

21st Century Oncology

Radiation Therapy Services, Inc.

RECEIVED
REGION 1

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April 6, 2007

NMSBL

Licensing Assistance Team
Division of Nuclear Material Safety
U.S. Nuclear Regulatory Commission, Region I
475 Allendale Road
King of Prussia, PA 19406-1415

03037177

RE: Radioactive Material License # 09-31141-01

To Whom It May Concern:

We would like to request an amendment to the referenced Radioactive Materials License to include Wadie Tawadrous, M.S. as an Authorized Medical Physicist. Find enclosed copy of Mr. Tawadrous ABR Certificate, manufacturer training, and Form 313 A (AMP).

Should you have any question regarding this application, feel free to call me at 239-768-7377.

Sincerely,

Daniel H. Galmarini, DABR
Director of Physics,

140368

NMSS/RGN1 MATERIALS-002

**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

- 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	Major Field
MSc physics	Medical physics.
College or University	
Polytechnic University, Brooklyn, 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 DR. N IKKO 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 DR. IKKO 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	NY Methodist 21 Ex Varian, Simens KD2 therapy plus	6/2000 8/2002	8/02 8/04
Performing sealed source leak tests and inventories	NY Methodist - Scinti-Hator; well chamber	~	~
Performing decay corrections	NY Methodist - instrutor, Physico, Residancy D.	~	~
Performing full calibration and periodic spot checks of external beam treatment unit(s)	NY Methodist 2100C, varion, 6ppiv, KD2 6/18	~	~
Performing full calibration and periodic spot checks of stereotactic radiosurgery unit(s)	NY Methodist SEBI - (X-Knife-3)	~	~
Performing full calibration and periodic spot checks of remote afterloading unit(s)	NY Methodist Gamma Med-Plus (ABACUS 3.1)	~	~
Conducting radiation surveys around external beam treatment unit(s), sterotactic radiosurgery unit(s), remote after loading unit(s)	NY Methodist Ludlum GM, vectoreen.	~	~

Supervising Individual**

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

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.

* 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	Gamma Stereotactic Radiosurgery
Hands-on device operation	Gamma med plus ABACUS -3.1		
Safety procedures for the device use	QA. Source calibration check activity, Source Linearity, Positioning Emergency, - - -		
Clinical use of the device	tx of skin, vaginal superficial, T&O Rectum, Eso, Esoph.		
Treatment planning system operation	ABACUS, 3.1		

<p>Supervising Individual <small>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.)</small></p>	<p>License/Permit Number listing supervising individual as an authorized Medical Physicist</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	N/A	N/A	N/A

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 Wadie Tawadrous 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 Wadie Tawadrous 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 Wadie Tawadrous 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 Wadie Tawadrous 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)

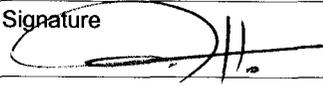
AND

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>FOR THE DEPT.</u> <u>S. RAFLA, M.A., Ph.D. Chairman</u>	Signature 	Telephone Number <u>718-780 3677</u>	Date <u>3/4/07</u>
License/Permit Number/Facility Name <u>NEW YORK METHODIST HOSPITAL</u>		<u>91-2842-01</u>	

The American Board of Radiology

*Organized through the cooperation of the
American College of Radiology, the American Roentgen Ray Society,
the American Radium Society, the Radiological Society of North America,
the Section on Radiology of the American Medical Association,
the American Society for Therapeutic Radiology and Oncology, the Association of
University Radiologists, and American Association of Physicists in Medicine*

Hereby certifies that

Wadie William Tawadrous, MS

*Has pursued an accepted course of graduate study
and clinical work, has met certain standards and qualifications and
has passed the examinations conducted under the authority of*

The American Board of Radiology

On this thirteenth day of June, 2006

*Thereby demonstrating to the satisfaction of the Board
that he is qualified to practice the specialty of*

Therapeutic Radiologic Physics



Certificate No. #2689

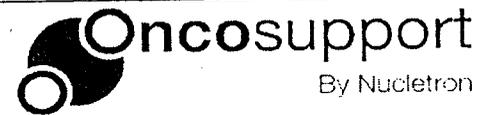
Ray O. Alderson, MD
President

Lith Eicken
Secretary-Treasurer

R.R. Hatten, MD
Executive Director



Valid through 2016



Training

Certificate

granted to
Wadie Tawadrous

for attending
the following course
Brachytherapy Treatment Planning
Version 14.3

At 21st Century Oncology, FT. Myers, FL

date

July 10-13, 2006

Nucletron – Columbia, Maryland USA

A handwritten signature in black ink, appearing to read 'Joe Iannitto', written over a horizontal line.

Joe Iannitto
Instructor

Certificate expires two years after last course day
19 MDCB Credits, MDCB Ref # MDCB041561
15.5 Category A CE, ASRT Ref #-MDZ0142008

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

4/6/2007, and to inform you that the initial processing which includes an administrative review has been performed.

AMEND. 09-31141-01 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 140368.
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.