

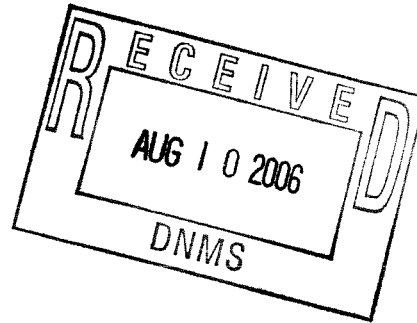
PROVIDENCE CANCER THERAPY CENTER

L. Rodney Cook, M.D. Director, Radiation Oncology

AnnaLiisa McGlinn, M.D. Radiation Oncology

August 9, 2006

Jim Montgomery
NRC Region IV



Dear Mr. Montgomery,

As per your suggestions we have obtained the necessary changes to Dr. McGlinn's preceptor form 313A. The revised form is enclosed with this letter.

We request you to please expedite the amendment process, as there are patients who would benefit from this treatment modality.

Thanks in advance,

A handwritten signature in dark ink, appearing to read 'R. Rao' followed by a flourish.

Ravindra P. Rao M.Sc., M.E.
ABR certified Physicist
Consulting Physicist

The Commitment Continues

3200 Providence Drive • P.O. Box 196604 • Anchorage, Alaska 99519-6604 • Phone (907) 261-3186 • Fax (907) 261-3665



471024

**MEDICAL USE TRAINING AND EXPERIENCE
AND PRECEPTOR ATTESTATION**APPROVED BY OMB: NO. 3150-0120
EXPIRES: 10/31/2008**PART I -- TRAINING AND EXPERIENCE****Note:** Descriptions of training and experience must contain sufficient detail to match the training and experience criteria in the applicable regulation (10 CFR Part 35)

1. Name of Individual, Proposed Authorization (e.g., Radiation Safety Officer), and Applicable Training Requirements (e.g., 10 CFR 35.50)

ANNA LISA McALION M.D.

2. For Physicians, Podiatrists, Dentists, Pharmacists -- State or Territory Where Licensed

ALASKA AND CALIFORNIA

3. CERTIFICATION

- a. Provide a copy of the board certification. (Stop here if applying under 10 CFR Part 35, Subpart J or 35.590(a); continue if applying under other subparts.)
- b. Provide documentation in appropriate items 4 through 10 of training or clinical case work required by 35.50(e); 35.51(c); 35.290(c)(1)(ii)(G) for AU seeking 35.200 authorization; 35.390(b)(1)(ii)(G); 35.396(d)(1) and 35.396(d)(2); 35.590(c); or 35.690(c).
- c. Provide completed Part II Preceptor Attestation, Items 11a through 11d.
- Stop here after completing items 3a, 3b, and 3c when using board certification to meet 10 CFR Part 35 training and experience requirements.

**4. INDIVIDUALS IDENTIFIED ON A LICENSE OR PERMIT AS RADIATION SAFETY OFFICERS (RSO),
AUTHORIZED USERS (AU), AUTHORIZED MEDICAL PHYSICISTS (AMP), OR
AUTHORIZED NUCLEAR PHARMACISTS (ANP) SEEKING ADDITIONAL AUTHORIZATIONS**

- a. Provide a copy of the license or broadscope permit listing the current authorization **and** (b) or (c)
- b. Complete items 6c (and 10 when training is provided by an RSO, AMP, ANP, or AU) and preceptor items 11b through 11d to meet requirements for: RSO in 35.50(c)(2) or 35.50(e); or AU in 35.290(c)(1)(ii)(G) or 35.390(b)(1)(ii)(G) or 35.590(c) or 35.690(c); or AMP under 35.51(c).
- c. Complete items 5, 6a, 6b, 10, and Preceptor items 11a through 11d to meet AU requirements in 35.396(a).

5. DIDACTIC OR CLASSROOM AND LABORATORY TRAINING (optional for Medical Physicists)

Description of Training	Location	Clock Hours	Dates of Training
Radiation Physics and Instrumentation			
Radiation Protection			
Mathematics Pertaining to the Use and Measurement of Radioactivity			
Radiation Biology			
Chemistry of Byproduct Material for Medical Use			
OTHER			

MEDICAL USE TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

6a. WORK OR PRACTICAL EXPERIENCE WITH RADIATION

Description of Experience	Name of Supervising Individual(s)	Location and Corresponding Materials License Number	Dates and/or Clock Hours of Experience

6b. SUPERVISED CLINICAL CASE EXPERIENCE (describe experience elements in 6a)

Radionuclide	Type of Use	No. of Cases Involving Personal Participation	Name of Supervising Individual	Location and Corresponding Materials License Number	Dates and/or Clock Hours of Experience

MEDICAL USE TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)		U.S. NUCLEAR REGULATORY COMMISSION	
6c. TRAINING FOR SECTIONS 35.50(e), 35.51(c), 35.580(c), or 35.690(c)			
Training Element	Type of Training	Location and Dates	
14 HDR CASES	HANDS ON TRAINING UNDER THE SUPERVISION OF AUTHORIZED USERS	RESIDENCY AT KERR SCHOOL OF MEDICINE/USC JULY 2000 - JUNE 2004	

* Types of training may include supervised (complete item 10 for 35.50(e), 35.51(c), and 35.690(c)), didactic, or vendor training.

7. FORMAL TRAINING Physicians (for uses under 35.400 and 35.600) and Medical Physicists			
Degree, Area of Study or Residency Program	Name of Program and Location with Corresponding Materials License Number -	Dates	Name of Organization that Approved the Program (e.g., Accreditation Council for Graduate Medical Education) and the Applicable Regulation (e.g., 10 CFR 35.450)
Radiation Oncology	USC/LACUSC Medical Center and Adjunct Hospital (part of Kerr School of Medicine/USC)	July 2000 through June 2004	Radiation Review Committee of the ACR/ACME (Linda Thomas, Exec. Director)

8. RADIATION SAFETY OFFICER (RSO) - ONE-YEAR FULL-TIME EXPERIENCE

☐ YES Completed 1 year of full-time radiation safety experience (in areas identified in Item 6a) under supervision of _____ the RSO for License No. _____

☐ N/A

9. MEDICAL PHYSICIST - ONE-YEAR FULL-TIME TRAINING/WORK EXPERIENCE

☐ YES Completed 1 year of full-time training (for areas identified in Item 6a) in therapeutic radiological physics (35.961) or medical physics (35.51) under the supervision of _____ who is a medical physicist (35.961) or meets requirements for Authorized Medical Physicists (35.51);

☐ N/A

and

☐ YES Completed 1 year of full-time work experience (at location providing radiation therapy services described and for topics identified in Item 6a) for (specify use or device) _____ under the supervision of _____ who is a medical physicist (35.961) or meets requirements for Authorized Medical Physicists (35.51) (specify use or device) _____

☐ N/A

MEDICAL USE TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

10. SUPERVISING INDIVIDUAL -- IDENTIFICATION AND QUALIFICATIONS

The training and experience indicated above was obtained under the supervision of (if more than one supervising individual is needed to meet requirements in 10 CFR Part 35, provide the following information for each):

A. Name of Supervisor

Oscar E. Streeter

B. Supervisor is:



Authorized User



Authorized Medical Physicist



Radiation Safety Officer



Authorized Nuclear Pharmacist

C. Supervisor meets requirements of Part 35, Section(s) 690for medical uses in Part 35, Section(s) 600

D. Address

USC/Kenneth Norris Jr. Cancer Hospital
Dept. of Radiation Oncology
1441 Eastlake Avenue, Los Angeles, CA 90033

E. Materials License Number

5592-19

PART II -- PRECEPTOR ATTESTATION

Note: This part must be completed by the individual's preceptor. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each. This part is not required to meet training requirements in 35.590 or Part 35, Subpart J (except 35.980).

I attest the individual named in Item 1:

11a.



has satisfactorily completed the requirements in Part 35, Section(s) and Paragraph(s) _____,
as documented in section(s) _____ of this form.

11b. Select one

meets the requirements in ☐ 35.50(e) ☐ 35.51(c) ☐ 35.390(b)(1)(ii)(G) ☒ 35.690(c) for REMOTE

N/A

types of use, as documented in section(s) 600 of this form.AFTER LOADER UNITS

11c.

has achieved a level of competency sufficient to independently operate a nuclear pharmacy (for 35.980); **or**

has achieved a level of competency sufficient to function independently as an authorized
USER for REMOTE AFTERLOADER uses (or units); **or**



has achieved a level of radiation safety knowledge sufficient to function independently as a Radiation Safety
Officer for a medical use licensee; **or**



N/A

11d.

I am an Authorized Nuclear Pharmacist; **or** ☐ I am a Radiation Safety Officer; **or**I meet the requirements of 35.690 section(s) of 10 CFR Part 35

or equivalent Agreement State requirements to be a preceptor



AU or



AMP

for the following byproduct material uses (or units): IR-192 (REMOTE AFTERLOADER UNIT)

A. Address

RECK SCHOOL OF MEDICINE/USC
KENNETH NORRIS JR. CANCER HOSPITAL
DEPT. RADIATION ONCOLOGY
1441 EASTLAKE AV.
LOS ANGELES CA 90033-0800

B. Materials License Number

C. NAME OF PRECEPTOR (print clearly)

OSCAR E. STREETER, MD

D. SIGNATURE -- PRECEPTOR

Oscar E. Streeter

E. DATE

6/2/2006

NO POUCH NEEDED.
See back for peel and stick application instructions.

FedEx US Airbill
Express
FedEx Tracking Number
8489 4511 4131

RECIPIENT: PEEL HERE

1 From This portion can be removed for Recipient's records

Date August 10 FedEx Tracking Number

848945114131

Sender's Name Parade Rao

Phone

Company

Address

City

State

ZIP

Dead/Post/Ship from

2 Your Internal Billing Reference

3 To

Recipient's Name

Phone

Company

Recipient's Address

We cannot deliver to P.O. boxes or P.O. ZIP codes.

Dead/Post/Ship from

Address

To request a package be held at a specific FedEx location, print FedEx address here.

City

State

ZIP

Dead/Post/Ship from



or diagnostics in this packaging.

FedEx
083506 09AUG06

PRIORITY OVERNIGHT

TRK# 8489 4511 4131

FORM 0 2006
OAK

94517

-CA-US

WACCRA



Form

0215

Recipient's Copy

4a Express Package Service

Packages up to 150 lbs.

☒ FedEx Priority Overnight

☐ FedEx Standard Overnight

☐ FedEx First Overnight

☐ FedEx 2Day

☐ FedEx Express Saver

☐ FedEx 3Day Freight

☐ FedEx 1Day Freight*

☐ FedEx 2Day Freight

☐ FedEx 3Day Freight

☐ Next business day**

☐ Second business day**

☐ Third business day**

☐ Call for Confirmation

☐ Packages over 150 lbs.

☐ Packages over 150 lbs.

☒ Packaging

☐ FedEx Pak*

☐ FedEx

☐ Envelope*

☐ FedEx Large Pak, and FedEx Surety Pak

☐ FedEx Tube

☐ Special Handling

☐ SATURDAY Delivery

☐ HOLD Weekday

☐ Available ONLY for FedEx Priority Overnight, FedEx 2Day, FedEx 1Day Freight, and FedEx 2Day Freight to select ZIP codes

☐ Available ONLY for FedEx Priority Overnight and FedEx 2Day to select locations

☐ Does this shipment contain dangerous goods?

☐ No

☐ Yes

☐ Shipper's Declaration

☐ Dry Ice

☐ Shipper's Declaration

☐ Dry Ice, UN 1845

☐ Cargo Aircraft Only

☐ Payment Bill to:

☐ Sender

☐ Recipient

☐ Enter FedEx Acct. No. or Credit Card No. below:

☐ Third Party

☐ Credit Card

☐ Total Packages

☐ Total Weight

☐ Total Charges

Your liability is limited to \$100 unless you declare a higher value. See the FedEx Service Guide for details.

8 Sign to Authorize Delivery Without a Signature

By signing you authorize us to deliver this shipment without obtaining a signature and agree to indemnify and hold us harmless from any resulting claims.

Call 1.800.FedEx.1.800.463.3333 or call 1.800.FedEx.1.800.463.3333. Sign. Rev. Date 11/02/04 (Rev. 03/04) FedEx® PRINTED IN U.S.A.

466