

**McLAREN**  
REGIONAL MEDICAL CENTER  
A McLAREN HEALTH SERVICE

March 23, 2011

U.S. Nuclear Regulatory Commission  
Region III  
Materials Licensing Section  
2443 Warrenville Road  
Lisle, Illinois 60532-4351

Dear Sir/Madam:

Please consider the following amendment to our License #21-04171-04, McLaren Regional Medical Center:

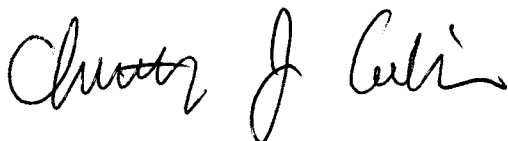
- 1.) Add an Authorized Medical Physicist.

Physicist: Travis D. Schultz, M.S.

Attached is the NRC FORM 313A (AMP) completed for your review on Travis D. Schultz, M.S.

If you have any questions, please contact Arthur Ewald at (810) 342-3805.

Sincerely,



Christopher J. Conlin, M.D.  
Radiation Safety Officer



Brent Wheeler  
VP Ancillary/Support Service



401 South Ballenger Highway • Flint, Michigan 48532 • (810) 342-2000  
An Affiliated Teaching Hospital of the Michigan State University College of Human Medicine

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**AUTHORIZED MEDICAL PHYSICIST TRAINING AND EXPERIENCE  
AND PRECEPTOR ATTESTATION  
[10 CFR 35.51]**APPROVED BY OMB: NO. 3150-0120  
EXPIRES: 3/31/2012

Name of Proposed Authorized Medical Physicist

Travis D. Schultz

**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
Master of Science	Radiological Physics
College or University	
Wayne State 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 J. Burmeister / T. Dillon 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 Terrance J. Dillon, M.S., DABR 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	Wayne State University / Karmanos Cancer Institute (WSU/KCI)	Sep 2007 - July 2009	
Performing sealed source leak tests and inventories	WSU/KCI	Jan-Aug 2008, Dec 2008	
Performing decay corrections	WSU/KCI	Sep-Nov 2007, Jan-May 2008, Dec 2008	
Performing full calibration and periodic spot checks of external beam treatment unit(s)	NA	NA	
Performing full calibration and periodic spot checks of stereotactic radiosurgery unit(s)	NA	NA	
Performing full calibration and periodic spot checks of remote afterloading unit(s)	WSU/KCI	Nov-Dec 2008	
Conducting radiation surveys around external beam treatment unit(s), stereotactic radiosurgery unit(s), remote after loading unit(s)	WSU/KCI	Nov-Dec 2008	

Supervising Individual\*\*

Jay Burmeister, Ph.D. DABR

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

21-014127-06

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 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	Great Lakes Cancer Institute - McLaren Health Systems (GLCI-McLaren) Devices: 2 Varian 21iX, 21ex, TrueBeam, Tomotherapy, GammaMed+ HDR Remote Afterloader	July-Sept 2009	Oct 2009 - Present
Performing sealed source leak tests and inventories	GLCI-McLaren	July-Sept 2009	Oct 2009 - Present
Performing decay corrections	GLCI-McLaren	July-Sept 2009	Oct 2009 - Present
Performing full calibration and periodic spot checks of external beam treatment unit(s)	NA	NA	NA
Performing full calibration and periodic spot checks of stereotactic radiosurgery unit(s)	NA	NA	NA
Performing full calibration and periodic spot checks of remote afterloading unit(s)	GLCI-McLaren	July 2009	Oct 2009 - Present
Conducting radiation surveys around external beam treatment unit(s), stereotactic radiosurgery unit(s), remote after loading unit(s)	GLCI-McLaren	July-Sept 2009	Oct 2009 - Present

Supervising Individual\*\*

Terrance J. Dillon, M.S., DABR

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

21-04171-04

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	Nucletron - March 2009	NA	NA
Safety procedures for the device use	Nucletron, March 2009 WSU/KCI, Nov-Dec 2008	NA	NA
Clinical use of the device	WSU/KCI, Nov-Dec 2008	NA	NA
Treatment planning system operation	WSU/KCI, Jan-Mar 2008	NA	NA
Supervising Individual <small>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.)</small> <b>Jay Burmeister, Ph.D. DABR</b>		License/Permit Number listing supervising individual as an authorized Medical Physicist <b>21-014127-06</b>	
for the following types of use:			
<input checked="" type="checkbox"/> Remote afterloader unit(s) <input type="checkbox"/> Teletherapy unit(s) <input type="checkbox"/> Gamma stereotactic radiosurgery unit(s)			

If Applicable:

Authorization Sought	Device	Training Provided By	Dates of Training
35.400 Ophthalmic Use of strontium-90	NA	NA	NA

d. Skip to and complete Part II Preceptor Attestation.

## 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	Varian GLCI-McLaren July-Sept 2009	NA	NA
Safety procedures for the device use	GLCI-McLaren July-Sept 2009	NA	NA
Clinical use of the device	GLCI-McLaren July-Sept 2009	NA	NA
Treatment planning system operation	GLCI-McLaren July-Sept 2009	NA	NA

## 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.)*

Terrance J. Dillon, M.S., DABR

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

21-04171-04

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	NA	NA	NA

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 \_\_\_\_\_ 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 Travis D. Schultz 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 Travis D. Schultz 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 Travis D. Schultz 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)

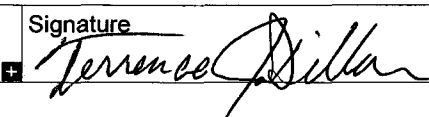
**AND**

**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	Signature	Telephone Number	Date
Terrance J. Dillon, M.S., DABR		(810) 342-3891	03/08/2011
License/Permit Number/Facility Name			
21-04171-04 McLaren Regional Medical Center			

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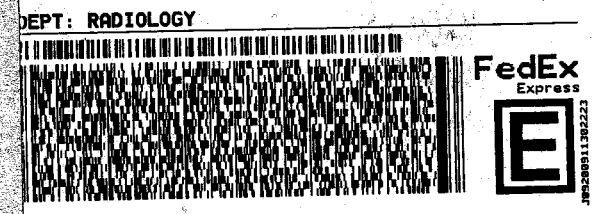
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