

December 10, 2004

RECEIVED  
REGION 1

'04 DEC 13 P1:17

US NRC Region One Office  
Medical Licensing Section  
475 Allendale Road  
King of Prussia, PA 19406-1415

03003098

RE: License Amendment For 37-07905-04 – Addition of Authorized Medical Physicists

To Whom It May Concern:

We are writing to request an amendment to our NRC license to allow us to add two physicists to our license as Authorized Medical Physicists (AMP's). One of the physicists is an ABR certified physicist who meets the criteria for 10 CFR 35.51(a). Form 313A is included along with his a copy of his certificate.

The second physicist has just completed the requirements of 10 CFR 35.51(b). Attached to this are Form 313A filled out with the details of her training and the preceptor forms for the physicists responsible for this training.

If there are any questions in the processing of this amendment, please contact:

Nathan Anderson, MS DABR  
Lankenau Hospital  
Department of Radiation Oncology  
Ground Floor  
100 Lancaster Ave., West of City Ave  
Wynnewood, PA 19096

Email: [AndersonN@mlhs.org](mailto:AndersonN@mlhs.org)  
Phone: (610) 645-2581

Sincerely,



Nathan Anderson  
Medical Physicist

136131

NMSS/RGNI MATERIALS-002

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](mailto: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 19408-1415

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

03003098

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 37-07905-04  
☐ C. RENEWAL OF LICENSE NUMBER \_\_\_\_\_

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

Gail Egan, President  
Lankenau Hospital and Lankenau Institute for Medical Research  
100 Lancaster Ave.  
West of City Ave.  
Wynnewood, PA 19096

3. ADDRESS WHERE LICENSED MATERIAL WILL BE USED OR POSSESSED

Lankenau Hospital and Lankenau Institute for Medical Research  
100 Lancaster Ave.  
West of City Ave.  
Wynnewood, PA 19096

4. NAME OF PERSON TO BE CONTACTED ABOUT THIS APPLICATION

Nathan Anderson, Medical Physicist

TELEPHONE NUMBER

(610) 645-2581

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 \$ 0.00

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

X VP Operations

SIGNATURE

X [Signature]

DATE

12/9/04

FOR NRC USE ONLY

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

136131

# **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)

Mike Bieda, MS - Authorized Medical Physicist - 10 CFR 35. 51(a) for 10 CFR 35.400, 35.600 Remote Afterloader, and 35.1000 Novoste IVBT

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 Radiologic Physics	June 2003

*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 incorporation 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

**Michael Richard Bieda, MS**

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 third day of June, 2003

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

**Therapeutic Radiologic Physics**



*William H. ...*  
 President

*Frederic O. ...*  
 Secretary-Treasurer

*R.P. ...*  
 Executive Director



Certificate No. P2623

Valid through 2013

# 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)

Della Hutchinson, MS - Authorized Medical Physicist 10 CFR 35.51(b) for 10 CFR 35. 400 Prostate Seed, 600 Remote Afterloader, and 1000 for Novoste IVBT

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

## 3. CERTIFICATION

Specialty Board	Category	Month and Year Certified
none		

*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
Clinical Medical Physicist - Millenium Oncology Management with work at Lankenau Hospital, Bryn Mawr Hospital, and Paoli Hospital Rad Onc	Kate Spillane, Nathan Anderson	37-07905-04 Lankenau 37-07722-04 Bryn Mawr	sept 2001-present

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

## 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)
MS Medical Physics	University of Pennsylvania	08/1999-06/2001	

## 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 Kate Spillane 37-07905-04 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, IVBT, and Prostateseed
- ☐ N/A modality(ies) under the supervision of Nathan Anderson 37-07905-04 who meets
- requirements of Authorized Medical Physicists for 10CFR35.400, 600HDR, 1000IVBT 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

Nathan Anderson

B. Supervisor is:

☐ Authorized User☒ Authorized Medical Physicist☐ Radiation Safety Officer☐ Authorized Nuclear PharmacistC. Supervisor meets requirements of Part 35, Section(s) 51(a)for medical uses in Part 35, Section(s) 400 Prostate Seed, 600 HDR, and 1000 IVBT and Gliasite

D. Address

Lankenau Hospital, Radiation Oncology Ground Floor  
100 Lancaster Ave, West of City Ave  
Wynnewood, PA 19066

E. Materials License Number

37-07905-04

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) 35.51(b), 35.633, 643, and 652.

☒ YES 11b. The individual named in Item 1. is competent to independently function as an authorized  
☐ N/A medical Physicist for 35,400, 600, 1000 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 10 CFR 35.51  
or equivalent Agreement State requirements to be a preceptor authorized medical Physicist  
for the following uses (or units) of byproduct material: Manual Brachytherapy, Remote Afterloaders, IVBT, Gliasite

A. Address

Lankenau Hospital, Radiation Oncology Ground Floor  
100 Lancaster Ave, West of City Ave  
Wynnewood, PA 19066

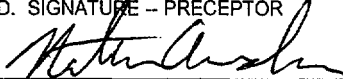
B. Materials License Number

37-07905-04

C. NAME OF PRECEPTOR (print clearly)

Nathan Anderson

D. SIGNATURE -- PRECEPTOR



E. DATE

12/08/2004

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) 51(b)

☒ YES 11b. The individual named in Item 1. is competent to independently function as an authorized  
☐ N/A medical physicist for 35.400,600HDR,1000IVB1 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 10 CFR 35.51(a)  
or equivalent Agreement State requirements to be a preceptor authorized medical Physicist  
for the following uses (or units) of byproduct material: 35.400, 35.600 HDR, and 35. 1000 IVBT

A. Address

Lankenau Hospital, Radiation Oncology Ground Floor  
100 Lancaster Ave, West of City Ave  
Wynnewood, PA 19066

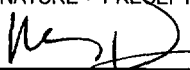
B. Materials License Number

37-07905-04

C. NAME OF PRECEPTOR (print clearly)

Kate Spillane, PhD

D. SIGNATURE OF PRECEPTOR

 12.8.04

E. DATE

12/08/2004

# Della M. Hutchinson, M.S.

Home: [REDACTED]

E-mail: [REDACTED]

## EDUCATION

**Master of Science**, Medical Physics, University of Pennsylvania, Philadelphia, PA, 2001

**Bachelor of Science**, Biology and Physics, St. Joseph's University, 1999

**Associates of Science**, Physics and Chemistry, The College of the Bahamas, 1997

## PROFFESIONAL EXPERIENCE

**Junior Physicist**, Millennium Oncology Management, Paoli, PA, 2001 - Present

- Practice quality assurance on external beam delivery systems (Varian), external beam and brachytherapy treatment planning systems (ADAC and VariSeed), computed tomography scanner (GE), ultrasound localization systems (SonArray)
- Participate in radiation safety and quality assurance on, treatment verification and delivery using high dose rate (HDR) and intravascular brachytherapy (IVBT) sources
- Participate in commissioning and acceptance testing on linear accelerators
- Perform prostate implant brachytherapy
- Daily clinical reviews on charts and dose calculations.

## ACADEMIC HONORS AND AWARDS

- Truly Hardy Award for Physics, The College of the Bahamas, 1996.

## PUBLICATIONS

- Whittington, R., Bloch, P., **Hutchinson, D.** and Bjarnagard, B.: "Verification of Prostate Treatment Setup using Computed Radiography for Portal Imaging," University of Pennsylvania School of Medicine, 2000.

## PRESENTATIONS

- World Congress Annual meeting of AAPM, Chicago, July 2000.

## SERVICE -- PROFESSIONAL

### Professional Affiliations

- Member, American Physical Society, 1999 - present
- Member, American Association of Physicists in Medicine, 2000 - present

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



V N I V E R S I T A S  
P E N N S Y L V A N I E N S I S  
OMNIBVS HAS LITTERAS LECTVRIS SALVTEM DICIT

**C**um academiis antiquus mos sit scientiis litterisve  
humanioribus excultos titulo iusto condecorare  
nos igitur auctoritate Curatorum nobis commissa

DELLA MARIE HUTCHINSON

ob studia a Professoribus approbata ad gradum

MASTER OF MEDICAL PHYSICS

admisimus eique omnia iura honores privilegia ad hunc  
gradum pertinentia libenter concessimus.

Cuius rei testimonio nomina nostra die mensis  
Maii XXI Anno Salutis MCM et Universitatis  
conditae CCLXI Philadelphiae subscripsimus

*Leslie Land Kuehly*  
SIGILLI CUSTOS



*Judith Rodin*  
PRAESES  
*Samuel H. Preston*

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

12/9/2004, and to inform you that the initial processing which includes an administrative review has been performed.

☒ AMEND. 37-07905-04 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 136131.  
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: 20110531  
: Fee Comments: CODE 23  
: Decom Fin Assur Req'd: N  
: ::

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED

Applicant/Licensee: LANKENAU HOSP. & LANKENAU INSTITUTE  
Received Date: 20041213  
Docket No: 3003098  
Control No.: 136131  
License No.: 37-07905-04  
Action Type: Amendment

2. FEE ATTACHED

Amount: \_\_\_\_\_  
Check No.: /

3. COMMENTS

Signed Mr. A. Perkins  
Date 12/15/2004

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 \_\_\_\_\_