

**PATIENT Safety
Starts WITH ME**

June 18, 2007

NMSS1

U.S. Nuclear Regulatory Commission
Region I Office, Division of NMSS
Attn: Materials Licensing
475 Allendale Road
King of Prussia, PA 19406

03003298

RE: NRC license number 45-00131-02

To whom it may concern,

We would like to request the addition of Virginia Lockamy as an authorized medical physicist for high dose rate brachytherapy. Ginny's experience with us during the past six months has included numerous cases of high dose rate brachytherapy administration to patients and is documented in the attached NRC Form 313A AMP. Her education and training are listed there also. As a very busy facility we are requesting a shortened period of experience, six instead of twelve months.

Our current full-time AMP attests in the attachment that Dr. Lockamy has satisfactorily completed the requirements in paragraph 10 CFR 35.51 and has achieved a level of competency sufficient to function independently as an authorized medical physicist. Our RSO also certifies Dr. Lockamy as proficient in all aspects of HDR therapy. Vendor training has also been completed.

For more information, please do not hesitate to contact our Radiation Safety Officer, Sandy Wolff, at (757) 388-3030.

Sincerely,



Bruce Holstien
Senior Vice President
Administrator, Sentara Norfolk General Hospital

140700



SENTARA

NMSS/RGN1 MATERIALS-002

NRC FORM 313A (AMP)
(10-2006)

U.S. NUCLEAR REGULATORY COMMISSION

**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

Virginia L. Lockamy, PhD

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

PhD

Major Field

Physics

College or University

Wake Forest University

- 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. Bruce Gerbi 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 _____ 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	University of Minnesota	7/04 - 8/05	
Performing sealed source leak tests and inventories	University of Minnesota	7/04 - 8/05	
Performing decay corrections	University of Minnesota	7/04 - 8/05	
Performing full calibration and periodic spot checks of external beam treatment unit(s)	University of Minnesota	7/04 - 8/05	
Performing full calibration and periodic spot checks of stereotactic radiosurgery unit(s)	University of Minnesota	7/04 - 8/05	
Performing full calibration and periodic spot checks of remote afterloading unit(s)	University of Minnesota	7/04 - 8/05	
Conducting radiation surveys around external beam treatment unit(s), stereotactic radiosurgery unit(s), remote after loading unit(s)	University of Minnesota	7/04 - 8/05	

Supervising Individual**

Dr. Bruce Gerbi

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

22-00187-46

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.

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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		Gamma Stereotactic Radiosurgery
	Remote Afterloader	Teletherapy	
Hands-on device operation	University of Minnesota 7/04-8/05	University of Minnesota 7/04-8/05	
Safety procedures for the device use	University of Minnesota 7/04-8/05	University of Minnesota 7/04-8/05	
Clinical use of the device	University of Minnesota 7/04-8/05	University of Minnesota 7/04-8/05	
Treatment planning system operation	University of Minnesota 7/04-8/05	University of Minnesota 7/04-8/05	

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

Dr. Bruce Gerbi 22-00187-46

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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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 Virginia Lockamy 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 Virginia Lockamy 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 NA 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>Bruce Giers</u>	Signature <u>Bruce Giers</u>	Telephone Number <u>612-626-6157</u>	Date <u>JAN 25, 07</u>
License/Permit Number/Facility Name <u>22-00187-46</u>		Univ. of Minnesota	

NRC FORM 313A (AMP)
(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
Name of Proposed Authorized Medical Physicist
10 CFR 35.51(a)(1) and (a)(2).

OR

2. Education, Training, and Experience

I attest that Virginia Lockamy 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). 6 months

AND

Second Section

Complete the following:

I attest that Virginia Lockamy 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 Virginia Lockamy 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: Alexander S. Gray Signature: [Signature] Telephone Number: (757) 388-2570 Date: 6/1/07
License/Permit Number/Facility Name: 45-00131-02 Sentara Hospitals

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

6/18/2007, and to inform you that the initial processing which includes an administrative review has been performed.

AMEND. 45-00131-02 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 140700.
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.

NRC FORM 532 (R1)
(6-96)

Sincerely,
Licensing Assistance Team Leader