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**Lewisburg Cancer Center**  
**Emily Militzer, M.D.**  
**Radiation Oncologist**

NMSB1

75 Medical Park Drive  
Lewisburg PA 17837

Phone: 570-523-9200  
Fax: 570-523-9205

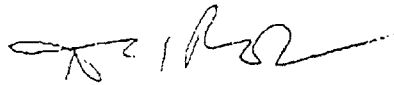
Sandra Gabriel  
Nuclear Regulatory Commission  
Re: Alex Chen

37-31144-01  
03037182

Dear Sandra:

I am confirming that I have reviewed the complete amendment request (dated 3/9/2007 regarding Cong (Alex) Chen, PhD) for HDR AMPs and concured with its contents.

Sincerely,



Naren Srivastava

140261

2/6

NRC FORM 313A (10-2005)	U.S. NUCLEAR REGULATORY COMMISSION	APPROVED BY OMB: NO. 3160-0120 EXPIRES: 10/31/2008
<b>MEDICAL USE TRAINING AND EXPERIENCE                  AND PRECEPTOR ATTESTATION</b>		

**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)

Cong (Alex) Chen

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			

3/6

**NRC FORM 313A** **U.S. NUCLEAR REGULATORY COMMISSION**  
(10-2005) **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

**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

4/6

NRC FORM 313A (10-2005) U.S. NUCLEAR REGULATORY COMMISSION  
**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
2D and 3D treatment planning/simulation with pinnacle3 TPS	supervised and vendor based	Lewisburg Cancer Center (2005-current) Harrisburg cancer Center (2003-2005)
HDR treatment planning (mammosite, Fletcher, Cylinder) and delivery with Nucletron remote afterloader and QA procedures	supervised and vendor based	Lewisburg Cancer Center (2005-current) Harrisburg cancer Center (2003-2005)
Daily, Monthly, and Annual QA on Linac with 6, and 16 MV photon beams and 6, 9, 12, 15, and 20 MeV electron beams	supervised and vendor based	Lewisburg Cancer Center (2005-current) Harrisburg cancer Center (2003-2005)

\* 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)
Vanderbilt University MS-Environmental Engineering Tongji University PhD, MS, BS-Physics	Nashville TN Shanghai, China	1989-1992 1981-1989	

**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 Dr. Emily Milltzer the RSO for License No. USC 1949-19

**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 Weimin (Will) Chen, PhD  
 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 Weimin (Will) Chen, PhD who is a medical physicist (35.961) or meets requirements for Authorized Medical Physicists (35.51) (specify use or device) \_\_\_\_\_

5/6

NRC FORM 313A U.S. NUCLEAR REGULATORY COMMISSION  
 ("C-2005") 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 Weimin (Will) Chen, PhD  
 B. Supervisor is:  Authorized User  Authorized Medical Physicist  
 Radiation Safety Officer  Authorized Nuclear Pharmacist  
 C. Supervisor meets requirements of Part 35, Section(s) 35.51  
 for medical uses in Part 35, Section(s) \_\_\_\_\_  
 D. Address 75 Medical Park Drive  
 Lewisburg, PA 17837  
 E. Materials License Number 37-31144-01

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) 35.51 (a)(b)(c), as documented in section(s) 6c 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 \_\_\_\_\_ types of use, as documented in section(s) 6c of this form.  
 N/A

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 Medical Physicist for HDR 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 35.51 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 75 Medical Park Drive  
 Lewisburg, PA 17837  
 B. Materials License Number 37-31144-01

C. NAME OF PRECEPTOR (print clearly) Weimin Chen, Ph.D.	D. SIGNATURE - PRECEPTOR <i>Weimin Chen</i>	E. DATE 3/9/07
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6/6

## Lewisburg Cancer Center

75 Medical Park Drive  
Lewisburg PA 17837

Mar 9, 2007

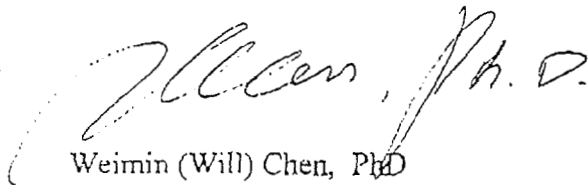
Re: 37-31A-4-01

To Whom It May Concern:

I verify that Mr. Cong (Alex) Chen has satisfactorily completed the requirements in 10 CFR 35.51(b) (1) and (c) and has achieved a level of competency sufficient to function independently as an authorized medical physicist for HDR. During his clinical radiation oncology training and work experience at the Lewisburg Cancer Center and other Cancer Centers, he has conducted high-energy external beam radiation therapy and brachytherapy services, including performing sealed source leak tests and inventories, decay corrections, full calibration and periodic spot checks of external beam and HDR treatment units, and radiation surveys around external beam and HDR treatment units. In the same time period, a minimum of one year full-time supervised clinical experience was supervised by an individual who meets the requirements of HDR AMP (Weimin "Will" Chen PhD).

For any questions please do not hesitate to contact my office.

Sincerely



Weimin (Will) Chen, PhD

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

*RECEIVED 3/20/2007* and to inform you that the initial processing which includes an administrative review has been performed.

*AMEND. 37-31144-01* 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

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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** *140261*.  
When calling to inquire about this action, please refer to this control number.  
You may call us on (610) 337-5398, or 337-5260.