

APPLICATION FOR MATERIALS LICENSE — TELETHERAPY

INSTRUCTIONS — Complete Items 1 through 22 if this is an initial application or an application for renewal of a license. Use supplemental sheets where necessary. Item 22 must be completed on all applications and signed. Retain one copy. Submit original and one copy of entire application to: Director, Office of Nuclear Materials Safety and Safeguards, U.S. Nuclear Regulatory Commission, Washington, D.C. 20555. Upon approval of this application, the applicant will receive a Materials License. An NRC Materials License is issued in accordance with the general requirements contained in Title 10, Code of Federal Regulations, Part 30, and the Licensee is subject to Title 10, Code of Federal Regulations, Parts 19, 20, 21, and 35 and the license fee provision of Title 10, Code of Federal Regulations, Part 170. The license fee category should be stated in Item 22 and the appropriate fee enclosed.

1.a. NAME AND MAILING ADDRESS OF APPLICANT (Institution, firm, clinic, physician, etc.)
INCLUDE ZIP CODE

Henry Ford Hospital
2799 West Grand Boulevard
Detroit, Michigan 48202

1.b. STREET ADDRESS(ES) AT WHICH RADIOACTIVE MATERIAL WILL BE USED
(If different from 1.a.) INCLUDE ZIP CODE

TELEPHONE AREA CODE NUMBER

2. PERSON TO CONTACT REGARDING THIS APPLICATION

Flavious Martin, M.S.

3. THIS IS AN APPLICATION FOR (Check appropriate item)

☐ a. NEW LICENSE

☒ b. AMENDMENT TO LICENSE NO. 21-04109-08

☐ c. RENEWAL OF LICENSE NO.

TELEPHONE AREA CODE 313 NUMBER 876-1021

4. INDIVIDUAL USERS (Name individuals who will use or directly supervise use of radioactive material. Complete Supplements A and B for each individual.)

H. Gunter Seydel, M.D.
Young-Chun Bae, M.D.
Daniel Yakar, M.D.
Bruce S. Horowitz, D.O.
Jadranka, Dragovic, M.D.

5. RADIATION SAFETY OFFICER (RSO) (Name of person designated as radiation safety officer. If other than individual user, complete resume of training and experience as in Supplement A.)

6. SEALED SOURCES TO BE USED IN TELETHERAPY UNITS (Attach supplemental pages if necessary)

	BYPRODUCT MATERIAL (Element and Mass No.)	NAME OF SOURCE MANUFACTURER	SOURCE MODEL NUMBER	MAXIMUM ACTIVITY PER SOURCE	NUMBER OF SOURCES
A.					
B.					
C.					

7. TELETHERAPY UNITS (Attach supplemental pages, if necessary)

	NAME OF MANUFACTURER (Include description, if unit is custom made)	MODEL NUMBER
A.		
B.		
C.		

8. USE (Attach supplementary pages, if necessary)

A	B	C
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HUMAN USE ONLY

HUMAN AND OTHER USE
(Specify on separate sheet)

9. PERSONNEL MONITORING DEVICES

TYPE (Check and/or complete as appropriate)	SUPPLIER (Service Company)	EXCHANGE FREQUENCY
(1) FILM BADGE — WHOLE BODY		
(2) THERMOLUMINESCENT DOSIMETER (TLD) — WHOLE BODY		
(3) OTHER (Specify):		
8509100516 850816 REQ3 LIC30 21-04109-08 PDR		

INFORMATION REQUIRED FOR ITEMS 10 THROUGH 21

For items 10 through 21, check the appropriate box(es) and submit a detailed description of all the requested information. Begin each item on a separate sheet. Identify the item number and the date of the application in the lower right corner of each page. If you indicate that an appendix to the teletherapy licensing guide will be followed, do not submit the pages, but specify the revision number and date of the referenced guide: Regulatory Guide 10. Rev. _____ Date _____

10. MEDICAL ISOTOPE COMMITTEE

Names and specialties attached; and (check one)

a. Duties as in Appendix A, or

b. Equivalent duties attached.

15. BEAM STOPS

Description of stops used to restrict beam orientation attached.

16. SHIELDING EVALUATION

Evaluation of proposed shielding attached.

11. TRAINING AND EXPERIENCE

☒ a. Supplement A & B attached for each individual user; and

b. Supplement A attached for RSO.

17. OPERATING AND EMERGENCY PROCEDURES

a. Description of operating procedures attached; and

b. Copy of emergency procedures attached.

12. INSTRUMENTATION (check one)

a. Appendix C form attached, or

b. List manufacturer's name and model number.

18. INSTRUCTION OF PERSONNEL (check one)

a. Training program and schedule in Appendix H followed, or

b. Description of instruction program for employees attached.

13. CALIBRATION OF INSTRUMENTS (check one)

a. Appendix D, Part 2 procedures followed for instrumentation calibration, or

b. Description of sources, calibration frequency and equivalent procedures attached.

19. LEAK TESTS OF SEALED SOURCES

Description of leak test procedures attached.

14. FACILITIES AND EQUIPMENT

a. Description and drawing of facilities attached; and

b. Description of patient viewing and communicating systems attached; and

c. Description of area safeguards attached.

20. QUALIFIED EXPERT (Use only if the individual fails to meet 10 CFR 35.24 requirements.)

Statement of qualifications of the expert who will perform teletherapy calibrations attached.

21. ALARA PROGRAM (check one)

ALARA Program as in Appendix I, or

Equivalent ALARA Program attached.

22. CERTIFICATE

(This item must be completed by the applicant)

The applicant and any official executing this certificate on behalf of the applicant named in item 1a certifies that this application is prepared in conformity with Title 10, Code of Federal Regulations, Parts 30 and 35, and that all information contained herein, including supplements attached hereto, is true and correct to the best of our knowledge and belief.

a. LICENSE FEE REQUIRED
(See section 170.31, 10 CFR 170)

7-B

(1) LICENSE FEE CATEGORY

\$230.00

(2) LICENSE FEE ENCLOSED

\$

b. APPLICANT OR CERTIFYING OFFICIAL (Signature)

(1) NAME (Type or print)

Mr. Phillip Kalin

(2) TITLE

Senior Associate Administrator

c. DATE

August 7, 1985

WARNING: 18 U.S.C. Section 1001: Act of June 25, 1948; 62 Stat. 749, makes it a criminal offense to make a willfully false statement or representation to any department or agency of the United States as to any matter within its jurisdiction.

TRAINING AND EXPERIENCE
PROPOSED AUTHORIZED USER OR RADIATION SAFETY OFFICER

1. NAME OF PROPOSED AUTHORIZED USER OR RADIATION SAFETY OFFICER

2. STATE OR TERRITORY IN WHICH LICENSED TO
PRACTICE MEDICINE (if physician)

Michigan

*Jadravka Dragovic, M.D.

3. CERTIFICATION

SPECIALTY BOARD

CATEGORY

MONTH AND YEAR CERTIFIED

American Board of
Radiology

Therapeutic Radiology

June, 1983

4. TRAINING RECEIVED IN BASIC RADIOISOTOPE HANDLING TECHNIQUES (To be completed by institution providing training)

FIELD OF TRAINING

LOCATION AND DATE(S) OF TRAINING

TYPE AND LENGTH OF TRAINING

LECTURE/LABORATORY
COURSE (Hours)FORMAL SUPERVISED
OJT/LABORATORY
EXPERIENCE (Hours)RADIATION PHYSICS AND
INSTRUMENTATION

RADIATION PROTECTION

MATHEMATICS PERTAINING TO THE
USE, MEASUREMENT, AND SHIELDING
OF RADIOACTIVE SOURCES

RADIATION BIOLOGY

5. EXPERIENCE WITH RADIOACTIVE MATERIALS* (Actual use of radioisotopes or equivalent experience)

ISOTOPE

MAXIMUM AMOUNT FOR
ANY SINGLE APPLICATION

WHERE EXPERIENCE WAS GAINED

DURATION OF EXPERIENCE

TYPE OF USE

*Experience with sealed radioactive sources under the supervision of qualified instructors should include:

1. Review of initial source calibration and periodic spot check measurements of teletherapy units.
2. Initial source calibration of sealed sources other than teletherapy sources that are used for treatment purposes.
3. Calibration of ion chambers and survey meters.
4. Preparation of treatment plans and treatment times for brachytherapy and brachytherapy.
5. Knowledge of appropriate radiation safety, quality control, and emergency procedure for handling and using sealed sources.

6. I CERTIFY THAT THE INFORMATION PRESENTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF (Signature of program administrator)

TYPED OR PRINTED NAME

DATE

NAME OF INSTITUTION

MAILING ADDRESS

CITY

STATE

ZIP CODE

RADIOACTIVE MATERIALS LICENSE NUMBER

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CONTROL NO. 79534