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REGION I



**Yale New Haven Health
Ambulatory Services Corp.**

'04 DEC 13 P2:12

Gamma Knife Center

40 Temple Street
New Haven, CT 06510
Phone (203) 498-4040
Fax (203) 498-4069

December 8, 2004

Docket No.: 030-34705
Control No.: ~~125808~~ 136128
License No.: 06-30445-01 *map*

Tom Thompson
U.S. Nuclear Regulatory Commission, Region I
Nuclear Materials Safety Branch
Division of Radiation Safety and Safeguards
475 Allendale Road
King of Prussia, PA 19406-1415

RE: Amendment Request to Add Sheida Mani, M.D. as an Authorized User

Dear Mr. Thompson:

Yale-New Haven Health Ambulatory Services Corporation (YNHHASC) requests that Sheida Mani, M.D., be added to license No. 06-30445-01, as an authorized Gamma Knife therapeutic radiologist.

Dr Mani is currently listed as an authorized user on Yale-New Haven Hospital's (NRC license No. 06-008190-03) broad scope NRC license. A copy of a letter documenting this and copies of her certificates demonstrating attendance at the University of Pittsburgh's "Principles and Practice of Gamma Knife Radiosurgery" training program, are attached for your review.

If you have any questions concerning this request, please feel free to contact the Radiation Safety Officer at (203) 688-2950.

Sincerely,

Michael J. Bohan, RSO
YNHHASC Medical Health Physicist

Alvin D. Greenberg, M.D.
Administrator, YNHHASC
Linda D. Smelser, Asst. Director for A.D.G.

Enclosures: (3)

December 8, 2004

136128



**YALE-NEW HAVEN HOSPITAL
RADIATION SAFETY OFFICE**

December 8, 2004

To Whom it May Concern:

The purpose of this letter is to certify that Sheida Mani, M.D., is listed as an authorized user by the Yale-New Haven Hospital (YNHH) Radiation Safety Committee under NRC license 06-00819-03. YNHH is an NRC broad scope, human use licensee.

Dr. Mani is an attending physician in the Department of Therapeutic Radiology. She is currently authorized to use byproduct materials for medical use in the following applications:

Subpart F - 35.400 Use of sources for manual brachytherapy

Subpart H - 35.600 Use of sources for remote afterloader & teletherapy units

Subpart K - 35.1000 Intravascular brachytherapy

She meets the Subpart J criteria contained in 10 CFR 35.940 - Training for use of brachytherapy sources, 10 CFR 35.941 - Training for ophthalmic use of strontium-90, and 10 CFR 35.960 Training for use of therapeutic medical devices.

If there are any questions concerning Dr. Mani's training and experience, with regard to radionuclide licensing, please feel free to contact the YNHH Radiation Safety Office at (203) 688-2950.

Sincerely,



Michael J. Bohan
YNHH Radiation Safety Officer

20 York Street
New Haven, CT 06504

University of Pittsburgh

Center for Image-Guided Neurosurgery

This is to Certify That

Sheida Mani, M.D.



Attended

Principles and Practice of Gamma Knife® Radiosurgery

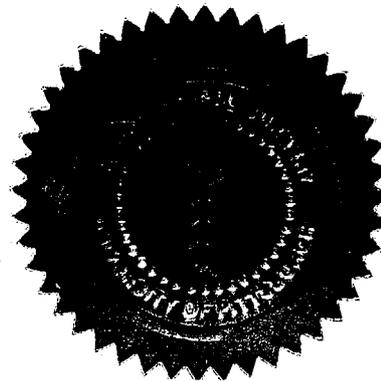
from November 15-19, 2004

Handwritten signature of L. Dade Lunsford in black ink.

L. Dade Lunsford, M.D., FACS

Handwritten signature of Ann H. Maitz in black ink.

Ann H. Maitz, M.Sc.



Handwritten signature of Douglas Kondziolka in black ink.

Douglas Kondziolka M.D., M.Sc., FRCS(C)

Handwritten signature of John C. Flickinger in black ink.

John C. Flickinger, M.D.



University of Pittsburgh

Center for Continuing Education
in the Health Sciences

This is to certify that

Sheida Mani, M.D.

Attended the Continuing Medical Education Activity
Principles and Practices of Gamma Knife Radiosurgery

November 15-19, 2004

**University of Pittsburgh Medical Center Health System
Pittsburgh, Pennsylvania**

The University of Pittsburgh School of Medicine, as part of the Consortium for Academic Continuing Medical Education, is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

The University of Pittsburgh School of Medicine designates this educational activity for a maximum of 45.25 Category 1 credits toward the AMA Physician's Recognition Award. Each physician should claim only those credits that he/she actually spent in the educational activity.

Nurses and other healthcare professionals are awarded 4.5 Continuing Education Units (CEUs).

For AMA Physician's Recognition Award Category 1 and for CEU credits, please access our website, **after 90 days**, at
"www.upmc.edu/ccehs/Credit_Transcripts.htm" for your credit transcript.

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

12/8/2006, and to inform you that the initial processing which includes an administrative review has been performed.

AMEND. 06-30845-4
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 136128.
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: 02310
 and : Status Code: 0
 Regional Licensing Sections : Fee Category: 7A
 : Exp. Date: 20131031
 : Fee Comments: 7A EFF 7/8/98
 : Decom Fin Assur Reqd: N
 : ::

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED
 Applicant/Licensee: YALE-NEW HAVEN AMBULATORY SVC. CORP
 Received Date: 20041213
 Docket No: 3034705
 Control No.: 136128
 License No.: 06-30445-01
 Action Type: Amendment

2. FEE ATTACHED
 Amount:
 Check No.:

3. COMMENTS

Signed M. A. Perkins
 Date 12/15/04

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 _____