

October 11, 2017

U. S. Nuclear Regulatory Commission  
Materials Licensing Section  
2443 Warrenville Road, Suite 210  
Lisle, IL 60532-4352

Ref: Amending AMP on NRC Material License No. 13-16558-01

Dear Sir or Madam:

Methodist Hospital of Gary, Inc. would like to amend its Byproduct Materials License, Number 13-16558-01, as follows:

1. Add Jesse Pacheco as Authorized Medical Physicist (AMP) to Iridium-192 high dose-rate remote afterloading (HDR) brachytherapy device. We have already named Mr. Pacheco as RSO for our hospital group. I am including a copy of the NRC Form 313A (AMP) as well as his Board Certification.



If there are any questions concerning this license amendment request, please feel free to contact me at 530-400-5534.

Sincerely,

A handwritten signature in black ink, appearing to read "Tony Pixton".

Tony Pixton, MS, DABR  
Director - Therapy Physics

Northlake Campus  
600 Grant Street  
Gary, Indiana 46402

Midlake Campus  
2269 West 25th Avenue  
Gary, Indiana 46404

Southlake Campus  
8701 Broadway  
Merrillville, Indiana 46410

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NRC FORM 313A (AMP)  
(08-2016)

U.S. NUCLEAR REGULATORY COMMISSION



# **AUTHORIZED MEDICAL PHYSICIST TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION** [10 CFR 35.51]

APPROVED BY OMB: NO. 3150-0120  
EXPIRES: 08/30/2019

Name of Proposed Authorized Medical Physicist

Jesse Pacheco

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
College or 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 \_\_\_\_\_ 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 \_\_\_\_\_ who meets the requirements for an Authorized Medical Physicist.

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**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			
Performing sealed source leak tests and inventories			
Performing decay corrections			
Performing full calibration and periodic spot checks of external beam treatment unit(s)			
Performing full calibration and periodic spot checks of stereotactic radiosurgery unit(s)			
Performing full calibration and periodic spot checks of remote afterloading unit(s)			
Conducting radiation surveys around external beam treatment unit(s), stereotactic radiosurgery unit(s), remote after loading unit(s)			

Supervising Individual\*\*

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

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.

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## 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	Tony Pixton (7/12/16 - 10/3/17)		
Safety procedures for the device use	Tony Pixton (7/12/16 - 10/3/17)		
Clinical use of the device	Tony Pixton (8/15/16 - 10/3/17)		
Treatment planning system operation	Tony Pixton (8/15/16 - 10/3/17)		

## 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.)

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

Tony Pixton, MS, DABR

13-16558-01

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			

d. Skip to and complete Part II Preceptor Attestation.

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## 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	Matthew Rodriguez (7/12/16 - 9/1/17)		
Safety procedures for the device use	Matthew Rodriguez (7/12/16 - 9/1/17)		
Clinical use of the device	Matthew Rodriguez (8/15/16 - 7/25/17)		
Treatment planning system operation	Matthew Rodriguez (8/15/16 - 7/25/17)		

## 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.)

Matthew Rodriguez, MS, DABR

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

13-16558-01

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			

d. Skip to and complete Part II Preceptor Attestation.

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## 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 Jesse Pacheco 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 \_\_\_\_\_ 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 \_\_\_\_\_ 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 \_\_\_\_\_ 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

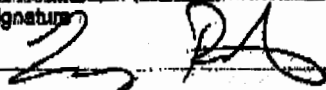
Complete the following for preceptor attestation and signature:

☐ 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  
 Tony Pixton, MS, DABR

Signature



Telephone Number  
 (530) 400-5534

Date  
 10/10/2017

License/Permit Number/Facility Name

13-16558-01/Methodist Hospital of Gary, Inc.

RADIATION ONCOLOGY  
FAX COVER SHEET**CONFIDENTIAL MEDICAL INFORMATION ENCLOSED**DATE: 10/18/17 NUMBER OF PAGES (Including Cover): 7To: Fax Number: 630-515-1259Name: NRC

Company: \_\_\_\_\_

From: Fax Number: 219.738.6681 Phone Number: 219.738.5598Service Unit: Dr. Woodburn/Radiation OncologyName: Jesse Pacheco

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