



04/09/2012

Materials Licensing
US NRC Region III
2443 Warrenville Road Suite 210
Lisle, IL 60532-4352

ATTN Toye Simmons

Mercy Hospital
Department Nuclear Medicine
1235 E. Cherokee
Springfield, MO 65804
phone 417-820-2865
fax 417-820-7865
www.mercy.net

I am submitting information on Steven Braun, M.D. to add him to our license for 35.600 to complete our HDR amendment request. This information is in reference to amendment control number 577236 for license number 24-00866-02.

Dr. Braun and Dennis Frieda participated in 6 HDR procedures over 3 days for a total of 20 contact hours at our sister facility in Oklahoma City, OK. I am submitting documentation of this training for Dr. Braun in sections 3d and 3e of a form 313A (AUS) along with Part II of this form completed by Astrid Morrison M.D.

I am also providing you with a copy Dr. Braun's Board Certification by the ABR in Radiation Oncology and a letter documenting that he has read and understands 10 CFR 35.3045, reports and notifications of a medical event.

As we discussed during your site visit, our Radiation Oncologist and Physicist will participate in additional training provided by the Vendor after we have received our HDR license but prior to performing procedures at this facility.

If you have any questions regarding this request or if you require additional information please contact me at (417) 820-7704.

Sincerely,

Nick Lannutti, MS
Radiation Safety Officer
Department of Nuclear Medicine
St Johns Hospital-Springfield

Enclosure:

- Form 313 Application for Materials License
- Board Certification certificate for Steven Braun, M.D.
- Letter signed by Steven Braun, M.D. documenting awareness of 10 CFR 35.3045

Cc Linda Earnest, Administration
Alan Burns, Radiation Oncology Director
Steven Braun, M.D.
Dennis Frieda, Ph.D.

**AUTHORIZED USER TRAINING AND EXPERIENCE
AND PRECEPTOR ATTESTATION**
(for uses defined under 35.400 and 35.600)
[10 CFR 35.490, 35.491, and 35.690]APPROVED BY OMB: NO. 3150-0120
EXPIRES: 3/31/2012

Name of Proposed Authorized User

Steven D. Braun, M.D.

State or Territory Where Licensed

Missouri

Requested

☐ 35.400 Manual brachytherapy sources ☐ 35.600 Teletherapy unit(s)

Authorization(s)

☐ 35.400 Ophthalmic use of strontium-90 ☐ 35.600 Gamma stereotactic radiosurgery unit(s)

(check all that apply)

☒ 35.600 Remote afterloader 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.
- For 35.600, go to the table in 3.e. 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 35.600 Authorized User Requesting Additional Authorization for 35.600 Use(s) Checked Above**

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

☐ **3. Training and Experience for Proposed Authorized User**

- Classroom and Laboratory Training ☐ 35.490 ☐ 35.491 ☐ 35.690

Description of Training	Location of Training	Clock Hours	Dates of Training*
Radiation physics and instrumentation			
Radiation protection			
Mathematics pertaining to the use and measurement of radioactivity			
Radiation biology			
Total Hours of Training:			

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Training and Experience for Proposed Authorized User (continued)

b. Supervised Work and Clinical Experience for 10 CFR 35.490 (If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this page.)

Supervised Work Experience		Total Hours of Experience:	
Description of Experience Must Include:	Location of Experience/License or Permit Number of Facility	Confirm	Dates of Experience*
Ordering, receiving, and unpacking radioactive materials safely and performing the related radiation surveys		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Checking survey meters for proper operation		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Preparing, implanting, and safely removing brachytherapy sources		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Maintaining running inventories of material on hand		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Using administrative controls to prevent a medical event involving the use of byproduct material		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Using emergency procedures to control byproduct material		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Clinical experience in radiation oncology as part of an approved formal training program	Location of Experience/License or Permit Number of Facility	Dates of Experience*
Approved by: <input type="checkbox"/> Residency Review Committee for Radiation Oncology of the ACGME <input type="checkbox"/> Royal College of Physicians and Surgeons of Canada <input type="checkbox"/> Committee on Postdoctoral Training of the American Osteopathic Association		
Supervising Individual	License/Permit Number listing supervising individual as an Authorized User	

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Training and Experience for Proposed Authorized User (continued)

c. Supervised Clinical Experience for 10 CFR 35.491

Description of Experience	Location of Experience/License or Permit Number of Facility	Clock Hours	Dates of Experience*
Use of strontium-90 for ophthalmic treatment, including: examination of each individual to be treated; calculation of the dose to be administered; administration of the dose; and follow up and review of each individual's case history			
Supervising Individual		License/Permit Number listing supervising individual as an Authorized User	

d. Supervised Work and Clinical Experience for 10 CFR 35.690

☒ Remote afterloader unit(s) ☐ Teletherapy unit(s) ☐ Gamma stereotactic radiosurgery unit(s)

Supervised Work Experience		Total Hours of Experience: 20	
Description of Experience Must Include:	Location of Experience/License or Permit Number of Facility	Confirm	Dates of Experience*
Reviewing full calibration measurements and periodic spot-checks	Mercy Health Center at Oklahoma City OK-07018-03	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	April 02 - 04
Preparing treatment plans and calculating treatment doses and times	Mercy Health Center at Oklahoma City OK-07018-03	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	April 02 - 04
Using administrative controls to prevent a medical event involving the use of byproduct material	Mercy Health Center at Oklahoma City OK-07018-03	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	April 02 - 04
Implementing emergency procedures to be followed in the event of the abnormal operation of the medical unit or console	Mercy Health Center at Oklahoma City OK-07018-03	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	April 02 - 04
Checking and using survey meters	Mercy Health Center at Oklahoma City OK-07018-03	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	April 02 - 04
Selecting the proper dose and how it is to be administered	Mercy Health Center at Oklahoma City OK-07018-03	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	April 02 - 04

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Training and Experience for Proposed Authorized User (continued)

d. Supervised Work and Clinical Experience for 10 CFR 35.690 (continued)

Clinical experience in radiation oncology as part of an approved formal training program	Location of Experience/License or Permit Number of Facility	Dates of Experience*
Approved by: <input type="checkbox"/> Residency Review Committee for Radiation Oncology of the ACGME <input type="checkbox"/> Royal College of Physicians and Surgeons of Canada <input type="checkbox"/> Committee on Postdoctoral Training of the American Osteopathic Association		
Supervising Individual Astrid E. Morrison, M.D.		License/Permit Number listing supervising individual as an Authorized User OK-07018-03

e. For 35.600, 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
Device operation	Astrid Morrison, M.D. OK-07018-03 April 02 - 04		
Safety procedures for the device use	Astrid Morrison, M.D. OK-07018-03 April 02 - 04		
Clinical use of the device	Astrid Morrison, M.D. OK-07018-03 April 02 - 04		
Supervising Individual. <i>If training provided by Supervising Individual (If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this page.)</i> Astrid E. Morrison, M.D.		License/Permit Number listing supervising individual as an Authorized User OK-07018-03	

Authorized for the following types of use:

☒ Remote afterloader unit(s)
 ☐ Teletherapy unit(s)
 ☐ Gamma stereotactic radiosurgery unit(s)

f. Provide completed Part II Preceptor Attestation.

AUTHORIZED USER 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.

By checking the boxes below, the preceptor is attesting that the individual has knowledge to fulfill the duties of the position sought and not attesting to the individual's "general clinical competency."

First Section

Check one of the following for each requested authorization:

For 35.490:

Board Certification

☐ I attest that _____ has satisfactorily completed the requirements in
Name of Proposed Authorized User

35.490(a)(1) and has achieved a level of competency sufficient to function independently as an authorized user of manual brachytherapy sources for the medical uses authorized under 10 CFR 35.400.

OR

Training and Experience

☐ I attest that _____ has satisfactorily completed the 200 hours of
Name of Proposed Authorized User

classroom and laboratory training, 500 hours of supervised work experience, and 3 years of supervised clinical experience in radiation oncology, as required by 10 CFR 35.490(b)(1) and (b)(2), and has achieved a level of competency sufficient to function independently as an authorized user of manual brachytherapy sources for the medical uses authorized under 10 CFR 35.400.

For 35.491:

☐ I attest that _____ has satisfactorily completed the 24 hours of
Name of Proposed Authorized User

classroom and laboratory training applicable to the medical use of strontium-90 for ophthalmic radiotherapy, has used strontium-90 for ophthalmic treatment of 5 individuals, as required by 10 CFR 35.491(b), and has achieved a level of competency sufficient to function independently as an authorized user of strontium-90 for ophthalmic use.

Second Section

For 35.690:

Board Certification

☐ I attest that _____ has satisfactorily completed the requirements in
Name of Proposed Authorized User

35.690(a)(1).

OR

Training and Experience

☐ I attest that _____ has satisfactorily completed 200 hours of classroom
Name of Proposed Authorized User

and laboratory training, 500 hours of supervised work experience, and 3 years of supervised clinical experience in radiation therapy, as required by 10 CFR 35.690(b)(1) and (b)(2).

AND

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

Preceptor Attestation (continued)

Third Section

For 35.690: (continued)

☒ I attest that Steven D. Braun, M.D. has received training required in 35.690(c) for device
Name of Proposed Authorized User
 operation, safety procedures, and clinical use for the type(s) of use for which authorization is sought, as
 checked below.

☒ Remote afterloader unit(s) ☐ Teletherapy unit(s) ☐ Gamma stereotactic radiosurgery unit(s)

AND

Fourth Section

☒ I attest that Steven D. Braun, M.D. has achieved a level of competency sufficient to
Name of Proposed Authorized User
 achieve a level of competency sufficient to function independently as an authorized user for:

☒ Remote afterloader unit(s) ☐ Teletherapy unit(s) ☐ Gamma stereotactic radiosurgery unit(s)

Fifth Section

Complete the following for preceptor attestation and signature:

☒ I meet the requirements in 10 CFR 35.490, 35.491, 35.690, or equivalent Agreement State requirements, as
 an authorized user for:

☐ 35.400 Manual brachytherapy sources ☐ 35.600 Teletherapy unit(s)

☐ 35.400 Ophthalmic use of strontium-90 ☐ 35.600 Gamma stereotactic radiosurgery unit(s)

☒ 35.600 Remote afterloader unit(s)

Name of Preceptor	Signature	Telephone Number	Date
Astrid E. Morrison, M.D.	<i>Astrid E. Morrison, M.D.</i>	(405) 752-3381	04/04/2012

License/Permit Number/Facility Name
 OK-07018-03 Mercy Health Center at Oklahoma City

The American Board of Radiology

*Organized through the cooperation of the
American College of Radiology, the American Roentgen Ray Society,
the American Radium Society, the Radiological Society of North America,
the Section on Radiology of the American Medical Association,
the American Society for Therapeutic Radiology and Oncology, the Association of
University Radiologists, and American Association of Physicists in Medicine*
Hereby certifies that

Steven Douglas Braun, M.D.

*Has pursued an accepted course of graduate study
and clinical work, has met certain standards and qualifications and
has passed the examinations conducted under the authority of
The American Board of Radiology*

On this fourth day of June, 1992

*Thereby demonstrating to the satisfaction of the Board
that he is qualified to practice the specialty of*
Radiation Oncology



Thomas F. McNamee, M.D.
President

Stephen Douglas Braun, M.D.
Secretary-Treasurer

James H. L. Feltz, M.D.
Executive Director





Mercy Hospital

Department Nuclear Medicine
1235 E. Cherokee
Springfield, MO 65804
phone 417-820-2865
fax 417-820-7865
www.mercy.net

I have provided Steven Braun, M.D. with a copy of 10 CFR 35.3045, reports and notifications of a medical event. He has read this document and has had an opportunity to ask me questions about its content.

Nick Lannutti, MS

Radiation Safety Officer

Mercy Hospital – Springfield



I, Steven Braun, M.D. have read and understand 10 CFR 35.3045, reports and notifications of a medical event. I have had an opportunity to speak with the Radiation Safety Officer about the content of these regulations.

Steven Braun, M.D.

Radiation Oncologist

Chub O'Reilly Cancer Center

Mercy Hospital – Springfield



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

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Sender's Name Nick Lannetti

Phone 417 885-2045

Company SISTER OF MERCY HEALTH SYSTEM

Address 1235 E CHEROKEE ST

Dept./Floor/Suite/Room

City SPRINGFIELD

State MO

ZIP 65804-2203

2 Your Internal Billing Reference

3 To

Recipient's Name Toye Simmons

Phone 630 829-9842

Company Materials Licensing USNRC Region III

Address 2443 Warrenville Rd

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Use this line for the HOLD location address or for continuation of your shipping address.

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State IL

ZIP 60532-4351

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Recipient's Copy

4a Express Package Service

* To meet locations.

Packages up to 150 lbs.

☐ FedEx Priority Overnight
 Next business morning. * Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected.

☐ FedEx Standard Overnight
 Next business afternoon. * Saturday Delivery NOT available.

☐ FedEx First Overnight
 Earliest next business morning delivery to select locations. *

☒ FedEx 2Day
 Second business day. * Thursday shipments will be delivered on Monday unless SATURDAY Delivery is selected.

☐ FedEx Express Saver
 Third business day. * Saturday Delivery NOT available.

4b Express Freight Service

** To meet locations.

Packages over 150 lbs.

☐ FedEx 1Day Freight
 Next business day. * Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected.

FedEx 1Day Freight Booking fee.

☐ FedEx 2Day Freight
 Second business day. * Thursday shipments will be delivered on Monday unless SATURDAY Delivery is selected.

☐ FedEx 3Day Freight
 Third business day. * Saturday Delivery NOT available.

5 Packaging

* Declared value limit \$500.

☒ FedEx Envelope*

☐ FedEx Pak*
 Includes FedEx Small Pak and FedEx Large Pak.

☐ FedEx Box

☐ FedEx Tube

☐ Other

6 Special Handling and Delivery Signature Options

☐ SATURDAY Delivery
 NOT available for FedEx Standard Overnight, FedEx Express Saver, or FedEx 2Day Freight.

☐ No Signature Required
 Packages may be left without obtaining a signature for delivery.

☒ Direct Signature
 Someone at recipient's address may sign for delivery. Fee applies.

☐ Indirect Signature
 If no one is available at recipient's address, someone at a neighboring address may sign for delivery. Fee applies. For residential deliveries only. Fee applies.

Does this shipment contain dangerous goods?

☒ No ☐ Yes
 One box must be checked. Yes: As per attached Shipper's Declaration. Shipper's Declaration not required.

☐ Dry Ice
 Dry Ice, 6 UN 1845 ☐ X ☐ kg ☐ Cargo Aircraft Only

7 Payment Bill to:

☒ Sender ☐ Recipient ☐ Third Party ☐ Credit Card ☐ Cash/Check

Obtain recip. Acct. No. ☐

Total Packages Total Weight

Credit Card Auth.

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

605

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