

Mercy Hospital of Pittsburgh
1400 Locust Street
Pittsburgh, PA 15219-5166

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REGIONAL
2006 AUG -7 PM 12:18

August 1, 2006

U.S. Nuclear Regulatory Commission, Region I
Division of Nuclear Materials Safety
Licensing Assistance Team
475 Allendale Road
King Of Prussia, PA 19406-1415

Re: License Number #37-01321-04 03031183

To Whom It May Concern,



Please amend our irradiator license as follows:

1. Change the Radiation Safety Officer to Barbara Bookser. Ms. Bookser is currently listed as the Radiation Safety Officer on our medical use license # 37-01321-02. Additionally, Ms. Bookser has completed the training requirements described in Appendix G in NUREG-1556, Vol. 5, 'Consolidated Guidance about Materials Licenses: Program-Specific Guidance about Self-Shielded Irradiator Licenses,' dated June 1998; Verification of training is attached for reference.

Sincerely,

Linda Hogan
Vice President Clinical Informatics & Operations
Mercy Hospital of Pittsburgh

Estimated burden per response to comply with this mandatory collection request: 4.4 hours. Submittal of the application is necessary to determine that the applicant is qualified and that adequate procedures exist to protect the public health and safety. Send comments regarding burden estimate to the Records and FOIA/Privacy Services Branch (T-5 F53), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to infocollects@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0120), Office of Management and Budget, Washington, DC 20503. If a means used to impose an information collection does not display a currently valid OMB control number, the NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.

APPLICATION FOR MATERIAL LICENSE

INSTRUCTIONS: SEE THE APPROPRIATE LICENSE APPLICATION GUIDE FOR DETAILED INSTRUCTIONS FOR COMPLETING APPLICATION. SEND TWO COPIES OF THE ENTIRE COMPLETED APPLICATION TO THE NRC OFFICE SPECIFIED BELOW.

APPLICATION FOR DISTRIBUTION OF EXEMPT PRODUCTS FILE APPLICATIONS WITH:

DIVISION OF INDUSTRIAL AND MEDICAL NUCLEAR SAFETY
 OFFICE OF NUCLEAR MATERIALS SAFETY AND SAFEGUARDS
 U.S. NUCLEAR REGULATORY COMMISSION
 WASHINGTON, DC 20555-0001

ALL OTHER PERSONS FILE APPLICATIONS AS FOLLOWS:

IF YOU ARE LOCATED IN:

ALABAMA, CONNECTICUT, DELAWARE, DISTRICT OF COLUMBIA, FLORIDA, GEORGIA, KENTUCKY, MAINE, MARYLAND, MASSACHUSETTS, MISSISSIPPI, NEW HAMPSHIRE, NEW JERSEY, NEW YORK, NORTH CAROLINA, PENNSYLVANIA, PUERTO RICO, RHODE ISLAND, SOUTH CAROLINA, TENNESSEE, VERMONT, VIRGINIA, VIRGIN ISLANDS, OR WEST VIRGINIA, SEND APPLICATIONS TO:

LICENSING ASSISTANCE TEAM
 DIVISION OF NUCLEAR MATERIALS SAFETY
 U.S. NUCLEAR REGULATORY COMMISSION, REGION I
 475 ALLENDALE ROAD
 KING OF PRUSSIA, PA 19406-1415

IF YOU ARE LOCATED IN:

ILLINOIS, INDIANA, IOWA, MICHIGAN, MINNESOTA, MISSOURI, OHIO, OR WISCONSIN, SEND APPLICATIONS TO:

MATERIALS LICENSING BRANCH
 U.S. NUCLEAR REGULATORY COMMISSION, REGION III
 2443 WARRENVILLE ROAD, SUITE 210
 LISLE, IL 60532-4352

ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, COLORADO, HAWAII, IDAHO, KANSAS, LOUISIANA, MONTANA, NEBRASKA, NEVADA, NEW MEXICO, NORTH DAKOTA, OKLAHOMA, OREGON, PACIFIC TRUST TERRITORIES, SOUTH DAKOTA, TEXAS, UTAH, WASHINGTON, OR WYOMING, SEND APPLICATIONS TO:

NUCLEAR MATERIALS LICENSING BRANCH
 U.S. NUCLEAR REGULATORY COMMISSION, REGION IV
 611 RYAN PLAZA DRIVE, SUITE 400
 ARLINGTON, TX 76011-4005

03031193

PERSONS LOCATED IN AGREEMENT STATES SEND APPLICATIONS TO THE U.S. NUCLEAR REGULATORY COMMISSION ONLY IF THEY WISH TO POSSESS AND USE LICENSED MATERIAL IN STATES SUBJECT TO U.S. NUCLEAR REGULATORY COMMISSION JURISDICTIONS.

1. THIS IS AN APPLICATION FOR (Check appropriate item)

- A. NEW LICENSE
- B. AMENDMENT TO LICENSE NUMBER 37-01321-04
- C. RENEWAL OF LICENSE NUMBER _____

2. NAME AND MAILING ADDRESS OF APPLICANT (Include ZIP code)

Mercy Hospital
 1400 Locust Street
 Pittsburgh, PA 15219-5166

3. ADDRESS WHERE LICENSED MATERIAL WILL BE USED OR POSSESSED

1400 Locust Street
 Pittsburgh, PA 15219-5166

4. NAME OF PERSON TO BE CONTACTED ABOUT THIS APPLICATION

Sharon L. Long - National Physics Consultants

TELEPHONE NUMBER

(888) 456-5255

SUBMIT ITEMS 5 THROUGH 11 ON 8-1/2 X 11" PAPER. THE TYPE AND SCOPE OF INFORMATION TO BE PROVIDED IS DESCRIBED IN THE LICENSE APPLICATION GUIDE.

5. RADIOACTIVE MATERIAL
 a. Element and mass number; b. chemical and/or physical form; and c. maximum amount which will be possessed at any one time.

6. PURPOSE(S) FOR WHICH LICENSED MATERIAL WILL BE USED.

7. INDIVIDUAL(S) RESPONSIBLE FOR RADIATION SAFETY PROGRAM AND THEIR TRAINING EXPERIENCE.

8. TRAINING FOR INDIVIDUALS WORKING IN OR FREQUENTING RESTRICTED AREAS.

9. FACILITIES AND EQUIPMENT.

10. RADIATION SAFETY PROGRAM.

11. WASTE MANAGEMENT.

12. LICENSE FEES (See 10 CFR 170 and Section 170.31)

FEE CATEGORY **3E** AMOUNT ENCLOSED \$ **0.00**

13. CERTIFICATION. (Must be completed by applicant) THE APPLICANT UNDERSTANDS THAT ALL STATEMENTS AND REPRESENTATIONS MADE IN THIS APPLICATION ARE BINDING UPON THE APPLICANT.

THE APPLICANT AND ANY OFFICIAL EXECUTING THIS CERTIFICATION ON BEHALF OF THE APPLICANT, NAMED IN ITEM 2, CERTIFY THAT THIS APPLICATION IS PREPARED IN CONFORMITY WITH TITLE 10, CODE OF FEDERAL REGULATIONS, PARTS 30, 32, 33, 34, 35, 36, 39, AND 40, AND THAT ALL INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF THEIR KNOWLEDGE AND BELIEF.

WARNING: 18 U.S.C. SECTION 1001 ACT OF JUNE 25, 1948 62 STAT. 749 MAKES IT A CRIMINAL OFFENSE TO MAKE A WILLFULLY FALSE STATEMENT OR REPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION.

CERTIFYING OFFICER -- TYPED/PRINTED NAME AND TITLE
 Linda Hogan, Vice President Clinical Informatics & Operations

SIGNATURE


DATE
 8/2/06

FOR NRC USE ONLY

TYPE OF FEE	FEE LOG	FEE CATEGORY	AMOUNT RECEIVED	CHECK NUMBER	COMMENTS
			\$		
APPROVED BY				DATE	

**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)

Barbara Bookser, BS, CNMT

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	Community College of Allegheny County	84	8/03 - 8/04
Radiation Protection	Community College of Allegheny County	24	8/03 - 8/04
Mathematics Pertaining to the Use and Measurement of Radioactivity	Community College of Allegheny County	24	8/03 - 8/04
Radiation Biology	Community College of Allegheny County	24	8/03 - 8/04
Chemistry of Byproduct Material for Medical Use	Community College of Allegheny County	36	8/03 - 8/04
OTHER Applied Nuclear Medicine Practives	Community College of Allegheny County	96	8/03 - 8/04

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
Shipping, receiving, and performing related radiation surveys	Michael Dougherty, M.D., RSO Kanta Patel	Mercy Hospital # 37-01321-02	Nov 22, 2004 - Present
Using and performing checks for proper operation of instruments used to determine the activity of dosages, survey meters, and instruments used to	Michael Dougherty, M.D., RSO Kanta Patel	Mercy Hospital # 37-01321-02	Nov 22, 2004 - Present
Securing and controlling byproduct material	Michael Dougherty, M.D., RSO Kanta Patel	Mercy Hospital # 37-01321-02	Nov 22, 2004 - Present
Using administrative controls to avoid mistakes in the administration of byproduct material	Michael Dougherty, M.D., RSO Kanta Patel	Mercy Hospital # 37-01321-02	Nov 22, 2004 - Present
Using procedures to prevent or minimize radioactive contamination and using proper decontamination procedures	Michael Dougherty, M.D., RSO Kanta Patel	Mercy Hospital # 37-01321-02	Nov 22, 2004 - Present
Using emergency procedures to control byproduct material and Disposing of byproduct material	Michael Dougherty, M.D., RSO Kanta Patel	Mercy Hospital # 37-01321-02	Nov 22, 2004 - Present

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
See Attached Additional Training		

* 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)

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 Michael Dougherty, MD the RSO for License No. 37-01321-02.

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) _____.

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:

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

E. Materials License Number

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) 50 (b) (d) (e), as documented in section(s) (1) (A-E) (ii) (A-G) 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) see att 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 _____ 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

B. Materials License Number

Mercy Hospital
1400 Locust Street
Pittsburgh, PA 15219

37-01321-02

C. NAME OF PRECEPTOR (print clearly)

D. SIGNATURE - PRECEPTOR

E. DATE

Michael J. Dougherty, M.D.

Michael J. Dougherty

8/1/06

Mercy Hospital of Pittsburgh
1400 Locust Street
Pittsburgh, PA 15219-5166

August 1, 2006

U.S. Nuclear Regulatory Commission, Region I
Division of Nuclear Materials Safety
Licensing Assistance Team
475 Allendale Road
King Of Prussia, PA 19406-1415

Re: License Number #37-01321-04

To Whom It May Concern,

Radiation Safety Officer training as identified in NUREG 1556 Volume 5 Appendix G



Radiation Safety
- Radiation vs. contamination
- Internal vs. external exposure
- Biological effects of radiation
- Types and relative hazards of radioactive material possessed
- ALARA concept
- Use of time, distance, and shielding to minimize exposure
- Use of radiation detection instruments.
Regulatory Requirements
- Locations of use and storage of radioactive materials
- Material control and accountability
- Annual audit of radiation safety program
- License conditions, amendments, renewals
- Transfer and disposal
- Recordkeeping
- Handling incidents
- Licensing and inspection by regulatory agency
- Need for complete and accurate information
- Employee protection
- Deliberate misconduct.
Practical Explanation of the Theory and Operation for Each Irradiator Possessed by the Licensee
- Routine vs. non-routine maintenance
- Operating and emergency procedures
- Prior events involving self-shielded irradiators.

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Pittsburgh, PA 15219-5166

I verify that Barbara Bookser, RSO has satisfactorily completed the identified training and is competent to act independently as the Radiation Safety Officer for this license.



Michael J. Dougherty, M.D., RSO



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

8/1/2006, and to inform you that the initial processing which includes an administrative review has been performed.

Amendment 37-01321-04 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 139246.

When calling to inquire about this action, please refer to this control number.

You may call us on (610) 337-5398, or 337-5260.

NRC FORM 532 (R1)
(6-98)

Sincerely,
Licensing Assistance Team Leader