

SAINT BARNABAS
HEALTH CARE SYSTEM
Newark Beth Israel Medical Center



RONALD J. DEL MAURO
President and Chief Executive Officer
Seln: Barnabas Health Care System

K-8
29-00102-07
03020802

Department of Radiation Oncology

Robert Ivker, DO

Ralph Eastman, MD

Telephone: (973) 926-7320

Fax: (973) 705-8207

Date: 8-28-07 To: Sandra Gabriel
From: Kiranjit Singh
Fax #: 610 337 5269 Tel: _____
Re: mail control number = 140935

Urgent
 Your Reply
 As per your request

Number of pages including Cover Sheet: 6

Comments:
Attached are copies of my Columbia diploma
and HDR training documentation.
If you have any other questions please call 973-926-8063

140935



Columbia University

Department of Applied Physics and Applied Mathematics

CONGRATULATES

Kiranjit K. Singh

ON THE COMPLETION OF THE

Program in Medical Physics

FOR THE

Master of Science Degree

10/19/05
Date

10/19/05
Date

Michael E. Maue, Chairman

Thomas C. Marshall, Program Coordinator

THE TRUSTEES OF COLUMBIA UNIVERSITY
IN THE CITY OF NEW YORK

TO ALL PERSONS TO WHOM THESE PRESENTS MAY COME GREETING
BE IT KNOWN THAT

KIRANJIT KAUR SINGH

HAVING COMPLETED THE STUDIES AND SATISFIED THE REQUIREMENTS
FOR THE DEGREE OF

MASTER OF SCIENCE

HAS ACCORDINGLY BEEN ADMITTED TO THAT DEGREE WITH ALL THE
RIGHTS PRIVILEGES AND IMMUNITIES THEREUNTO APPERTAINING IN
WITNESS WHEREOF WE HAVE CAUSED OUR CORPORATE SEAL TO BE HERE
AFFIXED IN THE CITY OF NEW YORK ON THE NINETEENTH DAY OF OCTOBER
IN THE YEAR TWO THOUSAND AND FIVE



Zvi Galil

DEAN OF THE FACULTY OF THE FU FOUNDATION
SCHOOL OF ENGINEERING AND APPLIED SCIENCE

J. P. Kelly

PRESIDENT



Nucletron

Nucletron Corporation

8671 Robert Fulton Drive
Columbia, MD 21048

Telephone: 410-312-4100
Toll Free: 800-336-2249
Canada Toll Free: 800-445-2249
FAX: 410-312-4198

Nucletron Training Seminar

Institution: Newark Beth Israel Medical Center

City, State/Province, Zip: Newark NJ

1 Teaching Aids Used

User's Manual	<input checked="" type="checkbox"/>
Applicators and Accessories	<input checked="" type="checkbox"/>
Source Container and Dummy Sources	<input checked="" type="checkbox"/>
Other	<input checked="" type="checkbox"/>

2 Topics Covered

Explanation of Remote Afterloading	<input checked="" type="checkbox"/>
Explanation of Radiation Protection	<input checked="" type="checkbox"/>

3 Applications

Bronchus	<input checked="" type="checkbox"/>
Interstitial	<input checked="" type="checkbox"/>
Intracavitary	<input checked="" type="checkbox"/>
Intraoperative	<input checked="" type="checkbox"/>

4 Applicators/Accessories

Bronchus	<input checked="" type="checkbox"/>
GYN	<input checked="" type="checkbox"/>
Esophagus	<input checked="" type="checkbox"/>
Interstitial	<input checked="" type="checkbox"/>
Other	<input checked="" type="checkbox"/>

5 Equipment Operation

Treatment Unit	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Handling	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Power Requirements	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Console	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Treatment	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Start	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Interrupt	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Emergency Stop	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alarm and Error Codes	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Radioactive Source: _____

6 Receiving

Unpacking	<input checked="" type="checkbox"/>
Acceptance	<input checked="" type="checkbox"/>
Calibration	<input checked="" type="checkbox"/>
Installation	<input checked="" type="checkbox"/>

7 Shipping

Release	<input checked="" type="checkbox"/>
Packing	<input checked="" type="checkbox"/>
Documents	<input checked="" type="checkbox"/>
Measurements	<input checked="" type="checkbox"/>

Emergency Procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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All areas marked were covered during training

[Signature]
Thu Mar 2007 03/22/07 13:28

[Signature]
Thu Mar 2007 03/22/07 13:52:18

Instructor _____

Department Head _____

FSE _____

Physicist _____

Title _____

Title _____

* List of all attendees accompanies this form



Nucletron

Nucletron Corporation

8671 Robert Fulton Drive
Columbia, MD 21046

Telephone: 410-312-4100
Toll Free: 800-336-2249
Canada Toll Free: 800-445-2249
FAX: 410-312-4196

**Nucletron Training Seminar
Attendance Registration**

Hospital: Newark Beth Israel Date: Thursday, March 22, 2007
Course: Annual Inservice Procedures
Instructor: Michael Marino

	Name	Department	Title	Signature
1	Rompln Shih			
2	Robert Dinsmore			
3	Morgan Gable			
4	Loren Bell			
5	Kiranjit Singh			
6	ralph m. eastman			
7	Fredrick Warburton			
8	Kevin J. Corrigan			
9	kathleen nowak			
10	Jamie Cabellon			
11	Sobeida J. Santana Joseph			
12	krishna kanumalla			
13				
14				
15				

I certify that the above individuals have been instructed in Equipment Operation, Safety Precautions and Emergency Procedures in accordance with Nucletron Corporation Training Standards.

Instructor Signature:

Instructor Title: FSE

2005

Radiation Safety Annual Education Checklist

Name	Initials	Date
Dr. Ivker	<i>[Handwritten Initials]</i>	12/27/05
Dr. Desai	<i>[Handwritten Initials]</i>	12/27/05
Dr. Jin	<i>[Handwritten Initials]</i>	12-27-05
Kiranjit Singh	<i>[Handwritten Initials]</i>	12-27-05
Loren Bell	<i>[Handwritten Initials]</i>	12/27/05
Frederick Warburton	<i>[Handwritten Initials]</i>	12/27/05
Kevin Corrigan	<i>[Handwritten Initials]</i>	12/27/05
Suzanne Brown	<i>[Handwritten Initials]</i>	12.28.05
Krishna Kanumalla	<i>[Handwritten Initials]</i>	12/27
Robert Dinsmore	<i>[Handwritten Initials]</i>	12/27
Jamie Cabellon	<i>[Handwritten Initials]</i>	1/24/06
Louise Lynch	<i>[Handwritten Initials]</i>	01/24/06
Kathleen Nowak	<i>[Handwritten Initials]</i>	12-28
Gerran Murray		
Kim Mitchell		
Maurice Johnson		