



ENGLEWOOD
HOSPITAL AND MEDICAL CENTER

K-8

December 28, 2006

US Nuclear Regulatory Commission
Region 1
475 Allendale Road
King of Prussia, PA 19406

03002513

Re: License No. 29-08519-01

Dear Sir or Madame,

This is to request the addition of Mr. Benjamin A. Hanson, MS, as an authorized medical physicist (AMP) to our license.

Please see the attached NRC FORM 313A which has been previously submitted. Mr. Hanson has received device-specific and site-specific vendor training for our HDR unit, including emergency training. Mr. Hanson has been trained by and functions under the direct supervision of our chief physicist, Dr. Tanxia Qu, PhD, DABR, who is an AMP in our license.

Please call Dr. Tanxia Qu at 201-894-3125 if you have any questions.

Thank you,

Daniel Markham
Vice President
Information Technology
and Diagnostic & Therapeutic Services

139876

NMCC/RONI MATERIALS-002

NRC FORM 313A (AMP) (10-2008)	U.S. NUCLEAR REGULATORY COMMISSION	APPROVED BY OMB: NO. 3150-0120 EXPIRES: 10/31/2008
AUTHORIZED MEDICAL PHYSICIST TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION [10 CFR 35.51]		

Name of Proposed Authorized Medical Physicist
Benjamin A. Hanson

Requested Authorization(s) (check all that apply)

<input type="checkbox"/> 35.400 Ophthalmic use of strontium-90	<input type="checkbox"/> 35.600 Teletherapy unit(s)
<input checked="" type="checkbox"/> 35.600 Remote afterloader unit(s)	<input type="checkbox"/> 35.600 Gamma stereotactic radiosurgery unit(s)

PART I -- TRAINING AND EXPERIENCE
(Select one of the three methods below)

*Training and Experience, including Board Certification, must have been obtained within the 7 years preceding the date of application or the individual must have obtained related continuing education and experience since the required training and experience was completed. Provide dates, duration, and description of continuing education and experience related to the uses checked above.

- 1. Board Certification
 - a. Provide a copy of the board certification.
 - b. Go to the table in 3.c. and describe training provider and dates of training for each type of use for which authorization is sought.
 - c. Skip to and complete Part II Preceptor Attestation.
- 2. Current Authorized Medical Physicist Seeking Additional Authorization for use(s) checked above
 - a. Go to the table in section 3.c. to document training for new device.
 - b. Skip to and complete Part II Preceptor Attestation
- 3. Education, Training, and Experience for Proposed Authorized Medical Physicist
 - a. Education: Document master's or doctor's degree in physics, medical physics, other physical science, engineering, or applied mathematics from an accredited college or university.

Degree <i>Master</i>	Major Field <i>Medical Physicist</i>
College or University <i>Georgia Institute of Technology</i>	

b. Supervised Full-Time Medical Physics Training and Work Experience in clinical radiation facilities that provide high-energy external beam therapy (photons and electrons with energies greater than or equal to 1 million electron volts) and brachytherapy services.

Yes. Completed 1 year of full-time training in medical physics (for areas identified below) under the supervision of *Tanxia Qu, PhD* who meets the requirements for an Authorized Medical Physicist.

AND

Yes. Completed 1 year of full-time work experience in medical physics (for areas identified below) under the supervision of *Tanxia Qu, PhD* who meets the requirements for an Authorized Medical Physicist.

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AUTHORIZED MEDICAL PHYSICIST TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Education, Training, and Experience for Proposed Authorized Medical Physicist (continued)

b. Supervised Full-Time Medical Physics Training and Work Experience (continued)

If more than one supervising individual is necessary to document supervised training, provide multiple copies of this page.

Description of Training/ Experience	Location of Training/License or Permit Number of Training Facility/Medical Devices Used+	Dates of Training*	Dates of Work Experience*
Medical Physics	Georgia Institute of Technology	Sep. 1 st , 2004 ~ Aug 31 st , 2005	
Performing sealed source leak tests and inventories	Englewood Hospital & Medical Center (EHMC)		Oct. 1, 2005 ~ Dec 15, 2006 (current)
Performing decay corrections	EHMC		"
Performing full calibration and periodic spot checks of external beam treatment unit(s)	—		
Performing full calibration and periodic spot checks of stereotactic radiosurgery unit(s)	—		
Performing full calibration and periodic spot checks of remote afterloading unit(s)	EHMC		"
Conducting radiation surveys around external beam treatment unit(s), stereotactic radiosurgery unit(s), remote after loading unit(s)	EHMC		"

Supervising individual**

Tania

License/Permit Number listing supervising individual as an authorized Medical Physicist

29-08519-01

for the following types of use:

Tania (Dr, PhD), DABR, AMP

- Remote afterloader unit(s) Teletherapy unit(s) Gamma stereotactic radiosurgery unit(s)

+ Training and work experience must be conducted in clinical radiation facilities that provide high-energy external beam therapy (photons and electrons with energies greater than or equal to 1 million electron volts) and brachytherapy services.

* 1 year of Full-time medical physics training and 1 year of full time work experience cannot be concurrent.

** If the supervising medical physicist is not an authorized medical physicist, the licensee must submit evidence that the supervising medical physicist meets the training and experience requirements in 10 CFR 35.51 and 35.59 for the types of use for which the individual is seeking authorization.

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AUTHORIZED MEDICAL PHYSICIST TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Education, Training, and Experience for Proposed Authorized Medical Physicist (continued)

c. Describe training provider and dates of training for each type of use for which authorization is sought.

Description of Training	Training Provider and Dates		
	Remote Afterloader	Teletherapy	Gamma Stereotactic Radiosurgery
Hands-on device operation	HDR (microSelectron) Oct 1, 2005 ~ Dec. 15, 2006	—	—
Safety procedures for the device use	--	—	—
Clinical use of the device	--	—	—
Treatment planning system operation	--	—	—

Supervising Individual If training is provided by Supervising Medical Physicist, (If more than one supervising individual is necessary to document supervised training, provide multiple copies of this page.) License/Permit Number listing supervising individual as an authorized Medical Physicist

Tanxia Qu, PhD, DABR 29-08519-01

for the following types of use:

- Remote afterloader unit(s) Teletherapy unit(s) Gamma stereotactic radiosurgery unit(s)

If Applicable:

Authorization Sought	Device	Training Provided By	Dates of Training
35.400 Ophthalmic Use of strontium-90	—	—	—

d. Skip to and complete Part II Preceptor Attestation.

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(10-2006)

U.S. NUCLEAR REGULATORY COMMISSION

AUTHORIZED MEDICAL PHYSICIST TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

PART II - PRECEPTOR ATTESTATION

Note: This part must be completed by the individual's preceptor. The preceptor does not have to be the supervising individual as long as the preceptor provides, directs, or verifies training and experience required. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each.

First Section

Check one of the following:

1. Board Certification

I attest that _____ has satisfactorily completed the requirements in 10 CFR 35.51(a)(1) and (a)(2).
Name of Proposed Authorized Medical Physicist

OR

2. Education, Training, and Experience

I attest that Benjamin A. Hanson has satisfactorily completed the 1-year of full-time training in medical physics and an additional year of full-time work experience as required by 10 CFR 35.51(b)(1).
Name of Proposed Authorized Medical Physicist

AND

Second Section

Complete the following:

I attest that Ben. A. Hanson has training for the types of use for which authorization is sought that include hands-on device operation, safety procedures, clinical use, and the operation of a treatment planning system.
Name of Proposed Authorized Medical Physicist

AND

Third Section

Complete the following:

I attest that Ben A. Hanson has achieved a level of competency sufficient to function independently as an Authorized Medical Physicist for the following:
Name of Proposed Authorized Medical Physicist

- 35.400 Ophthalmic use of strontium-90
- 35.600 Teletherapy unit(s)
- 35.600 Remote afterloader unit(s)
- 35.600 Gamma stereotactic radiosurgery unit(s)

AND

Fourth Section

Complete the following for preceptor attestation and signature:

I meet the requirements in 10 CFR 35.51, or equivalent Agreement State requirements for Authorized Medical Physicist for the following:

- 35.400 Ophthalmic use of strontium-90
- 35.600 Teletherapy unit(s)
- 35.600 Remote afterloader unit(s)
- 35.600 Gamma stereotactic radiosurgery unit(s)

Name of Preceptor

Tanxia Qu

Signature

Telephone Number

202-894-3125

Date

12/22/06

License/Permit Number/Facility Name

The President and Faculty
of
The Georgia Institute of Technology

To all to whom these presents may come, Greeting: Whereas

Benjamin Amos Hanson

has completed all the requirements for Graduation, now, therefore, We, under
the authority vested in us, do hereby confer the degree of

Master of Science in Medical Physics

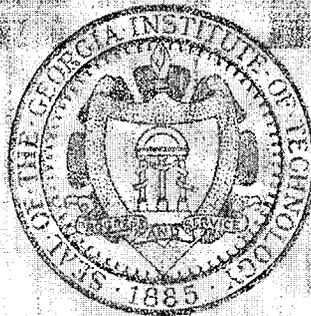
with all the rights, privileges and honors, thereunto appertaining.
In witness whereof, the signatures of the Chancellor of the University System,
the President and the Registrar of The Georgia Institute of Technology are

as completed all the requirements for Graduation, now, therefore, We, under
the authority vested in us, do hereby confer the degree of

Master of Science in Medical Physics

with all the rights, privileges and honors, thereunto appertaining.
In witness whereof, the signatures of the Chancellor of the University System,
the President and the Registrar of The Georgia Institute of Technology are
hereto subscribed, and the seal of the Institute is affixed.
Given at Atlanta on the fifth day of August, two thousand and five.

Thomas C. Meredith
CHANCELLOR



D. W. Jones
PRESIDENT

Reta P. Kowalsky
REGISTRAR



Nucletron Training Seminar

Institution: Englewood Hospital

City, State/Province, Zip: Englewood, NJ 07631

1 Teaching Aids Used

- User's Manual
- Applicators and Accessories
- Source Container and Dummy Sources
- Other

✓
✓
✓
✓

2 Topics Covered

- Explanation of Remote Afterloading
- Explanation of Radiation Protection

✓
✓

3 Applications

- Bronchus
- Interstitial
- Intracavitary
- Intraoperative

✓
✓
✓
✓

4 Applicators/Accessories

- Bronchus
- GYN
- Esophagus
- Interstitial
- Other

✓
✓
✓
✓
✓

5 Equipment Operation

- Treatment Unit
- Handling
- Power Requirements
- Console
- Treatment
- Start
- Interrupt
- Emergency Stop
- Alarm and Error Codes

✓
✓
✓
✓
✓
✓
✓
✓
✓
✓

Radioactive Source: Ir 192

6 Receiving

- Unpacking
- Acceptance
- Calibration
- Installation

✓
✓
✓
✓

7 Shipping

- Release
- Packing
- Documents
- Measurements

✓
✓
✓
✓

Emergency Procedures ✓

All areas marked were covered during training

Mon Oct 2006 10/09/06 11:58:17

Mon Oct 2006 10/09/06 12:09:34

Instructor

Department Head

Title

Title

* List of all attendees accompanies this form



Nucletron

Nucletron Corporation

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Columbia, MD 21046

Telephone: 410-312-4100

Toll Free: 800-336-2249

Canada Toll Free: 800-445-2249

FAX: 410-312-4196

**Nucletron Training Seminar
Attendance Registration**

Hospital: Englewood Hospital

Date: Monday, October 09, 2006

Course: Inservice

Instructor: Peter Veldkamp

	Name	Department	Title	Signature
1	David Dubin	Radiation Oncology	Dr.	 Mon Oct 2006 10/09/06 12:01:57
2	Mei Zhang	Radiation Oncology	Dr.	 Mon Oct 2006 10/09/06 12:02:14
3	Tanxia Qu	Radiation Oncology	PhD	 Mon Oct 2006 10/09/06 12:09:07
4	Ben Hanson	Radiation Oncology	M.S.	 Mon Oct 2006 10/09/06 12:01:34
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

I certify that the above individuals have been instructed in Equipment Operation, Safety Precautions and Emergency Procedures in accordance with Nucletron Corporation Training Standards.

Instructor Signature:
Mon Oct 2006 10/09/06 11:52:55

Instructor Title: Product Support Diagnostics / FSE

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

12/28/2006, and to inform you that the initial processing which includes an administrative review has been performed.

AMEND. 29-08519-01
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** 139876.
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.