

JUST THE
FAX



**BON SECOURS
DEPAUL MEDICAL CENTER**
Bon Secours Health System

**DEPARTMENT OF RADIATION ONCOLOGY
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TO: Sandy Gabriel

FROM: Walter TANG

DATE: Dec 20, 2007

RE: AMP for Depaul

FAX #: (610) 337-5269

TOTAL NUMBER OF PAGES INCLUDING COVER SHEET: 3

If there are any problems with this transmission or questions, please call our office.



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NMSS/RGN1 MATERIALS-002

NRC FORM 313A (AMP)
(10-2003)

U.S. NUCLEAR REGULATORY COMMISSION

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 _____ 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 Walter L. Tang 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 _____ 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 _____ 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 Bruce J. Gerbi, PhD	Signature <i>Bruce J. Gerbi</i>	Telephone Number 612-626-6154	Date Dec 19, 07
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License/Permit Number/Facility Name
License No.: 1049-203-27; University of Minnesota Medical School, Fairview

NRC FORM 313A (AMP)
(10-2006)

U.S. NUCLEAR REGULATORY COMMISSION

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 Walter Tang 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 Walter Tang 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 Walter Tang 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 Walter Tang has achieved a level of competency sufficient to
Name of Proposed Authorized Medical Physicist
function independently as an Authorized Medical Physicist for the following:

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Name of Preceptor <u>INDRA J. DAS, PhD, FACR</u>	Signature <u>I J Das</u>	Telephone Number <u>215-652-6472</u>	Date <u>12/19/07</u>
License/Permit Number/Facility Name <u>37-00118-07 University of Pennsylvania, Philadelphia (Broad scope)</u>			