United States
Nuclear Regulatory Commission
Region III
2443 Warrenville Road, Suite 210
Lisle, Illinois 60532-4351

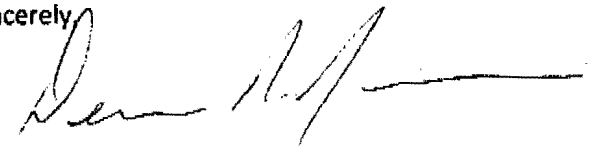
RE: Additional information to control number 579077.

Dear Sara A.B.Forster:

Please find enclosed additional information requested in support of adding Benjamin T. Gielda, M.D. as an Authorized User for the amendment of the NRC License No. 21-08317-01.

If you have any questions or require additional information, please contact the Radiation Safety Officer, Dennis R. Szmania, MS. At 231-935-7113 or by e-mail at dszmania@mhc.net.

Sincerely,



Dennis Szmania

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 Radiation Oncology, the Association of University Radiologists, and the American Association of Physicists in Medicine, Hereby certifies that

Benjamin Thomas Gielda, MD

Has pursued an accepted course of graduate study and clinical work; has met certain standards and qualifications, including passing the examinations conducted under the authority of the American Board of Radiology, demonstrating to the satisfaction of the Board qualification to practice; and is therefore awarded the Board's certification in

Radiation Oncology

ABR Eligible

DABR

Ongoing validity of this certificate is contingent upon meeting the requirements of Maintenance of Certification.

This diplomate of the American Board of Radiology is permitted to use the **DABR** *mark to signify this certification.*

THE AMERICAN BOARD OF RADIOLOGY INCORPORATED IN THE DISTRICT OF COLUMBIA 1934

President

Richard T. Morin
Secretary-Treasurer

Executive Director

AMERICAN BOARD OF MEDICAL SPECIALTIES 1933 EXCELLENCE

Certificate No. 64882

Effective: May 22, 2012

(d) Submitted materials excluded documentation of Dr. Gielda's HDR experience. **To add a 10 CFR 35.600 (Ir-192 for HDR) authorization for Dr. Gielda, describe his HDR experience in an attachment to the above-referenced NRC Form 313A (AUS).** The description should include facilities & dates where experience occurred, name(s) of supervising AU(s), and a few specific case examples (e.g. mammosite, etc.). Please do not include any patient names or other privacy-related information with your submission.

(e) To be authorized for 10 CFR 35.1000 Beta-Cath IVB, Dr. Gielda should satisfactorily complete appropriate training in device operation, safety procedures, and clinical use of the device. **To add Dr. Gielda for Beta-Cath IVB, please describe his training as indicated above.** The training may be received from the vendor, an Authorized Medical Physicist (AMP), or an AU, as appropriate, who is authorized for the same Beta-Cath™ system as he or she is providing training for.

We have requested that you submit the referenced items:

- Copy of Dr. Gielda's Board Certificate
- Completed & signed NRC Forms 313A (AUT) and 313A (AUS)
- Documentation of 35.300 dosage administration experience, and HDR experience
- Training and/or experience with Beta-cath IVB

– via facsimile, to (630) 515-1078. Please reference the Control No. 579077, as listed at the top of this memo. Any response should be attached to a dated cover letter, signed by the Radiation Safety Officer or other appropriate management representative.

We expect to hear from you on or before November 28, 2012.

For future reference, please always include the name, phone number and fax number of at least one person whom we may contact for additional information when reviewing your licensing correspondence and requests.

Please submit the requested information within **21** days of this record. **Include reference control number 579077. Please FAX your response to my attention at (630) 515-1078.** You may also scan your response and send to me via email, as a pdf file.

Please direct any questions you have to me at **(630) 829-9892** or **sara.forster@nrc.gov**.

NAME OF PERSON DOCUMENTING CONVERSATION	SIGNATURE	DATE
Sara A.B. Forster	Sara A.B. Forster	11/12/2012

Radiation Safety Office
Rush University Medical Center
The Tower
1620 W. Harrison St.
3301
Chicago, IL 60612

Tel: 312.947.0310
Fax: 312.947.6382
Pager: 85-7750
www.rush.edu

RUSH

Manjeet Hansra
Radiation Safety Officer

December 4, 2012

To Whom It May Concern:

This letter attests that Dr. Katherine Griem is an authorized user under the broad scope license of Rush University Medical Center, License No. IL-01766-01. It further attests that Dr. Griem is authorized to practice both external beam and brachytherapy procedures at Rush.

Please do not hesitate to contact me with any further questions or concerns.

Regards,

Manjeet Hansra
Radiation Safety Officer
Rush University Medical Center
1653 W. Congress Parkway
Tower-3301
Chicago, IL. 60612

NRC FORM 313A (AUT) (05-2012) U.S. NUCLEAR REGULATORY COMMISSION

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (for uses defined under 35.300) [10 CFR 35.390, 35.392, 35.394, and 35.396]

APPROVED BY OMB: NO. 3150-0120
EXPIRES: (05/31/2015)

Name of Proposed Authorized User	State or Territory Where Licensed
Benjamin T. Cicilda	Michigan

Requested Authorization(s) *(check all that apply)*:

- [X] 35.300 Use of unsealed byproduct material for which a written directive is required

OR

- [X] 35.300 Oral administration of sodium iodide I-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)
- [X] 35.300 Oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 1.22 gigabecquerels (33 millicuries)
- [X] 35.300 Parenteral administration of any beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV for which a written directive is required
- [ ] 35.300 Parenteral administration of any other radionuclide for which a written directive is required

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 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.

- [X] **1. Board Certification**

a. Provide a copy of the board certification.

b. For 35.390, provide documentation on supervised clinical case experience. The table in section 3.c. may be used to document this experience.

c. For 35.396, provide documentation on classroom and laboratory training, supervised work experience, and supervised clinical case experience. The tables in sections 3.a., 3.b., and 3.c. may be used to document this experience.

d. Skip to and complete Part II Preceptor Attestation.

- [ ] **2. Current 35.300, 35.400, or 35.600 Authorized User Seeking Additional Authorization**

a. Authorized User on Materials License _____ under the requirements below or equivalent Agreement State requirements *(check all that apply)*:

[ ] 35.390 [ ] 35.392 [ ] 35.394 [ ] 35.490 [ ] 35.690

b. If currently authorized for a subset of clinical uses under 35.300, provide documentation on additional required supervised case experience. The table in section 3.c. may be used to document this experience. Also provide completed Part II Preceptor Attestation.

c. If currently authorized under 35.490 or 35.690 and requesting authorization for 35.396, provide documentation on classroom and laboratory training, supervised work experience, and supervised clinical case experience. The tables in sections 3.a., 3.b., and 3.c. may be used to document this experience. Also provide completed Part II Preceptor Attestation.

NRC FORM 313A (AUT) (05-2012) U.S. NUCLEAR REGULATORY COMMISSION

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

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

a. Classroom and Laboratory Training ☐ 35.390 ☐ 35.392 ☐ 35.394 ☐ 35.396

Description of Training	Location of Training	Clock Hours	Dates of Training*
Radiation physics and instrumentation	Rush University Medical Center	40	7/1/07-6/30/11
Radiation protection		40	
Mathematics pertaining to the use and measurement of radioactivity		40	
Chemistry of byproduct material for medical use		40	
Radiation biology		40	
	Total Hours of Training: 200		

b. Supervised Work Experience ☐ 35.390 ☐ 35.392 ☐ 35.394 ☐ 35.396

If more than one supervising individual is necessary to document supervised training, 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		☐ Yes ☐ No	
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters		☐ Yes ☐ No	
Calculating, measuring, and safely preparing patient or human research subject dosages		☐ Yes ☐ No	
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material		☐ Yes ☐ No	
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures		☐ Yes ☐ No	

NRC FORM 313A (AUT) (05-2012) U.S. NUCLEAR REGULATORY COMMISSION

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

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

b. Supervised Work Experience (continued)

Supervising Individual	License/Permit Number listing supervising individual as an authorized user

Supervising individual meets the requirements below, or equivalent Agreement State requirements *(check all that apply)***:*

☐ 35.390
☐ 35.392
☐ 35.394
☐ 35.396

With experience administering dosages of:

☐ Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)
☐ Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)
☐ Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required
☐ Parenteral administration of any other radionuclide requiring a written directive

** Supervising Authorized User must have experience in administering dosages in the same dosage category or categories as the individual requesting authorized user status.

c. Supervised Clinical Case Experience

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

Description of Experience	Number of Cases Involving Personal Participation	Location of Experience/License or Permit Number of Facility	Dates of Experience*
Oral administration of sodium iodide I-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)	iii 3	St. Francis Hospital Evanston, IL	6/4/08 4/20/09 5/17/10
Oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 1.22 gigabecquerels (33 millicuries)	iii 3	↓	4/28/08 4/21/09 12/7/10
Parenteral administration of any beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV for which a written directive is required	iiii 4	Rush University Medical Center Yttrium-90 + Samarium	2/3/09 8/19/09 3/3/10 6/2/10
Parenteral administration of any other radionuclide for which a written directive is required (List radionuclides)			

NRC FORM 313A (AUT) (05-2012) U.S. NUCLEAR REGULATORY COMMISSION

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

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

c. Supervised Clinical Case Experience (continued)

Supervising Individual	License/Permit Number listing supervising individual as an authorized user
Katherine Griem	IL-01176-01

Supervising individual meets the requirements below, or equivalent Agreement State requirements *(check all that apply)***:

☒ 35.390 ☒ 35.392 ☒ 35.394 ☒ 35.396	With experience administering dosages of: ☒ Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries) ☒ Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries) ☒ Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required ☒ Parenteral administration of any other radionuclide requiring a written directive

** Supervising Authorized User must have experience in administering dosages in the same dosage category or categories as the individual requesting authorized user status.

d. Provide completed Part II Preceptor Attestation.

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 35.390:

Board Certification

☑ I attest that Benjamin Gielda (Name of Proposed Authorized User) has satisfactorily completed the training and experience requirements in 35.390(a)(1).

OR

Training and Experience

☐ I attest that _____ (Name of Proposed Authorized User) has satisfactorily completed the 700 hours of training and experience, including a minimum of 200 hours of classroom and laboratory training, as required by 10 CFR 35.390 (b)(1).

NRC FORM 313A (AUT) (05-2012) U.S. NUCLEAR REGULATORY COMMISSION

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

Preceptor Attestation (continued)

First Section (continued)

For 35.392 (Identical Attestation Statement Regardless of Training and Experience Pathway):

☑ I attest that Benjamin Gielda (Name of Proposed Authorized User) has satisfactorily completed the 80 hours of classroom and laboratory training, as required by 10 CFR 35.392(c)(1), and the supervised work and clinical case experience required in 35.392(c)(2).

For 35.394 (Identical Attestation Statement Regardless of Training and Experience Pathway):

☑ I attest that Benjamin Gielda (Name of Proposed Authorized User) has satisfactorily completed the 80 hours of classroom and laboratory training, as required by 10 CFR 35.394 (c)(1), and the supervised work and clinical case experience required in 35.394(c)(2).

Second Section

☑ I attest that Benjamin Gielda (Name of Proposed Authorized User) has satisfactorily completed the required clinical case experience required in 35.390(b)(1)(ii)G listed below:

- ☑ Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)
- ☑ Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)
- ☑ Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required
- ☑ Parenteral administration of any other radionuclide requiring a written directive

Third Section

☑ I attest that Benjamin Gielda (Name of Proposed Authorized User) has satisfactorily achieved a level of competency to function independently as an authorized user for:

- ☑ Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)
- ☑ Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)
- ☑ Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required
- ☑ Parenteral administration of any other radionuclide requiring a written directive

NRC FORM 313A (AUT) (05-2012) U.S. NUCLEAR REGULATORY COMMISSION

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

Fourth Section

For 35.396:

Current 35.490 or 35.690 authorized user:

☐ I attest that _____ (Name of Proposed Authorized User) is an authorized user under 10 CFR 35.490 or 35.690 or equivalent Agreement State requirements, has satisfactorily completed the 60 hours of classroom and laboratory training, as required by 10 CFR 35.396 (d)(1), and the supervised work and clinical case experience required by 35.396(d)(2), and has achieved a level of competency sufficient to function independently as an authorized user for:

☐ Parenteral administration of any beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV for which a written directive is required

☐ Parenteral administration of any other radionuclide for which a written directive is required

OR

Board Certification:

☑ I attest that Benjamin Gilda (Name of Proposed Authorized User) has satisfactorily completed the board certification requirements of 35.396(c), has satisfactorily completed the 60 hours of classroom and laboratory training required by 10 CFR 35.396 (d)(1) and the supervised work and clinical case experience required by 35.396(d)(2), and has achieved a level of competency sufficient to function independently as an authorized user for:

☑ Parenteral administration of any beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV for which a written directive is required

☑ Parenteral administration of any other radionuclide for which a written directive is required

Fifth Section

Complete the following for preceptor attestation and signature:

☑ I meet the requirements below, or equivalent Agreement State requirements, as an authorized user for:

☑ 35.390 ☑ 35.392 ☑ 35.394 ☑ 35.396

☑ I have experience administering dosages in the following categories for which the proposed Authorized User is requesting authorization.

☑ Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)

☑ Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)

☑ Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required

☑ Parenteral administration of any other radionuclide requiring a written directive

Name of Preceptor	Signature	Telephone Number	Date
Katherine Griem		312-942-5751	12/4/12

License/Permit Number/Facility Name: IL-01766-01

NRC FORM 313A (AUS) (05-2012) | U.S. NUCLEAR REGULATORY COMMISSION

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: (05/31/2015)

Name of Proposed Authorized User	State or Territory Where Licensed
Benjamin Gielda	Michigan

Requested Authorization(s) (check all that apply)

- [x] 35.400 Manual brachytherapy sources
- [ ] 35.600 Teletherapy unit(s)
- [ ] 35.400 Ophthalmic use of strontium-90
- [ ] 35.600 Gamma stereotactic radiosurgery unit(s)
- [x] 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.

- [x] **1. Board Certification**
  - a. Provide a copy of the board certification.
  - b. 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.
  - c. Skip to and complete Part II Preceptor Attestation.
- [ ] **2. Current 35.600 Authorized User Requesting Additional Authorization for 35.600 Use(s) Checked Above**
  - a. Go to the table in section 3.e. to document training for new device.
  - b. Skip to and complete Part II Preceptor Attestation.
- [ ] **3. Training and Experience for Proposed Authorized User**
  - a. 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: [ ]

NRC FORM 313A (AUS)
(05-2012)

U.S. NUCLEAR REGULATORY COMMISSION

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		☐ Yes ☐ No	
Checking survey meters for proper operation		☐ Yes ☐ No	
Preparing, implanting, and safely removing brachytherapy sources		☐ Yes ☐ No	
Maintaining running inventories of material on hand		☐ Yes ☐ No	
Using administrative controls to prevent a medical event involving the use of byproduct material		☐ Yes ☐ No	
Using emergency procedures to control byproduct material		☐ Yes ☐ 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: ☐ Residency Review Committee for Radiation Oncology of the ACGME ☐ Royal College of Physicians and Surgeons of Canada ☐ Committee on Postdoctoral Training of the American Osteopathic Association		
Supervising Individual	License/Permit Number listing supervising individual as an Authorized User	

NRC FORM 313A (AUS) U.S. NUCLEAR REGULATORY COMMISSION
(05-2012)

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:**		
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		☐ Yes ☐ No	
Preparing treatment plans and calculating treatment doses and times		☐ Yes ☐ No	
Using administrative controls to prevent a medical event involving the use of byproduct material		☐ Yes ☐ No	
Implementing emergency procedures to be followed in the event of the abnormal operation of the medical unit or console		☐ Yes ☐ No	
Checking and using survey meters		☐ Yes ☐ No	
Selecting the proper dose and how it is to be administered		☐ Yes ☐ No	

NRC FORM 313A (AUS) (05-2012) U.S. NUCLEAR REGULATORY COMMISSION

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: ☐ Residency Review Committee for Radiation Oncology of the ACGME ☐ Royal College of Physicians and Surgeons of Canada ☐ Committee on Postdoctoral Training of the American Osteopathic Association		

Supervising Individual	License/Permit Number listing supervising individual as an Authorized User

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	7/1/07 - 6/30/11	I performed 17 HDR gyne interstitial implants during that time, 2 prostate HDR, 14 vaginal cylinders, and 5 interstitial "other" including sarcoma and vagina.	
Safety procedures for the device use			
Clinical use of the device			

Supervising Individual. (*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.)*)	License/Permit Number listing supervising individual as an Authorized User
	Katherine Griem IL-01766-01

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.

NRC FORM 313A (AUS) (05-2012) U.S. NUCLEAR REGULATORY COMMISSION

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 Benjamin Gicldo (Name of Proposed Authorized User) has satisfactorily completed the requirements in 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 Benjamin Gicldo (Name of Proposed Authorized User) has satisfactorily completed the 200 hours of 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 _____ (Name of Proposed Authorized User) has satisfactorily completed the 24 hours of 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 Benjamin Gicldo (Name of Proposed Authorized User) has satisfactorily completed the requirements in 35.690(a)(1).

OR

Training and Experience

☑ I attest that Benjamin Gicldo (Name of Proposed Authorized User) has satisfactorily completed 200 hours of classroom 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

NRC FORM 313A (AUS) (05-2012) U.S. NUCLEAR REGULATORY COMMISSION

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

Preceptor Attestation (continued)

Third Section

For 35.690: (continued)

☑ I attest that Benjamin Gielda (Name of Proposed Authorized User) has received training required in 35.690(c) for device 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 Benjamin Gielda (Name of Proposed Authorized User) has achieved a level of competency sufficient to 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, 36.690, 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
Katherine Griem		312-942-5757	12/4/12

License/Permit Number/Facility Name: IL-01766-01

MUNSON MEDICAL CENTER
MUNSON HEALTHCARE

FACSIMILE TRANSMITTAL FORM

Date: 1/18/2013

To: Sara Forster

From: Ben Gielda

Re: Credentialling

Number of Pages Including This Cover Page 17.

Please Check: ✓ High Priority ___ Normal Processing

Note: _____

If there is a problem with this transmission, call the Biederman Cancer Treatment Center at **1-800-922-7150 or (231) 935-7100 between 7:30 a.m. and 4 p.m.**

FAX Number: (231) 935-7126

Biederman Cancer Treatment Center
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