Main Line Health
# Lankenau Hospital

August 29, 2005

NMSB1


Main Line Health

Bryn Mawr Hospital

Lankenau Hospital

Paoli Hospital

Bryn Mawr Rehab Hospital

Great Valley Health

The Home Care Network

Lankenau Institute for Medical Research

Main Line Health Centers
- Exton
- Lawrence Park
- Shannondell
- Upper Providence

Main Line Health Adult Day Services

Main Line Clinical Laboratories

Wayne Center

Radiation Oncology Department


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

03003048

37-07905-04

RE: License Amendment For ~~37-07722-04~~ – Addition of Authorized Medical Physicists

NMSB

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
Bryn Mawr Hospital
Department of Radiation Oncology
130 S. Bryn Mawr Ave.
Bryn Mawr, PA 19010

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



RECEIVED
2005 SEP -6 PM 1:07


Sincerely,

Nathan Anderson
Medical Physicist

137635

NMSS/RGN1 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 |
|---|---|---|
| **APPLICATION FOR MATERIAL LICENSE** | | 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, 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. |

**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 19406-1415

**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

030-03098

**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 A. Egan, President
Lankenau Hospital and Lankenau Institute
100 Lancaster Ave.
Wynnewood, PA 19096

3. ADDRESS WHERE LICENSED MATERIAL WILL BE USED OR POSSESSED

Lankenau Hospital and Lankenau Institute
Department of Radiation Oncology
Basement
100 Lancaster Ave.
Wynnewood, PA 19096

4. NAME OF PERSON TO BE CONTACTED ABOUT THIS APPLICATION

Nathan Anderson, Authorized 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. maiximum 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 CONTANED 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 | SIGNATURE | DATE |
|---|---|---|
| Scott McKinnon | | 8/30/05 |

**FOR NRC USE ONLY**

| TYPE OF FEE | FEE LOG | FEE CATEGORY | AMOUNT RECEIVED | CHECK NUMBER | COMMENTS |
|---|---|---|---|---|---|
| | | | $ | | |
| APPROVED BY | | | | DATE | 137635 |

NRC FORM 313A (4-2005) U.S. NUCLEAR REGULATORY COMMISSION

# MEDICAL USE TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION

APPROVED BY OMB: NO. 3150-0120
EXPIRES: 10/31/2005

## 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 regulation (10 CFR Part 35)

1. Name of Individual, Proposed Authorization (e.g., Radiation Safety Officer), and Applicable Training Requirements (e.g., 10 CFR 35.50)

   Benjamin Anderson, Authorized Medical Physicist, 10 CFR 35.51(b) for HDR, LDR I-125 Prostate Seeds, Gliasite, Novoste IVB

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

### 3. CERTIFICATION

a. Provide a copy of the board certification. *(Stop here if applying under 10 CFR Part 35, Subpart J or 35.590(a); continue if applying under other subparts.)*

b. Provide documentation in appropriate items 4 through 10 of training or clinical case work required by 35.50(e); 35.51(c); 35.290(c)(1)(ii)(G) for AU seeking 35.200 authorization; 35.390(b)(1)(ii)(G); 35.396(d)(1) and 35.396(d)(2); 35.590(c); or 35.690(c).

c. Provide completed Part II Preceptor Attestation, Items 11a through 11d.

Stop here after completing items 3a, 3b, and 3c when using board certification to meet 10 CFR Part 35 training and experience requirements.

### 4. INDIVIDUALS IDENTIFIED ON A LICENSE OR PERMIT AS RADIATION SAFETY OFFICERS (RSO), AUTHORIZED USERS (AU), AUTHORIZED MEDICAL PHYSICISTS (AMP), OR AUTHORIZED NUCLEAR PHARMACISTS (ANP) SEEKING ADDITIONAL AUTHORIZATIONS

a. Provide a copy of the license or broadscope permit listing the current authorization **and** (b) or (c)

b. Complete items 6c (and 10 when training is provided by an RSO, AMP, ANP, or AU) and preceptor items 11b through 11d to meet requirements for: RSO in 35.50(c)(2) or 35.50(e); or AU in 35.290(c)(1)(ii)(G) or 35.390(b)(1)(ii)(G) or 35.590(c) or 35.690(c); or AMP under 35.51(c).

c. Complete items 5, 6a, 6b, 10, and Preceptor items 11a through 11d to meet AU requirements in 35.396(a).

### 5. 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 | | | |

NRC FORM 313A (4-2005) U.S. NUCLEAR REGULATORY COMMISSION

## MEDICAL USE TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

### 6a. WORK OR PRACTICAL EXPERIENCE WITH RADIATION

| Description of Experience | Name of Supervising Individual(s) | Location and Corresponding Materials License Number | Dates and/or Clock Hours of Experience |
|---|---|---|---|
| Clinical Rotations at Barrett Cancer Center, I-125 Prostate Seed Implants, Stereotactic Radiosurgery, LDR manual Brachytherapy, Novoste IVBT | Howard Elson | Univ. Hosp, 234 Goodman St, Cincinnati, Ohio 45219 34-06903-05 | 18 months Sept 2002-June 2004 |
| Full Time Employment-Clinical Medical Physicist - HDR program, I-125 Prostate Seeds, Glaisite Observation, Rad Safety Program | Nathan Anderson | Lankenau Hospital Department of Rad Onc 100 Lancaster Ave, | 13 months Aug 2004 - Sept 2005 |
| | | Wynnewood, PA 19096 37-07905-04 | |
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### 6b. SUPERVISED CLINICAL CASE EXPERIENCE (describe experience elements in 6a)

| Radionuclide | Type of Use | No. of Cases Involving Personal Participation | Name of Supervising Individual | Location and Corresponding Materials License Number | Dates and/or Clock Hours of Experience |
|---|---|---|---|---|---|
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NRC FORM 313A (4-2005) U.S. NUCLEAR REGULATORY COMMISSION

## MEDICAL USE TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

### 6c. TRAINING FOR SECTIONS 35.50(e), 35.51(c), 35.590(c), or 35.690(c)

| Training Element | Type of Training * | Location and Dates |
|---|---|---|
| HDR Calibrations, QA, and clinical cases participated in simulation, planning, qa, and calibrations | supervised by Nathan Anderson and vendor safety training | Lankenau Hospital, Aug 2004 - Sept 2005 |
| I-125 prostate seed implants - ordering, package reciept, calibration, inventory, waste tracking, planning and rad safety | supervised by Al Denittis, AU, Nathan Anderson, AMP and Della Hutchenson, AMP | Lankenau Hospital |
| Gliasite - ordering, package reciept, inventory, waste tracking, planning and rad safety, area and patient surveys | supervised by N. Anderson, AMP | Lankenau Hospital 3 cases |
| | | |

* Types of training may include supervised (complete item 10 for 35.50(e), 35.51(c), and 35.690(c)), didactic, or vendor training.

### 7. FORMAL TRAINING Physicians (for uses under 35.400 and 35.600) and Medical 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) |
|---|---|---|---|
| | | | |

### 8. RADIATION SAFETY OFFICER (RSO) -- ONE-YEAR FULL-TIME EXPERIENCE

☐ YES Completed 1 year of full-time radiation safety experience (in areas identified in item 6a) under supervison.

☐ N/A of _____ the RSO for License No. _____ .

### 9. MEDICAL PHYSICIST -- ONE-YEAR FULL-TIME TRAINING/WORK EXPERIENCE

☑ YES Completed 1 year of full-time training (for areas identified in item 6a) in therapeutic radiological physics (35.961) or medical physics (35.51) under the supervision of Howard Elson

☐ N/A who is a medical physicist (35.961) or meets requirements for Authorized Medical Physicists (35.51);

**and**

☑ YES Completed 1 year of full-time work experience (at location providing radiation therapy services described and for topics identified in item 6a) for (specify use or device) HDR, Gliasite, Prostate Seed Implants

☐ N/A under the supervision of Nathan Anderson who is a medical physicist (35.961) or meets requirements for Authorized Medical Physicists (35.51) (specify use or device) HDR, Gliasite, Novoste IVBT .

NRC FORM 313A (4-2005) — U.S. NUCLEAR REGULATORY COMMISSION

## MEDICAL USE TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

### 10. 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 Part 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 Pharmacist

C. Supervisor meets requirements of Part 35, Section(s) 51, 690, and 961 .

for medical uses in Part 35, Section(s) 633 .

D. Address

E. Materials License Number

Lankenau Hospital Wynnewood, PA 19096 37-07905-04

### PART II -- PRECEPTOR ATTESTATION

***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 training requirements in 35.590 or Part 35, Subpart J (except 35.980).*

I attest the individual named in Item 1:

11a.
☑ has satisfactorily completed the requirements in Part 35, Section(s) and Paragraph(s) 690(c) ,
as documented in section(s) 6c of this form.

11b. Select one
☑ meets the requirements in ☐ 35.50(e) ☐ 35.51(c) ☐ 35.390(b)(1)(ii)(G) ☑ 35.690(c) for HDRgliasite
☐ N/A types of use, as documented in section(s) 6c of this form.

11c.
☐ has achieved a level of competency sufficient to independently operate a nuclear pharmacy (for 35.980); **or**

☑ has achieved a level of competency sufficient to function independently as an authorized medical physicist for HDR,GLiasite,Prostateseed uses (or units); **or**

☐ has achieved a level of radiation safety knowledge sufficient to function independently as a Radiation Safety Officer for a medical use licensee ; **or**

☐ N/A

11d.
☐ I am an Authorized Nuclear Pharmacist; **or** ☐ I am a Radiation Safety Officer; **or**

☑ I meet the requirements of 51, 690, 961 section(s) of 10 CFR Part 35

or equivalent Agreement State requirements to be a preceptor ☐ AU or ☑ AMP

for the following byproduct material uses (or units): HDR, Gliasite, I-125 Prostate Seeds

A. Address

Lankenau Hospital
Department of Radiation Oncology, Basement
100 Lancaster Ave.
Wynnewood. PA 19096

B. Materials License Number: 37-07905-04

| C. NAME OF PRECEPTOR *(print clearly)* | D. SIGNATURE -- PRECEPTOR | E. DATE |
|---|---|---|
| Nathan Anderson | Nathan Anderson | 6/29/05 |

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

8/29/2005, and to inform you that the initial processing which includes an administrative review has been performed.

AMEND. 37-07722-04

☑ 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

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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** 137635.
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.

NRC FORM 532 (RI)
(6-96)

Sincerely,
Licensing Assistance Team Leader