



Radiation Oncology

July 24, 2006

THE PEAK OF GOOD HEALTH

Dixon Barthel, MA, Chief RTT and Acting Administrative Director
Jianzhong (John) Li, MS, DABR, DABMP, Radiation Safety Officer
License No: 37-31068-01 03036985
Ref: License Amendment
Enclosure: Preceptor Attestations from Jianzhong (John) Li and Chester Ramsey, Degree Diploma

Br. 1

RECEIVED
REGION I
JUL 25 AM 11:00

Pamela J. Henderson, Chief
Medical Branch
Division of Nuclear Material Safety
US Nuclear Regulatory Commission
Region I
475 Allendale Road
King of Prussia, PA 19406-1415

Dear Ms. Henderson:

This letter is written to request for the amendments to our above referenced license as described below:

- Item 1:
To reduce the current maximum amount of Iridium-192 we may possess at any one time to: **2 sources, 1 source not to exceed 12 curies and 1 source not to exceed 8 curies each.**
- Item 2:
To add Catherine Large to our license as an Authorized Medical Physicist for the Iridium-192 source used in our high dose remote afterloader unit.
- Item 3:
To change our name to: **Radiation Oncology, Summit Cancer and Hematology Services.**

Catherine is currently a radiation oncology physicist of Radiation Oncology, Summit Cancer and Hematology Services. We believe she has met the requirements of 10 CFR Part 35, §35.51 (b) and (c). Please refer to the enclosed NRC Forms 313A for her qualification.

Your prompt attention is greatly appreciated. Please feel free to contact us should you have any questions.


Jianzhong (John) Li, M.S., DABR, DABMP
RSO and Authorized Medical Physicist


Dixon Barthel, M.A., RTT
Acting Administrative Director

Julia Blum, M.D. • Shaju Shamsuddin, M.D.

139182
NMSS/RGNI MATERIALS-002

The Trustees
of
The University of Tennessee

on the recommendation of the Faculty have conferred, on

Catherine Cuskey Large

the degree of

Master of Science

with all the Rights Privileges, and Honors, thereunto, appertaining
In witness whereof this diploma is granted, and the Seal of the
University, and the signatures, of the President, of the University, and the
Secretary, of the Board, of Trustees, are, hereunto, affixed.

Given at Knoxville in the State of Tennessee this twelfth day of May
in the year of our Lord two thousand
and of the University the two hundred and sixth.



Beaumont E. Progan
Secretary of the Board of Trustees

J. Nash Miller
President of The University of Tennessee

**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)

Catherine Large, Authorized Medical Physicist, 10 CFR 35.51

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
Full calibration on megavolts medical accelerator for photon and electron beams (> 6 MeV)	Jianzhong (John) Li	Summit Cancer Services	120 Hours
Full calibration on Nucletron Oncoselect HDR-3 High Dose Rate (HDR) Remote Afterloader with Iridium-192 source	Jianzhong (John) Li	Summit Cancer Services 37-31068-01	40 Hours
Leak tests on sealed sources (Iodine-125)	Jianzhong (John) Li	Chambersburg Hospital 37-12771-01	2 Hours
Wipe tests on radioactive packages (Iridium-192)	Jianzhong (John) Li	Summit Cancer Services 37-31068-01	3 Hours
Decay corrections for Iridium-192 HDR source	Jianzhong (John) Li	Summit Cancer Services 37-31068-01	3 Hours
Radiation surveys on HDR remote afterloader and megavolts medical accelerator	Jianzhong (John) Li	Summit Cancer Services 37-31068-01	8 Hours
Treatment planning for external beam radiation therapy and HDR brachytherapy	Jianzhong (John) Li	Summit Cancer Services 37-31068-01	80 Hours
Treatment planning for prostate brachytherapy with Iodine-125 seeds	Jianzhong (John) Li	Chambersburg Hospital 37-12771-01	10 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
Iridium-192	GYN HDR Brachytherapy	21	Jianzhong (John) Li	Summit Cancer Services	21 Hours
Iridium-192	Mammosite Brachytherapy	80	Jianzhong (John) Li	37-31068-01	80 Hours
Iodine-125	Prostate Brachytherapy	5	Jianzhong (John) Li	Chambersburg Hospital	15 Hours
				37-12771-01	

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
High dose rate (HDR) emergency procedures	Vendor training (Nucletron)	Summit Cancer Services, 260 N 7th ST, Chambersburg, PA 17201. November 28, 2005
HDR brachytherapy treatment planing	Vendor training (Nucletron)	Nucletron, Columbia, Maryland. February 6-9, 2006
HDR unit operation, spot check, full calibration and treatment planing and treatment procedures.	Supervised	Summit Cancer Services, 260 N 7th ST, Chambersburg, PA 17201. November 28, 2005 to July 5, 2006
Radiation safety procedures for source receiving and shipping	Supervised	Summit Cancer Services, 260 N 7th ST, Chambersburg, PA 17201. November 28, 2005 to July 5, 2006

* 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 Nuclear Engineering,	Medical Physics Residency program. University of Tennessee, Knoxville, TN. R-47025, R-47194	January 2000 - July 2001	NA

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 Chester R. Ramsey, Ph.D
 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) Iridium-192 HDR source
 N/A under the supervision of Jianzhong (John) Li who is a medical physicist (35.961) or meets requirements for Authorized Medical Physicists (35.51) (specify use or device) Iridium-192 HDR source

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

Jianzhong (John) Li

B. Supervisor is:

Authorized User

Authorized Medical Physicist

Radiation Safety Officer

Authorized Nuclear Pharmacist

C. Supervisor meets requirements of Part 35, Section(s) 35.51

for medical uses in Part 35, Section(s) 35.600

D. Address

Summit Cancer Services
260 North Seventh Street
Chambersburg, pA 17201

E. Materials License Number

37-31068-01

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) 35.51 (b) and (c) as documented in section(s) 6b and 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 Ir-192 HDR types of use, as documented in section(s) 6b and 6c 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 Medical Physicist for Iridium-192 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 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): Iridium-192 (Nucletron HDR Remote Afterloader Unit)

A. Address

Radiation Oncology
Summit Cancer and Hematology Services
260 North Seventh Street, Chambersburg, PA 17201

B. Materials License Number

37-31068-01

C. NAME OF PRECEPTOR (print clearly)

Jianzhong (John) Li

D. SIGNATURE -- PRECEPTOR

E. DATE

07/24/2006

NRC FORM 313A
(10-2005)

U.S. NUCLEAR REGULATORY COMMISSION

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

APPROVED BY OMB: NO. 3150-0120
EXPIRES: 10/31/2008

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)

Catherine Large, Authorized Medical Physicist, 10 CFR 35.51 (b) and (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.
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 (10-2005) 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
Full calibration on megavolts medical accelerator for photon and electron beams (> 6 MeV)	Chester R. Ramsey, Ph.D	Thompson Cancer Survival Center, Knoxville, TN.	180 Hours
Leak tests on sealed sources (Cesium-137)	Chester R. Ramsey, Ph.D	Fort Sanders Regional Medical Center, Knoxville, TN. R-47025	3 Hours
Decay corrections for Cesium-137	Chester R. Ramsey, Ph.D	Fort Sanders Regional Medical Center, Knoxville, TN. R-47025	3 Hours
Radiation surveys on megavolts medical accelerator	Chester R. Ramsey, Ph.D	Thompson Cancer Survival Center, Knoxville, TN.	10 Hours
Treatment planning for external beam radiation therapy	Chester R. Ramsey, Ph.D	Thompson Cancer Survival Center, Knoxville, TN.	120 Hours
Treatment planning for brachytherapy with Iodine-125 seeds and Cesium-137 sources	Chester R. Ramsey, Ph.D	Fort Sanders Regional Medical Center, Knoxville, TN. R-47025	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
Cesium-137	GYN Brachytherapy	3	Chester R. Ramsey, Ph.D	Same as in 6a	18 Hours
Iodine-125	Prostate Brachytherapy	15	Chester R. Ramsey, Ph.D	Same as in 6a	45 Hours

NRC FORM 313A
(10-2005)

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)
Medical Physics Residency Program	Thompson Cancer Survival Center and Fort Sanders Regional Medical Center Knoxville, Tennessee. R-47025, R-47194	January 2000 - July 2001	NA

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 Chester R. Ramsey, Ph.D
 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
(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

Chester R. Ramsey, Ph.D

B. Supervisor is:

Authorized User

Radiation Safety Officer

Authorized Medical Physicist

Authorized Nuclear Pharmacist

C. Supervisor meets requirements of Part 35, Section(s) 35.57

for medical uses in Part 35, Section(s) 35.600

D. Address

Thompson Cancer Survival Center
1915 White Ave
Knoxville, TN 37916

E. Materials License Number

R-47025, R-47194

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) 35.51 (b) 1 yr training, as documented in section(s) 6a and 6b of this form.

11b. Select one

meets the requirements in 35.50(a) 35.51(c) 35.390(b)(1)(ii)(G) 35.690(c) for 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 _____ 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 35.57 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): Iridium-192 HDR, Cs-137, I-125, Pd-103

A. Address

Thompson Cancer Survival Center
1915 White Ave
Knoxville, TN 37916

B. Materials License Number

R-47025, R-47194, R-

C. NAME OF PRECEPTOR (print clearly)

Chester R. Ramsey, Ph.D

D. SIGNATURE - PRECEPTOR

Chester Ramsey

E. DATE

7-20-06

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

7/24/2006, and to inform you that the initial processing which includes an administrative review has been performed.

Amendment 37-31068-01 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** 139192.
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.