of byproduct material		
Using procedures to prevent or minimize radioactive contamination and using proper decontamination procedures		
Using emergency procedures to control byproduct material		
Disposing of byproduct material		
Licensed Material Used (e.g., 35.100, 35.200, etc.)+ <div style="border: 1px solid black; height: 40px; width: 100%;"></div>		

* Choose all applicable sections of 10 CFR Part 35 to describe radioisotopes and quantities used: 35.100, 35.200, 35.300, 35.400, 35.500, 35.600 remote afterloader units, 35.600 teletherapy units, 35.600 gamma stereotactic radiosurgery units, emerging technologies (provide list of devices).

RADIATION SAFETY OFFICER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Structured Educational Program for Proposed Radiation Safety Officer (continued)

b. Supervised Radiation Safety Experience (continued)

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

Supervising Individual	License/Permit Number listing supervising individual as a Radiation Safety Officer
This license authorizes the following medical uses: <input type="checkbox"/> 35.100 <input type="checkbox"/> 35.200 <input type="checkbox"/> 35.300 <input type="checkbox"/> 35.400 <input type="checkbox"/> 35.500 <input type="checkbox"/> 35.600 (remote afterloader) <input type="checkbox"/> 35.600 (teletherapy) <input type="checkbox"/> 35.600 (gamma stereotactic radiosurgery) <input type="checkbox"/> 35.1000 (_____)	

c. Describe training in radiation safety, regulatory issues, and emergency procedures for all types of medical use on the license.

Description of Training	Training Provided By	Dates of Training*
Radiation safety, regulatory issues, and emergency procedures for 35.100, 35.200, and 35.500 uses	Mary Lynn Wolfe, M.D.	to 8-30-13
Radiation safety, regulatory issues, and emergency procedures for 35.300 uses	<i>Mary Lynn Wolfe M.D.</i>	to 8-30-13
Radiation safety, regulatory issues, and emergency procedures for 35.400 uses	<i>Mary Lynn Wolfe M.D.</i>	to 8-30-13
Radiation safety, regulatory issues, and emergency procedures for 35.600 - teletherapy uses		
Radiation safety, regulatory issues, and emergency procedures for 35.600 - remote afterloader uses		
Radiation safety, regulatory issues, and emergency procedures for 35.600 - gamma stereotactic radiosurgery uses		
Radiation safety, regulatory issues, and emergency procedures for 35.1000, specify use(s):		

RADIATION SAFETY OFFICER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Structured Educational Program for Proposed Radiation Safety Officer (continued)

c. Training in radiation safety, regulatory issues, and emergency procedures for all types of medical use on the license (continued)

Supervising Individual <i>If training was provided by supervising RSO, AU, AMP, or ANP. (If more than one supervising individual is necessary to document supervised training, provide multiple copies of this page.)</i> <u>Mary Lynn Wolfe, MD</u>	License/Permit Number listing supervising individual <u>13-16730-01</u>
License/Permit lists supervising individual as:	
<input checked="" type="checkbox"/> Radiation Safety Officer	<input checked="" type="checkbox"/> Authorized User
<input type="checkbox"/> Authorized Medical Physicist	<input type="checkbox"/> Authorized Nuclear Pharmacist
Authorized as RSO, AU, ANP, or AMP for the following medical uses:	
<input checked="" type="checkbox"/> 35.100	<input checked="" type="checkbox"/> 35.200
<input type="checkbox"/> 35.500	<input checked="" type="checkbox"/> 35.300
<input type="checkbox"/> 35.600 (gamma stereotactic radiosurgery)	<input checked="" type="checkbox"/> 35.400
	<input type="checkbox"/> 35.600 (remote afterloader)
	<input type="checkbox"/> 35.600 (teletherapy)
	<input type="checkbox"/> 35.1000 ()

d. Skip to and complete Part II Preceptor Attestation.

OR

4. Authorized User, Authorized Medical Physicist, or Authorized Nuclear Pharmacist identified on the licensee's license

- a. Provide license number.
- b. Use the table in section 3.c. to describe training in radiation safety, regulatory issues, and emergency procedures for all types of medical use on the license.
- c. Skip to and complete 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.

First Section

Check one of the following:

1. Board Certification

I attest that Justin Chang has satisfactorily completed the requirements in
Name of Proposed Radiation Safety Officer
 10 CFR 35.50(a)(1)(i) and (a)(1)(ii); or 35.50 (a)(2)(i) and (a)(2)(ii); or 35.50(c)(1).

OR

2. Structured Educational Program for Proposed Radiation Safety Officers

I attest that _____ has satisfactorily completed a structural educational
Name of Proposed Radiation Safety Officer
 program consisting of both 200 hours of classroom and laboratory training and one year of full-time radiation safety experience as required by 10 CFR 35.50(b)(1).

OR

RADIATION SAFETY OFFICER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

Preceptor Attestation (continued)

First Section (continued)

Check one of the following:

3. Additional Authorization as Radiation Safety Officer

I attest that Justin Chang is an
Name of Proposed Radiation Safety Officer

Authorized User

Authorized Nuclear Pharmacist

Authorized Medical Physicist

identified on the Licensee's license and has experience with the radiation safety aspects of similar type of use of byproduct material for which the individual has Radiation Safety Officer responsibilities

AND

Second Section

Complete for all (check all that apply):

I attest that Justin Chang has training in the radiation safety, regulatory issues, and
Name of Proposed Radiation Safety Officer

emergency procedures for the following types of use:

35.100

35.200

35.300 oral administration of less than or equal to 33 millicuries of sodium iodide I-131, for which a written directive is required

35.300 oral administration of greater than 33 millicuries of sodium iodide I-131

35.300 parenteral administration of any beta-emitter, or a 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

35.400

35.500

35.600 remote afterloader units

35.600 teletherapy units

35.600 gamma stereotactic radiosurgery units

35.1000 emerging technologies, including:

RADIATION SAFETY OFFICER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION. (continued)

AND

Third Section
Complete for ALL

I attest that Justin Chang has achieved a level of radiation safety knowledge
Name of Proposed Radiation Safety Officer
sufficient to function independently as a Radiation Safety Officer for a medical use licensee.

Fourth Section
Complete the following for Preceptor Attestation and signature

I am the Radiation Safety Officer for Hancock Regional Hospital
Name of Facility

License/Permit Number: 13-16730-01

Name of Preceptor	Signature	Telephone Number	Date
	<i>Mary Lynn Wolfe R.D.</i>	468-4606	8/28/2013

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 Physicists in Medicine.*

Hereby certifies that

Justin Philip Chang, 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*

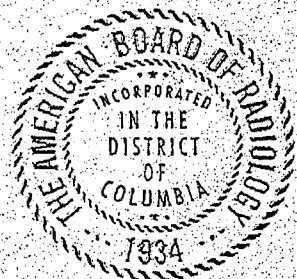
Diagnostic Radiology

AB Eligible

ABR

*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.*



Certificate No. 61405

James J. Hopper
President

Richard L. Morin
Secretary-Treasurer

Harvey R. Kohn
Executive Director



Effective: July 01, 2012

From: (317) 468-4420
NICOLE RICHMOND
HANCOCK REGIONAL HOSPITAL
801 NORTH STATE STREET
DIAGNOSTIC IMAGING DEPT 1ST FLOOR
GREENFIELD, IN 46140

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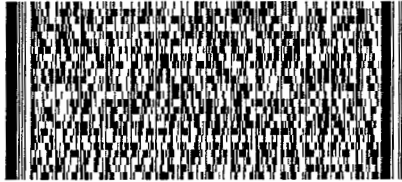
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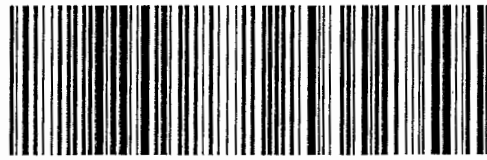
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