



UPMC | University of Pittsburgh
Medical Center

Strategic Business Initiatives

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RECEIVED
REGION 1

Charles E. Bogosta
Executive Vice President
Strategic Business Initiatives
UPMC Cancer Services

Forbes Tower, Suite 11090
3600 Forbes Avenue at Meyran
Pittsburgh, PA 15213
412-692-2451
Fax: 412-647-4881
bogostace@upmc.edu

August 28, 2006

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

RE: Request for amendment: License No. 37-02523-01 03003021

Dear Madams/Sirs:

Please amend License No. 37-02523-01 as follows:

1. Please add the following individuals as Authorized Medical Physicists (AMP).

Fang Li, MS. Ms. Li has been given supervised training in HDR procedures, safety and calibrations as indicated by the enclosed documentation. She holds a Master's Degree in Medical Physics and from Columbia University which included all the necessary didactic training. Supporting documentation is enclosed.

2. Item 6I, 7I, 8I: Please delete Depleted Uranium from our license.

Should you have any questions, please contact Mr. Ronald Scala, MS at (412) 623-1052.

Sincerely,

Charles E. Bogosta
Executive Vice President, UPMC Cancer Centers
UPMC Shadyside
UPMC Presbyterian

Enclosures

cc: RSC file

139404
NMSS/RGNI MATERIALS-002



Columbia University

Department of Applied Physics and Applied Mathematics

CONGRATULATES

Fang Li

ON THE COMPLETION OF THE

Program in Medical Physics

FOR THE

Master of Science Degree

MAY 19, 2004

Date

MAY 19, 2004

Date

Michael E. Mauel, Chairman

Thomas C. Marshall, Program Coordinator

COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK

NAME: Fang Li
 ID# : ██████████
 SCHOOL: FU FOUNDATN SCHL OF ENGINEERING & APPLIED SCIENCE:GRAD

CANDIDACY: Master of Science
 MAJOR: APPLIED PHYSICS
 CONCEN: MEDICAL PHYSICS

SUBJECT	COURSE TITLE	POINTS	GRADE
Fall 2002			
APPH	E4010 INTRODUCTN TO NUCLEAR SCIENCE	3.00	A
PUBH	P6330 RADIATION SCIENCE	3.00	A+
			GPA 4.165
Spring 2003			
APPH	E4500 HEALTH PHYSICS	3.00	B
APPH	E4550 MEDICAL PHYSICS SEMINAR	0.00	P
PUBH	P9319 NUCLEAR MEDICINE PHYSICS	3.00	A
PUBH	P9330 DIAGNOSTIC RADIOLOGICL PHYSICS	3.00	B+
			GPA 3.443
Fall 2003			
APPH	E4600 FUNDAMENTALS OF DOSIMETRY	2.00	A
APPH	E4710 RAD INSTRUMENT/MEASUREMENT LAB	3.00	B+
EHSC	P9335 RADIATION THERAPY PHYSICS	3.00	A-
			GPA 3.625
Spring 2004			
APPH	E4711 RAD INSTRUMENT/MEASUREMENT LAB	3.00	A-
EHSC	P8333 RADIATN ONCOLGY PRAC EXPERIENC	3.00	A
EHSC	P8340 DIAGNOSTIC RADIOLGY APPLICATNS	3.00	A-
			GPA 3.780

REMARKS

Cumulative GPA: 3.718

This official transcript was produced on
 MAY 18, 2004 and released to:

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USA

**PERSONAL INFORMATION WAS REMOVED
 BY NRC. NO COPY OF THIS INFORMATION
 WAS RETAINED BY THE NRC.**

THE TRUSTEES OF COLUMBIA UNIVERSITY
IN THE CITY OF NEW YORK

TO ALL PERSONS TO WHOM THESE PRESENTS MAY COME GREETING
BE IT KNOWN THAT

FANG LI

HAVING COMPLETED THE STUDIES AND SATISFIED THE REQUIREMENTS
FOR THE DEGREE OF

MASTER OF SCIENCE

HAS ACCORDINGLY BEEN ADMITTED TO THAT DEGREE WITH ALL THE
RIGHTS PRIVILEGES AND IMMUNITIES THEREUNTO APPERTAINING IN
WITNESS WHEREOF WE HAVE CAUSED OUR CORPORATE SEAL TO BE HERE
AFFIXED IN THE CITY OF NEW YORK ON THE NINETEENTH DAY OF MAY
IN THE YEAR TWO THOUSAND AND FOUR



Z. Galie

DEAN OF THE FACULTY OF THE FU FOUNDATION
SCHOOL OF ENGINEERING AND APPLIED SCIENCE

J. P. Collins
PRESIDENT

**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)

Fang Li, Authorized Medical physicist

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
LINAC for X-ray & e ⁻ beam	Dr. Krishna Komanduri	UPMC shady side hosp.	7/1/2004 - Now
Zr-192 HDR Remote Afterloader	Dr. Krishna Komanduri	UPMC shady side Hosp.	7/1/2004 - Now

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
Zr-192	HDR Brachytherapy	750	Krishna Komanduri	UPMC shady side Hosp.	7/1/2004 - Now

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)
M.S. in Medical physics	program in Medical physics	5/2004	Columbia University

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 Prishua Komanduri 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) 7r-192 HDR Remote Afterloader under the supervision of Prishua Komanduri 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 Krishna Komanduri
- 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) A and B, as documented in section(s) _____ 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) 6 already 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 appropriate 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 UPMC SHADYSIDE
5230 CENTRE AVE
PITTSBURGH PA
15232

B. Materials License Number 37-02523-01

[Signature]

C. NAME OF PRECEPTOR (print clearly) <u>VENKATA KRISHNA KOMANDURI</u>	D. SIGNATURE -- PRECEPTOR <u>[Signature]</u>	E. DATE <u>8/11/06</u>
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This is to acknowledge the receipt of your letter/application dated

8/28/2006, and to inform you that the initial processing which includes an administrative review has been performed.

Amendment 37-02523-01 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 139404.
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.