

KENNEDY

MEMORIAL HOSPITALS

University Medical Center

RECEIVED
REGION I

'05 JAN 31 P2 :25

Cherry Hill

2201 Chapel Avenue West
Cherry Hill, NJ 08002
TEL 856-488-6500

Stratford

18 East Laurel Road
Stratford, NJ 08084
TEL 856-346-6000

Washington Township

435 Hurfville-Cross Keys Rd.
Turnersville, NJ 08012
TEL 856-582-2500

January 21, 2005

Licensing Assistance Team
Division of Nuclear Materials Safety
U.S. Nuclear Regulatory Commission, Region I
475 Allendale Road
King of Prussia, PA 19406-1415

Re: NRC License Amendment for New RSO for the following NRC license numbers

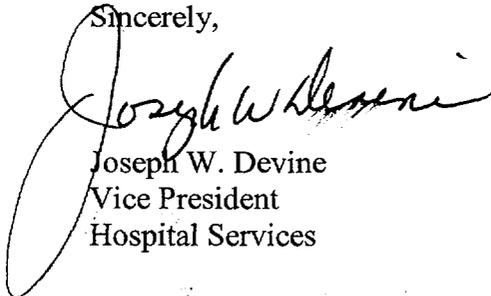
29-17925-01 Kennedy Health System – Cherry Hill 03013664
29-15459-01 Kennedy Health System – Washington Township 03009149
29-12167-01 Kennedy Health System – Stratford 03002543

To Whom It May Concern:

Please amend our radioactive materials licenses to change our Radiation Safety Officer from Libby Cone, M.D. to Lester Tripp, M.S. Mr. Tripp is a full time Medical Physicist for our Department of Radiation Oncology. Attached you will find Mr. Tripp's Curriculum Vitae and you will see that he is well qualified to be the Radiation Safety Officer for our Health System. Mr. Tripp has over twenty years of experience in Medical and Health Physics. In addition, Mr. Tripp was the Radiation Safety Officer for Hahnemann University (1991 – 1993) and a NRC inspector (1984 – 1991).

If you have any questions in reference to this amendment, please contact Lester Tripp at 856-582-3008.

Sincerely,



Joseph W. Devine
Vice President
Hospital Services

136409 / 136410 / 136411
NMSS/RGNI MATERIALS-002

A Kennedy Health Systems Hospital

The Major Teaching Affiliate of the University of Medicine and Dentistry of New Jersey School of Osteopathic Medicine

CURRICULUM VITAE

Lester M. Tripp, M.S.

Work Address and Telephone Number:

Kennedy Health System
Department of Radiation Oncology
900 Medical Center Drive
Sewell, NJ 08080
(856) 582-3008

Home Address and Telephone Number:



Education:

Temple University
Philadelphia, PA
Major: Environmental Health Sciences
1979 – 1981
Degree: Master of Science

Temple University
Philadelphia, PA
1968 – 1972
Major: Liberal Arts
Degree: Bachelor of Arts

Professional Affiliations:

Full membership in AAPM

Board Eligible for certification by the American Board of Radiology in Radiation Oncology
Physics

Certified by the State of New Jersey as Qualified Medical Physicist

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

Lester M. Tripp, M.S.
Continuing Education

Physics Training Course
Philips/ADAC
Milpitas, CA
March 2, 2003 to March 6, 2003

Physics Review Course
Advanced Radiotherapy Consulting
Notre Dame
South Bend, IN
April 22, 2003 to April 23, 2003

Dosimetry Applications Training Course
Philips/ADAC
Milpitas, CA
April 6, 2003 to April 10, 2003

IMRT Short Course
Fox Chase Cancer Center
Philadelphia, PA
April 24, 2003 to April 26, 2003

Image Guided Radiation Therapy
MTMI
Atlantic City, NJ
June 5, 2004

IMRT Treatment Planning
Varian Eclipse RTP
System
Las Vegas, Nevada
11/29 to 12/2/04

Lester M. Tripp, M.S.

Work Experience:

Medical Physicist (November 2003 to present)

Kennedy Health System

Department of Radiation Oncology

Perform calibration and quality assurance of Radiation Oncology equipment including:

Linear accelerator: (Varian 21EX)

Simulator: (Varian Ximatron)

Responsible for radiation treatment calculations for external beam treatments.

Responsible for radiation treatment calculations for prostate implant treatments using Variseed treatment planning system.

Participate in simulation and treatment planning process for external beam treatments.

Perform all physics and radiation safety activities associated with prostate brachytherapy seed implants.

Transfer treatment fields and other information into "record and verify" system. (Varis)

Perform Quality Assurance audit for prostate brachytherapy program.

Perform routine and weekly chart checks.

Medical Physicist (July 1993 – November 2003)

Assistant RSO (1993 – 2000)

South Jersey Hospital

Millville, NJ

Department of Radiation Oncology

Perform calibration and quality assurance of Radiation Oncology equipment including:

Linear accelerator: (Varian 2100C)

Simulator: (Varian Ximatron)

Superficial Therapy Unit: (Odelft)

Completed transition from Multidata Treatment Planning to Pinnacle 3 Treatment planning Computer.

Responsible for radiation treatment calculations for external beam treatments.

Participate in simulation and treatment planning process for external beam treatments.

Perform radiation therapy calculations for brachytherapy treatments (Cesium 137 GYN implants).

Perform all physics and radiation safety activities associated with brachytherapy simulations source loading, source insertion, and source removal. (Cesium 137 GYN implants)

Perform all physics and radiation safety activities associated with Iodine 125 prostate seed implants.

Lester M. Tripp, M.S.
Work Experience (continued)

Radiation Safety Officer (1991 – 1993)

Hahnemann University
Department of Radiation Oncology and Nuclear Medicine
Broad and Vine Streets
Philadelphia, PA 19102

Responsible for implementing radiation safety program to ensure that radiation safety activities were performed in accordance with approved procedures and regulatory requirements (Medical Broad Scope Licensee)

Radiation Physicist (1991 – 1993)

Hahnemann University

Preparation of brachytherapy plans and dosimetry for the treatment of ocular melanomas, retinoblastomas metastatic ocular lesions using Iodine-125 seeds on gold and lead plaques for more than 200 brachytherapy cases per year.
Responsible for Iodine-125 source and plaque preparation for the treatment of ocular tumors.

Health Physicist (1984 – 1991)

United States Nuclear Regulatory
Commission 475 Allendale Road
King of Prussia, PA 19406

Fully qualified inspector responsible for the licensing and inspection of all categories of NRC licensees.

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

11/21/2005, and to inform you that the initial processing which includes an administrative review has been performed.

Amend 29-17925-01, 29-15459-01, 29-12167-01
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 Numbers** 136409, 136410,
When calling to inquire about this action, please refer to this control number. 136411
You may call us on (610) 337-5398, or 337-5260.

NRC FORM 532 (R)
(6-98)

Sincerely,
Licensing Assistance Team Leader

BETWEEN: : (FOR LFMS USE)
 : INFORMATION FROM LTS
 : -----
 :
 License Fee Management Branch, ARM : Program Code: 02120
 and : Status Code: 0
 Regional Licensing Sections : Fee Category: 7C
 : Exp. Date: 20141031
 : Fee Comments: _____
 : Decom Fin Assur Reqd: N
 : ::

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED
 Applicant/Licensee: KENNEDY MEMORIAL HOSPITAL
 Received Date: 20050131
 Docket No: 3013664
 Control No.: 136409
 License No.: 29-17925-01
 Action Type: Amendment

2. FEE ATTACHED
 Amount: /
 Check No.: /

3. COMMENTS
REF. 136410/136411 Signed *Rebecca J. Ford*
 Date 2/3/2008

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 _____

(FOR LFMS USE)
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

: Program Code: 02120
: Status Code: 0
: Fee Category: 7C
: Exp. Date: 20050731
: Fee Comments: _____
: Decom Fin Assur Req'd: N
:

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED

Applicant/Licensee: KENNEDY MEMORIAL HOSPITALS
Received Date: 20050131
Docket No.: 3009149
Control No.: 136410
License No.: 29-15459-01
Action Type: Amendment

2. FEE ATTACHED

Amount: 1
Check No.: _____

3. COMMENTS

REF. 136409/136411

Signed *Leanne Juncal*
Date 3/31/2005

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 _____

BETWEEN: : (FOR LFMS USE)
 : INFORMATION FROM LTS
 : -----
 License Fee Management Branch, ARM : Program Code: 02120
 and : Status Code: 0
 Regional Licensing Sections : Fee Category: 7C
 : Exp. Date: 20120630
 : Fee Comments: _____
 : Decom Fin Assur Req'd: N
 :

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED

Applicant/Licensee: KENNEDY HEALTH SYSTEM
 Received Date: 20050131
 Docket No: 3002543
 Control No.: 136411
 License No.: 29-12167-01
 Action Type: Amendment

2. FEE ATTACHED

Amount: /
 Check No.: /

3. COMMENTS

REF. 136409/136410

Signed Rebecca J. Ford
 Date 2/2/05

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 _____