



UNITED STATES
NUCLEAR REGULATORY COMMISSION
WASHINGTON, D. C. 20555

AUG 28 1985

Thomas A. Minetree, M.D., Ltd.
Bethesda Medical Center
R.R. 3, Box 11 A
Carterville, Illinois 62918

Dear Dr. Minetree:

This refers to your application dated July 31, 1985, for renewal of Materials License 12-16271-01.

Your application referenced the enclosure of a \$350 fee, which we did not receive. A renewal fee of \$350 is required as specified in Section 170.31 (7A) of revised 10 CFR 170, copy enclosed. Payment should be made to the U.S. Nuclear Regulatory Commission and mailed to the attention of Cheryl Phillips at our Washington, D.C. address.

Your application will be processed by the Region III Licensing staff located at 799 Roosevelt Road, Glen Ellyn, Illinois 60137. The fee, however, is required prior to issuance of the renewal. When submitting the fee, please refer to CONTROL NUMBER 79448.

Sincerely,

Glenda Jackson
License Fee Management Branch
Office of Administration

Enclosure:
10 CFR 170

cc: Region III

RECEIVED

'85 AUG 29 P2:37

U.S. N.R.C.
LIC. FEE MGMT. BRANCH

COST CENTER
CHECK # 22991 \$350.00
DATE 8/27/85

AUG 20 1985

Thomas A. Minetree, M.D., Ltd.
Bethesda Medical Center
R.R. 3, Box 11 A
Carterville, Illinois 62918

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Sincerely,

Original Signed By
Glenda Jackson

Glenda Jackson
License Fee Management Branch
Office of Administration

Enclosure:
10 CFR 170

cc: Region III

DISTRIBUTION:
Pending Fee File
Weekly Reading File
Materials Reading File

OFFICE	LFMB:ADM	LFMB:ADM					
SURNAME	CPhillips:pj	GJackson					
DATE	8/5/85	8/9/85					

Dear Dr. Minetree,

Please find enclosed the application for renewal of your teletherapy license. It is complete except for the form that Dr. Bhate must complete. She may have previously completed this form but I did not have a copy. Also your signature is required on the first page. Send this plus one copy along with a \$350.00 check payable to:

U.S. Nuclear Regulatory Commission

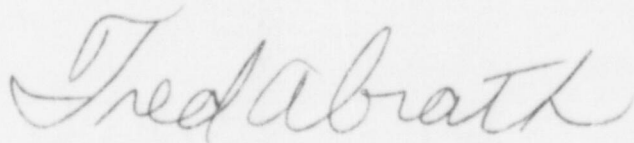
and send to:

Nuclear Regulatory Commission,
Region III
Material Licensing Section
799 Roosevelt Road
Glen Ellyn
Illinois 60137

Send the two copies as quickly as possible, so they can receive it by July 31.

If you have any question contact me.

Sincerely


Fred Abrath, Ph.D.

FA/AM

also have a copy made for your files

EXHIBIT C

NRC Form 313T Supplement B
(9-81)

U.S. NUCLEAR REGULATORY COMMISSION

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

Bharati D. Bhate, M.D.

STREET ADDRESS

15 RR 2 Box 111C

CITY

West Frankfort

STATE

IL

ZIP CODE

62896

KEY TO COLUMN C
PERSONAL PARTICIPATION SHOULD CONSIST OF:

1. Supervised examination of patients to determine the suitability for radio-isotope therapy and recommendations on dosage to be prescribed.
2. Collaboration in calculation of radiation dose, related measurement, and modification of the originally prescribed dose as warranted by patient reaction to the radiation.
3. Followup of patients when required.
4. Study and discussion with preceptor of case histories to establish the most appropriate therapy procedures, limitations, contraindications, etc.

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		
OR	INTERSTITIAL		
Co-137	INTRACAVITARY		
I-125 or Ir-192 OR Au-198 SEEDS	INTERSTITIAL	10 approx.	
Ra-226	INTRACAVITARY	50 approx.	
X-RAY AND ACCELERATOR THERAPY	COURSES OF THERAPY TREATMENT	1000 approx.	
Sr-90	SUPERFICIAL EYE CONDITIONS	5 approx.	
OTHER			

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

3. PRECEPTOR'S CERTIFICATION

NAME OF SUPERVISOR

S. Stefani, M.D.

NAME OF INSTITUTION

Veterans Administration

RADIOACTIVE MATERIALS

LICENSE NUMBER

12-01087-07

MAILING ADDRESS

114 B

CITY

Hines

STATE

IL

ZIP CODE

60141

I CERTIFY THAT (a) THE INFORMATION PRESENTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AND (b) 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. (S preceptor)

DATE

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 of representation to any department or agency of the United States as to any matter within its jurisdiction.

EXHIBIT B

NRC Form 312T Supplement A 10 CFR 26		U.S. NUCLEAR REGULATORY COMMISSION	
TRAINING AND EXPERIENCE PROPOSED AUTHORIZED USER OR RADIATION SAFETY OFFICER			
1. NAME OF PROPOSED AUTHORIZED USER OR RADIATION SAFETY OFFICER Bharati D. Bhate, M.D.		2. STATE OR TERRITORY IN WHICH LICENSED TO PRACTICE MEDICINE (If physician) 36-61312	
3. CERTIFICATION			
SPECIALTY BOARD	CATEGORY	MONTH AND YEAR CERTIFIED	
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 OJT/LABORATORY EXPERIENCE (months)
RADIATION PHYSICS AND INSTRUMENTATION	7/1/78-6/30/81 VA Medical Center Hines, IL	100/80	
RADIATION PROTECTION	-same as above-	16/4	
MATHEMATICS PERTAINING TO THE USE, MEASUREMENT, AND SHIELDING OF RADIOACTIVE SOURCES	-same as above-	6/6	
RADIATION BIOLOGY	-same as above-	80/40	
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
*Experiences with sealed radioactive sources under the supervision of qualified instruction should include: 1. Review of initial source calibration and periodic spot check measurements of radiotherapy units. 2. Initial source calibration of sealed sources other than radiotherapy sources that are used for treatment purposes. 3. Calibration of ion chambers and survey meters. 4. Preparation of treatment plans and treatment times for radiotherapy and brachytherapy. 5. Knowledge of appropriate radiation safety, quality control, and emergency procedures for handling and using sealed sources.			
6. I CERTIFY THAT THE INFORMATION PRESENTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF (Signature of program supervisor) <i>Bharati Bhate M.D.</i>			
TYPED OR PRINTED NAME Bharati D. Bhate, M.D.		DATE 7/26/85	
NAME OF INSTITUTION Bethesda Medical Center			
MAILING ADDRESS Route 3, Box 11A			
CITY Carterville,	STATE IL	ZIP CODE 62918	RADIOACTIVE MATERIALS LICENSE NUMBER 12-16271-01
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.			