



Washington
Hospital Center

Washington
Cancer Institute



Department of Radiation Oncology

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FAX TRANSMISSION

To: PENNY LANZISERA

Institution: NRC

Fax number: 610-337-5269

From: ROSANNA CHAN

Department: Radiation Oncology

Date: 4/8/05

Fax number: (202) 877-3147

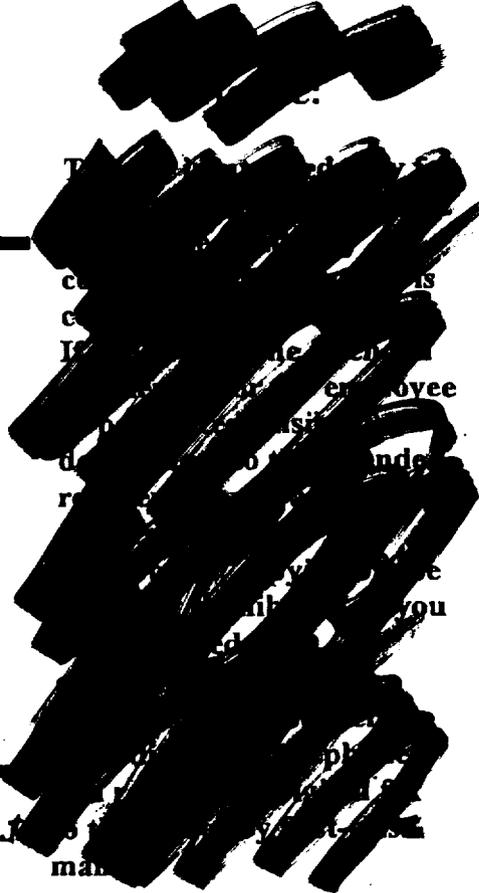
Phone number: 202-877-3950

Number of pages: (including this page) 5

Message: Supplement for licence amendment

RE:

NRC from 313A



MedStar Health

110 Irving Street, NW, Washington, DC 20010-2975
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NMSS/RGNI MATERIALS-002

NRC FORM 313A (10-2002)		U.S. NUCLEAR REGULATORY COMMISSION		APPROVED BY OMB: NO. 3160-0120 EXPIRES: 10/31/2005	
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) <p style="text-align: center; font-size: 1.2em;">Qingyun Zhang</p>					
2. For Physicians, Podiatrists, Dentists, Pharmacists – State or Territory Where Licensed					
3. CERTIFICATION					
Specialty Board		Category		Month and Year Certified	
<i>Stop here when using Board Certification to meet 10 CFR Part 35 training and experience requirements.</i>					
4. DIDACTIC OR CLASSROOM AND LABORATORY TRAINING (optional for Medical Physicists)					
Description of Training	Location	Clock Hours	Dates of Training		
Radiation Physics and Instrumentation	JCRT/LROC, Harvard Medical school	100	Spring, 2000		
Radiation Protection	JCRT/LROC. Harvard Medical school	50	Fall, 1999 – Spring, 2000		
Mathematics Pertaining to the Use and Measurement of Radioactivity					
Radiation Biology					
Chemistry of Byproduct Material for Medical Use					
OTHER clinical oncology	LROC, Harvard Medical school	50	Fall, 2000		

APPENDIX B

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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 Numbers	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)
PHD Mechanical Engineering		8/92-8/97	Worcester Polytechnic Institute
Ms. Nuclear and Accelerator physics		7/84-7/87	Peking University, Beijing China

7. RADIATION SAFETY OFFICER -- ONE-YEAR FULL-TIME TRAINING

- YES Completed 1-year of full-time radiation safety experience (in areas identified in item 5a) under supervision of _____ the RSO for License No. _____
- N/A

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 Dr. Lee Chin who meets requirements for Authorized Medical Physicists; and
- N/A
- YES Completed 1-year of full-time work experience (for areas identified in item 5a) for external beam and Brachytherapy modality(ies) under the supervision of Dr. Lee Chin who meets requirements for Authorized Medical Physicists for external beam and brachytherapy modality(ies).
- N/A

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 Dr. Lee chin
- B. Supervisor is:
- Authorized User Authorized Medical Physicists
- Radiation Safety Officer Authorized Nuclear Pharmacists
- C. Supervisor meets requirements of Part 35, Section(s) _____ for medical uses in Part 35, Section(s) _____
- D. Address Department of Radiation Oncology, BWH
75 Francis St.
Boston, MA 02115
- E. Materials License Number X 44-0004
Massachusetts

APPENDIX B

NRC FORM 313A (10-2002)	U.S. NUCLEAR REGULATORY COMMISSION	
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 10. The individual named in Item 1 has satisfactorily completed the training requirements in <input type="checkbox"/> N/A 10 CFR 35.980 and is competent to independently operate a nuclear pharmacy.		
<input checked="" type="checkbox"/> YES 11a. The individual named in Item 1 has satisfactorily completed the requirements in Part 35, Section(s) <input type="checkbox"/> N/A and Paragraph(s) <u>961</u>		
<input checked="" type="checkbox"/> YES 11b. The individual named in Item 1. is competent to independently function as an authorized <input type="checkbox"/> N/A <u>medical physics</u> for <u>radionuclides</u> uses.		
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 _____ or equivalent Agreement State requirements to be a preceptor authorized <u>Qingyun Zhang</u> for the following uses of byproduct material: <u>Ir 192, Sr 90, I 125, Cs 137</u>		
A. Address <u>Department of Radiation Oncology</u> <u>BWH</u> <u>75 Francis St.</u> <u>Boston, MA 02115</u>	B. Materials License Number <u>X 44-0004</u> <u>Massachusetts</u>	
C. NAME OF PRECEPTOR (print clearly) <u>Lee chin, D.Sc</u>	D. SIGNATURE -- PRECEPTOR 	E. DATE <u>4/7/00</u>