

**THE WASHINGTON HOSPITAL**

CANCER CENTER
RADIATION THERAPY DEPARTMENT

155 WILSON AVENUE WASHINGTON, PA 15301

724/223-3788 FAX 724/229-2055

RECEIVED
REGION 1

04 DEC -1 01:57

November 29, 2004

Licensing Assistance Team
Division of Nuclear Materials Safety
U.S. Nuclear Regulatory Commission, Region I
475 Allendale Road
King of Prussia, PA 19406-1415

Re: The Washington Hospital

License Number: 37-10363-01
Docket Number: 030-03126

Dear Licensing Assistance Team:

We would like to amend our NRC license, 37-10363-01, issued to The Washington Hospital to update the list of Authorized Users.

Additions

We would like to add the name of Becki Sue Hill as an authorized user for sources regulated by 10-CFR-35 Subpart F - Manual Brachytherapy (35.400: Use of Sources for Manual Brachytherapy). To show evidence of Dr. Hill's training and experience is a copy of her American Board of Radiology in Radiation Oncology certificate issued June 2002. Dr. Hill and her credentials were presented to Radiation Safety Committee during the September 2004 quarterly meeting. The Committee members unanimously voted to add Dr. Hill as an authorized user for brachytherapy sources.

Deletions

Please remove John A. Beel, M.D. and Kenneth A Edgar, M.D.

If any questions should arise please feel free to contact myself or our Radiation Safety Officer, Frank Ottino at 724-223-3008 / 724-223-3811 respectively.

Respectfully,

Gary Weinstein
Executive Vice President
The Washington Hospital

136065

NMSS/RONI MATERIALS-002

cc: TWH, RSC

NRC FORM 313
(4-2004)
10 CFR 30, 32, 33,
34, 35, 36, 39, and 40

U.S. NUCLEAR REGULATORY COMMISSION

APPROVED BY OMB: NO. 3150-0120

EXPIRES: 10/31/2005

Estimated burden per response to comply with this mandatory collection request: 7 hours. Submittal of the application is necessary to determine that the applicant is qualified and that adequate procedures exist to protect the public health and safety. Send comments regarding burden estimate to the Records and FOIA/Privacy Services Branch (T-5 F52), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to infocollects@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0120), Office of Management and Budget, Washington, DC 20503. If a means used to impose an information collection does not display a currently valid OMB control number, the NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.

APPLICATION FOR MATERIAL LICENSE

INSTRUCTIONS: SEE THE APPROPRIATE LICENSE APPLICATION GUIDE FOR DETAILED INSTRUCTIONS FOR COMPLETING APPLICATION. SEND TWO COPIES OF THE ENTIRE COMPLETED APPLICATION TO THE NRC OFFICE SPECIFIED BELOW.

APPLICATION FOR DISTRIBUTION OF EXEMPT PRODUCTS FILE APPLICATIONS WITH:

DIVISION OF INDUSTRIAL AND MEDICAL NUCLEAR SAFETY
OFFICE OF NUCLEAR MATERIALS SAFETY AND SAFEGUARDS
U.S. NUCLEAR REGULATORY COMMISSION
WASHINGTON, DC 20555-0001

ALL OTHER PERSONS FILE APPLICATIONS AS FOLLOWS:

IF YOU ARE LOCATED IN:

ALABAMA, CONNECTICUT, DELAWARE, DISTRICT OF COLUMBIA, FLORIDA, GEORGIA, KENTUCKY, MAINE, MARYLAND, MASSACHUSETTS, MISSISSIPPI, NEW HAMPSHIRE, NEW JERSEY, NEW YORK, NORTH CAROLINA, PENNSYLVANIA, PUERTO RICO, RHODE ISLAND, SOUTH CAROLINA, TENNESSEE, VERMONT, VIRGINIA, VIRGIN ISLANDS, OR WEST VIRGINIA, SEND APPLICATIONS TO:

LICENSING ASSISTANCE TEAM
DIVISION OF NUCLEAR MATERIALS SAFETY
U.S. NUCLEAR REGULATORY COMMISSION, REGION I
475 ALLENDALE ROAD
KING OF PRUSSIA, PA 19406-1415

IF YOU ARE LOCATED IN:

ILLINOIS, INDIANA, IOWA, MICHIGAN, MINNESOTA, MISSOURI, OHIO, OR WISCONSIN, SEND APPLICATIONS TO:

MATERIALS LICENSING BRANCH
U.S. NUCLEAR REGULATORY COMMISSION, REGION III
2443 WARRENVILLE ROAD, SUITE 210
LISLE, IL 60532-4352

ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, COLORADO, HAWAII, IDAHO, KANSAS, LOUISIANA, MONTANA, NEBRASKA, NEVADA, NEW MEXICO, NORTH DAKOTA, OKLAHOMA, OREGON, PACIFIC TRUST TERRITORIES, SOUTH DAKOTA, TEXAS, UTAH, WASHINGTON, OR WYOMING, SEND APPLICATIONS TO:

NUCLEAR MATERIALS LICENSING BRANCH
U.S. NUCLEAR REGULATORY COMMISSION, REGION IV
611 RYAN PLAZA DRIVE, SUITE 400
ARLINGTON, TX 76011-4005

03003126

PERSONS LOCATED IN AGREEMENT STATES SEND APPLICATIONS TO THE U.S. NUCLEAR REGULATORY COMMISSION ONLY IF THEY WISH TO POSSESS AND USE LICENSED MATERIAL IN STATES SUBJECT TO U.S. NUCLEAR REGULATORY COMMISSION JURISDICTIONS.

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

☐

A. NEW LICENSE

☒

B. AMENDMENT TO LICENSE NUMBER 37-10363-01

☐

C. RENEWAL OF LICENSE NUMBER _____

2. NAME AND MAILING ADDRESS OF APPLICANT (Include ZIP code)

155 Wilson Avenue
Washington, PA 15301

3. ADDRESS WHERE LICENSED MATERIAL WILL BE USED OR POSSESSED

Same as Item #2 above.

4. NAME OF PERSON TO BE CONTACTED ABOUT THIS APPLICATION

Frank P. Ottino

TELEPHONE NUMBER

(724) 223-3811

SUBMIT ITEMS 5 THROUGH 11 ON 8-1/2 X 11" PAPER. THE TYPE AND SCOPE OF INFORMATION TO BE PROVIDED IS DESCRIBED IN THE LICENSE APPLICATION GUIDE.

5. RADIOACTIVE MATERIAL

a. Element and mass number; b. chemical and/or physical form; and c. maximum amount which will be possessed at any one time.

6. PURPOSE(S) FOR WHICH LICENSED MATERIAL WILL BE USED.

7. INDIVIDUAL(S) RESPONSIBLE FOR RADIATION SAFETY PROGRAM AND THEIR TRAINING EXPERIENCE.

8. TRAINING FOR INDIVIDUALS WORKING IN OR FREQUENTING RESTRICTED AREAS.

9. FACILITIES AND EQUIPMENT.

10. RADIATION SAFETY PROGRAM.

11. WASTE MANAGEMENT.

12. LICENSE FEES (See 10 CFR 170 and Section 170.31)

FEE CATEGORY

AMOUNT
ENCLOSED

\$

13. CERTIFICATION. (Must be completed by applicant) THE APPLICANT UNDERSTANDS THAT ALL STATEMENTS AND REPRESENTATIONS MADE IN THIS APPLICATION ARE BINDING UPON THE APPLICANT.

THE APPLICANT AND ANY OFFICIAL EXECUTING THIS CERTIFICATION ON BEHALF OF THE APPLICANT, NAMED IN ITEM 2, CERTIFY THAT THIS APPLICATION IS PREPARED IN CONFORMITY WITH TITLE 10, CODE OF FEDERAL REGULATIONS, PARTS 30, 32, 33, 34, 35, 36, 39, AND 40, AND THAT ALL INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF THEIR KNOWLEDGE AND BELIEF.

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.

CERTIFYING OFFICER - TYPED/PRINTED NAME AND TITLE

SIGNATURE

DATE

FOR NRC USE ONLY

TYPE OF FEE	FEE LOG	FEE CATEGORY	AMOUNT RECEIVED	CHECK NUMBER	COMMENTS
			\$		
APPROVED BY				DATE	

TRAINING AND EXPERIENCE AND PRECEPTOR STATEMENT

PART I -- TRAINING AND EXPERIENCE

Note: Descriptions of training and experience must contain sufficient detail to match the training and experience criteria in the applicable regulations.

1. Name of Individual, Proposed Authorization (e.g., Radiation Safety Officer), and Applicable Training Requirements (e.g., 10 CFR 35.50)

2. For Physicians, Podiatrists, Dentists, Pharmacists -- State or Territory Where Licensed
Becki Sue Hill, MD

3. CERTIFICATION

Specialty Board	Category	Month and Year Certified
The American Board of Radiology	Radiation Oncology	June 2002

Stop here when using Board Certification to meet 10 CFR Part 35 training and experience requirements.

4. DIDACTIC OR CLASSROOM AND LABORATORY TRAINING (optional for Medical Physicists)

Description of Training	Location	Clock Hours	Dates of Training
Radiation Physics and Instrumentation			
Radiation Protection			
Mathematics Pertaining to the Use and Measurement of Radioactivity			
Radiation Biology			
Chemistry of Byproduct Material for Medical Use			
OTHER			

The American Board of Radiology

*Organized through the cooperation of the
American College of Radiology, the American Roentgen Ray Society,
the American Radium Society, the Radiological Society of North America,
the Section on Radiology of the American Medical Association,
the American Society for Therapeutic Radiology and Oncology, the Association of
University Radiologists, and American Association of Physicists in Medicine*

Hereby certifies that

Becki Sue Hill, MD

*Has pursued an accepted course of graduate study
and clinical work, has met certain standards and qualifications and
has passed the examinations conducted under the authority of
The American Board of Radiology*

On this eleventh day of June, 2002

*Thereby demonstrating to the satisfaction of the Board
that she is qualified to practice the specialty of*

Radiation Oncology



Certificate No. 46125

PP *Handwritten signature*

Handwritten signature

Handwritten signature



Valid through 2012

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

11/28/2004, and to inform you that the initial processing which includes an administrative review has been performed.

☒ Attens. 37-10363-00
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 136065.
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.

BETWEEN: : (FOR LFMS USE)
: INFORMATION FROM LTS
: -----
:
License Fee Management Branch, ARM : Program Code: 02120
and : Status Code: 0
Regional Licensing Sections : Fee Category: 7C 2B
: Exp. Date: 20110831
: Fee Comments: _____
: Decom Fin Assur Req'd: N
: ::

LICENSE FEE TRANSMITTAL

A. REGION *I*

1. APPLICATION ATTACHED
Applicant/Licensee: WASHINGTON HOSPITAL
Received Date: 20041201
Docket No: 3003126
Control No.: 136065
License No.: 37-10363-01
Action Type: Amendment

2. FEE ATTACHED
Amount: _____
Check No.: */*

3. COMMENTS

Signed *M. A. Perkins*
Date *12/5/04*

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 _____