



An affiliate of Central Connecticut Health Alliance, Inc.

100 Grand Street, New Britain, Connecticut 06050  
860-225-nbgh - www.nbgh.org

Laurence A. Tanner, President

January 17, 2005

Licensing Assistant Section  
Nuclear Materials Safety Branch  
U.S. Nuclear Regulatory Commission, Region 1  
475 Allendale Road  
King of Prussia, PA 19406-1415

Dear Sir or Madam:

Attached is an amendment request on our facilities NRC license (license number: 06-02388-01). The request includes the following items.

1. Add Leticia L. Salinas as an Authorized Medical Physicist
2. We request an additional area of use of radioactive material (RAM). The new hot lab location will still be located within the hospital grounds proper. The same material that is currently stored in the old hot lab will be stored in the new hot lab, no additional radioactive materials are being requested. Also, upon authorization to relocate the hot lab, the old hot lab will be decommissioned with all radioactive material removed and final surveys performed and documented. The address of the additional area of use will be, 5 Highland Street, New Britain, CT 06019. This location will also be the address of the High Dose Rate (HDR) source material.

Included in the application packet are the following:

Forms 313A: The addition of one (1) authorized medical physicist  
Support Documentation: Diagram of proposed new hot lab.

If you have any technical question regarding this amendment request, please do not hesitate to contact me at (860) 224-5520 or by e-mail at [gp219@columbia.edu](mailto:gp219@columbia.edu)

Prepared by:

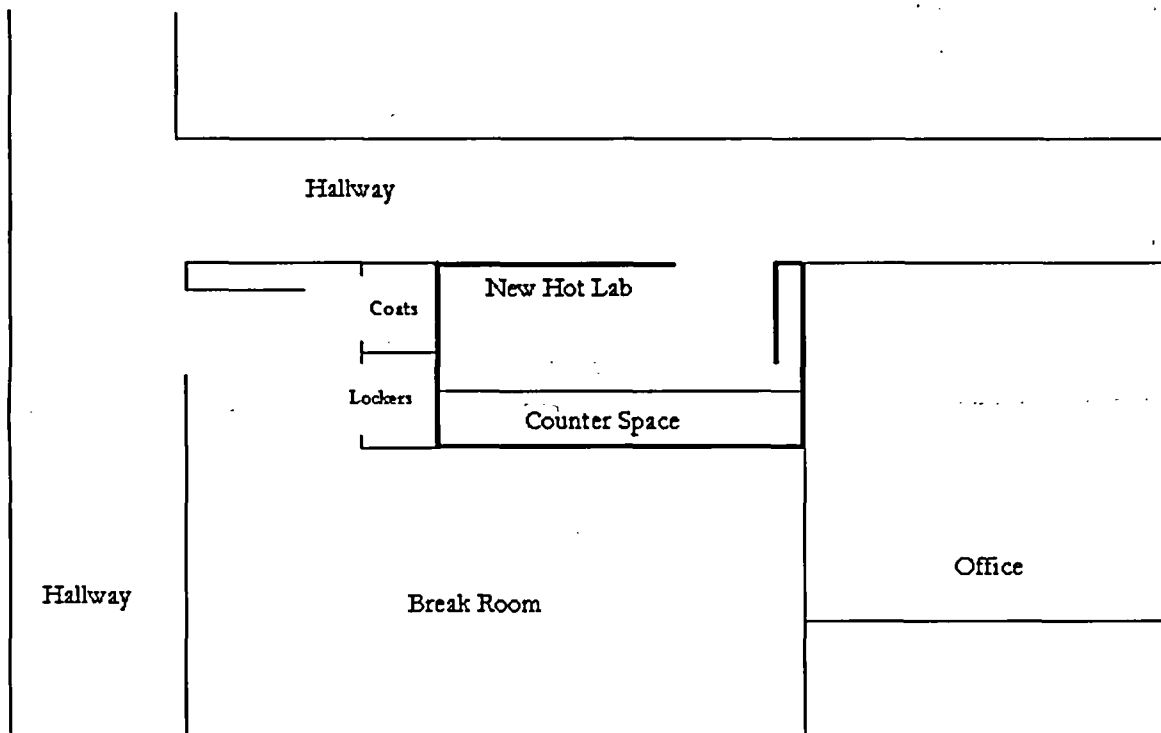
George Pavlonnis, III M.S. DABR  
American Board of Radiology Certified Medical Physicist

Reviewed and Approved by:

Clarence Silvia  
Senior Vice President, New Britain General Hospital

05 JAN 24 02:45  
136346  
NMSS/RGNI MATERIALS-002

Proposed Hot Lab Location within the New Radiation Oncology Department



All appropriate surveys and postings will be completed upon approval of the license amendment.

## 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)

LETICIA L. SALINAS, AUTHORIZED MEDICAL PHYSICIST

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

## 3. CERTIFICATION

Specialty Board	Category	Month and Year Certified
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			
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
HEALTH PHYSICIST CONSULTANT	K. PAUL STEINMEYER	HEBRON, CT	5/96 - 5/97
HEALTH PHYSICIST CONSULTANT	ED DOUBLEDAY	DANBURY, CT	5/97 - 8/98
ASST. RSO / JUNIOR MEDICAL PHYSICIST	DAVID S. WISHKO, Ph.D.	BRIDGEPORT, CT	8/98 - 3/00
MEDICAL PHYSICIST	ROBERT E. RICE, MS	HARTFORD, CT	4/00 - 1/02
MEDICAL PHYSICIST	JAMES HEVEZI, Ph.D.	SAN ANTONIO, TX	2/02 - 3/04
MEDICAL PHYSICIST	DAVID S. WISHKO, Ph.D.	BRIDGEPORT, CT	APRIL 2004 TO 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
I-125	PROSTATE BRACHYTHERAPY	30	DAVID S. WISHKO, PH.D.	BRIDGEPORT HOSP. 06-01060-01	1998 - 2000
"	"	20	ALAN KRATZER, MD	MIDSTATE MED. CTR. 06-0586-02	2000 - 2002
"	"	10	ROBERT E. RICE, MS	HARTFORD HOSP. 06-00253-04	2000 - 2002
Ir-192	HDR BRACHYTHERAPY	150	AMIR SADEGHI, Ph.D.	CTRC Agreement State	2002 - 2004
Cs-137	LDR BRACHYTHERAPY	40	DAVID WISHKO, Ph.D.	BRIDGEPORT HOSP. 06-01060-01	1998-2000 & 2004-PRESENT
Sr-90	INTRAVASCULAR BRACHYTHERAPY	20	JAMES HEVEZI, Ph.D.	CTRC Agreement State	2002 - 2004

## 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)
BS - NUCLEAR MEDICINE	INCARNATE WORD COLLEGE SAN ANTONIO, TX	9/90 - 5/94	
MS - HEALTH PHYSICS	TEXAS A&M UNIVERSITY COLLEGE STATION, TX	9/94 - 12/96	

## 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 DAVID S. WISHKO, PhD who meets requirements for Authorized Medical Physicists; and
- ☒ YES Completed 1-year of full-time work experience (for areas identified in item 5a) for ALL  
☐ N/A modality(ies) under the supervision of DAVID S. WISHKO, PhD who meets  
requirements of Authorized Medical Physicists for ALL 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

DAVID S. WISHKO, Ph.D.

B. Supervisor is:

☐ Authorized User☒ Radiation Safety Officer☒ Authorized Medical Physicist☐ Authorized Nuclear PharmacistC. Supervisor meets requirements of Part 35, Section(s) 961for medical uses in Part 35, Section(s) 961

D. Address

BRIDGEPORT HOSPITAL  
DEPT. OF RADIATION MEDICINE  
267 GRANT ST.  
BRIDGEPORT, CT 06610

E. Materials License Number

06-01000-01

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) 35.961.

☒ YES      11b. The individual named in Item 1. is competent to independently function as an authorized  
☐ N/A      MEDICAL PHYSICIST for \_\_\_\_\_ 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 \_\_\_\_\_  
or equivalent Agreement State requirements to be a preceptor authorized \_\_\_\_\_  
for the following uses (or units) of byproduct material: \_\_\_\_\_

A. Address

B. Materials License Number

C. NAME OF PRECEPTOR (print clearly)

D. SIGNATURE – PRECEPTOR

E. DATE

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

1/12/2005, and to inform you that the initial processing which includes an administrative review has been performed.

☒ AMEND. 06-02388-01  
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 136346.  
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: 02230  
and : Status Code: 0  
Regional Licensing Sections : Fee Category: 7C 2B 3E  
: Exp. Date: 20120430  
: Fee Comments: CODE 23  
: Decom Fin Assur Req'd: N  
: ::::::::::::::::::::::::::::::::::::::

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED

Applicant/Licensee: NEW BRITAIN GENERAL HOSPITAL  
Received Date: 20050124  
Docket No: 3001250  
Control No.: 136346  
License No.: 06-02388-01  
Action Type: Amendment

2. FEE ATTACHED

Amount: /  
Check No.: /

3. COMMENTS

Signed M. A. Perlman  
Date 1/26/2005

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 \_\_\_\_\_