

**COLLEEN CAROL CASEY
MATERIALS LICENSING BRANCH
UNITED STATES NUCLEAR REGULATORY COMMISSION**

REGION III
2443 WARRENVILLE ROAD STE 210
LISLE, ILLINOIS 60532-4352
OFFICE: (630)-829-9841 FAX: (630) 515-1078

CONVERSATION RECORD

ACTUALLY FAXED? Yes.

*3 marked
Delivery
1:42pm CT
7/30/09* | TIME *C3 left VM msg
7/29/09 6:24pm CT.* | DATE *7/30/09*

NAME OF PERSON(S) CONTACTED

Yun Wang, Ph.D., RSO for Central Indiana Cancer Centers

TELEPHONE NO.

317-250-7435

Fax: ~~317-859-4810~~

fax: 1-317-859-4310 ~~1-866-978-3737~~

SUBJECT

License No.: 13-32241-01

Control No.: **318152**

SUMMARY

We have reviewed your letter dated April 24, 2009, requesting an amendment to your byproduct materials license and find that we need additional information as follows:

1. I have attached two pages excerpted from the preceptor attestation provided by Dr. Tharp. Please note that the dates of experience listed do not make sense. They all state, "8/15/08 to 4/3/08."

*I understand
these will be
resubmitted
at a later date - ok
Dr. Tharp's form
for Dr. Murty
need to be
resubmitted
in entirety
w/ corrected dates +
re-signed +
correctly
dated*

Please revise these forms as appropriate and resubmit them as soon as possible, including a brief, appropriate cover letter signed and dated by you or a senior management official. If you are able to resubmit them by about 12:00 p.m. on Thursday, 7/30/09, I might be able to complete my review. If not, I will have to void this action temporarily until we receive your response. This would result in only a minor delay.

2. I noted Dr. Murty's explanation for Dr. Babaria's premature signing and dating of his preceptor forms, completed 2 months before Dr. Murty finished his training, as described in my letter dated October 17, 2008.

The explanation given by Dr. Murty is not acceptable as Dr. Babaria was attesting to training and experience that had not yet been completed, because it was signed and dated two months before Dr. Murty finished his training under her supervision.

For future reference please note once again the requirements in 10 CFR 30.9:

"Completeness and accuracy of information,"..."(a) Information provided to the Commission by an applicant for a license or by a licensee or information required by statute or by the Commission's

regulations, orders, or license conditions to be maintained by the applicant or the licensee shall be complete and accurate in all material respects (emphasis added).”

Also, please always include in your correspondence to us the fax number for your primary contact person, usually the RSO. I am not certain that the fax number above is the correct one for you but it was the only fax number I could find on your website for “out of local area.”

We will be unable to continue processing your request until we receive this information.


In accordance with 10 CFR 2.390 of the NRC's "Rules of Practice," a copy of this letter will be available electronically in the NRC Public Document Room or from the Publicly Available Records (PARS) component of NRC's document system (ADAMS). The NRC's document system is accessible from the NRC Web site at <http://www.nrc.gov/reading-rm/adams.html>.

ACTION REQUIRED

If your response cannot be submitted by 7/30/09, and as we cannot issue an amendment at this time we may void this request in order to enable you to prepare a quality application without time constraints. This is done without prejudice to the resubmission of your request at a later date. Upon receipt of your response we will resume our review. Address your written response to my attention at the above address.

PLEASE NOTE THAT A “VOID” IS AN ADMINISTRATIVE PROCEDURE THAT PUTS YOUR AMENDMENT REQUEST “ON HOLD” (TAKES IT OUT OF OUR ACTIVE CASEWORK DATABASE) UNTIL YOU REACTIVATE IT VIA SUBMISSION OF A WRITTEN RESPONSE. IT “BUYS” YOU TIME TO PREPARE A QUALITY RESPONSE AND IS GENERALLY REGARDED AS A “GOOD THING.”

PLEASE DIRECT ANY QUESTIONS YOU MAY HAVE TO ME AT (630) 829-9841 or (800) 522-3025.

NAME OF PERSON DOCUMENTING CONVERSATION	SIGNATURE	DATE	NA
Colleen Carol Casey		July 29, 2009 + 7/30/09	

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: 40

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	CENTRAL INDIANA CANCER CENTERS	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	8/15/08 TO 4/3/08
Preparing treatment plans and calculating treatment doses and times	CENTRAL INDIANA CANCER CENTERS	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	8/15/08 TO 4/3/08
Using administrative controls to prevent a medical event involving the use of byproduct material	CENTRAL INDIANA CANCER CENTERS	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	8/15/08 TO 4/3/08
Implementing emergency procedures to be followed in the event of the abnormal operation of the medical unit or console	CENTRAL INDIANA CANCER CENTERS	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	8/15/08 TO 4/3/08
Checking and using survey meters	CENTRAL INDIANA CANCER CENTERS	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	8/15/08 TO 4/3/08
Selecting the proper dose and how it is to be administered	CENTRAL INDIANA CANCER CENTERS	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	8/15/08 TO 4/3/08

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: 20

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	CENTRAL INDIANA CANCER CENTERS	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	8/15/08 To 4/3/08
Checking survey meters for proper operation	CENTRAL INDIANA CANCER CENTERS	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	8/15/08 To 4/3/08
Preparing, implanting, and safely removing brachytherapy sources		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Maintaining running inventories of material on hand	CENTRAL INDIANA CANCER CENTERS	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	8/15/08 To 4/3/08
Using administrative controls to prevent a medical event involving the use of byproduct material	CENTRAL INDIANA CANCER CENTERS	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	8/15/08 To 4/3/08
Using emergency procedures to control byproduct material	CENTRAL INDIANA CANCER CENTERS	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	8/15/08 To 4/3/08

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*
<p>Approved by: N/A</p> <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	CENTRAL INDIANA CANCER CENTERS	8/15/08 To 4/3/08

Supervising Individual: MORGAN THARP, MD License/Permit Number listing supervising individual as an Authorized User: 13-32241-01

TRANSMISSION VERIFICATION REPORT

TIME : 07/29/2009 18:27
NAME : USNRC RIII
FAX : 6308299782
TEL :
SER.# : 000A7J925774

DATE, TIME : 07/29 18:25
FAX NO./NAME : 718664783737
DURATION : 00:01:13
PAGE(S) : 05
RESULT : OK
MODE : STANDARD
ECM

NRC FORM 386 (RIII)



UNITED STATES
NUCLEAR REGULATORY COMMISSION
REGION III
2443 Warrenville Road, Suite 210
Lisle, Illinois 60532-4352

TELEFAX TRANSMITTAL

DATE: 7/29/09 NUMBER OF PAGES: 5
(including this page)

SEND TO: YUN WANG, PH.D.

LOCATION: CENTRAL INDIANA CANCER CENTERS

FAX NUMBER: 1-866-478-3737 VERIFY BY CALLING SENDER

FROM: (SENDER) Colleen Carol Casey

TELEPHONE NUMBER: 630-829-9241 FAX NUMBER: 630-515-1078

If you do not receive the complete fax transmittal, please contact the sender as soon as possible at the telephone number provided above.

MESSAGE

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TRANSMISSION VERIFICATION REPORT

TIME : 07/30/2009 13:15
NAME : USNRC RIII
FAX : 6308299782
TEL :
SER. # : 000A7J925774

DATE, TIME	07/30 13:14
FAX NO./NAME	83178594310
DURATION	00:00:55
PAGE(S)	05
RESULT	OK
MODE	STANDARD ECM

NRC FORM 388 (RIII)



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DATE:

7/30/09
~~7/29/09~~

NUMBER OF PAGES:
(including this page)

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YUN WANG, PH.D.

LOCATION:

CENTRAL INDIANA CANCER CENTERS

resent. 1 - 317-859-4310

FAX NUMBER:

~~1-866-478-3737~~

VERIFY BY CALLING SENDER

FROM:
(SENDER)

Colleen Carol Casey

TELEPHONE NUMBER:

630 - 827 - 9241

FAX NUMBER:

630 - 515 - 1078

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MESSAGE

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MESSAGE

Please call me if you have questions.

Thank you.

Colleen Carol Casey

NOTICE

This message is intended only for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential, or exempt from disclosure under applicable law. If the reader of this message is not the intended recipient or the employee responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify the sender immediately by telephone and return the original to the above address, by U.S. Mail. Thank you.