

# The Reading Hospital and Medical Center



Carl J. Seidl  
Vice President  
Telephone: 610-988-8474  
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Sandra Gabriel  
Senior Health Physicist  
Division of Nuclear Materials Safety  
USNRC, Region I  
475 Allendale Rd.  
King of Prussia, PA 19406

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K-8

1-23-07  
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RECEIVED  
REGION I

Dear Ms. Gabriel,

03002960

In response to your e-mail to our RSO, Walter L. Robinson on Dec. 18, 2006, please amend our byproduct material license 37-00485-04 to include a new authorized medical physicist under 10 CF 35.53 with this new set of information.

Zhongmin Wang, Ph.D. has completed his training and experience in preparation to become an authorized medical physicist for byproduct materials used in radiation oncology, including Ir-192, in our Varian HDR afterloader, for calibrations, spot-checks, and training; as well as Sr-90 for instrument calibration. Please find enclosed the NRC AMP-specific 313A forms from Dr. Smith, as preceptor, along with a letter or recommendation, to validate this training and experience. We have also included a copy of his SUNY diploma, and a list of specific subjects in his formal clinical medical physics training program at the University of Pittsburgh.

No control number was referenced in your e-mail, so none is referenced here.

Sincerely,

Carl Seidl  
Vice President  
Reading Hospital and Medical Center

139788

NMCC/REGI MATERIALS-002

# State University of New York

## State University at Stony Brook

On the Recommendation of the Faculty and by Virtue of the Authority  
vested in them the Trustees of the University have conferred on

Zhongmin Wang

the Degree of

Doctor of Philosophy

Physics - Concentration in Astronomy

and have granted this Diploma as evidence thereof

Given at Stony Brook, in the State of New York, in the United States of America  
on the twenty-first day of May two thousand and four.

*Thomas F. Esau*  
Chairman of the Board of Trustees

*T. R. Neste*  
Chairman of the Council,  
State University at Stony Brook



*Robert L. Byrd*  
Chancellor of the State University of New York

*Winston Truman Kenney*  
President,  
State University at Stony Brook

Topics covered in the clinical post-doctoral training program at the University of Pittsburgh Medical Center (UPMC), Pittsburgh, PA

**External Beam Radiation Therapy:**

External Beam Treatment Planning  
Eclipse treatment planning system  
3D CRT treatment plan  
IMRT treatment planning  
Electron beam dosimetry  
Record/Verification software and treatment delivery software  
IMRT QA  
Operation/QA of Linac and CT Simulator  
Daily Linac QA  
Monthly Linac QA  
Annual Linac QA  
CT simulator/software  
Dose Measurement with chamber and electrometer  
TLD and TLD reader  
Film dosimetry  
Diode dosimetry  
Chart Check  
Hand calculation and daily pre-treatment chart check  
Weekly chart check

**Brachytherapy:**

HDR Brachytherapy with Nucletron Microselectron HDR unit  
HDR Unit QA  
Nucletron HDR treatment planning system Plato  
Mammosite and GYN cases

LDR Brachytherapy including Prostate Seed Implant (PSI)  
Radioactive seeds ordering and receiving  
Measurement of the activity of radioactive seed  
Vicryl mesh implant

# The Reading Hospital and Medical Center



January 12, 2007

Dear Sir/Madam:

This letter is to verify that after finishing his clinical post-doctoral training at the University of Pittsburgh Medical Center, Dr. Wang has worked for under my direct supervision for more than a year and a half. During this period he has been involved in the following activities:

The acceptance, full calibrations, monthly calibration, monthly and annual QA of a Varian CL 21 EX and a Varian Trilogy, including high-energy photon and electron beams. During the acceptance of these units, he performed radiation surveys in the surrounding areas.

The performance and verification of external treatment plans, including IMRT plans and stereotactic radiosurgery.

The performance and verification of treatment plans in our Varisource HDR unit (mammosite and gyn cases) using Varian's Brachyvision treatment planning system, daily source decay corrections, monthly calibration, QA procedures, radiation surveys around the HDR unit and surrounding areas, as well as leak testing of new sources. Dr. Wang has received training from a Varian representative for the Varisource HDR unit and additional on the job training under my direct supervision.

The performance LDR prostate seed implants.

I can attest to Dr. Wang's post-doctoral training at the University of Pittsburgh Medical Center and believe he is capable of performing independently.

Sincerely,

A handwritten signature in cursive script that reads "René J. Smith". The signature is written in black ink and is positioned above the printed name.

René J. Smith, Ph.D., FAAMP, DABR  
Senior Medical Physicist

**AUTHORIZED MEDICAL PHYSICIST TRAINING AND EXPERIENCE  
AND PRECEPTOR ATTESTATION  
[10 CFR 35.51]**

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

Name of Proposed Authorized Medical Physicist

Zhongmin Wang, Ph.D.

- Requested Authorization(s) (check all that apply)
- 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)

**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 Ph.D.	Major Field Particle Physics
College or University SONY, Stony Brook, NY	

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 Rene Smith, Ph.D. 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 Krishna Komandari, Ph.D. who meets the requirements for an Authorized Medical Physicist.

**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	Reading Hospital + Medical Center, West Reading, PA (TRHMC)	May 16, '05 to present	May 16, '05 to present
Performing sealed source leak tests and inventories	University of Pittsburgh (UoP)	Mar. '04 to May '05	Mar. '04 to May '05
Performing decay corrections	University of Pittsburgh TRHMC	3/04 to 5/05 May '05 to present	3/04 to 5/05 May '05 to present
Performing full calibration and periodic spot checks of external beam treatment unit(s)	UoP TRHMC	3/04 to 3/05 5/05 to present	3/04 to 5/05 5/05 to present
Performing full calibration and periodic spot checks of stereotactic radiosurgery unit(s)	TRHMC	5/05 to present	5/05 to present
Performing full calibration and periodic spot checks of remote afterloading unit(s)	UoP TRHMC	3/04 to 5/05 5/05 to present	3/04 to 5/05 5/05 to present
Conducting radiation surveys around external beam treatment unit(s), stereotactic radiosurgery unit(s), remote after loading unit(s)	TRHMC	5/05 to present	5/05 to present

Supervising Individual\*\*

Rene Smith, Ph.D.  
x *Rene Smith*

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

37-00485-04

for the following types of use:

- 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. *they both are.*

\* 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.

**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 (X-ray/electron beam only)	Gamma Stereotactic Radiosurgery
Hands-on device operation	U of P 3/04 to 5/05 TRHMC 5/05 to Present	U of P 3/04 to 5/05 TRHMC 5/05 to present	
Safety procedures for the device use	U of P 3/04 to 5/05 TRHMC 5/05 to Present	U of P 3/04 to 5/05 TRHMC 5/05 to present	
Clinical use of the device	U of P 3/04 to 5/05 TRHMC 5/05 to Present	U of P 3/04 to 5/05 TRHMC 5/05 to present	
Treatment planning system operation	U of P 3/04 to 5/05 TRHMC 5/05 to Present	U of P 3/04 to 5/05 TRHMC 5/05 to present	

<p>Supervising Individual <i>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.)</i></p> <p><i>René J. Smith</i> RENE SMITH, Ph.D.</p>	<p>License/Permit Number listing supervising individual as an authorized Medical Physicist</p> <p>37-00485-04</p>
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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.

**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  
Name of Proposed Authorized Medical Physicist  
10 CFR 35.51(a)(1) and (a)(2).

OR

**2. Education, Training, and Experience**

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

AND

**Second Section**

Complete the following:

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

AND

**Third Section**

Complete the following:

I attest that Zhongmin Wang has achieved a level of competency sufficient to  
Name of Proposed Authorized Medical Physicist  
function independently as an 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)

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 <u>Rene Smith</u>	Signature <u>X Rene Smith</u>	Telephone Number <u>610-992-8144</u>	Date <u>12/2/06</u>
License/Permit Number/Facility Name <u>37-00485-04</u>			