



April 2, 2020

U. S. Nuclear Regulatory Commission
Region III
Materials Licensing Section
2443 Warrenville Road, Suite 210
Lisle, Illinois 60532

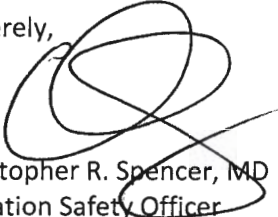
License Number 24-18295-01

Dear Materials Licensing Section:

1. For compliance with 35.14(a) we are submitting written notification that we have permitted Robert E. Morris, to work under our license as an Authorized Medical Physicist as allowed in 35.13(b)(4)(i). Attached is a copy of an attestation letter from the RSO of NRC Radioactive Material License #24-00167-11, issued to Broadscope License Washington University in St. Louis that lists Robert E. Morris, as an Authorized Medical Physicist for Ir-192 HDR remote afterloading device. Also, documentation is on file at Phelps Health of additional training Robert E. Morris has had on our HDR remote afterloading device, including emergency source retraction drill. This additional training Mr. Morris received was given by Vivian Rodriguez, Ph.D., an Authorized Medical Physicist listed on our license. Please add Robert E. Morris to our list of Authorized Medical Physicists.
2. Please add Timothy Mitchell as an Authorized Medical Physicist for our Ir-192 HDR device. We are submitting Form 313A for Authorized Medical Physicist Training and Experience for additional use as Mr. Mitchell is approved for 35.1000 Gamma Knife Icon Radiosurgery Therapy (Co-60). Attached is a copy of an attestation letter from the RSO of NRC Washington University Broadscope License #24-00167-11. Also, documentation is on file at Phelps Health of additional training Timothy Mitchell has had on our HDR remote afterloading device, including emergency source retraction drill. This additional training Mr. Mitchell received was given by Brandon Morgan, M.S., an authorized Medical Physicist listed on our license. Please add Timothy Mitchell to our list of Authorized Medical Physicists.
3. Brandon Morgan, M.S., has permanently discontinued his duties as an AMP under our license. Please delete him from our list of Authorized Medical Physicists.
4. The Radiation Safety Officer and Administration of Phelps Health have approved this request.

If you have any questions regarding this notification, please contact me at or Dennis Enloe, Director of Medical Imaging (573) 458-7773.

Sincerely,



Christopher R. Spencer, MD
Radiation Safety Officer

RECEIVED APR 08 2020

August 29, 2019

TO: Robert E. Morris
Radiation Oncology
Campus Box 8224

FROM: Maxwell Amurao, Ph.D., MBA
Radiation Safety Officer
Executive Secretary, Radiation Safety Committee

mla 29 Aug 2019

SUBJECT: Authorization for Medical Use of Radioactive Materials

I am pleased to inform you that the Radiation Safety Committee - Authorizations Subcommittee granted approval on August 28, 2019 for you to be an Authorized Medical Physicist under the HDR Remote Afterloader functional authorization. Your new medical physics authorization includes the following functional authorization:

- HDR Remote Afterloader Authorization (Ir-192) [10 CFR 35.600]

Your use of radioactive materials is governed by the Washington University and Medical Center NRC License No. 24-00167-11.

Please note that you may act as an Authorized Medical Physicist only for those functional authorizations listed above. Each functional authorization has specific requirements for training and experience, and some have requirements for periodic retraining. It is your responsibility to obtain the required periodic retraining. If you want to seek medical physics authorization for any other functional authorization or check your training status, please contact Gregory Kamal.

Please call me at (314) 362-2988 if you have any questions concerning your medical physics authorization.

Cc: Perry W. Grigsby, M.D.
Gregory Kamal

Jackie Zoberi, Ph.D.
Sasa Mutic, Ph.D.



Washington University in St. Louis

Environmental Health and Safety

Radiation Safety Office

January 4, 2018

TO: Timothy Mitchell
BJ RO-Radiation Oncology, Dept.
Campus Box 8224

FROM: Maxwell Amurao, Ph.D., MBA
Radiation Safety Officer
Executive Secretary, Radiation Safety Committee

mla 4 Jan 2018

SUBJECT: Authorization for Medical Use of Radioactive Materials

I am pleased to inform you that the Radiation Safety Committee - Authorizations Subcommittee granted approval on January 3, 2018 for you to be an Authorized Medical Physicist under the Gamma Knife Icon functional authorization. Your new medical physics authorization includes the following functional authorizations:

- Gamma Knife Icon Radiosurgery Therapy (Co-60) [10 CFR 35.1000]

Your use of radioactive materials is governed by the Washington University and Medical Center NRC License No. 24-00167-11.

Please note that you may act as an Authorized Medical Physicist only for those functional authorizations listed above. Each functional authorization has specific requirements for training and experience, and some have requirements for periodic retraining. It is your responsibility to obtain the required periodic retraining. If you want to seek medical physics authorization for any other functional authorization or check your training status, please contact Gregory Kamal.

Please call me at (314) 362-2988 if you have any questions concerning your medical physics authorization.

Cc: Christina I. Tsien, M.D.
Gregory Kamal

Nels Knutson Ph.D.
Sasa Mutic, Ph.D.

Page 1

**AUTHORIZED MEDICAL PHYSICIST TRAINING AND EXPERIENCE
AND PRECEPTOR ATTESTATION**
[10 CFR 35.51]APPROVED BY OMB: NO. 3160-0120
EXPIRES: MM/DD/YYYY

Name of Proposed Authorized Medical Physicist

Timothy John Mitchell Ph.D.

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

- Provide a copy of the board certification.
- 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.
- Skip to and complete Part II Preceptor Attestation.

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

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

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

- 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	

- 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 1/2020 - 3/2020	<ul style="list-style-type: none">• Perform morning QA• Connection of transfer guide tubes to afterloader• Device interruption• Observe patient treatment		
Safety procedures for the device use 1/2020 - 3/2020	<ul style="list-style-type: none">• Participation annual safety training• Emergency off/treatment interruption• Perform safety survey after patient treatment		
Clinical use of the device 1/2020 - 3/2020	<ul style="list-style-type: none">• Multiple patient treatments• Tatt den and ovoids• Perform morning QA• Perform example source exchange		
Treatment planning system operation 1/2020 - 3/2020	<ul style="list-style-type: none">• Brachyvision treatment planning• Treatment plan creation• 2nd check• Radcalc verification		

Supervising individual

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.)

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

Vivian Rodriguez, Ph.D.

24-18295-01

for the following types of use:

☒ Remote afterloader unit(s)☐ Teletherapy unit(s)☐ 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 Timothy Mitchell 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 Timothy Mitchell 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 Timothy Mitchell 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 <u>Vivian Rodriguez</u>	Signature <u>Vivian Rodriguez</u>	Telephone Number <u>314-687-7948</u>	Date <u>4.2.2020</u>
License/Permit Number/Facility Name <u>Lic# 24-18295-01 / Phelps Health</u>			

1 LBS 1 OF 1
SHP WT: 1 LBS
DATE: 02 APR 2020

LISLE IL 60532-4352



IL 603 9-03



UPS GROUND

TRACKING #: 1Z X79 1W5 03 4832 4152



BILLING: P/P

UPS CARBON NEUTRAL SHIPMENT

REF #1: RODRIGUEZ

RECEIVED APR 08 2020

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SEE NOTICE ON REVERSE regarding GPS limits, availability of Radiation of Ability. Where allowed by law, shipboard authorities may act or formulating agree for export control and
certain purposes, if reported from the US, despite civilian that the equipment, technology or software was exported from the US in accordance with the United States
Regulations. (Exception contrary to law is prohibited)