

ROBERT WOOD JOHNSON
UNIVERSITY HOSPITAL

One Robert Wood Johnson Place
P.O. Box 2601
New Brunswick, NJ 08903-2601 / 732-828-3000

July 11, 2007

Nuclear Regulatory Commission
Medical Licensing Branch
475 Allendale Road
King of Prussia, PA 19406

030 02525

MM5BI

RECEIVED
REGION 1
2007 JUL 12 AM 10:20

Re: Amendment to NRC License 29-10173-02 – Addition of Authorized Users

Dear Sir/Madam:

This is a license amendment in order to add three (3) Physicians and one (1) Physicist to our license, listed below, for LDR and HDR brachytherapy.

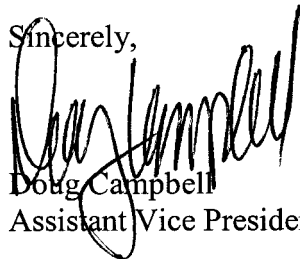
The HDR unit at our hospital is going to be installed in during the first week of August 2007. The following Physicians and Physicist will be attending an on-site Vendor Training class for HDR before they start treating patients with HDR.

1. Salma Jabbour, MD - Dr. Jabbour is ABR Board Certified Radiation Oncologist. She completed her Radiation Oncology residency at Johns Hopkins Medical Center. A copy of the letter from The American Board of Radiology is attached. Also attached is the preceptor attestation from the Residency Program Director at Johns Hopkins.
2. Sung Kim, MD - Dr. Kim is ABR Board Certified Radiation Oncologist. He completed his Radiation Oncology residency at Yale University Hospital. A copy of the letter from The American Board of Radiology is attached. Also attached is the preceptor attestation from the Residency Program Director at Yale University.
3. Atif Khan, MBBS -- Dr. Khan is ABR Board Certified Radiation Oncologist. After completing his Radiation Oncology residency, he went on to complete a one-year Brachytherapy Fellowship at Brigham and Women's Hospital in Boston. A copy of the letter from The American Board of radiology is attached. Also attach is the preceptor attestation from the Preceptor at Brigham and Women's Hospital.
4. Jeff Yue, Ph.D. -- Dr. Yue is ABR Board Certified Radiation Physicist. Prior to his position at Robert Wood Johnson University Hospital, he worked at Yale University Hospital as an authorized physicist. A Copy of ABR Board Certification is attached for your review.

140806

Two copies of the application and attachments are enclosed. Thank you very much for your assistance in this matter. If you have any questions or need clarification, please call Venkat Narra, Physicist at 732-253-3939.

Sincerely,

A handwritten signature in black ink, appearing to read "Doug Campbell". The signature is written in a cursive style with a large initial "D".

Doug Campbell
Assistant Vice President

cc: Dasika Rao, Radiation Safety Officer

Salma Jabbour, MD

ABR

The American Board of Radiology

DIAGNOSTIC RADIOLOGY • RADIATION ONCOLOGY • RADIOLOGIC PHYSICS

Officers

Philip O. Alderson, M.D., President
N. Reed Dunnick, M.D., President-Elect
Beth A. Erickson, M.D., Secretary-Treasurer

June 5, 2007

Diagnostic Radiology

Philip O. Alderson, M.D.
New York, New York
Dennis M. Balfe, M.D.
St. Louis, Missouri
Thomas H. Berquist, M.D.
Jacksonville, Florida
George S. Bisset, M.D.
Durham, North Carolina
James P. Borgstede, M.D.
Colorado Springs, Colorado
N. Reed Dunnick, M.D.
Ann Arbor, Michigan
Shann S. Forbes, M.D.
Rochester, Minnesota
Valerie P. Jackson, M.D.
Indianapolis, Indiana
Matthew A. Mauro, M.D.
Chapel Hill, North Carolina
Christopher R. B. Merritt, M.D.
Philadelphia, Pennsylvania
Anthony V. Proto, M.D.
Richmond, Virginia
Anne C. Roberts, M.D.
La Jolla, California
West L. Strife, M.D.
Cincinnati, Ohio
Way H. Vydererny, M.D.
Atlanta, Georgia
Douglas H. Yock, Jr., M.D.
Minneapolis, Minnesota

55235 / RO / 22 / 22

Salma Kahtan Jabbour, MD

Dear Dr. Jabbour:

I am pleased to inform you that you passed the oral examination held on June 3-6, 2007. The American Board of Radiology grants you its Certificate in Radiation Oncology. This is a ten-year time-limited certificate. In addition, because you received the appropriate training to make you AU-Eligible, you will receive the AU-Eligible designation on your certificate.

The certificate will be sent to the above address in approximately three months from our printer, Jim Henry, Inc. Your name will appear on the certificate as shown above. If you wish your name to appear differently or you have an address change, please notify the Board office in writing by July 05, 2007. Your name and demographic information will be included in a Directory published by the American Board of Medical Specialties. It is your responsibility to notify other local and state or national organizations of your certification.

Important information about your Maintenance of Certification process is enclosed. Please review it and respond as requested.

Personally and on behalf of the Board of Trustees of The American Board of Radiology, I wish to congratulate you for this distinguished achievement. You have accomplished one of the most significant milestones in your career.

Sincerely,

Robert R. Hattery, MD

Enclosures

Radiation Oncology

Kian Ang, M.D., Ph.D.
Houston, Texas
Beth A. Erickson, M.D.
Milwaukee, Wisconsin
Bruce G. Haffty, M.D.
New Brunswick, New Jersey
Harold T. Hoppe, M.D.
Stanford, California
Larry E. Kun, M.D.
Memphis, Tennessee
Christopher G. Willett, M.D.
Durham, North Carolina

Radiologic Physics

Donald Frey, Ph.D.
Charleston, South Carolina
Harold L. Morin, Ph.D.
Jacksonville, Florida
Datt R. Paliwal, Ph.D.
Madison, Wisconsin

**PERSONAL INFORMATION WAS REMOVED
BY NRC. NO COPY OF THIS INFORMATION
WAS RETAINED BY THE NRC.**

Robert R. Hattery, M.D., Executive Director
Gary J. Becker, M.D., Associate Executive Director
Lawrence W. Davis, M.D., Associate Executive Director
Stephen R. Thomas, Ph.D., Associate Executive Director

Assistant Executive Directors: Primary Certification

Anthony V. Proto, M.D., Diagnostic Radiology
Bruce G. Haffty, M.D., Radiation Oncology
Datt R. Paliwal, Ph.D., Radiologic Physics

Assistant Executive Directors: Maintenance of Certification

James P. Borgstede, M.D., Diagnostic Radiology
Larry E. Kun, M.D., Radiation Oncology
Richard L. Morin, Ph.D., Radiologic Physics
George S. Bisset, M.D., Subspecialty Certification

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A Member Board of the American Board of Medical Specialties

Jun 18 2007 10:56AM



Department of Radiation Oncology and Molecular Radiation Sciences

401 North Broadway / Weinberg Building / Suite 1440 / Baltimore, Maryland 21231

Deborah Frassica, M.D.
Associate Professor and Residency Program Director

410-955-7390 / 410-955-6740
410-847-3800 / 410-502-1419 Fax
frassde@jhmi.edu

March 26, 2007

U.S Nuclear Regulatory Commission
Office of Public Affairs (OPA)
Washington, D.C. 20555

To Whom It May Concern:

Salma Jabbour, M.D. completed 4 years (July 2002-June 2006) of supervised clinical experience in radiation therapy at The Johns Hopkins Hospital under an authorized user who meets the requirements in NRC Regulations (10 CFR) § 35.690 and 35.490.. Her training was part of a formal training program approved by the Residency Review Committee for Radiation Oncology of the Accreditation Council for Graduate Medical Education.

Dr. Jabbour has completed over 200 hours of training in the following areas: radiation biology, radiation physics, radiation protection, mathematics pertaining to the use and measurement of radioactivity and instrumentation. In addition, she has over 500 hours of work experience under the supervision of an authorized user involving: preparation of treatment plans, calculating treatment doses and times, selecting the proper dose and how it is administered, implementing emergency procedures to be followed in the event of the abnormal operation of the medical unit or console, checking and using survey meters, reviewing calibration measurements and periodic spot checks, using administrative controls to prevent a medical event involving the use of byproduct material.

Dr. Jabbour has received training in both low-dose rate and high-dose rate brachytherapy procedures. She has also received training in device operation, safety procedures and the clinical use of both low-dose rate and high-dose rate brachytherapy. She has participated in over 6 cases using unsealed sources. In addition, she has participated in 38 high-dose rate brachytherapy procedures and 11 low-dose rate brachytherapy procedures. Dr. Jabbour meets all the necessary requirements for certification as an Authorized User.

Deborah A. Frassica, MD
Residency Program Director

Theodore L. DeWeese, MD
Department Chairman



A Comprehensive Cancer
Center Designated by the
National Cancer Institute

**AUTHORIZED USER TRAINING AND EXPERIENCE
AND PRECEPTOR ATTESTATION**
(for uses defined under 35.400 and 35.600)
[10 CFR 35.490, 35.491, and 35.690]

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

Name of Proposed Authorized User

JABBOUR, SALMA

State or Territory Where Licensed

New Jersey

Requested

35.400 Manual brachytherapy sources 35.600 Teletherapy unit(s)

Authorization(s)

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

(check all that apply)

35.600 Remote afterloader 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. For 35.600, go to the table in 3.e. 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 35.600 Authorized User Requesting Additional Authorization for 35.600 Use(s) Checked Above

- a. Go to the table in section 3.e. to document training for new device.
- b. Skip to and complete Part II Preceptor Attestation.

3. Training and Experience for Proposed Authorized User

- a. Classroom and Laboratory Training 35.490 35.491 35.690

Description of Training	Location of Training	Clock Hours	Dates of Training*
Radiation physics and instrumentation			
Radiation protection			
Mathematics pertaining to the use and measurement of radioactivity			
Radiation biology			

Total Hours of Training:

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Training and Experience for Proposed Authorized User (continued)

b. Supervised Work and Clinical Experience for 10 CFR 35.490 (If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this page.)

Description of Experience	Location of Experience/License or Permit Number of Facility	Clock Hours	Dates of Experience*
Ordering, receiving, and unpacking radioactive materials safely and performing the related radiation surveys			
Checking survey meters for proper operation			
Preparing, implanting, and safely removing brachytherapy sources			
Maintaining running inventories of material on hand			
Using administrative controls to prevent a medical event involving the use of byproduct material			
Using emergency procedures to control byproduct material			
Total Hours of Work Experience			
Clinical experience in radiation oncology as part of an approved formal training program	Location of Experience/License or Permit Number of Facility	Dates of Experience*	
Approved by: <input type="checkbox"/> Residency Review Committee for Radiation Oncology of the ACGME <input type="checkbox"/> Royal College of Physicians and Surgeons of Canada <input type="checkbox"/> Committee on Postdoctoral Training of the American Osteopathic Association			
Supervising Individual	License/Permit Number listing supervising individual as an Authorized User		

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Training and Experience for Proposed Authorized User (continued)

c. Supervised Clinical Experience for 10 CFR 35.491

Description of Experience	Location of Experience/License or Permit Number of Facility	Clock Hours	Dates of Experience*
Use of strontium-90 for ophthalmic treatment, including: examination of each individual to be treated; calculation of the dose to be administered; administration of the dose; and follow up and review of each individual's case history			
Supervising Individual		License/Permit Number listing supervising individual as an Authorized User	

d. Supervised Work and Clinical Experience for 10 CFR 35.690

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

Description of Experience	Location of Experience/License or Permit Number of Facility	Clock Hours	Dates of Experience*
Reviewing full calibration measurements and periodic spot-checks			
Preparing treatment plans and calculating treatment doses and times			
Using administrative controls to prevent a medical event involving the use of byproduct material			
Implementing emergency procedures to be followed in the event of the abnormal operation of the medical unit or console			
Checking and using survey meters			
Selecting the proper dose and how it is to be administered			
Total Hours of Work Experience			

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Training and Experience for Proposed Authorized User (continued)

d. Supervised Work and Clinical Experience for 10 CFR 35.690 (continued)

Clinical experience in radiation oncology as part of an approved formal training program	Location of Experience/License or Permit Number of Facility	Dates of Experience*
Approved by: <input type="checkbox"/> Residency Review Committee for Radiation Oncology of the ACGME <input type="checkbox"/> Royal College of Physicians and Surgeons of Canada <input type="checkbox"/> Committee on Postdoctoral Training of the American Osteopathic Association		
Supervising Individual		License/Permit Number listing supervising individual as an Authorized User

e. For 35.600, 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
Device operation	Annual training 2002, 2003, 2004, 2005, 2006		
Safety procedures for the device use	''		
Clinical use of the device	Annual training plus 38 supervised cases between 2002-2006.		
Supervising Individual. <i>If training provided by Supervising Individual (If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this page.)</i>		License/Permit Number listing supervising individual as an Authorized User	
Debrah Frassica, MD		# 856 Johns Hopkins Medicine	
Authorized for the following types of use:			
<input checked="" type="checkbox"/> Remote afterloader unit(s) <input type="checkbox"/> Teletherapy unit(s) <input type="checkbox"/> Gamma stereotactic radiosurgery unit(s)			

f. Provide completed Part II Preceptor Attestation.

AUTHORIZED USER 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 for each requested authorization:

For 35.490:

Board Certification

I attest that Salma Jabbour has satisfactorily completed the requirements in
Name of Proposed Authorized User

35.490(a)(1) and has achieved a level of competency sufficient to function independently as an authorized user of manual brachytherapy sources for the medical uses authorized under 10 CFR 35.400.

OR

Training and Experience

I attest that _____ has satisfactorily completed the 200 hours of
Name of Proposed Authorized User

classroom and laboratory training, 500 hours of supervised work experience, and 3 years of supervised clinical experience in radiation oncology, as required by 10 CFR 35.490(b)(1) and (b)(2), and has achieved a level of competency sufficient to function independently as an authorized user of manual brachytherapy sources for the medical uses authorized under 10 CFR 35.400.

For 35.491:

I attest that _____ has satisfactorily completed the 24 hours of
Name of Proposed Authorized User

classroom and laboratory training applicable to the medical use of strontium-90 for ophthalmic radiotherapy, has used strontium-90 for ophthalmic treatment of 5 individuals, as required by 10 CFR 35.491(b), and has achieved a level of competency sufficient to function independently as an authorized user of strontium-90 for ophthalmic use.

Second Section

For 35.690:

Board Certification

I attest that Salma Jabbour has satisfactorily completed the requirements in
Name of Proposed Authorized User

35.690(a)(1).

OR

Training and Experience

I attest that _____ has satisfactorily completed 200 hours of classroom
Name of Proposed Authorized User

and laboratory training, 500 hours of supervised work experience, and 3 years of supervised clinical experience in radiation therapy, as required by 10 CFR 35.690(b)(1) and (b)(2).

AND

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

Preceptor Attestation (continued)

Third Section

For 35.690: (continued)

I attest that _____ has received training required in 35.690(c) for device
Name of Proposed Authorized User
operation, safety procedures, and clinical use for the type(s) of use for which authorization is sought, as checked below.

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

AND

Fourth Section

I attest that Salma Jabbar has achieved a level of competency sufficient to
Name of Proposed Authorized User
achieve a level of competency sufficient to function independently as an authorized user for:

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

Fifth Section

Complete the following for preceptor attestation and signature:

I meet the requirements in 10 CFR 35.490, 35.491, 35.690, or equivalent Agreement State requirements, as an authorized user for:

35.400 Manual brachytherapy sources 35.600 Teletherapy unit(s)

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

35.600 Remote afterloader unit(s)

Name of Preceptor	Signature	Telephone Number	Date
Deborah Frassica, MD	Deborah Frassica	410-955-7390	7/2/07

License/Permit Number/Facility Name
#856 Johns Hopkins Medicine/Hospital

Sung Kim, MD

ABR

The American Board of Radiology

DIAGNOSTIC RADIOLOGY • RADIATION ONCOLOGY • RADIOLOGIC PHYSICS

Officers

Philip O. Alderson, M.D., President
N. Reed Dunnick, M.D., President-Elect
Beth A. Erickson, M.D., Secretary-Treasurer

June 4, 2007

Diagnostic Radiology

Philip O. Alderson, M.D.
New York, New York
Dennis M. Balfe, M.D.
St. Louis, Missouri
Thomas H. Berquist, M.D.
Jacksonville, Florida
George S. Bisset, M.D.
Durham, North Carolina
James P. Borgstede, M.D.
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Rochester, Minnesota
Valerie P. Jackson, M.D.
Indianapolis, Indiana
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Chapel Hill, North Carolina
Christopher R. B. Merritt, M.D.
Philadelphia, Pennsylvania
Anthony V. Proto, M.D.
Richmond, Virginia
Anne C. Roberts, M.D.
La Jolla, California
Janet L. Strife, M.D.
Cincinnati, Ohio
Kay H. Vydareny, M.D.
Atlanta, Georgia
Douglas H. Yock, Jr., M.D.
Minneapolis, Minnesota

55382 / RO / 20 / 12

Sung Kim, MD


Dear Dr. Kim:

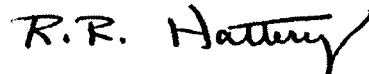
I am pleased to inform you that you passed the oral examination held on June 3-6, 2007. The American Board of Radiology grants you its Certificate in Radiation Oncology. This is a ten-year time-limited certificate. In addition, because you received the appropriate training to make you AU-Eligible, you will receive the AU-Eligible designation on your certificate.

The certificate will be sent to the above address in approximately three months from our printer, Jim Henry, Inc. Your name will appear on the certificate as shown above. If you wish your name to appear differently or you have an address change, please notify the Board office in writing by July 04, 2007. Your name and demographic information will be included in a Directory published by the American Board of Medical Specialties. It is your responsibility to notify other local and state or national organizations of your certification.

Important information about your Maintenance of Certification process is enclosed. Please review it and respond as requested.

Personally and on behalf of the Board of Trustees of The American Board of Radiology, I wish to congratulate you for this distinguished achievement. You have accomplished one of the most significant milestones in your career.

Sincerely,



Robert R. Hattery, MD

Enclosures

Radiation Oncology

K. Kian Ang, M.D., Ph.D.
Houston, Texas
Beth A. Erickson, M.D.
Milwaukee, Wisconsin
Bruce G. Haffty, M.D.
New Brunswick, New Jersey
Richard T. Hoppe, M.D.
Stanford, California
Larry E. Kun, M.D.
Memphis, Tennessee
Christopher G. Willett, M.D.
Durham, North Carolina

Radiologic Physics

G. Donald Frey, Ph.D.
Charleston, South Carolina
Richard L. Morin, Ph.D.
Jacksonville, Florida
Bhudatt R. Paliwal, Ph.D.
Madison, Wisconsin

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BY NRC. NO COPY OF THIS INFORMATION
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Robert R. Hattery, M.D., Executive Director
Gary J. Becker, M.D., Associate Executive Director Lawrence W. Davis, M.D., Associate Executive Director
Stephen R. Thomas, Ph.D., Associate Executive Director

Assistant Executive Directors: Primary Certification

Anthony V. Proto, M.D., Diagnostic Radiology
Bruce G. Haffty, M.D., Radiation Oncology
Bhudatt R. Paliwal, Ph.D., Radiologic Physics

Assistant Executive Directors: Maintenance of Certification

James P. Borgstede, M.D., Diagnostic Radiology
Larry E. Kun, M.D., Radiation Oncology
Richard L. Morin, Ph.D., Radiologic Physics
George S. Bisset, M.D., Subspecialty Certification

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NRC FORM 313A
(10-2005)

U.S. NUCLEAR REGULATORY COMMISSION

**MEDICAL USE TRAINING AND EXPERIENCE
AND PRECEPTOR ATTESTATION**

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

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) **KIM, SUNG, AUTHORIZED USER OF BRACHYTHERAPY SOURCES**
10 CFR 35.490

2. For Physicians, Podiatrists, Dentists, Pharmacists -- State or Territory Where Licensed

NEW JERSEY

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	YALE THERAPEUTIC RADIOLOGY PO BOX 208040 NEW HAVEN, CT 06520	↑	JULY 2002 - JUN 2006
Radiation Protection	"	200	" ↓
Mathematics Pertaining to the Use and Measurement of Radioactivity	"	↓	"
Radiation Biology	"	100	" ↓
Chemistry of Byproduct Material for Medical Use	N/A	N/A	N/A
OTHER			

NRC FORM 313A (10-2005) U.S. NUCLEAR REGULATORY COMMISSION
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
BRACHYTHERAPY TREATMENTS DURING RADIATION ONCOLOGY RESIDENCY	LYNN WILSON, MD	NEW HAVEN, CT 0600319-03	7/02 - 6/06 120 HRS

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
I 125	BRACHYTHERAPY	13	LYNN WILSON	NEW HAVEN, CT 06-00319-03	7/02 - 6/06
Co 137	BRACHYTHERAPY	with 7	"	"	"
Ir 192	BRACHYTHERAPY	7	"	"	"
Pd 103	BRACHYTHERAPY	3	"	"	"
					120 HRS TOTAL

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
Instruction in using Mammad high dose rate remote afterloading brachytherapy.	Didactic from Physics Dept	Yale University June 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)
RADIATION ONCOLOGY RESIDENCY	YALE THERAPEUTIC RADIOLOGY NEW HAVEN, CT 06-00314-03	7/02 - 6/06	ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION

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 _____ the RSO for License No. _____

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 _____
- 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 _____ who is a medical physicist (35.961) or meets requirements for Authorized Medical Physicists (35.51) (specify use or device) _____

NRC FORM 313A
(10-2006)

U.S. NUCLEAR REGULATORY COMMISSION

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

LYNN WILSON, MD

B. Supervisor is:

Authorized User

Authorized Medical Physicist

Radiation Safety Officer

Authorized Nuclear Pharmacist

C. Supervisor meets requirements of Part 35, Section(s) 10 CFR 35.490

for medical uses in Part 35, Section(s) 10 CFR 35.400

D. Address

YACE THERAPEUTIC RADIOLOGY
PO BOX 208040
NEW HAVEN, CT 06520

E. Materials License Number

06-00319-03

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) 10 CFR 35.490 as documented in section(s) 5-7 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) _____ 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 USER for 10 CFR 35.400 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 490, 690 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): Brachytherapy

A. Address

Yale University
HRT 132
333 Cedar St, New Haven, CT 06520-8140

B. Materials License Number

06-00319-03

C. NAME OF PRECEPTOR (print clearly)

Lynn D. Wilson

D. SIGNATURE -- PRECEPTOR

[Signature]

E. DATE

10/26/06

Atif Khan, MBBS



DIAGNOSTIC RADIOLOGY · RADIATION ONCOLOGY · RADIOLOGIC PHYSICS

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June 4, 2007

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- Richard L. Morin, Ph.D.
Jacksonville, Florida
- Bhuddett R. Palwei, Ph.D.
Madison, Wisconsin

55249 / RO / 21 / 11

Atif Jalees Khan, MB,BS



Dear Dr. Khan:

I am pleased to inform you that you passed the oral examination held on June 3-6, 2007. The American Board of Radiology grants you its Certificate in Radiation Oncology. This is a ten-year time-limited certificate. In addition, because you received the appropriate training to make you AU-Eligible, you will receive the AU-Eligible designation on your certificate.

The certificate will be sent to the above address in approximately three months from our printer, Jim Henry, Inc. Your name will appear on the certificate as shown above. If you wish your name to appear differently or you have an address change, please notify the Board office in writing by July 04, 2007. Your name and demographic information will be included in a Directory published by the American Board of Medical Specialties. It is your responsibility to notify other local and state or national organizations of your certification.

Important information about your Maintenance of Certification process is enclosed. Please review it and respond as requested.

Personally and on behalf of the Board of Trustees of The American Board of Radiology, I wish to congratulate you for this distinguished achievement. You have accomplished one of the most significant milestones in your career.

Sincerely,

Robert R. Hattery, MD

Enclosures

**PERSONAL INFORMATION WAS REMOVED
BY NRC. NO COPY OF THIS INFORMATION
WAS RETAINED BY THE NRC.**

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- Bruce G. Hattery, M.D., Radiation Oncology
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Assistant Executive Directors: Maintenance of Certification

- James P. Borgstede, M.D., Diagnostic Radiology
- Larry E. Kun, M.D., Radiation Oncology
- Richard L. Morin, Ph.D., Radiologic Physics
- George S. Bleat, M.D., Subspecialty Certification

5441 E. WILLIAMS BOULEVARD, SUITE 200 · TUCSON, ARIZONA 85711-4493 · PHONE (520) 790-2900 · FAX (520) 790-3600

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**AUTHORIZED USER TRAINING AND EXPERIENCE
AND PRECEPTOR ATTESTATION**
(for uses defined under 35.400 and 35.600)
[10 CFR 35.490, 35.491, and 35.690]

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

Name of Proposed Authorized User

ATIF KHAN

State or Territory Where Licensed

- Requested Authorization(s) (check all that apply)
- 35.400 Manual brachytherapy sources
 - 35.600 Teletherapy unit(s)
 - 35.400 Ophthalmic use of strontium-90
 - 35.600 Gamma stereotactic radiosurgery unit(s)
 - 35.600 Remote afterloader 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. For 35.600, go to the table in 3.e. 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 35.600 Authorized User Requesting Additional Authorization for 35.600 Use(s) Checked Above**
 - a. Go to the table in section 3.e. to document training for new device.
 - b. Skip to and complete Part II Preceptor Attestation.
- 3. Training and Experience for Proposed Authorized User**
 - a. Classroom and Laboratory Training 35.490 35.491 35.690

Description of Training	Location of Training	Clock Hours	Dates of Training*
Radiation physics and instrumentation			
Radiation protection			
Mathematics pertaining to the use and measurement of radioactivity			
Radiation biology			

Total Hours of Training:

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Training and Experience for Proposed Authorized User (continued)

b. Supervised Work and Clinical Experience for 10 CFR 35.490 (If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this page.)

Supervised Work Experience		Total Hours of Experience:	
Description of Experience Must Include:	Location of Experience/License or Permit Number of Facility	Confirm	Dates of Experience*
Ordering, receiving, and unpacking radioactive materials safely and performing the related radiation surveys		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Checking survey meters for proper operation		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Preparing, implanting, and safely removing brachytherapy sources		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Maintaining running inventories of material on hand		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Using administrative controls to prevent a medical event involving the use of byproduct material		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Using emergency procedures to control byproduct material		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Clinical experience in radiation oncology as part of an approved formal training program	Location of Experience/License or Permit Number of Facility	Dates of Experience*
Approved by: <input type="checkbox"/> Residency Review Committee for Radiation Oncology of the ACGME <input type="checkbox"/> Royal College of Physicians and Surgeons of Canada <input type="checkbox"/> Committee on Postdoctoral Training of the American Osteopathic Association		
Supervising Individual	License/Permit Number listing supervising individual as an Authorized User	

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Training and Experience for Proposed Authorized User (continued)

c. Supervised Clinical Experience for 10 CFR 35.491

Description of Experience	Location of Experience/License or Permit Number of Facility	Clock Hours	Dates of Experience*
Use of strontium-90 for ophthalmic treatment, including: examination of each individual to be treated; calculation of the dose to be administered; administration of the dose; and follow up and review of each individual's case history			
Supervising Individual		License/Permit Number listing supervising individual as an Authorized User	

d. Supervised Work and Clinical Experience for 10 CFR 35.690

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

Supervised Work Experience		Total Hours of Experience:	
Description of Experience Must Include:	Location of Experience/License or Permit Number of Facility	Confirm	Dates of Experience*
Reviewing full calibration measurements and periodic spot-checks		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Preparing treatment plans and calculating treatment doses and times		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Using administrative controls to prevent a medical event involving the use of byproduct material		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Implementing emergency procedures to be followed in the event of the abnormal operation of the medical unit or console		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Checking and using survey meters		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Selecting the proper dose and how it is to be administered		<input type="checkbox"/> Yes <input type="checkbox"/> No	

AUTHORIZED USER 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 for each requested authorization:

For 35.490:

Board Certification

I attest that ATIF J. KHAN MD has satisfactorily completed the requirements in
Name of Proposed Authorized User

35.490(a)(1) and has achieved a level of competency sufficient to function independently as an authorized user of manual brachytherapy sources for the medical uses authorized under 10 CFR 35.400.

OR

Training and Experience

I attest that _____ has satisfactorily completed the 200 hours of
Name of Proposed Authorized User

classroom and laboratory training, 500 hours of supervised work experience, and 3 years of supervised clinical experience in radiation oncology, as required by 10 CFR 35.490(b)(1) and (b)(2), and has achieved a level of competency sufficient to function independently as an authorized user of manual brachytherapy sources for the medical uses authorized under 10 CFR 35.400.

For 35.491:

I attest that _____ has satisfactorily completed the 24 hours of
Name of Proposed Authorized User

classroom and laboratory training applicable to the medical use of strontium-90 for ophthalmic radiotherapy, has used strontium-90 for ophthalmic treatment of 5 individuals, as required by 10 CFR 35.491(b), and has achieved a level of competency sufficient to function independently as an authorized user of strontium-90 for ophthalmic use.

Second Section

For 35.690:

Board Certification

I attest that ATIF J. KHAN, MD has satisfactorily completed the requirements in
Name of Proposed Authorized User

35.690(a)(1).

OR

Training and Experience

I attest that _____ has satisfactorily completed 200 hours of classroom
Name of Proposed Authorized User

and laboratory training, 500 hours of supervised work experience, and 3 years of supervised clinical experience in radiation therapy, as required by 10 CFR 35.690(b)(1) and (b)(2).

AND

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Training and Experience for Proposed Authorized User (continued)

d. Supervised Work and Clinical Experience for 10 CFR 35.690 (continued)

Clinical experience in radiation oncology as part of an approved formal training program	Location of Experience/License or Permit Number of Facility	Dates of Experience*
Approved by: <input type="checkbox"/> Residency Review Committee for Radiation Oncology of the ACGME <input type="checkbox"/> Royal College of Physicians and Surgeons of Canada <input type="checkbox"/> Committee on Postdoctoral Training of the American Osteopathic Association		
Supervising Individual		License/Permit Number listing supervising individual as an Authorized User

e. For 35.600, 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
Device operation	Brachytherapy fellowship 7/1/2006 - 6/15/2007		
Safety procedures for the device use	as above		
Clinical use of the device	as above		
Supervising Individual. <i>If training provided by Supervising Individual (If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this page.)</i>		License/Permit Number listing supervising individual as an Authorized User	
PHILLIP M. DEVLIN, MD,		MASSACHUSETTS RADIOACTIVE MATERIALS LICENCE # 44-0004	
Authorized for the following types of use:			
<input checked="" type="checkbox"/> Remote afterloader unit(s) <input checked="" type="checkbox"/> Teletherapy unit(s) <input type="checkbox"/> Gamma stereotactic radiosurgery unit(s)			

f. Provide completed Part II Preceptor Attestation.

Jeff Yue, Ph.D.

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

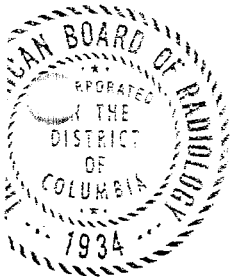
Ning Que, PhD

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 eighteenth day of May, 1999
Thereby demonstrating to the satisfaction of the Board
that he is qualified to practice the specialty of

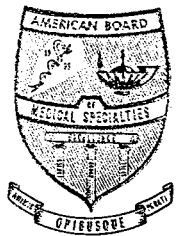
Therapeutic Radiologic Physics



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President

William J. Smith
Secretary-Treasurer

M. Paul Capp, M.D.
Executive Director



Certificate No. H2395

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

7/11/2007, and to inform you that the initial processing which includes an administrative review has been performed.

AMEND. 29-10173-02
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.

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You may call us on (610) 337-5398, or 337-5260.