



Trinity Health Grand Rapids Hospital

Department of Radiology

July 22, 2025

Sara Forster, MS, Senior Health Physicist, Region III
U. S. Nuclear Regulatory Commission
DRSS/Materials Licensing Branch
2056 Westings Avenue, Suite 400
Naperville, IL 60563-2657

Re: Additional information for Amendment to License No. 21-01078-01, as requested in your letter dated July 10, 2025.

Please accept the following information and documentation to approve our license amendment.

(1) BASIS FOR EXPEDITING THE LICENSE REVIEW:

We retract this request. Expedited review is no longer required.

(2) BASIS FOR UPDATING LICENSE EXPIRATION DATE TO MARCH 31, 2031:

We retract this request also. We will submit a license renewal application at a later date.

(3) DOCUMENTATION NEEDED TO ADD DANIEL BRAITHWAITE AS AN AMP:

Attached to this letter is the Training and Experience for Daniel Braithwaite.

(4) ADDITIONAL INFORMATION NEEDED TO ADD MOHAMMAD HASAN, MB, CHB, AS A 10 CFR 35.600 AU, BASED, IN-PART, ON SUPERVISED WORK EXPERIENCE COMPLETED AS PART OF A RESIDENCY PROGRAM ACCREDITED BY THE ROYAL COLLEGE OF PHYSICIANS AND SURGEONS OF CANADA:

We retract this request also. We will submit a license amendment in the future when Dr. Hasan has sufficient training and experience in the United States.

Thank you for your assistance with this request and your prompt attention. Please contact our Radiation Safety Officer, Dale Schippers, at Dale.Schippers@trinity-health.org or our medical physics consultant, Tracy King at tking@mpcphysics.com.

Respectfully,

A handwritten signature in black ink, appearing to read "Teresa Lalonde".

Teresa Lalonde
Director of Radiology
Trinity Health Grand Rapids Hospital

A handwritten signature in blue ink, appearing to read "Dale Schippers".

Dale Schippers, DABR
Radiation Safety Officer
Trinity Health Grand Rapids Hospital

Enclosure:
NRC_313a_Daniel Braithwaite_Signed



AUTHORIZED MEDICAL PHYSICIST OR OPHTHALMIC PHYSICIST, TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION
[10 CFR 35.51, 35.57(a)(3), and 35.433]

Estimated burden per response to comply with this mandatory collection request: 4.3 hours. Submittal of the application is necessary to determine that the applicant is qualified and that adequate procedures exist to protect the public health and safety. Send comments regarding burden estimate to the FOIA, Library, and Information Collections Branch (T-6 A10M), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by email to Infocollections.Resource@nrc.gov, and the OMB Reviewer at: OMB Office of Information and Regulatory Affairs, (3150-0120), Attn: Desk Officer for the Nuclear Regulatory Commission, 725 17th Street NW, Washington, DC 20503; email: oir_submission@omb.eop.gov. The NRC may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the document requesting or requiring the collection displays a currently valid OMB control number.

Name of Individual

Daniel Braithwaite

Authorized Medical Physicist

Ophthalmic Physicist (go to Page 4)

- 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.

AUTHORIZED MEDICAL PHYSICIST

1. Board Certification

- a. Provide a copy of the board certification.
- b. If the board certification process has been recognized by the Commission or an Agreement State under 10 CFR 35.51:
 - (i) 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.
 - (ii) Stop here.
- c. If the board certification was issued on or before October 24, 2005 and is listed in 10 CFR 35.57(a)(3), attach:
 - (i) Documentation that the individual performed each use checked above on or before October 24, 2005.
 - (ii) Dates, duration, and description of continuing education and experience within the past seven years for each use checked above.
 - (iii) Stop here.

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. If board certified, provide a copy of the certificate and stop here.
- c. If listed on a license or a permit before January 14, 2019 as an authorized medical physicist, stop here.
- d. If not board certified 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
Master's Degree	Medical Physics
College or University	
Wayne State Univarsity	

- 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 Jay Burmeister 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 Jay Burmeister who meets the requirements for an Authorized Medical Physicist.

**AUTHORIZED MEDICAL PHYSICIST OR OPHTHALMIC PHYSICIST,
TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION
[10 CFR 35.51, 35.57(a)(3), and 35.433] (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	Wayne Stae University/Karmanos Cancer Center Flexitron, GammaKnife, Best GammaBeam	8/30/2020 - 12/15/2022	6/6/2022 - 6/5/2024
Performing sealed source leak tests and inventories	Wayne Stae University/Karmanos Cancer Center Flexitron, GammaKnife, Best Gamma Beam	8/30/2020 - 12/15/2022	6/6/2022 - 6/5/2024
Performing decay corrections	Wayne Stae University/Karmanos Cancer Center Flexitron, GammaKnife, Best GammaBeam	8/30/2020 - 12/15/2022	6/6/2022 - 6/5/2024
Performing full calibration and periodic spot checks of external beam treatment unit(s)	Wayne Stae University/Karmanos Cancer Center TrueBeam, iX, Ethos, Best GammaBeam	8/30/2020 - 12/15/2022	6/6/2022 - 6/5/2024
Performing full calibration and periodic spot checks of stereotactic radiosurgery unit(s)	Wayne Stae University/Karmanos Cancer Center Gamma Knife	8/30/2020 - 12/15/2022	6/6/2022 - 6/5/2024
Performing full calibration and periodic spot checks of remote afterloading unit(s)	Wayne Stae University/Karmanos Cancer Center Flexitron	8/30/2020 - 12/15/2022	6/6/2022 - 6/5/2024
Conducting radiation surveys around external beam treatment unit(s), stereotactic radiosurgery unit(s), remote after loading unit(s)	Karmanos Cancer Center Flexitron, TrueBeam, iX, Ethos, GammaKnife, Best	8/30/2020 - 12/15/2022	6/6/2022 - 6/5/2024

Supervising Individual**

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

Jay Burmeister

21-04127-06

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 OR OPHTHALMIC PHYSICIST,
TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION
[10 CFR 35.51, 35.57(a)(3), and 35.433] (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	Karmanos Cancer Center 6/6/2022 - 6/5/2024	Karmanos Cancer Center 6/6/2022 - 6/5/2024	Karmanos Cancer Center 6/6/2022 - 6/5/2024
Safety procedures for the device use	Karmanos Cancer Center 6/6/2022 - 6/5/2024	Karmanos Cancer Center 6/6/2022 - 6/5/2024	Karmanos Cancer Center 6/6/2022 - 6/5/2024
Clinical use of the device	Karmanos Cancer Center 6/6/2022 - 6/5/2024	Karmanos Cancer Center 6/6/2022 - 6/5/2024	Karmanos Cancer Center 6/6/2022 - 6/5/2024
Treatment planning system operation	Karmanos Cancer Center 6/6/2022 - 6/5/2024	Karmanos Cancer Center 6/6/2022 - 6/5/2024	Karmanos Cancer Center 6/6/2022 - 6/5/2024

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.)

Jay Burmeister

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

21-04127-06

for the following types of use:

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

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 OR OPHTHALMIC PHYSICIST,
TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION
[10 CFR 35.51, 35.57(a)(3), and 35.433] (continued)**

4. Education, Training, and Experience for Proposed Ophthalmic Physicist

a. Complete the table below to document education;

Degree	Major Field
Masters Degree	Medical Physics
College or University	
Wayne State University	

b. Supervised Full-Time practical training and experience in medical physics

Yes. Completed 1 year of full-time training in medical physics under the supervision of

Jay Burmeister medical physicist at

Karmanos Cancer Center

AND

Yes. Completed 1 additional year of full-time work experience in medical physics at

Karmanos Cancer Center

under the supervision of Jay Burmeister medical physicist.

If more than one supervising individual is necessary to document supervised training, provide multiple copies of this page.

c. Complete the table below to document training and supervised work experience.

Description of Training	Location of Training/License or Permit Number of Training Facility	Dates of Training*
The creating, modifying, and completing written directives.	Karmanos Cancer Center	6/6/2022 - 6/5/2024
Procedures for administrations requiring a written directive	Karmanos Cancer Center	6/6/2022 - 6/5/2024
Performing the calibration measurements of brachytherapy sources as detailed in 10 CFR 35.432	Karmanos Cancer Center Flexitron	6/6/2022 - 6/5/2024
Supervising Individual	License/Permit Number	
Jay Burmeister	21-04127-06	

d. Stop here

**AUTHORIZED MEDICAL PHYSICIST OR OPHTHALMIC,
TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION
[10 CFR 35.51, 35.57(a)(3), and 35.433] (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

Complete the following:

I attest that Daniel Braithwaite 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 Daniel Braithwaite 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 Daniel Braithwaite is able to independently fulfill the radiation safety-related
Name of Proposed Authorized Medical Physicist
duties 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, 35.57, 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 Facility:
Karmanos Cancer Center / Wayne State University

License/Permit Number:
21-04127-06

Name of Preceptor (Typed or Printed)
Jay Burmeister

Telephone Number
313-576-9617

Date
9/25/2024

Signature *Jay Burmeister*

Martha Pavon

From: Sara Forster
Sent: Tuesday, August 5, 2025 8:21 AM
To: Martha Pavon
Cc: Tammy Tomczak
Subject: FW: Additional Information to Trinity Health Grand Rapids Hospital Amendment, NRC License No. 21-01078-01, CN 646211
Attachments: Additional information for THGR License amendment signed.pdf

Good morning, Martha!

Please find attached additional information for the referenced action. Could you please add this to ADAMS and let me know the accession number?

Thank you.

Sara

Sara Forster
U.S. NRC
630-829-9892
sara.forster@nrc.gov

From: Dale Schippers <Dale.Schippers@trinity-health.org>
Sent: Monday, August 4, 2025 2:24 PM
To: Sara Forster <Sara.Forster@nrc.gov>
Cc: ext_Tracy_King <tking@mpcphysics.com>; Teresa Lalonde <LALONDTM@trinity-health.org>
Subject: [External_Sender] RE: [External] Additional Information Request re Trinity Health Grand Rapids Hospital, NRC License No. 21-01078-01, CN 646211

Sara,
Attached is our letter addressing your request for additional information.
Please review the letter and form 313a and approve our request to add Daniel as an AMP. Other requested items have been removed.

Thank you,
Dale Schippers

From: Sara Forster <Sara.Forster@nrc.gov>
Sent: Thursday, July 10, 2025 2:39 PM
To: Dale Schippers <Dale.Schippers@trinity-health.org>
Cc: ext_Tracy_King <tking@mpcphysics.com>
Subject: [External] Additional Information Request re Trinity Health Grand Rapids Hospital, NRC License No. 21-01078-01, CN 646211

CYBERSECURITY WARNING: This email is sent from outside of Trinity Health.
DO NOT click on links, open attachments or share confidential information unless you know the

sender and the email was expected.

Please report any suspicious emails using the "Report Phishing" button.

Good afternoon, Dale:

Please see attached regarding additional information needed to complete our review of your request to add an AMP, add an AU, extend the license term, and expedite the license action. We have suspended our review, pending your response. Please let me know if you have questions or would like to discuss your potential response.

Thank you for your prompt attention to this matter.

Sincerely,

Sara

Sara A. Forster, Senior Health Physicist
U.S. Nuclear Regulatory Commission - Region III
Division of Radiological Safety & Security
Materials Licensing Branch
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Naperville, IL 60563-2657
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