

June 29, 2016

U. S. Nuclear Regulatory Commission
Materials Licensing Section
2443 Warrenville Road, Suite 210
Lisle, IL 60532-4352

FRANCISCAN ALLIANCE
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Hammond

FRANCISCAN
HEALTHCARE
Munster

Dear Sir or Madam:

Franciscan St. Margaret Health would like to amend its Byproduct Materials License, Number 13-02047-02, to add Michael B. White, MS, DABR, as an Authorized Medical Physicist.

He is ABR certified as of May 2015.

Michael White has extensive experience in HDR Remote Afterloader quality assurance, planning, and treatment.

Michael C. Brewer, our Radiation Oncology Physicist, spoke to Hsinshun Wu, who supervised Mr. White for 2 years at Willis-Knighton cancer center. He gave his full confidence in Mr. White's ability to perform all HDR related tasks independently.

Mr. White's previous experience has been with similar equipment: Elekta/Nucletron microSelectron coupled with the Oncentra treatment planning system. Since he joined, our radiation oncology physicist has shown him our procedures. Because of his previous experience, he has learned quickly and is fully capable to operate independently as an AMP at our facility.

If there are any questions concerning this license amendment, please contact our Radiation Safety Officer and Medical Physicist, Mr. Michael C. Brewer, at 219-895-0812.

Sincerely,



Tracey Franovich
Chief Operating Officer

FranciscanAlliance.org



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

APPROVED BY OMB: NO. 3150-0120
EXPIRES: 06/30/2019

Name of Proposed Authorized Medical Physicist

Michael Bradley White

- Requested Authorization(s) (check all that apply)**
- 35.400 Ophthalmic use of strontium-90
 - 35.600 Teletherapy unit(s)
 - 35.600 Remote afterloader unit(s)
 - 35.600 Gamma stereotactic radiosurgery unit(s)

PART I -- TRAINING AND EXPERIENCE
(Select one of the three methods below)

*Training and Experience, including Board Certification, must have been obtained within the 7 years preceding the date of application or the individual must have obtained related continuing education and experience since the required training and experience was completed. Provide dates, duration, and description of continuing education and experience related to the uses checked above.

1. Board Certification

- a. Provide a copy of the board certification.
- b. Go to the table in 3.c. and describe training provider and dates of training for each type of use for which authorization is sought.
- c. Skip to and complete Part II Preceptor Attestation.

2. Current Authorized Medical Physicist Seeking Additional Authorization for use(s) checked above

- a. Go to the table in section 3.c. to document training for new device.
- b. Skip to and complete Part II Preceptor Attestation

3. Education, Training, and Experience for Proposed Authorized Medical Physicist

- a. Education: Document master's or doctor's degree in physics, medical physics, other physical science, engineering, or applied mathematics from an accredited college or university.

Degree	Major Field
College or University	

- b. Supervised Full-Time Medical Physics Training and Work Experience in clinical radiation facilities that provide high-energy external beam therapy (photons and electrons with energies greater than or equal to 1 million electron volts) and brachytherapy services.

Yes. Completed 1 year of full-time training in medical physics (for areas identified below) under the supervision of _____ who meets the requirements for an Authorized Medical Physicist.

AND

Yes. Completed 1 year of full-time work experience in medical physics (for areas identified below) under the supervision of _____ who meets the requirements for an Authorized Medical Physicist.

AUTHORIZED MEDICAL PHYSICIST TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Education, Training, and Experience for Proposed Authorized Medical Physicist (continued)

b. Supervised Full-Time Medical Physics Training and Work Experience (continued)
If more than one supervising individual is necessary to document supervised training, provide multiple copies of this page.

Description of Training/ Experience	Location of Training/License or Permit Number of Training Facility/Medical Devices Used+	Dates of Training*	Dates of Work Experience*
Medical Physics			
Performing sealed source leak tests and inventories			
Performing decay corrections			
Performing full calibration and periodic spot checks of external beam treatment unit(s)			
Performing full calibration and periodic spot checks of stereotactic radiosurgery unit(s)			
Performing full calibration and periodic spot checks of remote afterloading unit(s)			
Conducting radiation surveys around external beam treatment unit(s), stereotactic radiosurgery unit(s), remote after loading unit(s)			

Supervising Individual**

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

for the following types of use:

- Remote afterloader unit(s) Teletherapy unit(s) Gamma stereotactic radiosurgery unit(s)

+ Training and work experience must be conducted in clinical radiation facilities that provide high-energy external beam therapy (photons and electrons with energies greater than or equal to 1 million electron volts) and brachytherapy services.

* 1 year of Full-time medical physics training and 1 year of full time work experience cannot be concurrent.

** If the supervising medical physicist is not an authorized medical physicist, the licensee must submit evidence that the supervising medical physicist meets the training and experience requirements in 10 CFR 35.51 and 35.59 for the types of use for which the individual is seeking authorization.

AUTHORIZED MEDICAL PHYSICIST TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Education, Training, and Experience for Proposed Authorized Medical Physicist (continued)

c. Describe training provider and dates of training for each type of use for which authorization is sought.

Description of Training	Training Provider and Dates		
	Remote Afterloader	Teletherapy	Gamma Stereotactic Radiosurgery
Hands-on device operation	Performed many various QA procedures at Willis-Knighton Cancer Center, 7/2012 to 6/2014		
Safety procedures for the device use	Performed all safety procedures and shielding surveys at Willis-Knighton Cancer Center, 7/2012 to 6/2014		
Clinical use of the device	Planned and aided in >10 treatments each of T&R, Contura, and Cylinder at Willis-Knighton Cancer Center, 7/2012 to 6/2014		
Treatment planning system operation	Start to finish treatment planning of patients and routine QA checks w/ Oncentra, at Willis-Knighton Cancer Center, 7/2012 to 6/2014		
Supervising Individual <i>If training is provided by Supervising Medical Physicist, (if more than one supervising individual is necessary to document supervised training, provide multiple copies of this page.)</i>		License/Permit Number listing supervising individual as an authorized Medical Physicist	
Dr. Hsinshun Wu, PhD, DABR		LA-1194-L01	
for the following types of use:			
<input checked="" type="checkbox"/> Remote afterloader unit(s) <input type="checkbox"/> Teletherapy unit(s) <input type="checkbox"/> Gamma stereotactic radiosurgery unit(s)			

If Applicable:

Authorization Sought	Device	Training Provided By	Dates of Training
35.400 Ophthalmic Use of strontium-90			

d. Skip to and complete Part II Preceptor Attestation.

AUTHORIZED MEDICAL PHYSICIST TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

PART II – PRECEPTOR ATTESTATION

Note: This part must be completed by the individual's preceptor. The preceptor does not have to be the supervising individual as long as the preceptor provides, directs, or verifies training and experience required. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each.

First Section

Check one of the following:

1. Board Certification

I attest that Michael Bradley White has satisfactorily completed the requirements in
Name of Proposed Authorized Medical Physicist
10 CFR 35.51(a)(1) and (a)(2).

OR

2. Education, Training, and Experience

I attest that _____ has satisfactorily completed the 1-year of full-time
Name of Proposed Authorized Medical Physicist
training in medical physics and an additional year of full-time work experience as required by 10 CFR 35.51(b)(1).

AND

Second Section

Complete the following:

I attest that Michael Bradley White has training for the types of use for which authorization
Name of Proposed Authorized Medical Physicist
is sought that include hands-on device operation, safety procedures, clinical use, and the operation of a treatment planning system.

AND

Third Section

Complete the following:

I attest that Michael Bradley White has achieved a level of competency sufficient to
Name of Proposed Authorized Medical Physicist
function independently as an Authorized Medical Physicist for the following:

- 35.400 Ophthalmic use of strontium-90 35.600 Teletherapy unit(s)
 35.600 Remote afterloader unit(s) 35.600 Gamma stereotactic radiosurgery unit(s)

AND

Fourth Section

Complete the following for preceptor attestation and signature:

I meet the requirements in 10 CFR 35.51, or equivalent Agreement State requirements for Authorized Medical Physicist for the following:
 35.400 Ophthalmic use of strontium-90 35.600 Teletherapy unit(s)
 35.600 Remote afterloader unit(s) 35.600 Gamma stereotactic radiosurgery unit(s)

Name of Preceptor Michael C. Brewer	Signature <i>M. Chris Brewer</i>	Telephone Number (219) 895-0812	Date 6/27/2016
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License/Permit Number/Facility Name
13-02047-02 / Franciscan Alliance, Inc. d/b/a Franciscan St. Margaret Health

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,
the American Association of Physicists in Medicine, and the Society of Interventional Radiology,
the American Board of Radiology hereby certifies that

Michael Bradley White, MS

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

Therapeutic Medical Physics

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.

AMP Eligible



Certificate No. P7125

Milton J. DiStefano, MD
President

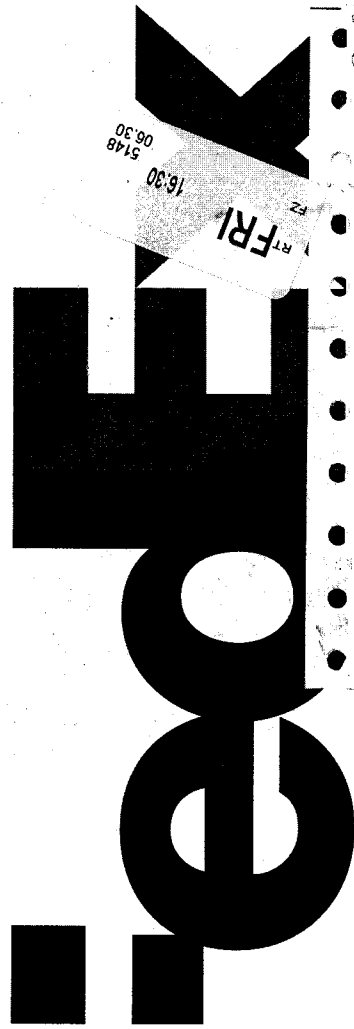
C. Prasad
Secretary-Treasurer

Valerie J. Johnson
Executive Director

ABR



Effective: May 15, 2015



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1 From Date **6/29/16**

Sender's Name **Michael Brewer** Phone **219 804-2500**

Company **FRANCISAN ST MARGARET DYER**

Address **24 JOLIET ST**

City **DYER** State **IN** ZIP **46311-1705**

2 Your Internal Billing Reference

3 To Recipient's Name **U.S. NRC Materials Licensing Section** Phone

Company **U.S. Nuclear Regulatory Commission**

Address **2443 Warrenville Rd Ste 210**

City **Lisle** State **IL** ZIP **60532-4352**

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Form No. **0215**

4 Express Package Service * To most locations. Packages up to 150 lbs. For packages over 100 lbs., see the FedEx Express Freight CD label.

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Next business morning. Friday shipments will be delivered on Monday unless Saturday Delivery is selected.

FedEx Standard Overnight
Next business afternoon. Saturday Delivery NOT available.

2 or 3 Business Days

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Second business morning. Saturday Delivery NOT available.

FedEx 2Day
Second business afternoon. Thursday shipments will be delivered on Monday unless Saturday Delivery is selected.

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Third business day. Saturday Delivery NOT available.

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6 Special Handling and Delivery Signature Options Fees may apply. See the FedEx Service Guide.

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No Signature Required
Packaging may be unopened. Signature of recipient's address is required for delivery.

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Signature of recipient's address is required for delivery.

Indirect Signature
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Does this shipment contain dangerous goods?
One box must be checked.

No Yes
If the shipper's Declaration is not required.

Yes No
Shipper's Declaration not required.

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Cargo Aircraft Only

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