

NMSB1

January 9, 2008

**Thomas Jefferson
University Hospitals**

Thomas Jefferson
University Hospital

Methodist Hospital

Jefferson Hospital for
Neuroscience

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

03-35567

Re: NRC License No. 37-00148-08
Add Authorized Medical Physicist
Delete Authorized Medical Physicist
Delete Authorized User

Dear Sir or Madam:

We are requesting the addition of Ying Xiao, Ph.D., as an Authorized Medical Physicist (AMP) for 35.600 gamma stereotactic radiosurgery (GSR) use as authorized under this license. Dr. Xiao is currently an AMP under NRC Type A Broad Scope License No. 37-00148-06 for 35.600 remote afterloader (HDR) uses, and has attained the necessary training and experience to function as an AMP for the GSR unit. [See enclosed letter and NRC Form 313A (AMP)]

At this time, we are also notifying you that Greg Bednarz, Ph.D., will no longer be an AMP under this license effective February 1, 2008. [As Dr. Xiao will be replacing Dr. Bednarz as AMP, we request that Dr. Xiao be added to the license in advance of Dr. Bednarz's departure.]

We are also hereby notifying you that Walter Curran, M.D., will no longer be an Authorized User under this license effective January 22, 2008.

We would also like to request that the names of the neurosurgeons currently shown on license No. 37-00148-08 be deleted, as there is no NRC requirement to name any physicians other than the Authorized Users for the GSR device.

Sincerely,



Kimberly J. Evans
Vice President for
Clinical and Support Services

Enclosures

C

Dr. David Andrews
Dr. Walter Curran
Dr. James Galvin
Mr. John Keklak
Ms. Pam Kolb

Dr. Robert Rosenwasser
Ms. Miriam Schwed
Dr. Yan Yu
Dr. Ying Xiao

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RECEIVED
REGION 1

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January 8, 2008

Members

- Albert Einstein Healthcare Network
 - Albert Einstein Medical Center
 - Belmont Behavioral Health
 - Germantown Hospital and Community Health Services
 - MossRehab
 - Willowcrest
- Frankford Health Care System
 - Frankford Campus
 - Torresdale Campus
- Main Line Health
 - Bryn Mawr Hospital
 - Bryn Mawr Rehab
 - Lankenau Hospital
 - Paoli Memorial Hospital
- Magee Rehabilitation
- Thomas Jefferson University Hospital
 - Methodist Hospital

Jefferson HealthCARE physicians

Jefferson HomeCARE

Jefferson SeniorCARE

- Methodist Hospital Nursing Center
- Mid County Senior Services
- The Wayne Center

Alliance Partners

- Pottstown Memorial Medical Center
- Riddle Memorial Hospital
- Underwood-Memorial Hospital

To Whom It May Concern:

This is to confirm that Ying Xiao, Ph.D. is currently approved as an Authorized Medical Physicist (AMP) for 10 CFR 35.600 uses [remote afterloader (HDR) uses] under NRC Type A Broad Scope License No 37-00148-06. Dr. Xiao has functioned in that capacity for five years.

John C. Keklak
Radiation Safety Officer for
License No. 37-00148-06

**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

Xiao, Ying

- 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.

AUTHORIZED MEDICAL PHYSICIST TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Education, Training, and Experience for Proposed Authorized Medical Physicist (continued)

b. Supervised Full-Time Medical Physics Training and Work Experience (continued)

If more than one supervising individual is necessary to document supervised training, provide multiple copies of this page.

Description of Training/ Experience	Location of Training/License or Permit Number of Training Facility/Medical Devices Used+	Dates of Training*	Dates of Work Experience*
Medical Physics			
Performing sealed source leak tests and inventories			
Performing decay corrections			
Performing full calibration and periodic spot checks of external beam treatment unit(s)			
Performing full calibration and periodic spot checks of stereotactic radiosurgery unit(s)			
Performing full calibration and periodic spot checks of remote afterloading unit(s)			
Conducting radiation surveys around external beam treatment unit(s), stereotactic radiosurgery unit(s), remote after loading unit(s)			

Supervising Individual**	License/Permit Number listing supervising individual as an authorized Medical Physicist
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for the following types of use:

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

+ Training and work experience must be conducted 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.

* 1 year of Full-time medical physics training and 1 year of full time work experience cannot be concurrent.

** If the supervising medical physicist is not an authorized medical physicist, the licensee must submit evidence that the supervising medical physicist meets the training and experience requirements in 10 CFR 35.51 and 35.59 for the types of use for which the individual is seeking authorization.

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			TJUH, JHN 10/07 -
Safety procedures for the device use			TJUH, JHN 10/07 -
Clinical use of the device			TJUH, JHN 10/07 -
Treatment planning system operation			TJUH, JHN 10/07 -

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

37-00148-08, TJUH, Inc. (JHN)

M. Beverly Downes-Phillips
for the following types of use:

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

If Applicable:

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 _____ 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 Xiao, Ying 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 Xiao, Ying 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 Xiao, Ying 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	Signature	Telephone Number	Date
Downes-Philips, Beverly	<i>M Beverly Downes-Philips</i>	2155031772	12/19/07
License/Permit Number/Facility Name			
NRC Lic. # 37-00148-08 TJUH, Inc. (Jefferson Hospital of Neuroscience)			

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

1/9/2008, and to inform you that the initial processing which includes an administrative review has been performed.

ADMIN - 37-00148-08 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** 141621.
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.