

NRC LICENSE AMENDMENT REQUEST

FOR

**RIVERSIDE REGIONAL MEDICAL CENTER
DEPARTMENT OF RADIOLOGY
500 J. CLYDE MORRIS BOULEVARD
NEWPORT NEWS, VIRGINIA 23601**

NRC license number 45-09001-01

03003330

By

**HAROLD PRUSSIA, BS, RTR, QM
RADIATION SAFETY OFFICER
(757) 594-2644**

December 08, 2004

136194

NMSS/RGNI MATERIALS-002

REC'D IN LAT DEC 27 2004

PURPOSE OF AMENDMENT

Purpose of this amendment is to add authorized users.

MAILING NAME, ADDRESS AND TELEPHONE NUMBER

No change. (Attn: Harold Prussia, Riverside Regional Medical Center, Department of Radiology, 500 J. Clyde Morris Boulevard, Newport News, Virginia 23601, telephone (757) 594-2644.)

CONTACT PERSON

The person to contact with regards to this application is our Radiation Safety Officer, Harold Prussia, B.S. Mr. Prussia can be reached at the Riverside Cancer Treatment Center at the Facility listed in Item 2 above. He will be responsible for preparing all responses to any questions concerning use of byproduct material. Responses prepared by Mr. Prussia will be submitted to the Facility's certifying official, William B. Downey, Riverside Regional Medical Center, for review, approval and submission to the NRC.

Telephone number of Harold Prussia is 757-594-2757

ADDITION OF AUTHORIZED MEDICAL PHYSICIST AND PHYSICIAN AUTHORIZED USERS:

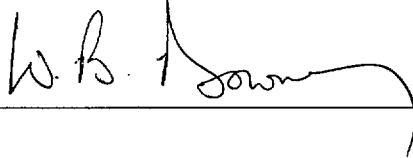
Copies of supporting documents are included in appendix

Name of Individual	Proposed Authorization	Qualification
Michael Rutstein, M.S.	Authorized Medical Physicists to include Iridium-192 in a High Dose Rate Remote Afterloader Unit for calibrations, spot-checks and training And Licensed materials for non-medical use associated with the performance of radiation protection functions.	Listed as Authorized Medical Physicists on NRC licenses 37-30477-01 and 37-30477-01 and copy of acceptance to The American Board of Radiology in Therapeutic Radiologic Physics on November 3, 1996 is attached.
Andrew D. Lauve, M.D.	35.400 and 35.600	State License # 0101236311, Preceptor statement and letter documenting listing as an user on NRC license 45-00048-17 are attached.
Yizhi Liang, M.D.	31.11, 35.100, 35 200	State License # 0101236414. Copy of certificate from The American Board of Radiology, Radiology 50148 is attached.

CERTIFICATION

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.

CERTIFYING OFFICER—NAME AND TITLE	SIGNATURE	DATE
WILLIAM B. DOWNEY Executive Vice President / Administrator Riverside Regional Medical Center		12-10-04

Appendix 1 Credentials of Michael D. Rutstein, MS

SEP. 30. 2004 5:52PM

RIV CANCER SERVICES

NO. 750 P. 1

Sarah S. Donaldson, MD,
President
William J. Casarella, MD,
Vice President
Robert R. Hattery, Jr., MD,
Secretary-Treasurer
David G. Bragg, MD
Robert E. Campbell, MD
Edward L. Chaney, MD
Gerald D. Dodd, MD
Thomas S. Harle, MD
Jay R. Harris, MD
William R. Hendee, PhD
David H. Hussey, MD

The American Board of Radiology

M. Paul Capp, M.D., Executive Director

Assistant Executive Directors

Robert E. Campbell, M.D., Diagnostic Radiology

Lawrence W. Davis, M.D., Radiation Oncology

Suite 6800
5255 E. Williams Circle
Tucson, Arizona 85711

Phone (520) 790-2900

Fax (520) 790-3200

George R. Leopold, MD
John E. Madewell, MD
C. Douglas Maynard, MD
Rodney R. Million, MD
Carlos A. Perez, MD
Andrew K. Poznanski, MD
Helen C. Redman, MD
Joseph F. Sackett, MD
Isaac Sanders, MD
Melvyn H. Schreiber, MD
Guy H. Simmons, PhD
H. Rodney Withers, MD
James F. Youker, MD

November 3, 1996

Michael David Rutstein, MS

P1575 / PT / / 11

Dear Mr. Rutstein:

I am pleased to inform you that you passed the oral examination held on November 3-4, 1996. The American Board of Radiology grants you its Certificate in Therapeutic Radiologic Physics.

The certificate will be sent to the above address in approximately three months. Your name will appear on the certificate as shown above. If you wish your name to appear differently, please notify the Board office within thirty days.

Your name will be included in a Directory published by The American Board of Medical Specialties. It is your responsibility to notify your local and state medical organizations of your certification.

On behalf of the Board of Trustees of The American Board of Radiology, I congratulate you on this achievement.

Sincerely,



M. Paul Capp, MD

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

Appendix 2 Credentials of Andrew D. Lauve, MD

SEP. 9. 2004 3:19PM RIV CANCER SERVICES

NO. 351 P. 1/1



V i r g i n i a C o m m o n w e a l t h U n i v e r s i t y

**Environmental Health
& Safety**

Sanger Hall, B2-014
1101 East Marshall Street
P.O. Box 980112
Richmond, Virginia 23298-0112

804 828-6347
Fax: 804 828-1157
TDD: 1-800-828-1120
<http://www.vcu.edu/oehs>

June 18, 2002

To Whom it May Concern:

This is to verify that Andrew D. Lauve, M.D. was approved by the University's Radiation Safety Committee as an authorized user for manual and HDR brachytherapy (10 CFR 35.400 and 35.600), pursuant to the training and experience requirements in 10 CFR 35.940 and 35.960. The approval was based on a preceptor statement submitted by the supervising individual which included the following radionuclides and types of use: Pd-103 (prostate implants), I-125 (prostate implants), Cs-137 (gynecological uses), and Ir-192 (HDR brachytherapy). This approval was granted on September 11, 2003.

Should you have any questions or need any additional information, please contact Mary Beth Taormina in our Radiation Safety section at (804) 828-7097.

Sincerely,



Dean W. Broga, Ph.D.
Director - Office of Environmental Health & Safety
Radiation Safety Officer

pc: Stanley Benedict, Ph.D.
VCUHS Radiation Oncology

Appendix 2 Credentials of Andrew D. Lauve, MD cont,

NOV. 30, 2004 3:16PM RIV CANCER SERVICES NO. 948 P. 1

NRC FORM 313A (10-2002) U.S. NUCLEAR REGULATORY COMMISSION

APPROVED BY OMB: NO. 3150-0120
EXPIRES: 10/31/2006

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)
Andrew D. Lauve, M.D.
Authorized User under 10 CFR 35.400 and 10 CFR 35.600

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

3. CERTIFICATION

Specialty Board	Category	Month and Year Certified
N/A	N/A	N/A

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	VCU Department of Radiation Oncology	50	7/01/00 - 9/1/03
Radiation Protection	VCU Department of Radiation Oncology	30	7/01/00 - 9/1/03
Mathematics Pertaining to the Use and Measurement of Radioactivity	VCU Department of Radiation Oncology	50	7/01/00 - 9/1/03
Radiation Biology	VCU Department of Radiation Oncology	80	7/01/00 - 9/1/03
Chemistry of Byproduct Material for Medical Use	N/A	N/A	N/A
OTHER			

Appendix 2 Credentials of Andrew D. Lauve, MD cont,

NOV. 30. 2004 3:17PM RIV CANCER SERVICES U.S. NUCLEAR REG. NO. 94677 CORP. 20N
 NRC FORM 313A (10-2003) 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
Preparing, implanting, and removing brachytherapy sources.	Dr. Michael Hagan Dr. Douglas Arthur Dr. Olubumni Abayomi	VCUHS 45-000048-17	7/01/00-present 600 Hours
Preparing treatment plans and calculating treatment doses and times	Dr. Michael Hagan Dr. Douglas Arthur Dr. Olubumni Abayomi	VCUHS 45-000048-17	7/01/00-present 300 Hours
Selecting the proper dose and how it is to be administered	Dr. Michael Hagan Dr. Douglas Arthur Dr. Olubumni Abayomi	VCUHS 45-000048-17	7/01/00-present 200 Hours
Ordering, receiving, and unpacking radioactive materials safely and performing the related radiation surveys	Dr. Michael Hagan Dr. Douglas Arthur Dr. Stan Benedict	VCUHS 45-000048-17	7/01/00-present 50 Hours
Checking survey meters for proper operation; Maintaining running inventories of material on hand	Dr. Michael Hagan Dr. Douglas Arthur Dr. Stan Benedict	VCUHS 45-000048-17	7/01/00-present 50 Hours
Using administrative controls to prevent a medical event involving the use of byproduct material; Using emergency procedures to control byproduct material	Dr. Michael Hagan Dr. Douglas Arthur Dr. Stan Benedict	VCUHS 45-000048-17	7/01/00-present 50 Hours

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 Brachytherapy	22	Dr. Douglas Arthur	VCUHS 45-000048-17	7/01/00- /200 hrs
I-125	Prostate Implant	30	Dr. Michael Hagan	VCUHS 45-000048-17	7/01/00- /100 hrs
Pd-103	Prostate Implant	32	Dr. Michael Hagan	VCUHS 45-000048-17	7/01/00- /100 hrs
Cs-137	Tandem and Ovoid	15	Dr. Olubumni Abayomi	VCUHS 45-000048-17	7/01/00- /100 hrs

Appendix 2 Credentials of Andrew D. Lauve MD cont,

NOV. 30, 2004- 3:17PM RIV CANCER SERVICES U.S. NUCLEAR REG. NO. 948 COMP. 3N
NRC FORM 315 (10-2002) TRAINING AND EXPERIENCE AND PRECEPTOR STATEMENT (continued)

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

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)
Residency Program Radiation Oncology VCU Department of Radiation Oncology	Virginia Commonwealth University NRC License Number VCUHS 45-000048-17	7/1/00 - 6/30/04	Accreditation Council for Graduate Medical Education 10 CFR 35.490 10 CFR 35.680

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 _____

☐ N/A modality(ies) under the supervision of _____ who meets requirements of Authorized Medical Physicists for _____ 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
Monica M. Morris, M.D.

B. Supervisor is:

☒ Authorized User ☐ Authorized Medical Physicist

☐ Radiation Safety Officer ☐ Authorized Nuclear Pharmacist


C. Supervisor meets requirements of Part 35, Section(s) _____

for medical uses in Part 35, Section(s) 35.490 and 35.680

D. Address
401 College Street Basement
Richmond, Virginia 23298-0058

E. Materials License Number
45-000048-17

Appendix 2 Credentials of Andrew D. Lauve, MD cont

NOV. 30. 2004 3:18PM RIV CANCER SERVICES		U.S. NUCLEAR REG. 946RY CCF. 430N	
TRAINING AND EXPERIENCE AND PRECEPTOR STATEMENT (continued)			
PART II -- PRECEPTOR STATEMENT			
<p><i>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.</i></p> <p>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.</p>			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> N/A	10. The individual named in Item 1 has satisfactorily completed the training requirements in 10 CFR 35.980 and is competent to independently operate a nuclear pharmacy.		
<input checked="" type="checkbox"/> YES <input type="checkbox"/> N/A	11a. The individual named in Item 1 has satisfactorily completed the requirements in Part 35, Section(s) and Paragraph(s) <u>35.490 and 35.690</u>		
<input checked="" type="checkbox"/> YES <input type="checkbox"/> N/A	11b. The individual named in Item 1 is competent to independently function as an authorized <u>User</u> for <u>Manual & HDR Brachyther</u> uses (or units).		
12. PRECEPTOR APPROVAL AND CERTIFICATION			
<input type="checkbox"/> I certify the approval of item 10 and certify I am an Authorized Nuclear Pharmacist;			
OR			
<input type="checkbox"/> I certify the approval of items 11a and 11b, and certify I am an Authorized Nuclear Pharmacist;			
OR			
<input checked="" type="checkbox"/> I certify the approval of items 11a and 11b, and I certify that I meet the requirements of <u>35.490 and 35.690</u> or equivalent Agreement State requirements to be a preceptor authorized <u>User</u> for the following uses (or units) of byproduct material: <u>Manual and High Dose Rate Brachytherapy</u>			
A. Address 401 College Street Basement Richmond, Virginia 23298-0058		B. Materials License Number 45-000046-17	
C. NAME OF PRECEPTOR (print clearly) Monica M. Morris, M.D.		D. SIGNATURE OF PRECEPTOR 	E. DATE 09/09/2003

Appendix 3 Yizhi Liang, M.D.

NOV 30 2004 12:39PM RIV CANCER SERVICES

NO. 940 P. 1

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

Yizhi Liang, MB

*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 fourth day of June, 2003

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

Diagnostic Radiology



Certificate No. 50148

William H. Hines
President

Frederic O. Anderson, MD
Secretary-Treasurer

P.R. Hatten, MD
Executive Director



Valid through 2013

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

12/10/2008, and to inform you that the initial processing which includes an administrative review has been performed.

☒ ATTEND. 45-09001-01 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 136194.
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 2B
: Exp. Date: 20110531
: Fee Comments: CODE 23
: Decom Fin Assur Req'd: N

: ::

LICENSE FEE TRANSMITTAL

A. REGION

I

1. APPLICATION ATTACHED

Applicant/Licensee: RIVERSIDE REGIONAL MEDICAL CENTER
Received Date: 20041227
Docket No: 3003330
Control No.: 136194
License No.: 45-09001-01
Action Type: Amendment

2. FEE ATTACHED

Amount: _____
Check No.: _____

3. COMMENTS

Signed

M. A. Perkins

Date

12/27/2004

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
