



HERITAGE VALLEY
Health System

Sewickley Valley Hospital • The Medical Center

1000 Dutch Ridge Road
Beaver, Pennsylvania
15009-9700

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RECEIVED
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October 6, 2005

U.S. Nuclear Regulatory Commission
Materials Licensing Branch
Region I
475 Allendale Road
King of Prussia, PA 19406

RE: Amendment to Radioactive Material License No. 37-11562-01 02003143
The Medical Center; Beaver, PA

Gentlemen:

Please amend our license to add the following as authorized medical physicists: Dineli Alahakone, M.S. and Alphonse Loper, M.S.

If you have any questions, please do not hesitate to contact the undersigned.



Terry Biss
Vice President

137834
NMSS/RGNI MATERIALS-002

NRC FORM 313A (4-2005)	U.S. NUCLEAR REGULATORY COMMISSION MEDICAL USE TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION	APPROVED BY OMB: NO. 3160-0120 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) DJNEU ALANAKONE MC AUTHORIZED MEDICAL PHYSICIST 35.51a, c			
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. SEE ATTACHED LETTER 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 513A **U.S. NUCLEAR REGULATORY COMMISSION**
(4-2005) **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

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

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

* 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)
M.S. in Radiological Medical Physics	University of Kentucky, Lexington, KY	8/96 - 8/99	Commission on Accreditation of Medical Physics Educational Programs, Inc. [CAMPEP]

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 supervision.
 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 _____
 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) _____
 N/A under the supervision of _____ who is a medical physicist (35.961) or meets requirements for Authorized Medical Physicists (35.51) (specify use or device) _____

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: NICHOLAS DETDRIE Ph.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) _____
 D. Address: SEE ATTACHED LETTER
 E. Materials License Number: JOHNS HOPKINS
BALTIMORE, MD.

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) 51(a) as documented in section(s) _____ 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 AUTHORIZED PHYSICIST
 N/A types of use, as documented in section(s) _____ of this form. (PROVIDED CORRESPONDENCE)
HOP/EMPLOYEES

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 _____ for _____ 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 _____ 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): _____

A. Address: UPMC/HUMS CANCER CENTER
MEDICAL CENTER OF BEAVER
1000 DUTHRIDGE ROAD BEAVER PA
 B. Materials License Number: 37-11562-01

C. NAME OF PRECEPTOR (print clearly) <u>TONY COMBINE</u>	D. SIGNATURE – PRECEPTOR <u>[Signature]</u>	E. DATE <u>8/25/5</u>
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489 MARKET ST, BEAVER, PA 15009
PHONE 443-527-8963 · E-MAIL DINELI.EMMA@6MAIL.COM

DINELI ALAHAKONE

PROFFESIONAL QUALIFICATION

Board Certified in Therapeutic Radiologic Physics - American Board of Radiology (2003)

PROFESSIONAL EXPERIENCE

July 2005 - Present: University of Pittsburgh Medical Center, Pittsburgh, PA

Linac QA, Nucletron HDR procedures, prostate implants, gyn implants, I-125 implants, IMRT QA. Treatment planning with Eclipse. Experience with Varian and Siemens Linacs, RIT film scanning software and Wellhofer scanning equipment.

Jan 2001 - June 2005: Department of Radiation Oncology/Johns Hopkins Hospital, Baltimore, MD

Linac QA, Adult & infant TBI procedures, Nucletron HDR procedures, prostate implants, gyn implants, Gliasite liquid I-125 implants, IMRT Planning & QA, resident teaching. Experience with Picker Aqsim software, Varis, Argus, ADAC, MMS, Nucletron HDR Brachytherapy planning, Varian and Phillips Linacs, RIT film scanning software and Wellhofer scanning equipment.

September 1999 - December 2000: Department of Radiation Therapy/Methodist Hospital, St. Louis Park, MN

SRS and SRT procedures. Prostate implants and gyn implants, Beam data modeling on ADAC. Attended training course at ADAC labs. Experience with ADAC, MMS and Radionics X-knife treatment planning software, Argus and Dyna scan scanning equipment.

August 1996 - August 1999: Department of Radiation Medicine, University of Kentucky Medical Center, Lexington KY.

Student learning objectives: QA on Varian and GE Saturn-42 linacs, superficial unit, CT scanner, Varian simulator, mammography unit, and HDR unit. Prostate and Gyn implants. HDR procedures. Mold room experience. Extensive dosimetry using radiochromic film and TLDs.

May 1999 - August 1999: Radiation Safety Office, University of Kentucky, Lexington KY.

Duties: Lab surveys, Pick up, dispose and store radioactive waste. Receive packages of radioactive materials.

May 1996 - August 1999: Physics Department, University of Kentucky, Lexington KY.

Teaching Assistant - Taught undergraduate physics courses and labs. Set up experiments for physics demonstrations.

EDUCATION

1996 - 1999 University of Kentucky, Lexington KY

• *MS Radiological Science*

• *MS Physics*

1995-1996 University of Massachusetts, Lowell MA

Graduate work in Radiation Science.

1992-1995 Oral Roberts University, Tulsa OK

BS Engineering Physics (Magna cum laude)

PAPERS POSTERS AND PUBLICATIONS

- A. S. Meigooni, K. Sowards, D. Alahakone, R. J. Bricault, P. Sioshansi. Dosimetric Characteristics of a Palladium-103 Stent. Paper presented at the 21st Annual Meeting of the American Brachytherapy Society. May 1999.
- N. Brown, A. S. Meigooni, D. Alahakone, E. L. Johnson, G. Carlson, M. Mehrizi. Dosimetric Characteristics of Partially Shielded Rectal Applicators for Clinical Application with the VariSource High Dose Rate Remote Afterloading Device. Paper presented at the 21st Annual Meeting of the American Brachytherapy Society. May 1999.
- N. A. Detrouie, D. Alahakone, M. Beida, C. Granlund, M. Parisi, L. Kleinberg. Medical Physics Considerations and Caveats for Implementing a Gliosite Brachytherapy Program. Poster presented at the American Association of Physicists in Medicine Annual Meeting. July 2002.
- T. N. Teslow, S. Borzillary, D. Latronico, D. Alahakone, R. Gaudette, S. Li. A DICOM-RT Interceptor Algorithm Supporting an IMRT Program in a Pinnacle/Varis Environment. Poster presented at the American Association

of Physicists in Medicine Annual Meeting. July 2003.

- O Zeidan, L Myers, D Alahakone, D Latronico. A Comparison of IMRT and Conventional Techniques for Craniospinal Field Matching. Poster accepted for presentation at the American Association of Physicists in Medicine Annual Meeting. July 2004.
- T Teslow, D Alahakone, J Frensemeier, S He, N Detorie. Comparison of IMRT Commissioning for Varian 2300CD/120 MLC and 6EX/80 MLC On ADAC/Pinnacle and Corvus Planning Systems. Poster accepted for presentation at the American Association of Physicists in Medicine Annual Meeting July 2004.
- Timothy A. Chan, M.D., Ph.D., John D. Weingart, M.D., Michele Parisi, R.N., Michael A. Hughes, M.D., Alexander Olivi, M.D., Scott Borzillary, Dineli Alahakone, Nicholas A. Detorie, Ph.D., Moody D. Wharam, M.D., and Lawrence Kleinberg, M.D. Treatment of Recurrent Glioblastoma Multiforme with GliSite Brachytherapy.

PROFESSIONAL MEMBERSHIPS

American Association of Physicists in Medicine 1996-Present
ASTRO 2000 - present.

COMPUTING SKILLS

Proficient in: Windows, Microsoft Office, DOS, MathCAD, and currently learning JAVA.

REFERENCES

Available on request.

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

Bireli Alahakone, MS

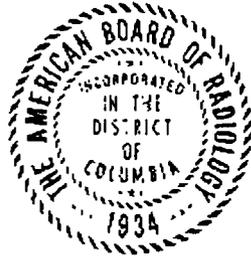
*Has pursued an accepted course of graduate study
and clinical work, has met certain standards and qualifications and
has passed the examinations conducted under the authority of*

The American Board of Radiology

On this third day of June, 2003

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

Therapeutic Radiologic Physics



Certificate No. P2690

William H. ...
President

Felix O. Adams, MD
Secretary-Treasurer

R.P. Hatten, MD
Executive Director



Valid through 2013



Department of Radiation Oncology and Molecular Radiation Sciences

401 North Broadway / Weinberg Building / Suite 1440 / Baltimore, Maryland 21231

Nicholas A. Detorie, Ph.D., DABR / DABM / FACMP
Interim Director & Chief for Medical Physics

410-955-7372 / 410-502-1419 Fax
detorni@jhmi.edu

July 21, 2005

Dineli Alahakone, M.S., DABR
489 Market Street
Beaver, PA 15009

Dear Dineli,

I am writing this letter of attestation regarding your training and experience as evidenced by your excellent work in Medical Physics at the Sidney Kimmel Comprehensive Cancer at Johns Hopkins School of Medicine, Baltimore Maryland.

During your employment at Johns Hopkins from February 2001- July 2005, you were responsible for many duties in the Brachytherapy arena. By virtue of your demonstrated competency and your certification in Therapeutic Radiological Physics by the American Board of Radiology, you were given primary duties in many complex brachytherapy cases and acted as the primary physicist in many of these procedures.

Your duties included the following: Low Dose Rate (LDR) procedures involving permanent and temporary implants, both interstitial and intracavitary-prostate seed implants, eye plaques for intraocular melanoma, GYN implants (T&O). Syed implants-some of which included image based (CT) planning.. You also executed High Dose Rate (HDR) procedures with the Ir-192 high activity source, nominally 10 Ci. These included GYN, interstitial Head & Neck, and sarcomas. You had over 2 years of experience in Intra-vascular cardiac brachytherapy. You were also responsible for the use of unsealed radionuclides including the use of liquid I-125 for Gliasite (balloon catheter brain implants). You were responsible for duties using all of the common radioisotopes for therapeutic applications.

You have demonstrated training and experience in the arena of Radiation Safety and Protection. You were responsible for regulatory compliance and Quality Assurance and Quality Control Procedures: receipt, logging, assaying, measuring, dose calculations, and disposal of radioactive materials. You have also helped train others in this arena via your educational duties- teaching and mentoring resident physicians, medical physics residents, and radiation therapy technologists.

In my experience of 30 years, I can confidently attest to the high quality of your brachytherapy skills and your competency as a Medical Physicist working in the brachytherapy arena.

Sincerely,

Nicholas A. Detorie, Ph.D., DABR
Manager for Clinical Medical Physics



A Comprehensive Cancer
Center Designated by the
National Cancer Institute

The Sidney Kimmel Comprehensive Cancer Center

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
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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)

ALPHONSE LOFER MS. AUTHORIZED MEDICAL PHYSICIST 35.51(b), e

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
HDR PLANNING, CHECKS, TREATMENT	TONY COMBINE MS	MEDICAL CENTER OF BEAVER BEAVER, PA 37-11562-01	250 HOURS
HDR Ir-192 CALIBRATIONS	"	"	30 HOURS
PROSTATE SEEDS - CALIBRATIONS, REAL-TIME PLANNING	"	"	200 HOURS
¹³⁷ Cs - Gyn Low Dose Rate Implants	"	"	5 HOURS
¹⁹² Ir - Seed Implants	"	"	10 HOURS
⁹⁰ Y - Intravascular	"	"	20 HOURS
SOURCE SAFETY, CHECKS, REGULATIONS	"	"	50 HOURS

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
¹⁹² Ir	HDR	100	TONY COMBINE MS	MED CENTER BEAVER 37-11562-01	250 HOURS
¹⁹² Ir	SEED IMPLANTS	3	"	"	10 HOURS
¹³⁷ Cs	GYN IMPLANTS	2	"	"	5 HOURS
¹²⁵ I	SEED IMPLANTS	80	"	"	200 HOURS
⁹⁰ Y	INTRAVASCULAR	10	"	"	20 HOURS

NRC FORM 313A (4-2002) 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

* 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)
MEDICAL PHYSICS M.S.C	UNIVERSITY OF KENTUCKY	8/2001 - 9/2003	CAMPEP
CONDENSED MASTER M.S.C. PHYSICS	LEXINGTON, KY	8/1995 - 3/2001	

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 supervision.
 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 TONY COMBINE M.S.
 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, IVBT LDR IMPLANTS (AS LISTED)
 N/A under the supervision of TONY COMBINE M.S. who is a medical physicist (35.961) or meets requirements for Authorized Medical Physicists (35.51) (specify use or device) HDR, IVBT LDR IMPLANTS, TELLTHERAPY

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

TONY COMBINE MS

B. Supervisor is:

Authorized User

Authorized Medical Physicist

Radiation Safety Officer

Authorized Nuclear Pharmacist

C. Supervisor meets requirements of Part 35, Section(s) 51a

for medical uses in Part 35, Section(s) 400 (Manual Brachy) 600 (Remote Afterloaders/Telerebrachy)

D. Address

UPMC/HVHS CANCER CENTER
MEDICAL CENTER OF BEAVER
1000 DUTCH RIDGE ROAD
BEAVER, PA. 15009

E. Materials License Number

37-11562-01

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) 51b as documented in section(s) 6a, 6b of this form. SEE ATTACHED FROM KRISHNA KHANDU

11b. Select one

meets the requirements in 35.50(e) 35.51(c) 35.390(b)(1)(ii)(G) 35.690(c) for AUTHORIZED PHYSICIST SOURCE IMPLANT types of use, as documented in section(s) 6a, 6b 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 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 _____ 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): _____

A. Address

UPMC/HVHS CANCER CENTER
MEDICAL CENTER OF BEAVER
1000 DUTCH RIDGE ROAD BEAVER, PA. 15009

B. Materials License Number

37-11562-01

C. NAME OF PRECEPTOR (print clearly)

TONY COMBINE

D. SIGNATURE - PRECEPTOR

Tony Combine

E. DATE

8/24/05

Combine, Anthony

From: Krishna, Komanduri
Sent: Thursday, August 25, 2005 2:29 PM
To: Combine, Anthony
Subject: RE: Re: Alphonse Loper

Tony,

Per our conversation, I can confirm that I have known Alphonse Loper for about four years now. He was a student in the medical physics program at University of Kentucky where I was a faculty and directly supervised most of his clinical rotations. As a part of the rotations he has done a lot of brachytherapy plans as well as procedures. The following is a list of his involvement after initial training.

Prostate implant seed assay and planning – 25 cases.

Prostate implants 14

Low dose rate cesium implants – 18

Low dose rate Ir implants- 2

High dose rate
Vaginal cylinders 11
GYN 8

QA for HDR both daily 30
source change 2

Lung 1

Please let me know if you need any further information on this. I have no hesitation in my mind that he is a competent and responsible physicist and have no hesitation for him to be included in the license.

Krishna

Dr. Krishna Komanduri
1112 S. 12th Ave. 5587
Riverside, NJ 07070
Tel: 908-879-0000
krishna@radiology.com

From: Combine, Anthony
Sent: Wednesday, August 24, 2005 10:35 AM
To: Krishna, Komanduri
Subject: Re: Alphonse Loper

Krishna,

I am filling out an NRC application to add Alphonse to our license as an authorized medical physicist. He will be added under parts 35.51b and 35.51c.

I need a written attestation that he meets the requirements as set forth in part b (Masters degree and related medical physics training) from a preceptor involved in this. I seem to remember that you may have been Alphonse's advisor at UK. If you could send one out or point me in the right direction to getting one, I would appreciate it.

Thanks

Tony

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

10/6/2005, and to inform you that the initial processing which includes an administrative review has been performed.

Amendment 37-11562-01 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** 137834.
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.