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November 18, 2004

Licensing Assistant Section
Nuclear Materials Safety Branch
US Nuclear Regulatory Commission, Region I
475 Allendale Road
King of Prussia, PA 19406-1415

37-30885-01

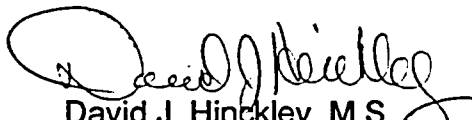
RE: Lic ~~37-30855-01~~

To Whom It May Concern:

Please amend the above license to add Kathleen M. Driggers, M.S., as an authorized medical physicist. Ms. Driggers' NRC form 313A and 313M forms are enclosed. The mail control number for this license is **134548**.

If you have any questions, please contact the medical physicist, Stephen Mahood, at 814-838-0491.

Sincerely,


David J. Hinckley, M.S.
Radiation Safety Officer

enc: NRC forms 313A, 313M

cc: Kathleen M. Driggers, M.S.
Stephen H. Mahood, M.S.
Conrad J. Stachelek, M.D.

1 3 6 0 2 1

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)

Kathleen M. Driggers, M.S. (Authorized Medical Physicist)

2. For Physicians, Podiatrists, Dentists, Pharmacists – State or Territory Where Licensed

3. CERTIFICATION

Specialty Board	Category	Month and Year Certified
American Board of Radiology	Therapeutic Radiological Physics	June , 1985

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			

TRAINING AND EXPERIENCE AND PRECEPTOR STATEMENT (continued)

5a. WORK EXPERIENCE WITH RADIATION

Description of Experience	Name of Supervising Individual(s)	Location and Corresponding Materials License Number	Dates and Clock Hours of Experience

5b. SUPERVISED CLINICAL CASE EXPERIENCE

Radionuclide	Type of Use	No. of Cases Involving Personal Participation	Name of Supervising Individual	Location and Corresponding Materials License Number	Dates and Clock Hours of Experience
Ir-192	HDR	7	Stephen Mahood, MS	Erie, PA 37-05125-01	6-03 to 6-04, 14

TRAINING AND EXPERIENCE AND PRECEPTOR STATEMENT (continued)

6. FORMAL TRAINING (applies to Medical Physicists and Therapy Physicians)

Degree, Area of Study or Residency Program	Name of Program and Location with Corresponding Materials License Number	Dates	Name of Organization that Approved the Program (e.g., Accreditation Council for Graduate Medical Education) and the Applicable Regulation (e.g., 10 CFR 35.490)

7. RADIATION SAFETY OFFICER – ONE-YEAR FULL-TIME WORK EXPERIENCE

- ☐ YES Completed 1-year of full-time radiation safety experience (in areas identified in item 5a) under supervision
☐ N/A of _____ the RSO for License No. _____.

8. MEDICAL PHYSICIST – ONE-YEAR FULL-TIME TRAINING/WORK EXPERIENCE

- ☐ YES Completed 1-year of full-time training in therapeutic radiological physics under the supervision of
☒ N/A _____ who meets requirements for Authorized Medical Physicists; and
- ☒ YES Completed 1-year of full-time work experience (for areas identified in item 5a) for HDR remote afterloading units
☐ N/A modality(ies) under the supervision of Stephen H. Mahood, MS who meets
requirements of Authorized Medical Physicists for HDR remote afterloading units modality(ies).

9. SUPERVISING INDIVIDUAL – IDENTIFICATION AND QUALIFICATIONS

The training and experience indicated above was obtained under the supervision of (if more than one supervising individual is needed to meet requirements in 10 CFR 35, provide the following information for each):

A. Name of Supervisor

Stephen H. Mahood, M.S.

B. Supervisor is:

☐ Authorized User☒ Authorized Medical Physicist☐ Radiation Safety Officer☐ Authorized Nuclear Pharmacist

C. Supervisor meets requirements of Part 35, Section(s) 961 (a)(1)

for medical uses in Part 35, Section(s) 600,604,605,610,615,630,633,643,652,690

D. Address

The Regional Cancer Center
2500 West 12th Street
Erie, PA 16505

E. Materials License Number

37-30885-01

TRAINING AND EXPERIENCE AND PRECEPTOR STATEMENT (continued)

PART II – PRECEPTOR STATEMENT

Note: This part must be completed by the individual's preceptor. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each. This part is not required to meet the training requirements in 10 CFR 35.590.

Item 10 must be completed for Nuclear Pharmacists meeting the requirements of 10 CFR Part 35, Subpart J. Preceptors do not have to complete items 11a, 11b, or the certifying statements for other individuals meeting the requirements of 10 CFR Part 35, Subpart J.

☐ YES 10. The individual named in item 1 has satisfactorily completed the training requirements in
☐ N/A 10 CFR 35.980 and is competent to independently operate a nuclear pharmacy.

☐ YES 11a. The individual named in Item 1 has satisfactorily completed the requirements in Part 35, Section(s)
☐ N/A and Paragraph(s) _____.

☒ YES 11b. The individual named in Item 1. is competent to independently function as an authorized
☐ N/A Medical Physicist _____ for HDR remote afterloading uses (or units).

12. PRECEPTOR APPROVAL AND CERTIFICATION

☐ I certify the approval of item 10 and certify I am an Authorized Nuclear Pharmacist;

or

☐ I certify the approval of items 11a and 11b, and certify I am an Authorized Nuclear Pharmacist;

or

☒ I certify the approval of Items 11a and 11b, and I certify that I meet the requirements of _____ NRC
or equivalent Agreement State requirements to be a preceptor authorized _____ Medical Physicist
for the following uses (or units) of byproduct material: _____ photon emitting remote afterloading units

A. Address

The Regional Cancer Center
2500 West 12th Street
Erie, PA 16505

B. Materials License Number

37-30885-01

C. NAME OF PRECEPTOR (print clearly)
Stephen H. Mahood

D. SIGNATURE – PRECEPTOR

SH Mahood

E. DATE

Nov 12 2004

TRAINING AND EXPERIENCE AUTHORIZED USER OR RADIATION SAFETY OFFICER

1. NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER <i>Kathleen M. Driggers, M.S.</i>			2. STATE OR TERRITORY IN WHICH LICENSED TO PRACTICE MEDICINE	
3. CERTIFICATION				
SPECIALTY BOARD A	CATEGORY B	MONTH AND YEAR CERTIFIED C		
<i>American Board of Radiology</i>	<i>Therapeutic Radiation Physics</i>	<i>August 1985</i>		
4. TRAINING RECEIVED IN BASIC RADIOISOTOPE HANDLING TECHNIQUES				
FIELD OF TRAINING A	LOCATION AND DATE(S) OF TRAINING B	TYPE AND LENGTH OF TRAINING		
		LECTURE/ LABORATORY COURSES (Hours) C	SUPERVISED LABORATORY EXPERIENCE (Hours) D	
a. RADIATION PHYSICS AND INSTRUMENTATION	<i>Duquesne University Jan. 1978-May 1979</i>	<i>126 lecture</i>	<i>500 hours</i>	
	<i>Hahnemann University 1979-1981</i>	<i>126 lab</i> <i>300 lecture</i>	<i>300 hours</i>	
b. RADIATION PROTECTION	<i>Duquesne University Sept 78-May '79</i>	<i>84 lab</i> <i>112 lecture</i>	<i>150 hours</i>	
	<i>Hahnemann University 1980-June '81</i>	<i>100 lecture</i> <i>20 lab</i>	<i>50 hours</i>	
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY	<i>Duquesne University Jan '78-Dec '78</i>	<i>40 lecture</i> <i>20 lab</i>	<i>50 hours</i>	
	<i>Hahnemann University Nov '79-Feb '80</i>	<i>35 lecture</i> <i>20 lab</i>	<i>100 hours</i>	
d. RADIATION BIOLOGY	<i>Hahnemann University Mar. 80-Jun 80</i>	<i>52 hours lecture</i>		
e. RADIOPHARMACEUTICAL CHEMISTRY	<i>Duquesne University Jan '78-June 79</i>	<i>100 lecture</i> <i>50 lab</i>		
	<i>Hahnemann University Nov '79-Feb '80</i>	<i>30 lecture</i> <i>30 lab</i>		
5. EXPERIENCE WITH RADIATION. (Actual use of Radioisotopes or Equivalent Experience)				
ISOTOPE	MAXIMUM AMOUNT	WHERE EXPERIENCE WAS GAINED	DURATION OF EXPERIENCE	TYPE OF USE
<i>P-32</i>	<i>10 mCi</i>	<i>Duquesne University</i>	<i>2 years</i>	<i>lab. experiments</i>
<i>Cs-137</i>	<i>700 mCi</i>	<i>UNM, ORMC</i>	<i>7 years</i>	<i>Medical</i>
<i>Ir-192</i>	<i>300 mCi</i>	<i>UNM, ORMC</i>	<i>7 years</i>	<i>Medical</i>
<i>Au-198</i>	<i>100 mCi</i>	<i>University of New Mexico</i>	<i>5 years</i>	<i>Medical</i>
<i>Ra 226</i>	<i>20 mg</i>	<i>Hahnemann University</i>	<i>1 year</i>	<i>Medical</i>
<i>variety used for basic physics classes-Duquesne and Hahnemann Universities</i>			<i>3 years</i>	<i>Medical</i>
<i>Co-60</i>		<i>University of New Mexico</i>	<i>5 years</i>	<i>Medical</i>

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

November 18, 2004, and to inform you that the initial processing which includes an administrative review has been performed.

☒ 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. *Amend*

☐ 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 136021.
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:

License Fee Management Branch, ARM
and
Regional Licensing Sections

: (FOR LFMS USE)
: INFORMATION FROM LTS
: -----
:
: Program Code: 02230
: Status Code: 0
: Fee Category: 7C
: Exp. Date: 20140430
: Fee Comments: _____
: Decom Fin Assur Req'd: N
: ::

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: REGIONAL CANCER CENTER (THE)
Received Date: 20041122
Docket No: 3036511
Control No.: 136021
License No.: 37-30885-01
Action Type: Amendment

2. FEE ATTACHED

Amount:
Check No.:

3. COMMENTS

Signed ③
Date 11/26/04

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 _____