



SAINT FRANCIS

Hospital and Medical Center

114 Woodland Street
Hartford, Connecticut
06105-1299

860 714-4000

November 29, 2007

NMSBL

Ms. Sandra Gabriel
Senior Health Physicist
Medical Branch
Division of Nuclear Materials Safety
United States Nuclear Regulatory Commission, Region I
475 Allendale Road
King of Prussia, PA 19406-1415

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REGION I
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Dear Ms. Gabriel,

We wish to add Dr. Joseph Colasanto as an authorized user for 10 CFR 35.300; 35.400; Iridium-192 for uses in a High Dose Rate Afterloader Unit; Cesium-137 for uses in a Remote Afterloader Unit; Strontium-90 in an eye applicator; and depleted uranium uses under our NRC license 06-00854-03. Dr. Colasanto completed a residency in Radiation Oncology and received training at Yale School of Medicine and Yale New Haven Hospital in New Haven, CT. We have attached NRC Form 313A and his preceptor attestation to demonstrate that Dr. Colasanto meets the training and experience requirements outlined in 10 CFR 35 for 10 CFR 35.300, 35.400 and 35.600 uses.

Sincerely,

Ellen Wilcox, Ph.D., FCCPM, FAAPM
Radiation Safety Officer and
Chief Medical Physicist
Medical Physics Department
Saint Francis Hospital and Medical Center
114 Woodland Street
Hartford, CT 06105
Tel 860-714-5925
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Amit Mody
Executive Vice President and COO
Saint Francis Hospital and Medical Center
114 Woodland Street
Hartford, CT 06105

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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: Joseph Colasanto, M.D. State or Territory Where Licensed: CT

- 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	Yale School of Medicine Yale New Haven Hospital 20 York St., New Haven, CT 06510	125	07/2000 - 06/2004
Radiation protection	Same as above	125	07/2000 - 06/2004
Mathematics pertaining to the use and measurement of radioactivity	Same as above	125	07/2000 - 06/2004
Radiation biology	Same as above	125	07/2000 - 06/2004
Total Hours of Training: 500 clock Hrs			

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	Yale School of Medicine Yale New Haven Hospital 20 York St., New Haven CT 06510	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	07/2000 - 06/2004
Checking survey meters for proper operation	same as above	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	07/2000 - 06/2004
Preparing, implanting, and safely removing brachytherapy sources	same as above	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	07/2000 - 06/2004
Maintaining running inventories of material on hand	same as above	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	07/2000 - 06/2004
Using administrative controls to prevent a medical event involving the use of byproduct material	same as above	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	07/2000 - 06/2004
Using emergency procedures to control byproduct material	same as above	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	07/2000 - 06/2004

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 checked="" 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	Yale School of Medicine Yale New Haven Hospital 20 York St. New Haven, CT 06510	07/2000 - 06/2004

Supervising Individual Lynn Wilson, M.D., M.P.H.	License/Permit Number listing supervising individual as an Authorized User YNHH, 06-00819-03
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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	06-00819-03	3	07/2000- 06/2004
Supervising Individual Lynn Wilson, M.D., M.R.H.		License/Permit Number listing supervising individual as an Authorized User 06-00819-03	

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:	500
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	06-00819-03	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	07/2000- 06/2004
Preparing treatment plans and calculating treatment doses and times	06-00819-03	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	07/2000- 06/2004
Using administrative controls to prevent a medical event involving the use of byproduct material	06-00819-03	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	07/2000- 06/2004
Implementing emergency procedures to be followed in the event of the abnormal operation of the medical unit or console	06-00819-03	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	07/2000- 06/2004
Checking and using survey meters	06-00819-03	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	07/2000- 06/2004
Selecting the proper dose and how it is to be administered	06-00819-03	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	07/2000- 06/2004

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 checked="" 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	<p>06-00819-03</p>	<p>07/2000 - 06/2004</p>
Supervising Individual <i>Lynn Wilson, M.D., M.P.H.</i>		License/Permit Number listing supervising individual as an Authorized User <i>06-00819-03</i>

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	<i>Yale School of Medicine Yale New Haven Hospital 20 York St. New Haven, CT 06510 07/2000 - 06/2004</i>	Same	Same
Safety procedures for the device use	Same	Same	Same
Clinical use of the device	Same	Same	Same
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> <i>Dr. Lynn Wilson, M.D., M.P.H.</i>		License/Permit Number listing supervising individual as an Authorized User <i>06-00819-03</i>	

Authorized for the following types of use:

- Remote afterloader unit(s)
 Teletherapy unit(s)
 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 _____ 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 Joseph Colasanto, M.D. 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 Joseph Colasanto, M.D. 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 _____ has satisfactorily completed the requirements in
Name of Proposed Authorized User
35.690(a)(1).

OR

Training and Experience

I attest that Joseph Colasanto, M.D. 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

NRC FORM 313A (AUS)
(3-2007)

U.S. NUCLEAR REGULATORY COMMISSION

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

Preceptor Attestation (continued)

Third Section

For 35.690: (continued)

I attest that Joseph Colasanto, M.D., 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 Joseph Colasanto, M.D., 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:

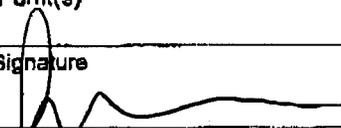
- Remote afterloader unit(s) Teletherapy unit(s) Gamma stereotactic radiosurgery unit(s)

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 <u>Lynn D. Wilson</u>	Signature 	Telephone Number <u>203-737-1202</u>	Date <u>11/15/07</u>
License/Permit Number/Facility Name <u>06-00819-03, Yale School of Medicine, Yale-New Haven Hospital</u>			

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

11/29/2007, and to inform you that the initial processing which includes an administrative review has been performed.

AMEND. 06-00854-03
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** 141394.
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.