

June 21, 2006

USNRC
Region 1
Attn: Dennis Lawyer.
475 Allendale Road
King of Prussia, PA 19406-1415

J-6
MS-16

Re: NRC License No. 29-31162-01 03037221
Control No. 138914

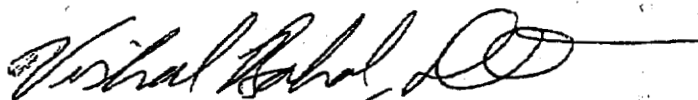
Dear Mr. Lawyer:

The following information is offered in response to your request for additional information for the above referenced control number 138914.

1. Dr. Bahal's training and experience are detailed in the signed preceptor statement on 313a attached.
2. Jonathan Law will serve as the initial RSO. Jonathan Law is currently the RSO on NRC license 29-08622-04. Dr. Bahal will amend his license to become RSO once his authorized user status has been granted.
3. There is zero occupancy above and below the facility where radioactive materials will be stored and used.

Please contact Jonathan Law (609)652-3409 (cell 609-226-7404) if there are any questions concerning this response.

Sincerely,



Vishal Bahal, D.O.

138914

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C. 3/13

U.S. NUCLEAR REGULATORY COMMISSION		APPROVED BY OMR: NO. 3150-8120 EXPIRES: 10/21/2008	
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)			
Vishal Bahal, DO, FACC			
2. For Physicians, Podiatrists, Dentists, Pharmacists - State or Territory Where Licensed			
New Jersey / Pennsylvania / Delaware			
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)(i)(G) for AU seeking 35.200 authorization; 35.390(b)(1)(ii)(G); 35.396(d)(1) and 35.396(d)(2); 35.580(c); or 35.590(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 5c (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)(i)(G) or 35.390(b)(1)(ii)(G) or 35.590(c) or 35.590(e); or AMP under 35.51(c).			
c. Complete items 5, 5a, 5b, 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	Associates in Medical physics	50	Feb 9-13 2004 April 23-25, 2006
Radiation Protection	"	12	Feb 7-13 2004
Mathematics Pertaining to the Use and Measurement of Radioactivity	"	6	Feb 9-13 2004
Radiation Biology	"	4	Feb 9-13 2004
Chemistry of Byproduct Material for Medical Use	"	8	Feb 9-13 2004
OTHER Generator Reagent Kits	"	2	Feb 9-13 2004

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U.S. NUCLEAR REGULATORY COMMISSION					
MEDICAL USE TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)					
(5a) 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		
ORDERLINE/RECEIVING/UNPACKING RAm, Radiation Surveys	William Barry, MD	Chester County Hospital, PA 77-03390-03	7/15/02-10/18/03 170 hrs		
Instrument Calibration Checks for Survey meter operation	William Barry, MD	Chester County Hospital, PA 77-03390-03	7/15/02-10/18/03 100 hrs		
Calculating, measuring and preparing doses	William Barry, MD	Chester County Hospital, PA 77-03390-03	7/15/02-10/18/03 96 hrs		
Using Administrative Controls to prevent medical events involving unsealed byproducts	William Barry, MD	Chester County Hospital, PA 77-03390-03	7/15/02-10/18/03 600 hrs		
Decontamination and Spill Clean-up of byproducts	William Barry, MD	Chester County Hospital, PA 77-03390-03	7/15/02-10/18/03 2 hrs		
Administration of radioactive drugs to pts.	William Barry, MD	Chester County Hospital, PA 77-03390-03	7/15/02-10/18/03 180 hrs		
Setting Generator Systems for appropriate prep. of radioactive drugs/testing radioactive purity	William Barry, MD	Chester County Hospital, PA 77-03390-03	7/15/02-10/18/03 55 hrs		
Processing Elute to prepare radioactive drugs	William Barry, MD	Chester County Hospital, PA 77-03390-03	7/15/02-10/18/03 TOTAL		
				661 hrs	
(5b) 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
Myoview	bone stress test	408	William Barry	Chester County Hospital, PA 77-03390-03	7/15/02-10/18/03 410 hrs
Jestamibi	bone stress test	140	William Barry	Chester County Hospital, PA 77-03390-03	7/15/02-10/18/03 150 hrs
Thallium	Resting Thallium	10	William Barry	Chester County Hospital, PA 77-03390-03	7/15/02-10/18/03 10 hrs
				TOTAL 570 hrs	

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U.S. NUCLEAR REGULATORY COMMISSION			
NRC FORM 313A (10-2000)			
MEDICAL USE TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)			
Sec. 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 35.800) 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 supervision of _____ the RSO for License No. _____

☐ N/A

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

☐ N/A

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NRC FORM 313A
(10-2005)

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

B. Supervisor is:

William Barry, MD☒ Authorized User☐ Authorized Medical Physicist☐ Radiation Safety Officer☐ Authorized Nuclear PharmacistC. Supervisor meets requirements of Part 35, Section(s) 35.290for medical uses in Part 35, Section(s) 35.300

D. Address

Chester County Hospital
295 East Marshall St.
Dept. Radiology, Chief
West Chester, PA 19380

E. Materials License Number

37-03390-03

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) 35.290 as documented in section(s) 6a, 6b of this form.

11b. Select one

☐

meets the requirements in ☐ 35.50(e) ☐ 35.51(c) ☐ 35.390(b)(1)(i)(G) ☐ 35.690(c) for types of use, as documented in section(s) _____ of this form.

☐ N/A

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 USER for 35.200 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 10 CFR 35.290 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): 35.200

A. Address

Chester County Hospital
295 East Marshall St.
Dept. of Radiology
West Chester, PA 19380

B. Materials License Number

37-03390-03

C. NAME OF PRECEPTOR (print clearly)

William Barry, MD

D. SIGNATURE - PRECEPTOR

x William Barry

E. DATE

x 21 June 06

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