

**MEDICAL USE TRAINING AND EXPERIENCE  
AND PRECEPTOR ATTESTATION**

**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)

Christopher Hand, Ph.D [ 10 CFR 35.51(b)(1)(i)-(iv),35.51(2),35.51(c)]

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

NA

**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	NA	NA	NA
Radiation Protection	NA	NA	NA
Mathematics Pertaining to the Use and Measurement of Radioactivity	NA	NA	NA
Radiation Biology	NA	NA	NA
Chemistry of Byproduct Material for Medical Use	NA	NA	NA
OTHER	NA	NA	NA

**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
Seald Sources Leak Test and Inventory	Dr. Jacqueline Emrich Dr. Chet Reft Dr. Brian Hasson	Abington Mem Hosp 37-00432-02	1995 - Present
Performed Decay Corrections	Dr. Jacqueline Emrich	"	"
Perfromed Foil Calibration of the Remote After Lodding unit	Dr. Brain Hasson	"	"
Conducting Radiation Survey around Remote After Loading Unit	"	"	"

**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

**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
Hands On Device Operation	Vendor and Supervised	Abington Memorial Hospital February 2004
Safety Procedure	Vendor and Supervised	Abington Memorial Hospital February 2004
Operation of Treatment planning	Vendor and Supervised	Abington Memorial Hospital February 2004

\* 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)
Ph.D.	MCP Hahnemann University	1994 - 2000	LCME
Residency	University of Chicago	2000 - 2002	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 Dr. Jacqueline Emrich  
 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  
 N/A under the supervision of Dr. Hasson who is a medical physicist (35.961) or meets requirements for Authorized Medical Physicists (35.51) (specify use or device) HDR.

**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

Dr. Hasson

B. Supervisor is:

Authorized User

Authorized Medical Physicist

Radiation Safety Officer

Authorized Nuclear Pharmacist

C. Supervisor meets requirements of Part 35, Section(s) [ 10 CFR 35.51(b)(1)(i)-(iv),35.51(2),35.51(c)]

for medical uses in Part 35, Section(s) [ 10 CFR 35.51(b)(1)(i)-(iv),35.51(2),35.51(c)]

D. Address

Abington Memorial Hospital  
Dept. of Radiation Oncology  
1200 Old York Rd, Abington, PA 19001

E. Materials License Number

37-00432-02

+

**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) see sec.1 of page 1, as documented in section(s) 1 of page 1 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 \_\_\_\_\_

N/A

types of use, as documented in section(s) \_\_\_\_\_ 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 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 Authorized Medical Physicist 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

A. Address

Abington Memorial Hospital  
1200 Old York Rd  
Abington, PA 19001

B. Materials License Number

37-00432-02

C. NAME OF PRECEPTOR (print clearly)

Brian Hasson

D. SIGNATURE -- PRECEPTOR



E. DATE

05/01/2006



UNIVERSITY

**Drexel University College of Medicine**

In the tradition of Woman's Medical College of Pennsylvania and Hahnemann Medical College

Department of Radiation Oncology

April 26, 2006

Sandy Gabriel  
Senior Health Physicist  
Medical Branch  
NRC Region 1

Dear Ms. Gabriel,

This letter is to verify that Christopher M. Hand, Ph.D. was trained as a doctoral candidate in Radiation Sciences at MCP Hahnemann University from 1994-2000 and received his degree in May 2000. Over the last 15 years our institution has undergone mergers and a bankruptcy with the accompanying layers of name changes. Our institution is presently identified as Drexel University College of Medicine (DUCOM), and as you can see from this letterhead footer, the main name changes are included as reminders. Our graduate programs are accredited by LCME (Liason Committee on Medical Education).

Our Materials License Number is 37-07438-15 and represents PHEC (Philadelphia Health and Education Corporation) doing business as DUCOM.

As a graduate student in Radiation Sciences, Dr. Hand received both didactic and hands-on training in the use of radiation and radioactive materials. Our graduate students rotated through the department of Radiation Oncology (Therapy) and Nuclear Medicine. His graduate degree was in Radiation Sciences, and as such, course work in Bionucleonics (foundation course for nuclear decay and instrumentation), Radiation Biology, Medical Physics, Radiation Safety and Protection, and Radiopharmaceutical Chemistry was completed as a prerequisite to preliminary and comprehensive oral exams for this degree. Dr. Hand also gained experience teaching a laboratory assistant for the Bionucleonics graduate course offered by our University.

If I can be of further assistance, please contact me by phone (215-762-3408) or email ([Jacqueline.emrich@drexelmed.edu](mailto:Jacqueline.emrich@drexelmed.edu)).

Sincerely,

A handwritten signature in cursive script that reads "Jacqueline Emrich".

Jacqueline Emrich, Ph.D.

Professor, Radiation Oncology

Program Director, Radiation Sciences Biomedical Graduate Program

Mail Stop 200, 245 N. 15th Street, Philadelphia, PA 19102-1192 ■ TEL 215.762.8409 FAX 215.762.8523

[www.drexel.edu/med/radiation\\_oncology](http://www.drexel.edu/med/radiation_oncology)

The Drexel University College of Medicine is a not-for-profit subsidiary of Drexel University and is affiliated with Tenet HealthSystem, including Medical College of Pennsylvania HOSPITAL, Hahnemann UNIVERSITY HOSPITAL, and St. Christopher's HOSPITAL FOR CHILDREN.

[www.drexel.edu](http://www.drexel.edu)

The President and Faculty of  
MCP Hahnemann University  
MCP Hahnemann School of Medicine

an Institution for the Instruction  
in the Art of Medicine

*Greetings to one and all unto whom these presents may come.*

Let it be known that we  
do hereby declare by this document that

**Christopher M. Hand**

has duly and properly completed all those studies for the degree of Doctor of Philosophy at our university,  
and since he has taken the examinations with his professors in person,  
we do hereby ordain and establish him as a

**Doctor of Philosophy**

and therefore we give and concede to him all rights, immunities and privileges  
appertaining to that degree here and among men in every land.

In witness whereof, let this diploma be testimony, whereto we have affixed our common  
seal and appended our signatures.

Given on the nineteenth of May, in the Year of Our Lord 2000, at Philadelphia.