

JFK
MEDICAL
CENTER

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REGION 1
2007 OCT 26 AM 10:36

NMSBL

October 18, 2007

U.S. Nuclear Regulatory Commission
Region I
475 Allendale Road
King of Prussia, PA 19406-1415

03002555

Re: Adding authorized Medical Physicist; NRC License #29-12611-01

To whom it may concern:

We request to add Peter A. Goyer, MS, DABR, to license #29-12611-01 as an authorized Medical Physicist for HDR and Gamma Knife procedures.

If you require additional information, please contact me at 908-668-2197.

Sincerely,

Nancy Fiamingo

Nancy Fiamingo
License Administrator
Senior Vice President and Chief Operating Officer
Solaris Health System

141240

NMSS/RGN1 MATERIALS-002



Affiliates of SOLARIS Health System

JFK Medical Center • Muhlenberg Regional Medical Center • JFK Johnson Rehabilitation Institute • New Jersey Neuroscience Institute

The Women's Auxiliary Pavilion • JFK Hartwyck Nursing, Convalescent & Rehabilitation Centers • Muhlenberg Schools of Nursing,

Medical Imaging & Therapeutic Sciences Mediplex Surgery Center • Diabetes Center of New Jersey • Whispering Knoll - Assisted Living Community

65 James Street, P.O. Box 3059, Edison, New Jersey 08818-3059 (732) 321-7000 www.solarishs.org

**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

Peter Andrew Goyer

- 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
College or 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 _____ 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.

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

Peter Andrew Goyer, 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

Ray O. Anderson, MD
President

Edith Erickson
Secretary-Treasurer

R.P. Hickey, MD
Executive Director

Certificate No. P3642

Valid through 2016

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	On-Site N/A	N/A	On-Site 08/2007 to present
Safety procedures for the device use	N/A	N/A	1) Univ. of Pittsburgh Training Site 09/24/07 - 09/28/07 2) On-Site 08/2007 to present
Clinical use of the device	N/A	N/A	On-Site 08/2007 to present
Treatment planning system operation	N/A	N/A	1) Univ. of Pittsburgh Training Site 09/24/07 to 09/28/07 2) On-Site 08/2007 to present
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>	License/Permit Number listing supervising individual as an authorized Medical Physicist		
Madge Beverley Downes	29-12611-01		

for the following types of use:

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

If Applicable: N/A

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.

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 Peter A. Goyer 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 _____ 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 Peter A. Goyer 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 Peter A. Goyer 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>MADGE BEVERLY DOWNES</u>	Signature <u>M. Beverly Downes</u>	Telephone Number <u>(215) 503-1772</u>	Date <u>10/18/07</u>
License/Permit Number/Facility Name <u>29-12611-01 John F. Kennedy Medical Center, Edison, NJ, 08818</u>			

University of Pittsburgh

Center for Image-Guided Neurosurgery

This is to Certify That

Peter A. Goyer, MS, DABR



Attended

Principles and Practice of Gamma Knife® Radiosurgery

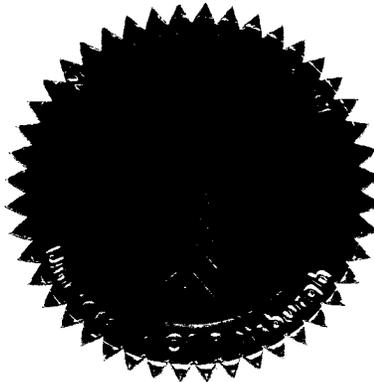
from September 24-28, 2007

Handwritten signature of L. Dade Lunsford in black ink.

L. Dade Lunsford, M.D., FACS

Handwritten signature of Jagdish Bhatnagar in black ink.

Jagdish Bhatnagar, ScD



Handwritten signature of Douglas Kondziolka in black ink.

Douglas Kondziolka M.D., M.Sc., FRCS(C)

Handwritten signature of John C. Flickinger in black ink.

John C. Flickinger, M.D.

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	1) Nucletron 2) On-Site 08/2007 to present	N/A	N/A
Safety procedures for the device use	1) Nucletron 2) On-Site 08/2007 to present	N/A	N/A
Clinical use of the device	1) Nucletron 2) On-Site 08/2007 to present	N/A	N/A
Treatment planning system operation	1) Nucletron 05/2006 2) Nucletron 08/2007	N/A	N/A

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

Alois Ndlovu, PhD

29-12611-01

for the following types of use:

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

If Applicable: N/A

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.

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 Peter A. Goyer 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 _____ 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 Peter A. Goyer 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 Peter A. Goyer has achieved a level of competency sufficient to
Name of Proposed Authorized Medical Physicist
function independently as an Authorized Medical Physicist for the following:

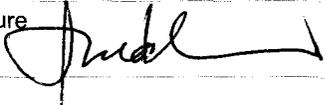
- 35.400 Ophthalmic use of strontium-90 35.600 Teletherapy unit(s)
- 35.600 Remote afterloader unit(s) 35.600 Gamma stereotactic radiosurgery unit(s)

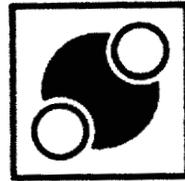
AND

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>ALOIS M NDLUVU</u>	Signature 	Telephone Number <u>(201) 996 2518</u>	Date <u>10/8/07</u>
License/Permit Number/Facility Name <u>29-12611-01 John F. Kennedy Medical Center, Edison, NJ, 08818</u>			



Nucletron

This is to certify that

Peter A. Goyer, M.S., RSO

Department of Veterans Affairs, East Orange, NJ

attended the following continuing medical education activity:

PRACTICAL QA FOR HDR BRACHYTHERAPY
Avoiding Misadministration

November 12th, 2005 Lynn Regional Cancer Center of Boca Raton Community Hospital

Course Director: Zoubir Ouhib, MS, DABR

Education credits awarded:

(8) MDCB-105-260, (7) ASRT Ref #MDD0115036

Boca Raton
Community Hospital



CERTIFICATE OF TRAINING

awarded to:

Peter Goyer
JFK Medical Center
Edison, NJ

for completing the following course:

Brachytherapy Treatment Planning Version 14.3

date

August 20-23, 2007

Presented by:

Nucletron Corporation, 8671 Robert Fulton Drive, Columbia, Maryland


James Clarke
Instructor


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



Training

Certificate

granted to
Peter A. Goyer
Department of Veterans Affairs
East Orange, NJ

for completing
the following course
Brachytherapy Treatment Planning
Version 14.2.6

date
May 22-25, 2006
Nucletron – Columbia, Maryland USA


Lisa Stout
Instructor


Mahta Mirzaei
Instructor


Margaret Peterson
Instructor

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

Certificate of Training

Awarded To

Peter A. Goyer

has been trained, tested and successfully completed specialized instruction in

DOT & NRC Requirements for Shipping Radioactive Material

September 26, 2005

Presented By: **Sean M. Austin, CHP**

Radiation Safety Academy

481 North Frederick Avenue, Suite 302, Gaithersburg, Maryland 20877
www.RadiationSafetyAcademy.com -- 301-990-6006

Presented For: **Department of Veteran Affairs**

Presented At: **Newark, NJ**

This certifies that the employee named on this certificate has been trained and tested in accordance with the training requirements of 49 CFR, Subpart H.

Employer's Signature

This certificate is valid for 24 months for ICAO/IATA and for three years for U.S. Department of Transportation and U.S. Nuclear Regulatory Commission or Agreement State Agencies.



Sean Austin, CHP
Senior Health Physicist

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

10/18/2007, and to inform you that the initial processing which includes an administrative review has been performed.

AMEND. 29-12611-01
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** 141240.
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.