

VOID SHEET

TO: License Fee Management Branch
FROM: CASSANDRA FRASER, Region III
SUBJECT: VOIDED APPLICATION

Control Number: 89528
Applicant: Heartland Hospital East
Date Voided: 8/28/90

Reason for Void: Licensee's Amendment
request incomplete. Licensee would like
to re-submit amendment request in the
new package after physician requested is
qualified.

C. Fraser 8/28/90
Signature Date

Attachment:
Official Record Copy of
Voided Action

FOR LFMB USE ONLY

Final Review of VOID Completed:

- Refund Authorized and processed
- No Refund Due
- Fee Exempt or Fee Not Required

Comments: _____

Log completed CF
Processed by: _____

CONVERSATION RECORD

TIME *Afternoon*

DATE *8/28/90*

TYPE

VISIT

CONFERENCE

TELEPHONE

INCOMING

OUTGOING

ROUTING

NAME/SYMBOL INT

Location of Visit/Conference:

NAME OF PERSON(S) CONTACTED OR IN CONTACT WITH YOU

ORGANIZATION (Office, dept., bureau, etc.)

TELEPHONE NO.

Colville Osborne, MDC

Headland Hosp East

(816) 271-7380

SUBJECT

Co. No. 89528 Add Dr. BRUSO

SUMMARY

Need additional information pertaining to training. Need info as defined in 3540(b)(2) and (b)(3).

Mr. Osborne indicated that Dr. BRUSO has not had any clinical training. ~~He~~ indicated that Dr. BRUSO must work under the supervision of an authorized user to receive training.

Mr. Osborne will resubmit request after Dr. BRUSO has received clinical training. Mr. Osborne thinks that the doctor may be bonded bond certified.

I indicated that I would void action & he said ok. I also indicated that he has given to reactivate Co. No. 89528 & not be charged a fee.

ACTION REQUIRED

NAME OF PERSON DOCUMENTING CONVERSATION

SIGNATURE

DATE

C. Crozier

8/28/90

ACTION TAKEN

VOID ACTION

SIGNATURE

TITLE

DATE

BETWEEN:

LICENSE FEE MANAGEMENT BRANCH, ARM
AND
REGIONAL LICENSING SECTIONS

: (FOR LFMS USE)
: INFORMATION FROM LTS
: -----

: PROGRAM CODE: 02120
: STATUS CODE: 0
: FEE CATEGORY: 7C
: EXP. DATE: 19940630
: FEE COMMENTS: CODE 23
:

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

APPLICANT/LICENSEE: HEARTLAND HOSPITAL EAST
RECEIVED DATE: 900604
DOCKET NO: 3014791
CONTROL NO.: 389528
LICENSE NO.: 24-18287-01
ACTION TYPE: AMENDMENT

2. FEE ATTACHED

AMOUNT: \$350.00
CHECK NO.: 103218

*\$230 applied 7 Amnd
89527-24-13243-01*

3. COMMENTS

*1 check for (2) actions
C/N 89527 and
C/N 89528*

SIGNED P. Lutz
DATE 6/6/90

B. LICENSE FEE MANAGEMENT BRANCH (CHECK WHEN MILESTONE 03 IS ENTERED)

1. FEE CATEGORY AND AMOUNT: 7C \$120

2. CORRECT FEE PAID. APPLICATION MAY BE PROCESSED FOR:

AMENDMENT -----
RENEWAL -----
LICENSE -----

3. OTHER -----

SIGNED Pita Jacques
DATE 6/12/90

*307
[Signature]*

Heartland Cancer Treatment Center

June 1, 1990

Materials Licensing Section
 United States Nuclear Regulatory Commission
 Region III
 799 Roosevelt Road
 Glen Ellyn, IL. 60137


Dear Sir/Madam:

Please amend our Materials License 24-18287-01 and our Cobalt Teletherapy License 24-13246-02 to include Charles E. Brusco, M.D. among the users.

Attached to this request are Supplements A and B outlining Dr. Brusco's training, experience and preceptor.

Also enclosed are the necessary fees totalling \$350.00.

Sincerely,



Colville Osborne, MSc.
 (Physicist)

/dak
 Enclosures

U.S. NRC
 JUN -8 P2:42
 06

Log	June 14
Remitter	
Check No.	103218 (of 350)
Amount	389.529 applied
Fee Category	7C
Time of Fee	amd
Date Check Rec'd.	6/18/90
Date Completed	6/12/90
By:	Rej

389.529
 \$230 applied
 7/1/90
 24-13246-02
 NRC

RECEIVED

JUN 04 1990

REGION III

SUPPLEMENT A
TRAINING AND EXPERIENCE
PROPOSED AUTHORIZED USER OR RADIATION SAFETY OFFICER

1. NAME OF PROPOSED AUTHORIZED USER OR RADIATION SAFETY OFFICER Charles E. Bruso, M.D.	2. STATE OR TERRITORY IN WHICH LICENSED TO PRACTICE MEDICINE (If physician) Michigan/Missouri
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3. CERTIFICATION		
SPECIALTY BOARD	CATEGORY	MONTH AND YEAR CERTIFIED
Internal Medicine	Certified	September, 1985
Radiation Oncology	Eligible	---

4. TRAINING RECEIVED IN BASIC RADIOISOTOPE HANDLING TECHNIQUES (To be completed by institution providing training)			
FIELD OF TRAINING	LOCATION AND DATE(S) OF TRAINING	TYPE AND LENGTH OF TRAINING	
		LECTURE/LABORATORY COURSE (Hours)	FORMAL SUPERVISED OUTLABORATORY EXPERIENCE (Hours)
RADIATION PHYSICS AND INSTRUMENTATION	University of Michigan 7/1/86-6/30/90	3 hr/week	residency
RADIATION PROTECTION	University of Michigan Dept. of Radiation Oncology Fall of 1986	1 hr/week	residency
MATHEMATICS PERTAINING TO THE USE, MEASUREMENT, AND SHIELDING OF RADIOACTIVE SOURCES	University of Michigan Dept. of Radiation Oncology 7/1/86-6/30/90	3 hr/week	residency
RADIATION BIOLOGY	University of Michigan Dept. of Radiation Oncology 7/1/86-6/30/90	1 hr/week 6 mos. of year Fall 1986	laboratory full time 7/1/88-6/30/89

5. EXPERIENCE WITH RADIOACTIVE MATERIALS* (Actual use of radioisotopes or equivalent experience)				
ISOTOPE	MAXIMUM AMOUNT FOR ANY SINGLE APPLICATION	WHERE EXPERIENCE WAS GAINED	DURATION OF EXPERIENCE	TYPE OF USE
Co-60		Univ. of Michigan	7/1/88-6/30/89	laboratory
Cs 137	90 mCi	Univ. of Michigan	7/1/86-6/30/90	intracavitary ther.
Ir 192	56 mCi	Univ. of Michigan	7/1/86-6/30/90	interstitial ther.
P 32	15 mCi	Univ. of Michigan	7/1/86-6/30/90	peritoneal therapy
I 125	21.2 mCi	Univ. of Michigan	7/1/86-6/30/90	interstitial ther.
Sr 90	surface dose rate 65 cGy/sec	Univ. of Michigan	7/1/86-6/30/90	plesiotherapy

- * Experience with sealed radioactive sources under the supervision of dual-licensed instructors should include:
- | | |
|---|---|
| 1. Review of initial source calibration and periodic spot check measurements of teletherapy units | 4. Preparation of treatment plans and treatment times for brachytherapy and brachytherapy |
| 2. Initial source calibration of sealed sources other than teletherapy sources that are used for treatment purposes | 5. Knowledge of appropriate radiation safety, quality control, and emergency procedures for handling and using sealed sources |
| 3. Calibration of ion chambers and survey meters | |

6. I CERTIFY THAT THE INFORMATION PRESENTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF (Signature of program supervisor)

Allen S. Lichter _____

TYPED OR PRINTED NAME: Allen S. Lichter, M.D., Professor and Chairman, Dept. of Radiation Oncology

NAME OF INSTITUTION: The University of Michigan Medical School

MAILING ADDRESS: UH B2C490, Box 0010, 1500 E. Medical Center Drive

CITY: Ann Arbor	STATE: MI	ZIP CODE: 48109-0010	RADIOACTIVE MATERIALS LICENSE NUMBER
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WARNING: 18 U.S.C. Section 1001, Act of June 25, 1948, 62 Stat. 749, makes it a criminal offense to make a willfully false statement or representation to any department or agency of the United States as to any matter within its jurisdiction.

**SUPPLEMENT B
PRECEPTOR STATEMENT**

Supplement B must be completed by the applicant physician's preceptor. If more than one preceptor is necessary to document experience, obtain a separate statement from each.

1. APPLICANT PHYSICIAN'S NAME AND ADDRESS FULL NAME Charles E. Brusco, M.D. STREET ADDRESS 1221 Brooklyn, #5 CITY Ann Arbor STATE MI ZIP CODE 48104	KEY TO COLUMN C PERSONAL PARTICIPATION SHOULD CONSIST OF: <ol style="list-style-type: none"> Supervised examination of patients to determine the suitability for radioisotope therapy and recommendations on dosage to be prescribed. Collaboration in calculation of radiation dose, related measurement, and modification of the originally prescribed dose as warranted by patient reaction to the radiation. Followup of patients when required. Study and discussion with preceptor of case histories to establish the most appropriate therapy procedure, limitations, contraindications, etc.
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2. CLINICAL TRAINING AND EXPERIENCE OF PHYSICIAN CITED ABOVE IN USING SOURCES OR DEVICES FOR THERAPY			
ISOTOPE A	TYPES OF TREATMENT B	NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION C	COMMENTS (Append additional information, if necessary) D
Co-60	COURSES OF TELETHERAPY TREATMENT	none clinically	Co-60 used for irradiation of laboratory experiments. Dose calculations performed.
OR	INTERSTITIAL		
Cs-137	INTRACAVITARY	18	
¹³² I ¹⁹² Ir OR Au-198 SEEDS	INTERSTITIAL	7	
Ra-226	INTRACAVITARY	0	
X-RAY AND ACCELERATOR THERAPY	COURSES OF THERAPY TREATMENT	1078	
Sr-90	SUPERFICIAL EYE CONDITIONS	2	
OTHER	P32 peritoneal therapy	3	

DATES AND TOTAL NUMBER OF HOURS IN CLINICAL TRAINING USING SEALED SOURCES FOR THERAPY

Residency, in Radiation Oncology July 1, 1986-June 30, 1990.
 Physics 3hr/week x 40 wk/year - first 2 years
 Radiobiology - 1hr/week x 20 weeks - Fall 1986
 Radiobiology Lab - full year/full time - July 1, 1988-June 30, 1989

3. PRECEPTOR'S CERTIFICATION			
NAME OF SUPERVISOR Allen S. Lichter, M.D.		NAME OF INSTITUTION University of Michigan Medical School	
MAILING ADDRESS UH B2C490, Box 0010, 1500 E. Medical Center Dr., Ann Arbor		CITY Ann Arbor	RADIOACTIVE MATERIALS LICENSE NUMBER
		STATE MI	ZIP CODE 48109
I CERTIFY THAT THE INFORMATION PRESENTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND THAT I WAS AUTHORIZED BY THE REFERENCED RADIOACTIVE MATERIALS LICENSE(S) TO PERFORM THE PROCEDURES SPECIFIED ABOVE. I FURTHER BELIEVE THAT THE APPLICANT PHYSICIAN IS COMPETENT TO PERFORM THESE PROCEDURES INDEPENDENTLY. (Signature)			DATE 5/17/90

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