

COMMUNITY MEDICAL CENTER

An affiliate of the Saint Barnabas Health Care System

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

MARK D. PILLA
Executive Vice President
Saint Barnabas Health Care System
and
Executive Director
Community Medical Center

November 19, 2007

United States Nuclear Regulatory Commission
Region I
475 Allendale Road
King of Prussia, PA 19406-1415

NMSS

03012158

Re: Materials License 29-09806-03

Dear Sir or Madam,

At this time, Community Medical Center would like to amend its' Materials License, 29-09806-03, to reflect the addition of Chetan Patel, MS as an Authorized Medical Physicist for use of Iridium-192 in a High Dose Rate Afterloader Unit for calibrations, spot checks and training.

Please find enclosed Mr. Patel's NRC Form 313A, Nucletron Training Record, attestation statement from Weimen Chen, PhD, a copy of his diploma and an attestation letter from E. Ishmael Parsai, PhD for your review.

If you have any questions or require additional information, please do not hesitate to contact me at 732-557-2036. Thank you for your attention in this matter.

Sincerely,



William Caubet, MS, DABR
Radiation Safety Officer

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REGION 1
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NMSS/RGN1 MATERIALS-002



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)

Chetan Patel

10 CFR 35.51

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

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	University of Toledo Medical Center	>1000 hrs	8/2005 - 9/2007
Radiation Protection	University of Toledo Medical Center	~45 hrs	8/2005 - 9/2007
Mathematics Pertaining to the Use and Measurement of Radioactivity	University of Toledo Medical Center	~200 hrs	8/2005 - 9/2007
Radiation Biology	University of Toledo Medical Center	~45 hrs	8/2005 - 9/2007
Chemistry of Byproduct Material for Medical Use	University of Toledo Medical Center	~45 hrs	8/2005 - 9/2007
OTHER			

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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
2D and 3D Treatment Planning with ADAC	E. Ishmael Parsai, PhD	University of Toledo Medical Center	8/2006 - 9/2007
HDR Treatment Planning (mammosites, fletcher, cylinder, bronchi) and delivery with remote afterloader including necessary QA	E. Ishmael Parsai, PhD	University of Toledo Medical Center	8/2006 - 9/2007
Daily, monthly, and annual QA on Linac with 8, 10, and 18 MV photon beams and 6, 9, 12, 15, 18 and 21 MeV electron beams	E. Ishmael Parsai, PhD	University of Toledo Medical Center	8/2006 - 9/2007
Superficial Radiation plan calculation and QA	E. Ishmael Parsai, PhD	University of Toledo Medical Center	8/2006 - 9/2007
Radionuclide assay	E. Ishmael Parsai, PhD	University of Toledo Medical Center	8/2006 - 9/2007

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
Ir-92	HDR remote afterloader	>30	E. Ishmael Parsai, PhD	UT Medical Center	8/2006 - 9/2007
I-131	Thyroid pill Tx	8	E. Ishmael Parsai, PhD	UT Medical Center	8/2006 - 9/2007
I-125	Prostate seed implant	5	E. Ishmael Parsai, PhD	UT Medical Center	8/2006 - 9/2007
Sr-89	Bone mets	3	E. Ishmael Parsai, PhD	UT Medical Center	8/2006 - 9/2007
Cs-137	LDR gynecologic implant	1	E. Ishmael Parsai, PhD	UT Medical Center	8/2006 - 9/2007
superficial	Planning and QA	-10	E. Ishmael Parsai, PhD	UT Medical Center	8/2006 - 9/2007
MV photons	Planning and QA	>120	E. Ishmael Parsai, PhD	UT Medical Center	8/2006 - 9/2007
MeV electron	Planning and QA	-50	E. Ishmael Parsai, PhD	UT Medical Center	8/2006 - 9/2007

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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

* 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)
MS in Electrical and Computer Engineering MS in Medical Physics	University of Toledo Medical Center 02110490006	5/2004 8/2006 - present	

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 Ed Brentlinger the RSO for License No. 02110490006

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 E. Ishmael Parsai, PhD
☐ 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 E. Ishmael Parsai, PhD who is a medical physicist (35.961) or meets requirements for Authorized Medical Physicists (35.51) (specify use or device) _____

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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

B. Supervisor is:

E. Ishmael Parsai, PhD



Authorized User



Authorized Medical Physicist



Radiation Safety Officer



Authorized Nuclear Pharmacist

C. Supervisor meets requirements of Part 35, Section(s) 35.51

for medical uses in Part 35, Section(s)

D. Address

University of Toledo Medical Center
Department of Radiation Oncology
3000 Arlington Avenue, MS 1151
Toledo, OH 43614

E. Materials License Number

02110490006

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) 35.51 (b) (c),
as documented in section(s) 5.6 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 HDR
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
Medical Physicist for HDR 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 35.51 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):

A. Address

University of Toledo Medical Center
Department of Radiation Oncology
3000 Arlington Avenue, MS 1151
Toledo, OH 43614

B. Materials License Number

02110490006

C. NAME OF PRECEPTOR (print clearly)

E. Ishmael Parsai, Ph.D.

D. SIGNATURE - PRECEPTOR

E. DATE

10-4-07



CARNEGIE MELLON UNIVERSITY

UPON RECOMMENDATION OF THE FACULTY OF THE
CARNEGIE INSTITUTE OF TECHNOLOGY

HEREBY CONFERS ON

CHETAN R. PATEL

THE DEGREE OF

MASTER OF SCIENCE

IN RECOGNITION OF THE COMPLETION OF THE COURSE OF STUDY PRESCRIBED FOR THE FIELD(S) OF

ELECTRICAL AND COMPUTER ENGINEERING

GIVEN UNDER THE SEAL OF THE CORPORATION AT PITTSBURGH
IN THE COMMONWEALTH OF PENNSYLVANIA
ON THE 18TH DAY OF MAY, 2003.

A handwritten signature in dark ink, likely belonging to Arthur E. Anderson.

A handwritten signature in dark ink, likely belonging to Daniel J. Cohen.

A handwritten signature in dark ink, likely belonging to Arthur E. Anderson.

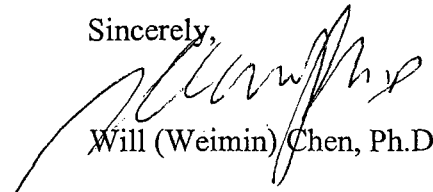
To Whom It May Concern,

Mr. Chetan Patel has completed a total of at least one year full-time training and supervised clinical residency in medical physics at the Medical University of Ohio. During his hospital based clinical radiation oncology period he received training in high-energy external beam radiation therapy and brachytherapy services, including among other activities, performing sealed source leak test and inventory, decay correction, full calibration and periodic spot checks of external beam and HDR treatment units, radiation surveys around external beam and HDR treatment units. A minimum of one year full-time clinical experience was supervised by an individual who meets the requirements of HDR AMP (Ishmael Parsai, Ph.D.).

I verify that Mr. Patel has satisfactorily completed the requirements in 10 CFR35.51(b)(1) and (c) and has achieved a level of competency sufficient to function independently as an authorized medical physicist for HDR.

Please do not hesitate to contact me for any questions regarding this matter.

Sincerely,



Will (Weimin) Chen, Ph.D.

10/15/07

**Community Medical Center
Radiation Oncology Department
99 Highway 37 West, Toms River, NJ 08755**

Nucletron HDR Training Record

Date: October 8, 2007

Instructor: Will (Weimin) Chen, Ph.D.

Attendee: Chetan Patel, M.S.

Topics: Treatment Unit
Handling
Console
Emergency Procedure
Location of the emergency container
Treatment
Start
Interrupt
Emergency stop
Alarm and Error Code
Plato treatment plan

Signature: _____

Chetan Patel

Instructor: _____

Will Chen



THE UNIVERSITY OF TOLEDO
MEDICAL CENTER

Department of Radiation Oncology

Mail Stop 1151
3000 Adlington Avenue
Toledo, Ohio 43614
419.383.4541
Fax: 419.383.3040
umc.toledo.edu

November 15, 2007

To Whom It May Concern:

Mr. Chetan Patel has completed a total of at least one year full-time training and supervised clinical residency in medical physics at the University of Toledo Health Sciences Campus. During his hospital based clinical radiation oncology period he received training in high-energy external beam radiation therapy and brachytherapy services, including (among other activities) performing sealed source leak tests and inventories, decay corrections, full calibration and periodic spot checks of external beam and HDR treatment units, and radiation surveys around external beam and HDR treatment units. A minimum of one year (August 2006 through September 2007) full-time supervised clinical experience was supervised by an individual who meets the requirements of HDR AMP (Ishmael Parsai, Ph.D).

I verify that Mr. Patel has satisfactorily completed the requirements in 10 CFR 35.51(b)(1) and (c) and has achieved a level of competency sufficient to function independently as an authorized medical physicist for HDR.

For any question or if I can provide further information on Mr. Patel's training, please do not hesitate to contact my office.

Sincerely,

E. Ishmael Parsai Ph.D., FACRO
Professor and Chief of Medical Physics
Director, graduate medical physics program

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

11/19/2007, and to inform you that the initial processing which includes an administrative review has been performed.

☒ AMEND. 29-07806-03
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** 141344.
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.