

GUTHRIE *Robert Packer Hospital*

RECEIVED
REGION I

2001 SEP -5 AM 2:02

30 August 2001

030-03013

United States Nuclear Regulatory Commission
Region I
475 Allendale Road
King of Prussia, PA 19406-1415

RE: Amendment of Materials License 37-01893-01

Dear Sir/Madam:

I am writing to request an amendment to our above referenced materials license to add Mr. Robert Buchanan as Medical Physicist. I have enclosed a copy of Mr. Buchanan's curriculum vitae.

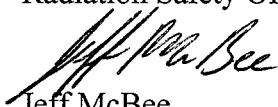
Mr. Buchanan has worked under my supervision for the last two years. During that time I have trained and observed him in the performance of all of the functions of a medical physicist, as outlined in 10 CFR 35.961.

Please contact me at the above address or at 570-882-4048 if you require any further information.

Sincerely,



Christopher J. Hawkins, M.S., D.A.B.R.
Radiation Safety Officer



Jeff McBee
Administrative Director

Robert Packer Hospital
Guthrie Square
Sayre, Pennsylvania 18840
717 888-6666

A member of the Guthrie Healthcare System

1 3 0 2 5 8

NMSS/RGNI MATERIALS-002

Robert E Buchanan

Tel: [REDACTED]

E-mail: [REDACTED]

Objectives

I seek a Physics position in Radiation Oncology; however, I am willing to consider hybrid positions involving Diagnostic Radiology, Nuclear Medicine or appropriate openings in radiation safety, dosimetry or research.

Skills Profile

- Fourteen years of solid, practical, clinical experience as a Radiation Oncology Physicist. Competent at the full range of modern treatment planning modalities including ADAC Pinnacle™, Nucletron HDR, Variseed and older 2-D methods including manual planning,
- Actively involved in Nuclear Medicine and prostate seed implant procedures,
- QA / QC expertise; both radiation therapy and some diagnostic radiology equipment,
- Dependable and loyal, with excellent communication and interpersonal skills.

Professional Experience

1999 - 2001: Medical Physicist, The Guthrie Clinic, Robert Packer Hospital, Sayre, PA.

- Conformal 3-D and HDR treatment planning responsibilities; transfer planned data to appropriate treatment machine and perform weekly review of patient treatment records,
- Assist in performing QA measurement including calibration of linear accelerators and monthly verification calibration of HDR unit,
- Actively participate in prostate seed implants and other brachytherapy and nuclear medicine procedures.

1997 - 1998: X-Ray Fluorescence Laboratory Research Coordinator, The Mt Sinai Medical Center, Box 1057, One Gustave L. Levy Place, NY, NY 10029-6574.

- Assisted in the design and development of new experimental x-ray techniques,
- Conducted experiments and performed preliminary data reduction and analysis,
- Analyzed and collected data for presentation and publication.

1985 - 1996: Medical Physicist, Ministry of Health, Kingston, Jamaica.

94 - 96: Chief Medical Physicist

- Direct a team of three Physicists, and performed general medical physics duties,

**PERSONAL INFORMATION WAS REMOVED
BY NRC. NO COPY OF THIS INFORMATION
WAS RETAINED BY THE NRC.**

Robert E Buchanan

Tel: [REDACTED]

E-mail: [REDACTED]

94 - 96: Chief Medical Physicist (cont'd)

- including liaison directly with technical experts from various international organizations such as the International Atomic Energy Agency (IAEA) and the W.H.O.; teaching of Medical (Radiology) Residents and other staff groups.

92 - 94 Senior Medical Physicist

- Assist in treatment planning and tumor localization; design and compute treatment plans for teletherapy, SXR therapy and brachytherapy; review treatment charts,
- Radiation Safety Officer; supervise Service Engineer.

85 - 92 Medical Physicist

- Dose calculations and prepare shield cutouts for therapy patients, coordinate personnel radiation monitoring service and effecting electronic repairs to laboratory equipment.

Education

- Masters of Science in Radiation Physics, University College London (1991), course accredited by the AAPM,
- Bachelors of Science in Applied Physics and Electronics, University of the West Indies

Continuing Education

- Seattle Prostate Institute (SPI), HDR brachytherapy and seed implant training; Trained on the Variseed and ADAC Pinnacle treatment planning systems,
- Participated in several national and international conferences, including: *The 17th Annual Pittsburgh Breast Imaging Seminar*, 1997, Pittsburgh, PA., the Sub-regional workshop: *Control of Radiation Safety*, 1993, Guatemala City, Guatemala, and the IAEA sponsored *Seminar on Radiotherapy Dosimetry: Radiation Dose in Radiotherapy From Prescription to Delivery*, 1994, in Rio de Janeiro, Brazil.
- Member of team conducting research on in-vivo bone lead measurement and lead poisoning on Yugoslavian kids in Belgrade and Pristina, 1998.

Associations

- AAPM Full member.

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This is to acknowledge the receipt of your letter/application dated

8/30/2001, and to inform you that the initial processing which includes an administrative review has been performed.

☒ AMEND. 37-01893-01
There were no administrative omissions. Your application was assigned to a technical reviewer. Please note that the technical review may identify additional omissions or require additional information.

☐ Please provide to this office within 30 days of your receipt of this card

A copy of your action has been forwarded to our License Fee & Accounts Receivable Branch, who will contact you separately if there is a fee issue involved.

Your action has been assigned Mail Control Number 130258.
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.

Sincerely,
Licensing Assistance Team Leader

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

(FOR LFMS USE)
INFORMATION FROM LTS

Program-Code: 02230
Status Code: 0
Fee Category: 7C_3M
Exp. Date: 20110930
Fee Comments: CODE 23
Decom Fin Assur Reqd: N
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LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED

Applicant/Licensee: GUTHRIE HEALTHCARE SYSTEM &
Received Date: 20010905
Docket No: 3003013
Control No.: 130258
License No.: 37-01893-01
Action Type: Amendment

2. FEE ATTACHED

Amount: /
Check No.: /

3. COMMENTS

Signed M. A. Perkins
Date 9/7/2001

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 is entered /__/)

1. Fee Category and Amount: _____

2. Correct Fee Paid. Application may be processed for:

Amendment _____
Renewal _____
License _____

3. OTHER _____

Signed _____
Date _____