

30 Prospect Avenue
Hackensack, N.J. 07601
201.996.2000

Affiliated with the University of
Medicine and Dentistry of New Jersey -
New Jersey Medical School



br.1

August 15, 2006

U.S. Nuclear Regulatory Commission
Region I
475 Allendale Road
King of Prussia, Pennsylvania 19406

Reference : License #29-02641-03

03002452

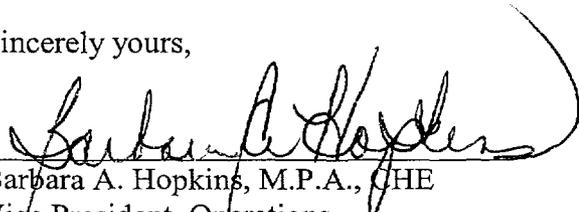
2006 SEP -6 AM 10:32
RECEIVED
REGION I

To Whom It May Concern:

Our facility requests that Alex Pevsner, Ph.D be added as an authorized medical physicist to our radioactive materials license. (See enclosed documentation)

If you have any questions regarding this, please contact Mr. Eric Weiss, at (201) 996-2548.

Sincerely yours,


Barbara A. Hopkins, M.P.A., CHE
Vice President, Operations



May 31, 2006

To whom it may concern:

Dear Sir or Madam,

This letter is written to confirm that Alex Pevsner, Ph.D. joined the Department of Medical Physics at Memorial Sloan Kettering Cancer Center as a Postdoctoral Fellow in May 2003, and has successfully completed our three year Medical Physics clinical training program in May of 2006. While in our program Dr. Pevsner has had training in dosimetry, instrumentation, radiation protection, radiation biology, anatomy and physiology through the courses and seminars offered at MSKCC. He has also had practical clinical training under the direction of an ABR-certified radiological physicist.

Please feel free to contact me if you require additional information.

Sincerely yours,

Lawrence N. Rothenberg, Ph.D., DABR
Attending Physicist
Postgraduate Training Program Director
Department of Medical Physics
(212) 639-7365
rothenbl@mskcc.org

NRC FORM 313A (10-2002)	U.S. NUCLEAR REGULATORY COMMISSION	APPROVED BY OMB: NO. 3150-0120 EXPIRES: 10/31/2005	
TRAINING AND EXPERIENCE AND PRECEPTOR STATEMENT			
PART I -- TRAINING AND EXPERIENCE			
<p>Note: Descriptions of training and experience must contain sufficient detail to match the training and experience criteria in the applicable regulations.</p>			
1. Name of Individual, Proposed Authorization (e.g., Radiation Safety Officer), and Applicable Training Requirements (e.g., 10 CFR 35.50) ALEX PEVSNER, AUTHORIZED Medical Physicist			
2. For Physicians, Podiatrists, Dentists, Pharmacists -- State or Territory Where Licensed			
3. CERTIFICATION			
Specialty Board	Category	Month and Year Certified	
RADIOLOGICAL PHYSICS	RADIATION THERAPY		
<i>Stop here when using Board Certification to meet 10 CFR Part 35 training and experience requirements.</i>			
4. DIDACTIC OR CLASSROOM AND LABORATORY TRAINING (optional for Medical Physicists)			
Description of Training	Location	Clock Hours	Dates of Training
Radiation Physics and Instrumentation	MEMORIAL SLOAN Kettering CANCER CENTER (MSKCC)	1000 HOURS	05/06/2003 - -05/06/2006
Radiation Protection	MSKCC	250 HOURS	05/06/2003 -05/06/2006
Mathematics Pertaining to the Use and Measurement of Radioactivity	MSKCC	200 HOURS	05/06/2003 05/06/2006
Radiation Biology	MSKCC	200 HOURS	05/06/2003 05/06/2006
Chemistry of Byproduct Material for Medical Use	MSKCC	250 HOURS	05/06/2003 05/06/2006
OTHER			

TRAINING AND EXPERIENCE AND PRECEPTOR STATEMENT (continued)

5a. WORK EXPERIENCE WITH RADIATION

Description of Experience	Name of Supervising Individual(s)	Location and Corresponding Materials License Number	Dates and Clock Hours of Experience
Medical Physics Fellowship	Dr. ROTHENBERG (PROGRAM DIRECTOR)	New YORK 15-2968-01	05/06/2003 - 05/06/06 1900 HOURS
ON JOB TRAINING	Dr. HANLEY	New Jersey	10/07/06 - PRESENT 25 HOURS

5b. SUPERVISED CLINICAL CASE EXPERIENCE

Radionuclide	Type of Use	No. of Cases Involving Personal Participation	Name of Supervising Individual	Location and Corresponding Materials License Number	Dates and Clock Hours of Experience
FDG	PET SCAN	50	Dr. Rothenberg	New York 15-2968-d	05/06/2003 - 05/06/2006 100
¹⁹² Ir	HDR BRACHYTHERAPY	40	Dr. Rothenberg	New York 15-2968-01	05/06/2003 - 05/06/2006 80
¹²⁵ I	LDR BRACHYTHERAPY	40	Dr. Rothenberg	New York 15-2968-01	05/06/2003 - 05/06/2006 80

NRC FORM 313A (10-2002)	U.S. NUCLEAR REGULATORY COMMISSION		
TRAINING AND EXPERIENCE AND PRECEPTOR STATEMENT (continued)			
6. FORMAL TRAINING (applies to Medical Physicists and Therapy Physicians)			
Degree, Area of Study or Residency Program	Name of Program and Location with Corresponding Materials License Numbers	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)
CERTIFICATE OF COMPLETION RADIATION THERAPY PHYSICS MEDICAL PHYSICS FELLOWSHIP @ MEMORIAL SLOAN KETTERING CANCER CENTER	Medical Physics Fellowship TS-2968-01	05/06/2003 - 05/06/2006	
7. RADIATION SAFETY OFFICER -- ONE-YEAR FULL-TIME TRAINING			
<input type="checkbox"/> YES Completed 1-year of full-time radiation safety experience (in areas identified in item 5a) under supervision <input type="checkbox"/> N/A of _____ the RSO for License No. _____			
8. MEDICAL PHYSICIST -- ONE YEAR FULL-TIME TRAINING/WORK EXPERIENCE			
<input checked="" type="checkbox"/> YES Completed 1-year of full-time training in therapeutic radiological physics under the supervision of <input type="checkbox"/> N/A <u>Dr. ROTHENBERG</u> who meets requirements for Authorized Medical Physicists; and			
<input checked="" type="checkbox"/> YES Completed 1-year of full-time work experience (for areas identified in item 5a) for <u>EXTERNAL BEAM / BRACHYTHERAPY</u> <input type="checkbox"/> N/A modality(ies) under the supervision of <u>Dr. Rothenberg</u> who meets requirements for Authorized Medical Physicists for <u>EXTERNAL BEAM / BRACHYTHERAPY</u> modality(ies).			
9. 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 35, provide the following information for each):			
A. Name of Supervisor <u>Dr. Rothenberg</u>	B. Supervisor is:	<input type="checkbox"/> Authorized User	<input checked="" type="checkbox"/> Authorized Medical Physicists
		<input type="checkbox"/> Radiation Safety Officer	<input type="checkbox"/> Authorized Nuclear Pharmacists
C. Supervisor meets requirements of Part 35, Section(s) _____ for medical uses in Part 35, Section(s) _____			
D. Address <u>MEMORIAL SLOAN KETTERING Cancer Center</u> <u>Dept. of Medical physics</u> <u>1275 YORK AVE</u> <u>New York, New York, 10021</u>			E. Materials License Number <u>TS-2968-01</u>

NRC FORM 313A
(10-2002)

U.S. NUCLEAR REGULATORY COMMISSION

TRAINING AND EXPERIENCE AND PRECEPTOR STATEMENT (continued)

PART II -- PRECEPTOR STATEMENT

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 the training requirements in 10 CFR 35.590.

Item 10 must be completed for Nuclear Pharmacists meeting the requirements of 10 CFR Part 35, Subpart J. Preceptors do not have to complete items 11a, 11b, or the certifying statements for other individuals meeting the requirements of 10 CFR Part 35, Subpart J.

YES 10. The individual named in item 1 has satisfactorily completed the training requirements in
 N/A 10 CFR 35.980 and is competent to independently operate a nuclear pharmacy.

YES 11a. The individual named in Item 1 has satisfactorily completed the requirements in Part 35, Section(s)
 N/A and Paragraph(s) _____.

YES 11b. The individual named in Item 1. is competent to independently function as an authorized
 N/A _____ for _____ uses.

12. PRECEPTOR APPROVAL AND CERTIFICATION

I certify the approval of item 10 and certify I am an Authorized Nuclear Pharmacist;

OR

I certify the approval of items 11a and 11b and certify I am an Authorized Nuclear Pharmacist;

OR

I certify the approval of Items 11a and 11b, and I certify that I meet the requirements of _____
 or equivalent Agreement State requirements to be a preceptor authorized _____
 for the following uses of byproduct material: _____.

A. Address

B. Materials License Number

C. NAME OF PRECEPTOR (print clearly)

D. SIGNATURE -- PRECEPTOR

E. DATE

This is to acknowledge the receipt of your letter/application dated ^(S)
8/15/2006, and to inform you that the initial processing which
includes an administrative review has been performed.

Amendments 29-02641-03
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** 139361.
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.