



Reid Hospital
& Health Care Services

January 4th, 2012

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

Dear Sir or Madam:

We are requesting an amendment to NRC Materials License 13-03284-02 for Reid Hospital & Health Care Services.

Please add Roy M. Teng, D.O. as Radiation Safety Officer.

NRC Form 313A (RSO) is enclosed.

The Radiation Safety Officer/ Executive Management Letter of Understanding is enclosed.

Please delete Shiv P. Srivastava as Radiation Safety Officer.

Please delete Shiv P. Srivastava as Authorized Medical Physicist.

Please send the amended license to my attention:

Eugene DiTullio
Director of Radiology Services
Reid Hospital & Health Care Services
1100 Reid Parkway
Richmond, Indiana 47374

If there are any questions concerning our amendment request, please contact me at 765-983-3166.

Sincerely,

Eugene DiTullio
Director of Radiology Services

RECEIVED JAN 10 2012



Radiation Safety Officer/ Executive Management Letter of Understanding

Roy M. Teng, D.O. is appointed as the Radiation Safety Officer for Reid Hospital & Health Care Services, effective January 6th, 2012, and is responsible for insuring the safe use of radiation.

The Radiation Safety Officer is responsible for managing the radiation safety program and insuring that radiation safety activities are being performed in accordance with our own approved procedures and policies and in accordance with all regulatory requirements.

The Radiation Safety Officer is responsible for identifying radiation safety problems; initiating, recommending, and providing corrective action; verifying implementation of corrective action; and insuring compliance with regulations.

The Radiation Safety Officer is also responsible for assisting the Radiation Safety Committee in the performance of its duties.

Roy M. Teng, D.O., as Reid's Radiation Safety Officer, is hereby delegated the authority necessary to meet the responsibilities and duties of Radiation Safety Officer.

A handwritten signature in black ink, appearing to read "Craig Kinyon", written over a horizontal line.

Craig Kinyon
President/Chief Executive Officer

A handwritten date "12/20/2011" written over a horizontal line.

Date

A handwritten signature in black ink, appearing to read "Roy M. Teng", written over a horizontal line.

Roy M. Teng, D.O.
Radiation Safety Officer

A handwritten date "12/26/11" written over a horizontal line.

Date

**RADIATION SAFETY OFFICER TRAINING AND EXPERIENCE
AND PRECEPTOR ATTESTATION
[10 CFR 35.50]**

APPROVED BY OMB: NO. 3150-0120
EXPIRES: 3/31/2012

Name of Proposed Radiation Safety Officer

Roy M. Teng, D.O.

Requested Authorization(s) *The license authorizes the following medical uses (check all that apply):*

- 35.100
 35.200
 35.300
 35.400
 35.500
 35.600 (remote afterloader)
 35.600 (teletherapy)
 35.600 (gamma stereotactic radiosurgery)
 35.1000 (_____)

**PART I – TRAINING AND EXPERIENCE
(Select one of the four 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

- a. Provide a copy of the board certification.
- b. Use Table 3.c. to describe training in radiation safety, regulatory issues, and emergency procedures for all types of medical use on the license.
- c. Skip to and complete Part II Preceptor Attestation.

OR

2. Current Radiation Safety Officer Seeking Authorization to Be Recognized as a Radiation Safety Officer for the Additional Medical Uses Checked Above

- a. Use the table in section 3.c. to describe training in radiation safety, regulatory issues, and emergency procedures for the additional types of medical use for which recognition as RSO is sought.
- b. Skip to and complete Part II Preceptor Attestation.

OR

3. Structured Educational Program for Proposed Radiation Safety Officer

- a. Classroom and Laboratory Training

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			
Radiation dosimetry			

Total Hours of Training:

RADIATION SAFETY OFFICER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Structured Educational Program for Proposed Radiation Safety Officer (continued)

b. Supervised Radiation Safety Experience

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

Description of Experience	Location of Training/ License or Permit Number of Facility	Dates of Training*
Shipping, receiving, and performing related radiation surveys		
Using and performing checks for proper operation of instruments used to determine the activity of dosages, survey meters, and instruments used to measure radionuclides		
Securing and controlling byproduct material		
Using administrative controls to avoid mistakes in administration of byproduct material		
Using procedures to prevent or minimize radioactive contamination and using proper decontamination procedures		
Using emergency procedures to control byproduct material		
Disposing of byproduct material		
Licensed Material Used (e.g., 35.100, 35.200, etc.)+ _____ _____ _____		

+ Choose all applicable sections of 10 CFR Part 35 to describe radioisotopes and quantities used: 35.100, 35.200, 35.300, 35.400, 35.500, 35.600 remote afterloader units, 35.600 teletherapy units, 35.600 gamma stereotactic radiosurgery units, emerging technologies (provide list of devices).

RADIATION SAFETY OFFICER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Structured Educational Program for Proposed Radiation Safety Officer (continued)

b. Supervised Radiation Safety Experience (continued)

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

Supervising Individual	License/Permit Number listing supervising individual as a Radiation Safety Officer
This license authorizes the following medical uses:	
<input type="checkbox"/> 35.100	<input type="checkbox"/> 35.200
<input type="checkbox"/> 35.500	<input type="checkbox"/> 35.600 (remote afterloader)
<input type="checkbox"/> 35.600 (gamma stereotactic radiosurgery)	<input type="checkbox"/> 35.1000 (_____)
<input type="checkbox"/> 35.300	<input type="checkbox"/> 35.400
<input type="checkbox"/> 35.600 (teletherapy)	

c. Describe training in radiation safety, regulatory issues, and emergency procedures for all types of medical use on the license.

Description of Training	Training Provided By	Dates of Training*
Radiation safety, regulatory issues, and emergency procedures for 35.100, 35.200, and 35.500 uses	Patrick J. Byrne	01/04/12
Radiation safety, regulatory issues, and emergency procedures for 35.300 uses	Patrick J. Byrne	01/04/12
Radiation safety, regulatory issues, and emergency procedures for 35.400 uses	Patrick J. Byrne	01/04/12
Radiation safety, regulatory issues, and emergency procedures for 35.600 - teletherapy uses		
Radiation safety, regulatory issues, and emergency procedures for 35.600 - remote afterloader uses	Patrick J. Byrne	01/04/12
Radiation safety, regulatory issues, and emergency procedures for 35.600 - gamma stereotactic radiosurgery uses		
Radiation safety, regulatory issues, and emergency procedures for 35.1000, specify use(s):		

RADIATION SAFETY OFFICER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Structured Educational Program for Proposed Radiation Safety Officer (continued)

c. Training in radiation safety, regulatory issues, and emergency procedures for all types of medical use on the license (continued)

Supervising Individual <i>If training was provided by supervising RSO, AU, AMP, or ANP. (If more than one supervising individual is necessary to document supervised training, provide multiple copies of this page.)</i>	License/Permit Number listing supervising individual
Patrick J. Byrne	13-02650-02 (amendment 49)
License/Permit lists supervising individual as:	
<input checked="" type="checkbox"/> Radiation Safety Officer <input type="checkbox"/> Authorized User <input type="checkbox"/> Authorized Nuclear Pharmacist <input type="checkbox"/> Authorized Medical Physicist	
Authorized as RSO, AU, ANP, or AMP for the following medical uses:	
<input checked="" type="checkbox"/> 35.100 <input checked="" type="checkbox"/> 35.200 <input checked="" type="checkbox"/> 35.300 <input checked="" type="checkbox"/> 35.400 <input type="checkbox"/> 35.500 <input checked="" type="checkbox"/> 35.600 (remote afterloader) <input type="checkbox"/> 35.600 (teletherapy) <input type="checkbox"/> 35.600 (gamma stereotactic radiosurgery) <input type="checkbox"/> 35.1000 (_____)	

d. Skip to and complete Part II Preceptor Attestation.

OR

4. Authorized User, Authorized Medical Physicist, or Authorized Nuclear Pharmacist identified on the licensee's license

- a. Provide license number. *13-03284-02*
- b. Use the table in section 3.c. to describe training in radiation safety, regulatory issues, and emergency procedures for all types of medical use on the license.
- c. Skip to and complete 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.

First Section

Check one of the following:

1. Board Certification

I attest that _____ has satisfactorily completed the requirements in
Name of Proposed Radiation Safety Officer

10 CFR 35.50(a)(1)(i) and (a)(1)(ii); or 35.50 (a)(2)(i) and (a)(2)(ii); or 35.50(c)(1).

OR

2. Structured Educational Program for Proposed Radiation Safety Officers

I attest that _____ has satisfactorily completed a structural educational
Name of Proposed Radiation Safety Officer

program consisting of both 200 hours of classroom and laboratory training and one year of full-time radiation safety experience as required by 10 CFR 35.50(b)(1).

OR

RADIATION SAFETY OFFICER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

Preceptor Attestation (continued)

First Section (continued)

Check one of the following:

3. Additional Authorization as Radiation Safety Officer

I attest that Roy Teng, D.O. is an
Name of Proposed Radiation Safety Officer

Authorized User Authorized Nuclear Pharmacist

Authorized Medical Physicist

identified on the Licensees license and has experience with the radiation safety aspects of similar type of use of byproduct material for which the individual has Radiation Safety Officer responsibilities

AND

Second Section

Complete for all (check all that apply):

I attest that Roy Teng, D.O. has training in the radiation safety, regulatory issues, and
Name of Proposed Radiation Safety Officer

emergency procedures for the following types of use:

- 35.100
- 35.200
- 35.300 oral administration of less than or equal to 33 millicuries of sodium iodide I-131, for which a written directive is required
- 35.300 oral administration of greater than 33 millicuries of sodium iodide I-131
- 35.300 parenteral administration of any beta-emitter, or a 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
- 35.400
- 35.500
- 35.600 remote afterloader units
- 35.600 teletherapy units
- 35.600 gamma stereotactic radiosurgery units
- 35.1000 emerging technologies, including:

RADIATION SAFETY OFFICER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

AND

**Third Section
Complete for ALL**

I attest that Roy Teng, D.O. has achieved a level of radiation safety knowledge
Name of Proposed Radiation Safety Officer

sufficient to function independently as a Radiation Safety Officer for a medical use licensee.

**Fourth Section
Complete the following for Preceptor Attestation and signature**

I am the Radiation Safety Officer for Indiana University Health Bloomington Hospital
Name of Facility

License/Permit Number: 13-10408-02

Name of Preceptor	Signature	Telephone Number	Date
Patrick J. Byrne		(877) 317-5811	01/04/2012

CERTIFIED MAIL™

**Eugene DiTullio
Director of Radiology Services
Reid Hospital & Health
1100 Reid Parkway
Richmond, Indiana 47374**



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