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May 1, 2006

NM1B1

Licensing Assistant Section
Nuclear Materials Safety Branch
U.S. Nuclear Regulatory Commission, Region 1
475 Allendale Road
King of Prussia, PA 19406-1415

Dear Sir or Madam:

07001250

Attached is an amendment request to our facilities NRC license (license number: 06-02388-01).

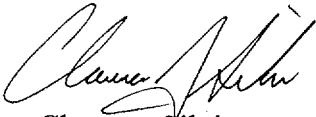
- Please remove Leticia L. Salinas as an Authorized Medical Physicist.
- Please add Della Leahy as an Authorized Medical Physicist.

Included are the following:

Form 313A: The addition of one (1) authorized medical physicist

If you have any technical questions regarding this amendment request, please contact George Pavlonnis, MS DABR, Medical Physicist at (860) 224-5900 Ext. 6355 or by e-mail at gp219@columbia.edu

Sincerely,



Clarence Silvia
Senior Vice President, NBGH

138853

NMSS/REG1 MATERIALS-002

**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)

Della Leahy, MS - Authorized Medical Physicist 10 CFR 35.51 (b) for 10 CFR 35.400, 35.600 and 35.1000

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			

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 Medical Physicist- Millennium Oncology Management with work at Bryn Mawr Hospital, Lankenau Hospital and Paoli Hospital Rad. Onc.	Michael Bieda, Nathan Anderson, Kathleen Spillane	37-07722-04 Bryn Mawr 37-07905-04 Lankenau	September 2001- January 2006

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

* 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)
MS in Medical Physics	University of Pennsylvania	August 1999 - June 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 Kathleen Spillane, Nathan Anderson 37-07905 who is a medical physicist (35.961) or meets requirements for Authorized Medical Physicists (35.51);
- N/A

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 and Prostate Seed Brachytherapy under the supervision of Michael Bieda 37-07722-04 who is a medical physicist (35.961) or meets requirements for Authorized Medical Physicists (35.51) (specify use or device) 10CFR35.400, 600, 1000
- N/A

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

Michael Bieda, M.S.

B. Supervisor is:

Authorized User

Authorized Medical Physicist

Radiation Safety Officer

Authorized Nuclear Pharmacist

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

for medical uses in Part 35, Section(s) 400,600,1000

D. Address

Bryn Mawr Hospital
130 S. Bryn Mawr Ave
Bryn Mawr, PA 19010

E. Materials License Number

37-07722-04

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) 51(b), 51(c), as documented in section(s) 6a;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 3

N/A

types of use, as documented in section(s) 6a;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 3 (35.400,35.600,35.1000) 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 35.51 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): 35.400, 35.600, 35.1000

A. Address

Bryn Mawr Hospital
130 S. Bryn Mawr Ave.
Bryn Mawr, PA 19010

B. Materials License Number

37-07722-04

C. NAME OF PRECEPTOR (print clearly)

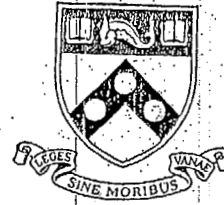
Michael Bieda, M.S.

D. SIGNATURE -- PRECEPTOR

Michael Bieda

E. DATE

4/11/06



V N I V E R S I T A S
P E N N S Y L V A N I E N S I S
OMNIBVS HAS LITTERAS LECTVRIS SALVTEM DICIT

Cum academiis antiquus mos sit scientiis litterisve
humanioribus excultos titulo iusto condecorare
nos igitur auctoritate Curatorum nobis commissa

DELLA MARIE HUTCHINSON

ob studia a Professoribus approbata ad gradum

MASTER OF MEDICAL PHYSICS

admisimus eique omnia iura honores privilegia ad hunc
gradum pertinentia libenter concessimus.

Cuius rei testimonio nomina nostra die mensis

Maii XXI Anno Salutis MCM et Universitatis
conditae CCLXI Philadelphiae subscripsimus

Leslie Laird Krehley



Judith Rodin
PRAESES

Samuel H. Preston

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

5/1/2006, and to inform you that the initial processing which includes an administrative review has been performed.

AMEND. 06-02388-01
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** 138853.
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.