INOVA FAIRFAX CANCER CENTER

Stella Hetelekidis, MD, Chairman
Glenn L. Tonnesen, MD
Susan M. Pierce, MD
Susan E. Boylan, MD
Samir Kanani, MD
Gopal K. Bajaj, MD
Joshua Petit, MD
Michael Taylor, MS, Medical Physics
Keith Turner, Director

Department of Radiation Oncology
3300 Gallows Road
Falls Church, Virginia 22042-330
Tel 703 698-3731
Fax 703 698-2743

MS 16
K-8

May 21, 2008

45-17128-01
03012235

REGION I:
Nuclear Regulatory Commission
Region I, ATTN Sandra Gabriel
475 Allendale Road
King of Prussia, Pennsylvania 19406-1415

Dear Ms. Gabriel,

This is in response to your e-mail communication with Mr. Mike Taylor concerning our license amendment application to add Drs. Paul Bajaj and Joshua Petit as authorized users for manual brachytherapy and high dose rate applications.

Please find enclosed revised NRC Forms 313A with supporting documentation for Drs. Bajaj and Petit.

We appreciate your assistance and patience with these applications. If you have any additional questions or need additional information please do not hesitate to call me or Mr. Taylor.

Sincerely,

Stella Hetelekidis
Director Radiation Oncology

RECEIVED
REGION 1
2008 MAY 29 AM 11: 18

142169

NMSS/RGN1 MATERIALS-002

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

U.S. NUCLEAR REGULATORY COMMISSION

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	State or Territory Where Licensed
Bajaj, Gopal	Virginia

Requested Authorization(s) (check all that apply)

- [X] 35.400 Manual brachytherapy sources
- [ ] 35.400 Ophthalmic use of strontium-90
- [X] 35.600 Remote afterloader unit(s)
- [ ] 35.600 Teletherapy 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.

[X] **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.

[X] **3. Training and Experience for Proposed Authorized User**

a. Classroom and Laboratory Training [X] 35.490 [ ] 35.491 [X] 35.690

Description of Training	Location of Training	Clock Hours	Dates of Training*
Radiation physics and instrumentation	Please see attached		July 2001 through June 2005
Radiation protection			
Mathematics pertaining to the use and measurement of radioactivity			
Radiation biology			
	Total Hours of Training:	224 hrs	

Deborah Frassica, M.D.
Associate Professor and
Residency Program Director

Radiation Oncology & Molecular
Radiation Sciences
401 North Broadway / Suite 1440
Baltimore, Maryland 21231
410-955-7390 T
410-847-3800 Green Spring
410-502-1419 F
frassde@jhmi.edu

JOHNS HOPKINS
MEDICINE
THE SIDNEY KIMMEL
COMPREHENSIVE
CANCER CENTER

5/15/2008

This summary provides documentation of the estimated total classroom instruction for physics and biology for Gopal Bajaj, MD, that took place during residency training in the Department of Radiation Oncology and Molecular Radiation Sciences, Johns Hopkins University from July 2001 through June 2005. The training program is a four year program. The training program is as follows:

Physics Course		
2 hours every Tuesday and Thursday for 6 months		
(2hours x 2 days/week x 4 weeks/month x 6 months)	96	hours
Biology Course		
2 hours every Tuesday and Thursday for 2 months for one year		
2 hours x 2 days / week x 4 weeks / month x 2 months =	32	hours
Continuing Education (Review Sessions, Grand Rounds, etc.)		
Physics		
12 hours/yr x 4 years	48	hours
Biology		
12 hours/yr x 4 years	48	hours
Total	224	hours

This summary represents a total of 224 hours of classroom training in physics and biology spread over 4 years of training designed to meet the ABR certification requirements.

Sincerely,

Deborah Frassica

Deborah Frassica, M.D.
Program Director

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:** 363.5	
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	Please see attached.	☐ Yes ☐ No	July 2005 through June 2005
Checking survey meters for proper operation		☐ Yes ☐ No	
Preparing, implanting, and safely removing brachytherapy sources		☐ Yes ☐ No	
Maintaining running inventories of material on hand		☐ Yes ☐ No	
Using administrative controls to prevent a medical event involving the use of byproduct material		☐ Yes ☐ No	
Using emergency procedures to control byproduct material		☐ Yes ☐ No	

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: ☐ Residency Review Committee for Radiation Oncology of the ACGME ☐ Royal College of Physicians and Surgeons of Canada ☐ Committee on Postdoctoral Training of the American Osteopathic Association		

Supervising Individual	License/Permit Number listing supervising individual as an Authorized User
Deborah Frassica	# 856 Johns Hopkins Medicine

Deborah Frassica, M.D.
Associate Professor and
Residency Program Director

Radiation Oncology & Molecular
Radiation Sciences
401 North Broadway / Suite 1440
Baltimore, Maryland 21231
410-955-7390 T
410-847-3800 Green Spring
410-502-1419 F
frassde@jhmi.edu

JOHNS HOPKINS
MEDICINE
THE SIDNEY KIMMEL
COMPREHENSIVE
CANCER CENTER

5/15/08

This summary is provided to document the number of hours of supervised experience using radioactivity for Gopal Bajaj, M.D.. All training was supervised by authorized radioactivity users, members of the Radiation Oncology faculty at The Johns Hopkins Hospital Department of Radiation Oncology and Molecular Radiation Sciences in Baltimore, Maryland. Supervision occurred while Dr. Bajaj was a resident at Johns Hopkins Hospital between July 1, 2001 to June 30,2005.

A. Ordering, receiving and unpacking of radioactive materials safely and performing the related radiation surveys:

7 LDR intracavitary insertions x 1 hour=	7 hours
13 LDR interstitial insertions x 1 hour =	13 hours
14 HDR intracavitary insertions x 1 hour =	14 hours
5 HDR interstitial insertions x 1 hour =	5 hours
11 Unsealed source administrations x 1 hour =	11 hours
Total	**50 hours**

B. Checking survey meters for proper operation:

50 Brachy/Unsealed source cases x 0.25hrs =	**12.5 hours**

C. preparing, implanting, (and removing if necessary) sealed sources:

7LDR intracavitary insertions x 8 hours =	56 hours
13 LDR interstitial insertions x 4 hours =	52 hours
14 HDR intracavitary insertionsx 2 hours =	28 hours
5 HDR interstitial insertions x 2 hours =	10 hours
11 Unsealed source administrations x 2 hours =	22 hours
Total	**168 hours**

D. Maintaining Running Inventories of material on hand: **4 hours**

E. Using administrative controls to prevent the misadministration of radioactive material

7 LDR intracavitary insertions x 0.5 hour=	3.5 hours
13 LDR interstitial insertions x 0.5hour =	6.5 hours
14 HDR intracavitary insertions x 0.5 hour =	7 hours
5 HDR interstitial insertions x 0.5 hour =	2.5 hours
11 Unsealed source administrations x 0.5 hours =	5.5 hours
Total	**25 hours**

F. Using,emergency procedures to control radioactive material

Annual review of emergency radiation
safety protocols with clinical staff: 1 hour x 4 year **4 hours**

G. Clinical Rotation with attending staff

39 patient consultations for sealed source brachytherapy x 2 hours=	78 hours
11 patient consultations for unsealed source brachytherapy x 2 hours=	22 hours
Total	**100 hours**

Total Supervised Hours **363.5 hours**

Deborah Frassica

Deborah A. Frassica, M.D.
Program Director

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:** 298	
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	INOVA Fairfax Hospital Falls Church, Va. NRC License 45-17128-01	☑ Yes ☐ No	1-July 2007 to Present
Checking survey meters for proper operation	INOVA Fairfax Hospital Falls Church Va, NRC License 45-17128-01	☑ Yes ☐ No	1 July 2007 to Present
Preparing, implanting, and safely removing brachytherapy sources	INOVA Fairfax Hospital Falls Church, Va NRC License 45-17128-01	☑ Yes ☐ No	1 July 2007 to Present
Maintaining running inventories of material on hand	INOVA Fairfax Hospital Falls Church, Va NRC License 45-17128-01	☑ Yes ☐ No	1 July 2007 to Present
Using administrative controls to prevent a medical event involving the use of byproduct material	INOVA Fairfax Hospital Falls Church, Va NRC License 45-17128-01	☑ Yes ☐ No	1 July 2007 to Present
Using emergency procedures to control byproduct material	INOVA Fairfax Hospital Falls Church, Va NRC License 45-17128-01	☑ Yes ☐ No	1 July 2007 to Present

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: ☐ Residency Review Committee for Radiation Oncology of the ACGME ☐ Royal College of Physicians and Surgeons of Canada ☐ Committee on Postdoctoral Training of the American Osteopathic Association		
Supervising Individual	License/Permit Number listing supervising individual as an Authorized User NRC License 45-17128-01	

INOVA FAIRFAX CANCER CENTER

Stella Hetelekidis, MD, Chairman
Glenn L. Tonnesen, MD
Susan M. Pierce, MD
Susan E. Boylan, MD
Samir Kanani, MD
Gopal K. Bajaj, MD
Joshua Petit, MD
Michael Taylor, MS, Medical Physics
Keith Turner, Director

Department of Radiation Oncology
3300 Gallows Road
Falls Church, Virginia 22042-330
Tel 703 698-3731
Fax 703 698-2743

May 19, 2008

This summary is provided to document the number of hours of supervised experience at this institution using radioactivity for Gopal Bajaj, M.D.. The experience was supervised by authorized radioactivity users, members of the Radiation Oncology staff at the INOVA Fairfax Hospital, Department of Radiation Oncology in Falls Church, Virginia. Supervision occurred while Dr. Bajaj was a staff member at INOVA Fairfax Hospital between July 1st, 2007 and the present.

A. Ordering, receiving and unpacking of radioactive materials safely and performing the related radiation surveys:

Nucletron HDR Training	1 hour
Therasphere training course	1 hours
SIR-Sphere training	1 hours
6 SIR-Sphere cases	6 hours
6 HDR cases	3 hours
2 LDR intra-cavitary	1 hours
6 LDR interstitial implants	6 hours
Total	19 hours

B. Checking survey meters for proper operation:

13.5 Brachy/Unsealed source cases x 0.25 hours	2 hours

C. Preparing, implanting, (and removing if necessary) sealed sources:

Nucletron HDR Training	1 hour
Therasphere training course	10 hours
SIR-Sphere training	4 hours
2 LDR intracavitary (Fletcher Suit) insertions x 8 hr =	16 hours
6 HDR intracavitary insertions x 2 hour =	12 hours
6 Interstitial implants (Prostate) x 4 hr	24 hours
2 Interstitial implants (Gyn) x 4 hr	8 hours
6 Interstitial implants (SIR-spheres) x 4 hr	24 hours
Total	99 hours

D. Maintaining Running Inventories of material on hand: 1 hours

E. Using administrative controls to prevent the misadministration of radioactive material.

Nucletron HDR Training	1 hour
Therasphere training course	1 hours
SIR-Sphere training	1 hours
2 LDR intracavitary (Fletcher Suit) insertions x 0.5 hr =	1 hours
6 HDR intracavitary insertions x 0.5 hour =	3 hours
6 Interstitial implants (Prostate) x 0.5 hr	3 hours
2 Interstitial implants (Gyn) x 0.5 hr	1 hours
6 Interstitial implants (SIR-spheres) x 0.5 hr	3 hours
Total	14 hours

F. Using, emergency procedures to control radioactive material

Nucletron HDR Training	1 hour
Therasphere training course	1 hours
SIR-Sphere training	1 hours
Review of emergency radiation safety protocols with clinical staff	4 hours
Total	7 hours

G. Clinical practice with attending staff

Tumor Board participation	72 hours
Chart Rounds participation	36 hours
24 patient consultations for sealed source brachytherapy x 2 hr	48 hours
Total	156 hours

Total Supervised Hours 298 hours

Stella Hetelekidis
Chairman, Radiation Oncology

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			

Supervising Individual	License/Permit Number listing supervising individual as an Authorized User

d. Supervised Work and Clinical Experience for 10 CFR 35.690

☑ Remote afterloader unit(s) ☐ Teletherapy unit(s) ☐ Gamma stereotactic radiosurgery unit(s)

Description of Experience	Location of Experience/License or Permit Number of Facility	Clock Hours	Dates of Experience*
Reviewing full calibration measurements and periodic spot-checks	Please see attached,		
Preparing treatment plans and calculating treatment doses and times			
Using administrative controls to prevent a medical event involving the use of byproduct material			
Implementing emergency procedures to be followed in the event of the abnormal operation of the medical unit or console			
Checking and using survey meters			
Selecting the proper dose and how it is to be administered			
Total Hours of Work Experience			

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: ☐ Residency Review Committee for Radiation Oncology of the ACGME ☐ Royal College of Physicians and Surgeons of Canada ☐ Committee on Postdoctoral Training of the American Osteopathic Association		

Supervising Individual	License/Permit Number listing supervising individual as an Authorized User
Deborah Frassica, M.D.	#856 Johns Hopkins Medicine

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	Annual training 2001 - 2005, 2006 2008 attached	NA	NA
Safety procedures for the device use	Annual training 2001 - 2005, 2006 2008 attached	NA	NA
Clinical use of the device	Annual training 2001 - 2005, 2006 plus 19 supervised cases between 2001 - 2005	NA	NA

Supervising Individual. *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.)*	License/Permit Number listing supervising individual as an Authorized User
DEBORAH FRASSICA, MD Deborah Frassica, MD	#856, Johns Hopkins Medicine

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)

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			

Supervising Individual	License/Permit Number listing supervising individual as an Authorized User

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:** 298		
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	INOVA Fairfax Hospital Falls Church, Va NRC License 45-17128-01	☑ Yes ☐ No	
Preparing treatment plans and calculating treatment doses and times	INOVA Fairfax Hospital Falls Church, Va NRC License 45-17128-01	☑ Yes ☐ No	
Using administrative controls to prevent a medical event involving the use of byproduct material	INOVA Fairfax Hospital Falls Church, Va NRC License 45-17128-01	☑ Yes ☐ No	
Implementing emergency procedures to be followed in the event of the abnormal operation of the medical unit or console	INOVA Fairfax Hospital Falls Church, Va NRC License 45-17128-01	☑ Yes ☐ No	
Checking and using survey meters	INOVA Fairfax Hospital Falls Church, Va NRC License 45-17128-01	☑ Yes ☐ No	
Selecting the proper dose and how it is to be administered	INOVA Fairfax Hospital Falls Church, Va NRC License 45-17128-01	☑ Yes ☐ No	

INOVA FAIRFAX CANCER CENTER

Stella Hetelekidis, MD, Chairman
Glenn L. Tonnesen, MD
Susan M. Pierce, MD
Susan E. Boylan, MD
Samir Kanani, MD
Gopal K. Bajaj, MD
Joshua Petit, MD
Michael Taylor, MS, Medical Physics
Keith Turner, Director

Department of Radiation Oncology
3300 Gallows Road
Falls Church, Virginia 22042-330
Tel 703 698-3731
Fax 703 698-2743

May 19, 2008

This summary is provided to document the number of hours of supervised experience at this institution using radioactivity for Gopal Bajaj, M.D.. The experience was supervised by authorized radioactivity users, members of the Radiation Oncology staff at the INOVA Fairfax Hospital, Department of Radiation Oncology in Falls Church, Virginia. Supervision occurred while Dr. Bajaj was a staff member at INOVA Fairfax Hospital between July 1st, 2007 and the present.

A. Ordering, receiving and unpacking of radioactive materials safely and performing the related radiation surveys:

Nucletron HDR Training	1 hour
Therasphere training course	1 hours
SIR-Sphere training	1 hours
6 SIR-Sphere cases	6 hours
6 HDR cases	3 hours
2 LDR intra-cavitary	1 hours
6 LDR interstitial implants	6 hours
Total	19 hours

B. Checking survey meters for proper operation:

13.5 Brachy/Unsealed source cases x 0.25 hours	2 hours

C. Preparing, implanting, (and removing if necessary) sealed sources:

Nucletron HDR Training	1 hour
Therasphere training course	10 hours
SIR-Sphere training	4 hours
2 LDR intracavitary (Fletcher Suit) insertions x 8 hr =	16 hours
6 HDR intracavitary insertions x 2 hour =	12 hours
6 Interstitial implants (Prostate) x 4 hr	24 hours
2 Interstitial implants (Gyn) x 4 hr	8 hours
6 Interstitial implants (SIR-spheres) x 4 hr	24 hours
Total	99 hours

D. Maintaining Running Inventories of material on hand: 1 hours

E. Using administrative controls to prevent the misadministration of radioactive material.

Nucletron HDR Training	1 hour
Therasphere training course	1 hours
SIR-Sphere training	1 hours
2 LDR intracavitary (Fletcher Suit) insertions x 0.5 hr =	1 hours
6 HDR intracavitary insertions x 0.5 hour =	3 hours
6 Interstitial implants (Prostate) x 0.5 hr	3 hours
2 Interstitial implants (Gyn) x 0.5 hr	1 hours
6 Interstitial implants (SIR-spheres) x 0.5 hr	3 hours
Total	14 hours

F. Using, emergency procedures to control radioactive material

Nucletron HDR Training	1 hour
Therasphere training course	1 hours
SIR-Sphere training	1 hours
Review of emergency radiation safety protocols with clinical staff	4 hours
Total	7 hours

G. Clinical practice with attending staff

Tumor Board participation	72 hours
Chart Rounds participation	36 hours
24 patient consultations for sealed source brachytherapy x 2 hr	48 hours
Total	156 hours

Total Supervised Hours 298 hours

Stella Hetelekidis
Chairman, Radiation Oncology

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: ☐ Residency Review Committee for Radiation Oncology of the ACGME ☐ Royal College of Physicians and Surgeons of Canada ☐ Committee on Postdoctoral Training of the American Osteopathic Association		
Supervising Individual	License/Permit Number listing supervising individual as an Authorized User NRC license 45-17128-01	

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	Nucletron Jan 08		
Safety procedures for the device use	Nucletron Jan 08		
Clinical use of the device	Nucletron Jan 08 INOVA Fairfax Hospital Falls Church, Va		
Supervising Individual. *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.)*	License/Permit Number listing supervising individual as an Authorized User NRC License 45-17128-01		

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.

Nucletron

Field Training Report

Nucletron Corporation, Service Department, 8671 Robert Fulton Drive, Columbia, MD 21046 PH: 410-872-4400 Fax: 410-312-4196

Customer	The Fairfax Hospital	Charge Type	☑ Contract ☐ No Charge ☐ Bill ☐ Install ☐ Warranty ☐ Other
Address	Gallows Road Fairfax, VA 22042		
Phone No.	703.776.3731	Call Number	227925 ☐ Rtn. Visit Required
PO No.		Date in	7-Jan-08 Out 7-Jan-08
	Course Instructor: Paul Stehle	Time in	9:30 AM Out 10:00 AM

Training Given

Annual Emergency Procedures In-Service

Attendance Registration

Name	Title	Department	Signature
David George	Physicist	Radiation Oncology	Mon Jan 2008 01/ 07/ 08 09:47:35
Michael Taylor	Physicist	Radiation Oncology	Mon Jan 2008 01/ 07/ 08 09:47:17
Don Anderson	Physicist	Radiation Oncology	Mon Jan 2008 01/ 07/ 08 09:47:02
Gopal Bajaj	MD	Radiation Oncology	Mon Jan 2008 01/ 07/ 08 09:48:25
Charlotta Efros	Physicist	Radiation Oncology	Mon Jan 2008 01/ 07/ 08 09:49:01
Nicholas Recalde	Physicist	Radiation Oncology	Mon Jan 2008 01/ 07/ 08 09:49:32
Shanjin He	Physicist	Radiation Oncology	Mon Jan 2008 01/ 07/ 08 09:58:55
Joshua Petit	MD	Radiation Oncology	Mon Jan 2008 01/ 07/ 08 10:07:45
Dong Kang	Physicist	Radiation Oncology	Mon Jan 2008 01/ 07/ 08 10:15:20
Jose Mendez	Physicist	Radiation Oncology	Mon Jan 2008 01/ 07/ 08 10:15:56

Remarks

For Office Use Only - This Is Not An Invoice

Travel Charged	Hrs	Airline	Travel Expenses (Meals, Tolls, etc)
Regular Charged	0.50 Hrs	Rental Car	
Overtime Charged	Hrs	Hotel	
O/T (Sundays & Holidays)	Hrs	No of Miles	$0.00

We certify that the training noted in this document has been carried out in accordance with the manufacturer's instructions by Nucletron's authorized representative and with proper supervision by

Course Instructor

Mon Jan 2008 01/07/08 09:41:35

Customer

Mon Jan 2008 01/07/08 09:47:50

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 Gopal Bajaj, MD 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 _____ 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 Gopal Bajaj, MD 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 _____ 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 _____ 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	Signature	Telephone Number	Date
Stella Hetekidis, MD	[signature]	(703) 776-3731	5/21/06

License/Permit Number/Facility Name

NRC License 45-17128-01 INOVA Fairfax Hospital, Falls Church, Va.

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

U.S. NUCLEAR REGULATORY COMMISSION

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	State or Territory Where Licensed
Joshua H. Petit, M.D.	Virginia

Requested Authorization(s) (check all that apply)

- [X] 35.400 Manual brachytherapy sources
- [ ] 35.400 Ophthalmic use of strontium-90
- [X] 35.600 Remote afterloader unit(s)
- [ ] 35.600 Teletherapy 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. 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.

[X] **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	Brigham & Women's Hospital, Massachusetts General Hospital, Harvard Medical School.		7-2003 to 6-2007
Radiation protection	Please see attached		
Mathematics pertaining to the use and measurement of radioactivity			
Radiation biology			
	Total Hours of Training:	324 hours	

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	Harvard Medical School NRC License 60-0055	☑ Yes ☐ No	
Checking survey meters for proper operation	Harvard Medical School NRC License 60-0055	☑ Yes ☐ No	
Preparing, implanting, and safely removing brachytherapy sources	Harvard Medical School NRC License 60-0055	☑ Yes ☐ No	
Maintaining running inventories of material on hand	Harvard Medical School NRC License 60-0055	☑ Yes ☐ No	
Using administrative controls to prevent a medical event involving the use of byproduct material	Harvard Medical School NRC License 60-0055	☑ Yes ☐ No	
Using emergency procedures to control byproduct material	Harvard Medical School NRC License 60-0055	☑ Yes ☐ No	

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: ☑ Residency Review Committee for Radiation Oncology of the ACGME ☐ Royal College of Physicians and Surgeons of Canada ☐ Committee on Postdoctoral Training of the American Osteopathic Association	Harved Medical School NRC License 60-0055 Please see attached.	July 2003 through June 2007

Supervising Individual	License/Permit Number listing supervising individual as an Authorized User
Anthony Ziedman	60-0055

Radiation Oncology Resident Record Report

ram ID: 4302411131 Program Name: Brigham and Women's Hospital/Massachusetts General Hospital/Harvard Medical School Pro
at All Institutes
Joshua H. Petit
For Procedures in All Years For All Resident Roles
For All Types in Brachytherapy - Intracavi area
As Of 6/4/2007

Resident Name: Petit, Joshua H. **Current Year:** 3

Procedure Date: 1/8/2007 **Resident Year:** 4 **Role:** Performed **Case ID:** A069084
Institution: Brigham and Women's Hospital

Radiation Oncology

Area	Type	Qty
Brachytherapy - Intracavitary	Cervix/Uterus – High Dose Rate	1
		1 *

Comments: T O for cervix

Procedure Date: 1/10/2007 **Resident Year:** 4 **Role:** Performed **Case ID:** A069023
Institution: Brigham and Women's Hospital

Radiation Oncology

Area	Type	Qty
Brachytherapy - Intracavitary	Cervix/Uterus – High Dose Rate	1
		1 *

Comments: T O cervix

Procedure Date: 1/10/2007 **Resident Year:** 4 **Role:** Performed **Case ID:** A069084
Institution: Brigham and Women's Hospital

Radiation Oncology

Area	Type	Qty
Brachytherapy - Intracavitary	Cervix/Uterus – High Dose Rate	1
		1 *

Comments: T O cervix

Procedure Date: 1/17/2007 **Resident Year:** 4 **Role:** Performed **Case ID:** A069337
Institution: Brigham and Women's Hospital

Radiation Oncology

Area	Type	Qty
Brachytherapy - Intracavitary	Cervix/Uterus – High Dose Rate	1
		1 *

Comments: T O cervix

Procedure Date: 1/22/2007 **Resident Year:** 4 **Role:** Performed **Case ID:** A069366
Institution: Brigham and Women's Hospital

Radiation Oncology

Area	Type	Qty
Brachytherapy - Intracavitary	Cervix/Uterus – High Dose Rate	1
		1 *

Comments: T O cervix

Radiation Oncology Resident Record Report

gram ID: 4302411131 Program Name: Brigham and Women's Hospital/Massachusetts General Hospital/Harvard Medical School Pr
at All Institutes
Joshua H. Petit
For Procedures in All Years For All Resident Roles
For All Types in Brachytherapy - Intracavi area
As Of 6/4/2007

Resident Name: Petit, Joshua H. Current Year: 3

Procedure Date: 1/24/2007 Resident Year: 4 Role: Performed Case ID: A069366
Institution: Brigham and Women's Hospital

Radiation Oncology

Area	Type	Qty
Brachytherapy - Intracavitary	Cervix/Uterus – High Dose Rate	1
		1 *

Comments: T O cervix

Procedure Date: 1/24/2007 Resident Year: 4 Role: Performed Case ID: A069337
Institution: Brigham and Women's Hospital

Radiation Oncology

Area	Type	Qty
Brachytherapy - Intracavitary	Cervix/Uterus – High Dose Rate	1
		1 *

Comments: T O cervix

Procedure Date: 1/29/2007 Resident Year: 4 Role: Performed Case ID: A069430
Institution: Brigham and Women's Hospital

Radiation Oncology

Area	Type	Qty
Brachytherapy - Intracavitary	Cervix/Uterus – High Dose Rate	1
		1 *

Comments: T O cervix

Procedure Date: 1/31/2007 Resident Year: 4 Role: Performed Case ID: A069366
Institution: Brigham and Women's Hospital

Radiation Oncology

Area	Type	Qty
Brachytherapy - Intracavitary	Cervix/Uterus – High Dose Rate	1
		1 *

Comments: T O cervix

Procedure Date: 1/31/2007 Resident Year: 4 Role: Performed Case ID: A069430
Institution: Brigham and Women's Hospital

Radiation Oncology

Area	Type	Qty
Brachytherapy - Intracavitary	Cervix/Uterus – High Dose Rate	1
		1 *

Comments: T O cervix

Radiation Oncology Resident Record Report

gram ID: 4302411131 Program Name: Brigham and Women's Hospital/Massachusetts General Hospital/Harvard Medical School Pro
at All Institutes
Joshua H. Petit
For Procedures in All Years For All Resident Roles
For All Types in Brachytherapy - Intracavi area
As Of 6/4/2007

Resident Name: Petit, Joshua H. **Current Year:** 3

Procedure Date: 2/5/2007 **Resident Year:** 4 **Role:** Performed **Case ID:** A069430
Institution: Brigham and Women's Hospital

Radiation Oncology

Area	Type	Qty
Brachytherapy - Intracavitary	Cervix/Uterus – High Dose Rate	1
		1 *

Comments: T O cervix

Procedure Date: 2/7/2007 **Resident Year:** 4 **Role:** Performed **Case ID:** A069430
Institution: Brigham and Women's Hospital

Radiation Oncology

Area	Type	Qty
Brachytherapy - Intracavitary	Cervix/Uterus – High Dose Rate	1
		1 *

Comments: T R cervix

Procedure Date: 2/8/2007 **Resident Year:** 4 **Role:** Performed **Case ID:** A075112
Institution: Brigham and Women's Hospital

Radiation Oncology

Area	Type	Qty
Brachytherapy - Intracavitary	Cervix/Uterus – High Dose Rate	1
		1 *

Comments: Cylinder for endometrial

Procedure Date: 2/8/2007 **Resident Year:** 4 **Role:** Performed **Case ID:** A069432
Institution: Brigham and Women's Hospital

Radiation Oncology

Area	Type	Qty
Brachytherapy - Intracavitary	Cervix/Uterus – High Dose Rate	1
		1 *

Comments: Cylinder

Procedure Date: 2/8/2007 **Resident Year:** 4 **Role:** Performed **Case ID:** A069588
Institution: Brigham and Women's Hospital

Radiation Oncology

Area	Type	Qty
Brachytherapy - Intracavitary	Cervix/Uterus – High Dose Rate	1
		1 *

Comments: Cylinder

Radiation Oncology Resident Record Report

gram ID: 4302411131 Program Name: Brigham and Women's Hospital/Massachusetts General Hospital/Harvard Medical School Prc
at All Institutes
Joshua H. Petit
For Procedures in All Years For All Resident Roles
For All Types in Brachytherapy - Intracavi area
As Of 6/4/2007

Resident Name: Petit, Joshua H. **Current Year:** 3

Procedure Date: 2/12/2007 **Resident Year:** 4 **Role:** Performed **Case ID:** A069430
Institution: Brigham and Women's Hospital

Radiation Oncology

Area	Type	Qty
Brachytherapy - Intracavitary	Cervix/Uterus – High Dose Rate	1
		1 *

Comments: T O for cervix

Procedure Date: 2/13/2007 **Resident Year:** 4 **Role:** Performed **Case ID:** A069560
Institution: Brigham and Women's Hospital

Radiation Oncology

Area	Type	Qty
Brachytherapy - Intracavitary	Cervix/Uterus – High Dose Rate	1
		1 *

Comments: Cylinder

Procedure Date: 2/28/2007 **Resident Year:** 4 **Role:** Performed **Case ID:** A075006
Institution: Brigham and Women's Hospital

Radiation Oncology

Area	Type	Qty
Brachytherapy - Intracavitary	Cervix/Uterus – High Dose Rate	1
		1 *

Comments: T O for cervix

Procedure Date: 3/7/2007 **Resident Year:** 4 **Role:** Performed **Case ID:** A075006
Institution: Brigham and Women's Hospital

Radiation Oncology

Area	Type	Qty
Brachytherapy - Intracavitary	Cervix/Uterus – High Dose Rate	1
		1 *

Comments: T O for cervix

Procedure Date: 3/12/2007 **Resident Year:** 4 **Role:** Performed **Case ID:** A075313
Institution: Brigham and Women's Hospital

Radiation Oncology

Area	Type	Qty
Brachytherapy - Intracavitary	Cervix/Uterus – Low Dose Rate	1
		1 *

Comments: LDR T O for cervix

Radiation Oncology Resident Record Report

gram ID: 4302411131 Program Name: Brigham and Women's Hospital/Massachusetts General Hospital/Harvard Medical School Pr
at All Institutes
Joshua H. Petit
For Procedures in All Years For All Resident Roles
For All Types in Endovascular Insertions area
As Of 6/4/2007

Resident Name: Petit, Joshua H. **Current Year:** 3

Procedure Date: 1/25/2007 **Resident Year:** 4 **Role:** Performed **Case ID:** A075184
Institution: Brigham and Women's Hospital

Radiation Oncology

Area	Type	Qty
Endovascular Insertions	Endovascular Insertions	1
		1 *

Comments: recurrent SFA stenosis

Number of Procedures for Resident: 1

Grand Total: 1

Radiation Oncology Resident Record Report

gram ID: 4302411131 Program Name: Brigham and Women's Hospital/Massachusetts General Hospital/Harvard Medical School Pr
at All Institutes
Joshua H. Petit
For Procedures in All Years For All Resident Roles
For All Types in Unsealed Sources area
As Of 6/4/2007

Resident Name: Petit, Joshua H. Current Year: 3

Procedure Date: 4/13/2006 Resident Year: 4 Role: Performed Case ID: A060534
Institution: Beth Israel Deaconess Medical Center

Radiation Oncology

Area	Type	Qty
Unsealed Sources	I-131 Oral	1
		1 *

Comments: I131 100 millicuries #1

Procedure Date: 5/26/2006 Resident Year: 3 Role: Observed Case ID: 123456
Institution: Beth Israel Deaconess Medical Center

Radiation Oncology

Area	Type	Qty
Unsealed Sources	Radiolabeled Drugs	1
		1 *

Comments: 50 yo with recurrent follicular lymphoma treated with Bexxar #1

Procedure Date: 6/21/2006 Resident Year: 3 Role: Observed Case ID: 123457
Institution: Beth Israel Deaconess Medical Center

Radiation Oncology

Area	Type	Qty
Unsealed Sources	Radiolabeled Drugs	1
		1 *

Comments: 45 yo with recurrent follicular lymphoma treated with Bexxar #2

Procedure Date: 8/15/2006 Resident Year: 4 Role: Performed Case ID: A061686
Institution: Beth Israel Deaconess Medical Center

Radiation Oncology

Area	Type	Qty
Unsealed Sources	I-131 Oral	1
		1 *

Comments: I131 for papillary thyroid cancer 100 millicuries I-131 #2

Procedure Date: 8/23/2006 Resident Year: 3 Role: Performed Case ID: A061717
Institution: Beth Israel Deaconess Medical Center

Radiation Oncology

Area	Type	Qty
Unsealed Sources	I-131 Oral	1
		1 *

Comments: iodine 131 15 mCi hyperthyroid

NRC Form 313A U.S. Nuclear Regulatory Commission

TRAINING AND EXPERIENCE

Note: Descriptions of training and experience must contain sufficient detail to match the training and experience criteria in the applicable regulations.

1. Name of Individual, Proposed Authorization (e.g., Radiation Safety Officer), and Applicable Training Requirements (e.g., 10 CFR 35.50)

Joshua H. Petit, M.D.

2. For Physicians and Pharmacists, State or Territory Where Licensed

3. Certification

Specialty Board	Category	Month and Year Certified
RADIATION ONCOLOGY		

4. Didactic Training

Description of Training	Location	Clock Hours	Dates of Training
Radiation Physics and Instrumentation	HARVARD RADIATION ONCOLOGY PROGRAM	160	7/03 - 6/07
Radiation Protection		12	
Mathematics Pertaining to the Use and Measurement of Radioactivity		12	
Radiation Biology		128	
Chemistry of Byproduct Material for Medical Use		12	
Other			

5. Practical Experience with Radiation. (Actual use of radionuclides or equivalent experience)

Description of Experience	Name of Supervising Individual(s)	Location and Corresponding Materials License Number	Clock Hours and Dates	Related Radiation Safety Exam Score
RADIATION ONCOLOGY RESIDENCY			150	—

6. Formal Training

Degree, Area of Study	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 35.294)
RADIATION ONCOLOGY RESIDENCY	HARVARD 7/03-6/07		ACGME

7. The individual named in item 1 of this form is competent to function independently as an authorized user.

[✓] Yes [ ] No

Note: Response to Item 7 is applicable to proposed authorized users, medical physicists, or radiation safety officer for the type of medical use requested.

8. The training and experience indicated above was obtained under the supervision of:	10. Preceptor's Signature
ANTHONY ZIETMAN MD *a. Name of Supervisor*	

MASSACHUSETTS GENERAL HOSPITAL b. Mailing Address BOSTON MA 02114	11. Preceptor's Name (Printed Clearly)
c. City	ANTHONY ZIETMAN
9. Materials License Number 60-0055	12. Date 6/4/02

NRC Form 313B U.S. Nuclear Regulatory Commission

PRECEPTOR STATEMENT

Note: Descriptions of training and experience must contain sufficient detail to match the training and experience criteria in the applicable regulations.

Supplement B must be completed by the individual's preceptor. If more than one is necessary to document experience, obtain a separate preceptor statement from each.

1. Name of Individual, Proposed Authorization (e.g., Authorized User), and Applicable Training Requirements (e.g., 10 CFR 35.490):

Name, Proposed Authorization, and Applicable Training Requirements

Please see attached sheet documenting Dr Josh Petit's experience during our residency program with both sealed & unsealed sources at Massachusetts General & Brigham & Womens Hospitals

Street Address

City State Zip Code Boston MA

2. Supervised Experience of Above Named Individual

Radionuclide	Type of Use	Number of Cases Involving Personal Participation	Location and Corresponding Materials License Number, Dates, and Clock Hours of Experience
I^{125}		32	see attached
I^{192}		30	" "
Cs^{137}		5	" "
I^{131}		5	" "

2. Supervised Experience of Above Named Individual *(Cont'd)*

Radionuclide	Type of Use	Number of Cases Involving Personal Participation	Location and Corresponding Materials License Number, Dates, and Clock Hours of Experience

3. The individual named in item 1 of this form is competent to independently operate a nuclear pharmacy.

[✓] **Yes** [ ] **No**

Note: Response to Item 3 is only applicable to proposed authorized nuclear pharmacists.

4. The training and experience indicated above was obtained under the supervision of:	**6. Preceptor's Signature**
ANTHONY ZIETMAN MD *a. Name of Supervisor*	[signature]
MASSACHUSETTS GENERAL HOSPITAL *b. Mailing Address*	**7. Preceptor's Name (Printed Clearly)**
BOSTON MA 02114 *c. City*	ANTHONY ZIETMAN
5. Materials License Number 60-0055	**8. Date** 6/4/07

Radiation Oncology Resident Record Report

gram ID: 4302411131 Program Name: Brigham and Women's Hospital/Massachusetts General Hospital/Harvard Medical School Pr
at All Institutes
Joshua H. Petit
For Procedures in All Years For All Resident Roles
For All Types in Brachytherapy - Interstit area
As Of 6/4/2007

Resident Name: Petit, Joshua H. Current Year: 3

Procedure Date: 11/21/2003 Resident Year: 1 Role: Performed Case ID: 4076906
Institution: Massachusetts General Hospital

Radiation Oncology

Area	Type	Qty
Brachytherapy - Interstitial	Breast – High Dose Rate	1
		1 *

Comments: Right breast brachy for PBI

Procedure Date: 1/5/2004 Resident Year: 1 Role: Performed Case ID: A031576
Institution: Beth Israel Deaconess Medical Center

Radiation Oncology

Area	Type	Qty
Brachytherapy - Interstitial	Prostate – Low Dose Rate	1
		1 *

Comments: Prostate Implant

Procedure Date: 1/14/2004 Resident Year: 1 Role: Performed Case ID: A032898
Institution: Beth Israel Deaconess Medical Center

Radiation Oncology

Area	Type	Qty
Brachytherapy - Interstitial	Prostate – Low Dose Rate	1
		1 *

Comments: Prostate Implant

Procedure Date: 1/22/2004 Resident Year: 1 Role: Performed Case ID: A032602
Institution: Beth Israel Deaconess Medical Center

Radiation Oncology

Area	Type	Qty
Brachytherapy - Interstitial	Prostate – Low Dose Rate	1
		1 *

Comments: Prostate Implant

Procedure Date: 1/26/2004 Resident Year: 1 Role: Performed Case ID: A032547
Institution: Beth Israel Deaconess Medical Center

Radiation Oncology

Area	Type	Qty
Brachytherapy - Interstitial	Prostate – Low Dose Rate	1
		1 *

Comments: Prostate Implant

Radiation Oncology Resident Record Report

gram ID: 4302411131 Program Name: Brigham and Women's Hospital/Massachusetts General Hospital/Harvard Medical School Pr
at All Institutes
Joshua H. Petit
For Procedures in All Years For All Resident Roles
For All Types in Brachytherapy - Interstit area
As Of 6/4/2007

Resident Name: Petit, Joshua H. Current Year: 3

Procedure Date: 2/5/2004 Resident Year: 1 Role: Performed Case ID: A031316
Institution: Beth Israel Deaconess Medical Center

Radiation Oncology

Area	Type	Qty
Brachytherapy - Interstitial	Prostate – Low Dose Rate	1
		1 *

Comments: Prostate Implant

Procedure Date: 2/5/2004 Resident Year: 1 Role: Performed Case ID: A033086
Institution: Beth Israel Deaconess Medical Center

Radiation Oncology

Area	Type	Qty
Brachytherapy - Interstitial	Prostate – Low Dose Rate	1
		1 *

Comments: Prostate Implant

Procedure Date: 2/23/2004 Resident Year: 1 Role: Performed Case ID: A042428
Institution: Beth Israel Deaconess Medical Center

Radiation Oncology

Area	Type	Qty
Brachytherapy - Interstitial	Prostate – Low Dose Rate	1
		1 *

Comments: Prostate Implant

Procedure Date: 2/23/2004 Resident Year: 1 Role: Performed Case ID: A033307
Institution: Beth Israel Deaconess Medical Center

Radiation Oncology

Area	Type	Qty
Brachytherapy - Interstitial	Prostate – Low Dose Rate	1
		1 *

Comments: Prostate Implant

Procedure Date: 3/4/2004 Resident Year: 1 Role: Performed Case ID: A040160
Institution: Beth Israel Deaconess Medical Center

Radiation Oncology

Area	Type	Qty
Brachytherapy - Interstitial	Prostate – Low Dose Rate	1
		1 *

Comments: Prostate Implant

Radiation Oncology Resident Record Report

;ram ID: 4302411131 Program Name: Brigham and Women's Hospital/Massachusetts General Hospital/Harvard Medical School Pro
at All Institutes
Joshua H. Petit
For Procedures in All Years For All Resident Roles
For All Types in Brachytherapy - Interstit area
As Of 6/4/2007

Resident Name: Petit, Joshua H. Current Year: 3

Procedure Date: 3/8/2004 Resident Year: 1 Role: Performed Case ID: A032428
Institution: Beth Israel Deaconess Medical Center

Radiation Oncology

Area	Type	Qty
Brachytherapy - Interstitial	Prostate – Low Dose Rate	1
		1 *

Comments: Prostate Implant

Procedure Date: 3/11/2004 Resident Year: 1 Role: Performed Case ID: A032804
Institution: Beth Israel Deaconess Medical Center

Radiation Oncology

Area	Type	Qty
Brachytherapy - Interstitial	Prostate – Low Dose Rate	1
		1 *

Comments: Prostate Implant

Procedure Date: 3/11/2004 Resident Year: 1 Role: Performed Case ID: A040137
Institution: Beth Israel Deaconess Medical Center

Radiation Oncology

Area	Type	Qty
Brachytherapy - Interstitial	Prostate – Low Dose Rate	1
		1 *

Comments: Prostate Implant

Procedure Date: 3/11/2004 Resident Year: 1 Role: Performed Case ID: A033055
Institution: Beth Israel Deaconess Medical Center

Radiation Oncology

Area	Type	Qty
Brachytherapy - Interstitial	Prostate – Low Dose Rate	1
		1 *

Comments: Prostate Implant

Procedure Date: 1/19/2006 Resident Year: 4 Role: Performed Case ID: A052659
Institution: Beth Israel Deaconess Medical Center

Radiation Oncology

Area	Type	Qty
Brachytherapy - Interstitial	Prostate – Low Dose Rate	1
		1 *

Comments: ldr implant

Radiation Oncology Resident Record Report

gram ID: 4302411131 Program Name: Brigham and Women's Hospital/Massachusetts General Hospital/Harvard Medical School Pr
at All Institutes
Joshua H. Petit
For Procedures in All Years For All Resident Roles
For All Types in Brachytherapy - Interstit area
As Of 6/4/2007

Resident Name: Petit, Joshua H. Current Year: 3

Procedure Date: 1/31/2006 Resident Year: 4 Role: Performed Case ID: A052310
Institution: Beth Israel Deaconess Medical Center

Radiation Oncology

Area	Type	Qty
Brachytherapy - Interstitial	Prostate – Low Dose Rate	1
		1 *

Comments: ldr implant

Procedure Date: 2/2/2006 Resident Year: 4 Role: Performed Case ID: A051978
Institution: Beth Israel Deaconess Medical Center

Radiation Oncology

Area	Type	Qty
Brachytherapy - Interstitial	Prostate – Low Dose Rate	1
		1 *

Comments: ldr implant

Procedure Date: 2/2/2006 Resident Year: 4 Role: Performed Case ID: A052633
Institution: Beth Israel Deaconess Medical Center

Radiation Oncology

Area	Type	Qty
Brachytherapy - Interstitial	Prostate – Low Dose Rate	1
		1 *

Comments: ldr implant

Procedure Date: 2/9/2006 Resident Year: 4 Role: Performed Case ID: A052674
Institution: Beth Israel Deaconess Medical Center

Radiation Oncology

Area	Type	Qty
Brachytherapy - Interstitial	Prostate – Low Dose Rate	1
		1 *

Procedure Date: 2/9/2006 Resident Year: 4 Role: Performed Case ID: A052343
Institution: Beth Israel Deaconess Medical Center

Radiation Oncology

Area	Type	Qty
Brachytherapy - Interstitial	Prostate – Low Dose Rate	1
		1 *

Radiation Oncology Resident Record Report

;ram ID: 4302411131 Program Name: Brigham and Women's Hospital/Massachusetts General Hospital/Harvard Medical School Prc
at All Institutes
Joshua H. Petit
For Procedures in All Years For All Resident Roles
For All Types in Brachytherapy - Interstit area
As Of 6/4/2007

Resident Name: Petit, Joshua H. Current Year: 3

Procedure Date: 2/13/2006 Resident Year: 4 Role: Performed Case ID: A052778
Institution: Beth Israel Deaconess Medical Center

Radiation Oncology

Area	Type	Qty
Brachytherapy - Interstitial	Prostate – Low Dose Rate	1
		1 *

Procedure Date: 2/16/2006 Resident Year: 4 Role: Performed Case ID: A052831
Institution: Beth Israel Deaconess Medical Center

Radiation Oncology

Area	Type	Qty
Brachytherapy - Interstitial	Prostate – Low Dose Rate	1
		1 *

Procedure Date: 3/2/2006 Resident Year: 4 Role: Performed Case ID: A052421
Institution: Beth Israel Deaconess Medical Center

Radiation Oncology

Area	Type	Qty
Brachytherapy - Interstitial	Prostate – Low Dose Rate	1
		1 *

Procedure Date: 3/2/2006 Resident Year: 4 Role: Performed Case ID: A052358
Institution: Beth Israel Deaconess Medical Center

Radiation Oncology

Area	Type	Qty
Brachytherapy - Interstitial	Prostate – Low Dose Rate	1
		1 *

Procedure Date: 3/9/2006 Resident Year: 4 Role: Performed Case ID: A052262
Institution: Beth Israel Deaconess Medical Center

Radiation Oncology

Area	Type	Qty
Brachytherapy - Interstitial	Prostate – Low Dose Rate	1
		1 *

Procedure Date: 3/9/2006 Resident Year: 4 Role: Performed Case ID: A052430
Institution: Beth Israel Deaconess Medical Center

:adiation Oncology

rea	Type	Qty
rachytherapy - Interstitial	Prostate – Low Dose Rate	1
		1 *

Radiation Oncology Resident Record Report

ram ID: 4302411131 Program Name: Brigham and Women's Hospital/Massachusetts General Hospital/Harvard Medical School Pro
at All Institutes
Joshua H. Petit
For Procedures in All Years For All Resident Roles
For All Types in Brachytherapy - Interstit area
As Of 6/4/2007

Resident Name: Petit, Joshua H. Current Year: 3

Procedure Date: 3/13/2006 Resident Year: 4 Role: Performed Case ID: A052363
Institution: Beth Israel Deaconess Medical Center

Radiation Oncology

Area	Type	Qty
Brachytherapy - Interstitial	Prostate – Low Dose Rate	1
		1 *

Procedure Date: 4/13/2006 Resident Year: 4 Role: Performed Case ID: A052868
Institution: Beth Israel Deaconess Medical Center

Radiation Oncology

Area	Type	Qty
Brachytherapy - Interstitial	Prostate – Low Dose Rate	1
		1 *

Procedure Date: 4/13/2006 Resident Year: 4 Role: Performed Case ID: A052683
Institution: Beth Israel Deaconess Medical Center

Radiation Oncology

Area	Type	Qty
Brachytherapy - Interstitial	Prostate – Low Dose Rate	1
		1 *

Procedure Date: 7/10/2006 Resident Year: 4 Role: Performed Case ID: A060441
Institution: Beth Israel Deaconess Medical Center

Radiation Oncology

Area	Type	Qty
Brachytherapy - Interstitial	Prostate – Low Dose Rate	1
		1 *

Procedure Date: 7/19/2006 Resident Year: 4 Role: Performed Case ID: A060993
Institution: Beth Israel Deaconess Medical Center

Radiation Oncology

Area	Type	Qty
Brachytherapy - Interstitial	GYN/Pelvis – Low Dose Rate	1
		1 *

Comments: ldr interstitial for cervix

Procedure Date: 7/20/2006 Resident Year: 4 Role: Performed Case ID: A060656
Institution: Beth Israel Deaconess Medical Center

Radiation Oncology

Area	Type	Qty
Brachytherapy - Interstitial	Prostate – Low Dose Rate	1
		1 *

Radiation Oncology Resident Record Report

gram ID: 4302411131 Program Name: Brigham and Women's Hospital/Massachusetts General Hospital/Harvard Medical School Pr
at All Institutes
Joshua H. Petit
For Procedures in All Years For All Resident Roles
For All Types in Brachytherapy - Interstit area
As Of 6/4/2007

Resident Name: Petit, Joshua H. Current Year: 3

Procedure Date: 7/20/2006 Resident Year: 4 Role: Performed Case ID: A060241
Institution: Beth Israel Deaconess Medical Center

Radiation Oncology

Area	Type	Qty
Brachytherapy - Interstitial	Prostate – Low Dose Rate	1
		1 *

Procedure Date: 7/27/2006 Resident Year: 4 Role: Performed Case ID: A061068
Institution: Beth Israel Deaconess Medical Center

Radiation Oncology

Area	Type	Qty
Brachytherapy - Interstitial	Prostate – Low Dose Rate	1
		1 *

Comments: ldr implant

Procedure Date: 7/27/2006 Resident Year: 4 Role: Performed Case ID: A040713
Institution: Beth Israel Deaconess Medical Center

Radiation Oncology

Area	Type	Qty
Brachytherapy - Interstitial	Prostate – Low Dose Rate	1
		1 *

Comments: ldr implant

Procedure Date: 7/31/2006 Resident Year: 4 Role: Performed Case ID: A052627
Institution: Beth Israel Deaconess Medical Center

Radiation Oncology

Area	Type	Qty
Brachytherapy - Interstitial	Prostate – Low Dose Rate	1
		1 *

Comments: ldr implant

Procedure Date: 1/22/2007 Resident Year: 4 Role: Performed Case ID: A025054
Institution: Brigham and Women's Hospital

Radiation Oncology

Area	Type	Qty
Brachytherapy - Interstitial	GYN/Pelvis – Low Dose Rate	1
		1 *

Comments: interstitial for recurrent endometrial to vagina

Radiation Oncology Resident Record Report

gram ID: 4302411131 Program Name: Brigham and Women's Hospital/Massachusetts General Hospital/Harvard Medical School Prc
at All Institutes
Joshua H. Petit
For Procedures in All Years For All Resident Roles
For All Types in Brachytherapy - Interstit area
As Of 6/4/2007

Resident Name: Petit, Joshua H. Current Year: 3

Procedure Date: 2/21/2007 Resident Year: 4 Role: Performed Case ID: A068858
Institution: Brigham and Women's Hospital

Radiation Oncology

Area	Type	Qty
Brachytherapy - Interstitial	GYN/Pelvis – Low Dose Rate	1
		1 *

Comments: LDR for cervix after supracerv hyst

Procedure Date: 3/14/2007 Resident Year: 4 Role: Performed Case ID: A075139
Institution: Brigham and Women's Hospital

Radiation Oncology

Area	Type	Qty
Brachytherapy - Interstitial	GYN/Pelvis – Low Dose Rate	1
		1 *

Comments: Interstitial for recurrent uterine sarcoma

Number of Procedures for Resident: 39

Grand Total: 39

Radiation Oncology Resident Record Report

ram ID: 4302411131 Program Name: Brigham and Women's Hospital/Massachusetts General Hospital/Harvard Medical School Pr
at All Institutes
Joshua H. Petit
For Procedures in All Years For All Resident Roles
For All Types in Brachytherapy - Intracavi area
As Of 6/4/2007

Resident Name: Petit, Joshua H. Current Year: 3

Procedure Date: 4/27/2004 Resident Year: 1 Role: Performed Case ID: 18512897
Institution: Brigham and Women's Hospital

Radiation Oncology

Area	Type	Qty
Brachytherapy - Intracavitary	Endobronchial – High Dose Rate	1
		1 *

Comments: Endobronchial HDR for NSCLC

Procedure Date: 5/5/2005 Resident Year: 2 Role: Performed Case ID: A055132
Institution: Brigham and Women's Hospital

Radiation Oncology

Area	Type	Qty
Brachytherapy - Intracavitary	Bile Duct – High Dose Rate	1
		1 *

Procedure Date: 1/2/2007 Resident Year: 4 Role: Performed Case ID: A069023
Institution: Brigham and Women's Hospital

Radiation Oncology

Area	Type	Qty
Brachytherapy - Intracavitary	Cervix/Uterus – High Dose Rate	1
		1 *

Comments: T O for cervix

Procedure Date: 1/3/2007 Resident Year: 4 Role: Performed Case ID: A069084
Institution: Brigham and Women's Hospital

Radiation Oncology

Area	Type	Qty
Brachytherapy - Intracavitary	Cervix/Uterus – High Dose Rate	1
		1 *

Comments: T O cervix

Procedure Date: 1/3/2007 Resident Year: 4 Role: Performed Case ID: A069337
Institution: Brigham and Women's Hospital

Radiation Oncology

Area	Type	Qty
Brachytherapy - Intracavitary	Cervix/Uterus – High Dose Rate	1
		1 *

Comments: T O for cervix

Radiation Oncology Resident Record Report

gram ID: 4302411131 Program Name: Brigham and Women's Hospital/Massachusetts General Hospital/Harvard Medical School Prog
at All Institutes
Joshua H. Petit
For Procedures in All Years For All Resident Roles
For All Types in Unsealed Sources area
As Of 6/4/2007

Resident Name: Petit, Joshua H. **Current Year:** 3

Procedure Date: 9/5/2006 **Resident Year:** 3 **Role:** Performed **Case ID:** A061780
Institution: Beth Israel Deaconess Medical Center

Radiation Oncology

Area	Type	Qty
Unsealed Sources	I-131 Oral	1
		1 *

Comments: iodine 131 10 mCi hyperthyroid

Procedure Date: 9/13/2006 **Resident Year:** 3 **Role:** Performed **Case ID:** A061892
Institution: Beth Israel Deaconess Medical Center

Radiation Oncology

Area	Type	Qty
Unsealed Sources	I-131 Oral	1
		1 *

Comments: iodine for hyperthyroid 100 millicuries I-131 100 mCi #3

Procedure Date: 2/8/2007 **Resident Year:** 4 **Role:** Observed **Case ID:** 123458
Institution: Dana-Farber Cancer Institute

Radiation Oncology

Area	Type	Qty
Unsealed Sources	SM-153	1
		1 *

Comments: 56 yo with metastatic prostate treated wit Samarium, 93.8 mCi 93.8 mCi Samarium #3

Procedure Date: 3/20/2007 **Resident Year:** 4 **Role:** Performed **Case ID:** A075531
Institution: Brigham and Women's Hospital

Radiation Oncology

Area	Type	Qty
Unsealed Sources	Other	1
		1 *

Comments: Sirspheres for liver mets

Number of Procedures for Resident: 9

Grand Total: 9

INOVA FAIRFAX CANCER CENTER

Stella Hetelekidis, MD, Chairman
Glenn L. Tonnesen, MD
Susan M. Pierce, MD
Susan E. Boylan, MD
Samir Kanani, MD
Gopal K. Bajaj, MD
Joshua Petit, MD
Michael Taylor, MS, Medical Physics
Keith Turner, Director

Department of Radiation Oncology
3300 Gallows Road
Falls Church, Virginia 22042-330
Tel 703 698-3731
Fax 703 698-2743

May 20, 2008

I note that while the 313A document provided to Dr Josua H. Petit, M.D. by the Harvard Medical provides excellent documentation of the number and type of cases performed and observed under supervision, it does not specifically state the number of hours entailed per case nor does it specify the time in the areas addressed by (b)(1)(ii). Following is an estimate of the time in the areas addressed by (b)(1)(ii) based on our time allotment coefficients of the time commitment that 65 Brackytherapy cases would entail for good clinical care. The following does not include the time involved for Dr. Petit's cases involving administration of unsealed byproduct material.

A. Ordering, receiving and unpacking of radioactive materials safely and performing the related radiation surveys:

HDR Training		1 hour
25 HDR cases		12.5 hours
1 LDR intra-cavitary		0.5 hours
34 LDR interstitial implants (prostate)		17 hours
4 LDR interstitial implants (gyn)		2 hours
1 endovascular		0.5 hours
	Total	33.5 hours

B. Checking survey meters for proper operation:

65 Brachy/Unsealed source cases x 0.25 hours	16.25 hours

C. Preparing, implanting, (and removing if necessary) sealed sources:

HDR Training		1 hour
25HDR intra-cavitary insertions x 2 hour =		50 hours
1 LDR intra-cavitary (Fletcher Suit) insertions x 8 hr =		8 hours
34 Interstitial implants (Prostate) x 4 hr		136 hours
4 LDR Interstitial implants (Gyn) x 4 hr		16 hours
1 endovascular x 4 hr		4 hours
	Total	215 hours

D. Maintaining Running Inventories of material on hand: 6 hours

E. Using administrative controls to prevent the misadministration of radioactive material.

Nucletron HDR Training		1 hour
25 HDR intracavitary insertions x 0.5 hour =		12.5 hours
1 LDR intracavitary (Fletcher Suit) insertions x 0.5 hr =		0.5 hour
34 Interstitial implants (Prostate) x 0.5 hr		17 hours
4 LDR Interstitial implants (Gyn) x 0.5 hr		2 hour
1 endovascular x 0.5 hr		0.5 hours
	Total	33.5 hours

F. Using, emergency procedures to control radioactive material
Nucletron HDR Training — 3 hour
Total — 3 hours

G. Clinical practice with attending staff
65 patient consultations for sealed source brachytherapy x 2 hr — 130 hours
Total — 130 hours

Total Supervised Hours — 437.25 hours

As a test of the reasonableness of the above estimate, a normal workload for a radiation oncologist is considered to be 30 patients under treatment. The average patient treatment time is about 30 days. This prorates to about one physician day or 8 physician hours per case. The above estimate of Dr. Petit's time per case, 6.7 hours, is in line, if not conservative when compared to the expected workload for a radiation oncologist.

I hope the above information is helpful in evaluating the number of hours of supervised experience Dr. Petit received within the Harvard Medical School program.

Sincerely,

Stella Hetelekidis
Director Radiation Oncology

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	INOVA Fairfax Hospital NRC License 45-17128-01	☑ Yes ☐ No	
Checking survey meters for proper operation	INOVA Fairfax Hospital NRC License 45-17128-01	☑ Yes ☐ No	
Preparing, implanting, and safely removing brachytherapy sources	INOVA Fairfax Hospital NRC License 45-17128-01	☑ Yes ☐ No	
Maintaining running inventories of material on hand	INOVA Fairfax Hospital NRC License 45-17128-01	☑ Yes ☐ No	
Using administrative controls to prevent a medical event involving the use of byproduct material	INOVA Fairfax Hospital NRC License 45-17128-01	☑ Yes ☐ No	
Using emergency procedures to control byproduct material	INOVA Fairfax Hospital NRC License 45-17128-01	☑ Yes ☐ No	

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: ☐ Residency Review Committee for Radiation Oncology of the ACGME ☐ Royal College of Physicians and Surgeons of Canada ☐ Committee on Postdoctoral Training of the American Osteopathic Association	INOVA Fairfax Hospital Please see attached.	July 2007 to May 2008

Supervising Individual	License/Permit Number listing supervising individual as an Authorized User
	45-17128-01

INOVA FAIRFAX CANCER CENTER

Stella Hetelekidis, MD, Chairman
Glenn L. Tonnesen, MD
Susan M. Pierce, MD
Susan E. Boylan, MD
Samir Kanani, MD
Gopal K. Bajaj, MD
Joshua Petit, MD
Michael Taylor, MS, Medical Physics
Keith Turner, Director

Department of Radiation Oncology
3300 Gallows Road
Falls Church, Virginia 22042-330
Tel 703 698-3731
Fax 703 698-2743

May 19, 2008

This summary is provided to document the number of hours of supervised experience at this institution using radioactivity for Joshua H. Petit, M.D.. The experience was supervised by authorized radioactivity users, members of the Radiation Oncology staff at the INOVA Fairfax Hospital, Department of Radiation Oncology in Falls Church, Virginia. Supervision occurred while Dr. Petit was a staff member at INOVA Fairfax Hospital between July 1st, 2007 and the present.

A. Ordering, receiving and unpacking of radioactive materials safely and performing the related radiation surveys:

Nucletron HDR Training	1 hour
SIR-Sphere training	1 hours
3 SIR-Sphere cases	1.5 hours
3 HDR cases	1.5 hours
2 LDR intra-cavitary	1 hours
11 LDR interstitial implants	5.5 hours
Total	11.5 hours

B. Checking survey meters for proper operation:

19 Brachy/Unsealed source cases x 0.25 hours	4.75 hours

C. Preparing, implanting, (and removing if necessary) sealed sources:

Nucletron HDR Training	1 hour
SIR-Sphere training	4 hours
2 LDR intracavitary (Fletcher Suit) insertions x 8 hr =	16 hours
3 HDR intracavitary insertions x 2 hour =	6 hours
8 Interstitial implants (Prostate) x 4 hr	32 hours
2 Interstitial implants (Sarcomas) x 4 hr	8 hours
1 Interstitial implants (Gyn) x 4 hr	4 hours
3 Interstitial implants (SIR-spheres) x 4 hr	12 hours
Total	83 hours

D. Maintaining Running Inventories of material on hand: 1 hours

E. Using administrative controls to prevent the misadministration of radioactive material.

Nucletron HDR Training	1 hour
SIR-Sphere training	1 hour
2 LDR intracavitary (Fletcher Suit) insertions x 0.5 hr =	1 hour
3 HDR intracavitary insertions x 0.5 hour =	1.5 hours
8 Interstitial implants (Prostate) x 0.5 hr	4 hours
2 Interstitial implants (Sarcomas) x 0.5 hr	1 hour
1 Interstitial implants (Gyn) x 0.5 hr	0.5 hours
3 Interstitial implants (SIR-spheres) x 0.5 hr	1.5 hours
Total	11.5 hours

F. Using, emergency procedures to control radioactive material

Nucletron HDR Training	1 hour
SIR-Sphere training	1 hours
Review of emergency radiation safety protocols with clinical staff	4 hours
Total	6 hours

G. Clinical practice with attending staff

Tumor Board participation	72 hours
Chart Rounds participation	36 hours
19 patient consultations for sealed source brachytherapy x 2 hr	38 hours
Total	146 hours

Total Supervised Hours 263.75 hours

Stella Hetelekidis
Chairman, Radiation Oncology

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			

Supervising Individual	License/Permit Number listing supervising individual as an Authorized User

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:**

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	Please see NRC 313A from Harvard Medical School and Attachments from INOVA Fairfax Hospital.	☑ Yes ☐ No	
Preparing treatment plans and calculating treatment doses and times		☑ Yes ☐ No	
Using administrative controls to prevent a medical event involving the use of byproduct material		☑ Yes ☐ No	
Implementing emergency procedures to be followed in the event of the abnormal operation of the medical unit or console		☑ Yes ☐ No	
Checking and using survey meters		☑ Yes ☐ No	
Selecting the proper dose and how it is to be administered		☑ Yes ☐ No	

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: ☐ Residency Review Committee for Radiation Oncology of the ACGME ☐ Royal College of Physicians and Surgeons of Canada ☐ Committee on Postdoctoral Training of the American Osteopathic Association	Harvad Medical School (see attached) and INOVA Fairfax H	
Supervising Individual	License/Permit Number listing supervising individual as an Authorized User 45-17128-01	

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	See attached.		
Safety procedures for the device use			
Clinical use of the device			
Supervising Individual. *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.)*	License/Permit Number listing supervising individual as an Authorized User 45-17128-01		

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.

Nucletron

Field Training Report

Nucletron Corporation, Service Department, 8671 Robert Fulton Drive, Columbia, MD 21046 PH: 410-872-4400 Fax: 410-312-4196

Customer	The Fairfax Hospital	Charge Type	
Address	Gallows Road Fairfax, VA 22042	☑ Contract ☐ Install	☐ No Charge ☐ Warranty ☐ Bill ☐ Other
Phone No.	703 776.3731	Call Number	227925 ☐ Rtn. Visit Required
PO No.	Course Instructor Paul Stehle	Date In	7-Jan-08 Out 7-Jan-08
		Time In	9:30 AM Out 10:00 AM

Training Given

Annual Emergency Procedures In-Service

Attendance Registration

Name	Title	Department	Signature
David George	Physicist	Radiation Oncology	Mon Jan 2008 01/ 07/ 08 09:47:35
Michael Taylor	Physicist	Radiation Oncology	Mon Jan 2008 01/ 07/ 08 09:47:17
Don Anderson	Physicist	Radiation Oncology	Mon Jan 2008 01/ 07/ 08 09:47:02
Gopal Bajaj	MD	Radiation Oncology	Mon Jan 2008 01/ 07/ 08 09:48:25
Charlotta Efros	Physicist	Radiation Oncology	Mon Jan 2008 01/ 07/ 08 09:49:01
Nicholas Recalde	Physicist	Radiation Oncology	Mon Jan 2008 01/ 07/ 08 09:48:3[illegible]
Shanjin He	Physicist	Radiation Oncology	Mon Jan 2008 01/ 07/ 08 09:56:55
Joshua Petit	MD	Radiation Oncology	Mon Jan 2008 01/ 07/ 08 10:07:45
Dong Kang	Physicist	Radiation Oncology	Mon Jan 2008 01/ 07/ 08 10:15:20
Jose Mendez	Physicist	Radiation Oncology	Mon Jan 2008 01/ 07/ 08 10:15:56

Remarks

For Office Use Only - This Is Not An Invoice

Travel Charged	Hrs	Airline	
Regular Charged	0.50 Hrs	Rental Car	Travel Expenses (Meals, Tolls, etc)
Overtime Charged	Hrs	Hotel	
O/T (Sundays & Holidays)	Hrs	No of Miles	
			$0.00

We certify that the training noted in this document has been carried out in accordance with the manufacturer's instructions by Nucletron's authorized representative and with proper supervision by:

Course Instructor

Mon Jan 2008 01/07/08 09:41:35

Customer

Mon Jan 2008 01/07/08 09:47:55

INOVA FAIRFAX CANCER CENTER

Stella Hetelekidis, MD, Chairman
Glenn L. Tonnesen, MD
Susan M. Pierce, MD
Susan E. Boylan, MD
Samir Kanani, MD
Gopal K. Bajaj, MD
Joshua Petit, MD
Michael Taylor, MS, Medical Physics
Keith Turner, Director

Department of Radiation Oncology
3300 Gallows Road
Falls Church, Virginia 22042-330
Tel 703 698-3731
Fax 703 698-2743

May 19, 2008

This summary is provided to document the number of hours of supervised experience at this institution using radioactivity for Joshua H. Petit, M.D.. The experience was supervised by authorized radioactivity users, members of the Radiation Oncology staff at the INOVA Fairfax Hospital, Department of Radiation Oncology in Falls Church, Virginia. Supervision occurred while Dr. Petit was a staff member at INOVA Fairfax Hospital between July 1st, 2007 and the present.

A. Ordering, receiving and unpacking of radioactive materials safely and performing the related radiation surveys:

Nucletron HDR Training	1 hour
SIR-Sphere training	1 hours
3 SIR-Sphere cases	1.5 hours
3 HDR cases	1.5 hours
2 LDR intra-cavitary	1 hours
11 LDR interstitial implants	5.5 hours
Total	11.5 hours

B. Checking survey meters for proper operation:

19 Brachy/Unsealed source cases x 0.25 hours	4.75 hours

C. Preparing, implanting, (and removing if necessary) sealed sources:

Nucletron HDR Training	1 hour
SIR-Sphere training	4 hours
2 LDR intracavitary (Fletcher Suit) insertions x 8 hr =	16 hours
3 HDR intracavitary insertions x 2 hour =	6 hours
8 Interstitial implants (Prostate) x 4 hr	32 hours
2 Interstitial implants (Sarcomas) x 4 hr	8 hours
1 Interstitial implants (Gyn) x 4 hr	4 hours
3 Interstitial implants (SIR-spheres) x 4 hr	12 hours
Total	83 hours

D. Maintaining Running Inventories of material on hand: 1 hours

E. Using administrative controls to prevent the misadministration of radioactive material.

Nucletron HDR Training	1 hour
SIR-Sphere training	1 hour
2 LDR intracavitary (Fletcher Suit) insertions x 0.5 hr =	1 hour
3 HDR intracavitary insertions x 0.5 hour =	1.5 hours
8 Interstitial implants (Prostate) x 0.5 hr	4 hours
2 Interstitial implants (Sarcomas) x 0.5 hr	1 hour
1 Interstitial implants (Gyn) x 0.5 hr	0.5 hours
3 Interstitial implants (SIR-spheres) x 0.5 hr	1.5 hours
Total	11.5 hours

F. Using, emergency procedures to control radioactive material

Nucletron HDR Training	1 hour
SIR-Sphere training	1 hours
Review of emergency radiation safety protocols with clinical staff	4 hours
Total	6 hours

G. Clinical practice with attending staff

Tumor Board participation	72 hours
Chart Rounds participation	36 hours
19 patient consultations for sealed source brachytherapy x 2 hr	38 hours
Total	146 hours

Total Supervised Hours 263.75 hours

Stella Hetelekidis
Chairman, Radiation Oncology

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 Joshua Petit 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 Joshua Petit 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 _____ 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 Joshua Petit 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

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

Preceptor Attestation (continued)

Third Section

For 35.690: (continued)

☐ I attest that Joshua Petit 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 Joshua Petit 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	Signature	Telephone Number	Date
Stella Hetelekidis, M.D.		(703) 776-3231	5/21/08

License/Permit Number/Facility Name

45-17128-01 INOVA Fairfax Hospital