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7 Aug 08

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Gregory S. Merrick, M.D.
Jaredavid Pollock, M.D., Ph.D.
Joseph G. Donzella, D.O.

Medical Physics
Wayne M. Butler, Ph.D.
Tapash K. Roy, Ph.D.
Amber L. Hines, M.S., C.M.D.
Jonathan H. Lief, Ph.D.
Robert W. Golbreath, Ph.D.
Brian S. Kurko, B.S., C.M.D.
Richard L. Anderson, R.T.T., C.M.D.
Brian C. Murray, B.S., C.M.D.
Ernest G. Butler, B.S., C.M.D.
Zachary Allen, M.S.

Administrative Coordinator
Michele R. Dean

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Jill Ernst

Physical Rehabilitation
John DeBlasis, M.S., P.T., A.T.C.

SELECT Research Nurse
Jayme Nardo, R.N.

U.S. NRC Region I
475 Allendale Road
King of Prussia, PA 19406-1415

Br. 1

Re: Amendment Request
License No. 47-05322-02 03012570

Dear US NRC:

Please amend our radioactive materials license to add the following individuals as authorized medical physicists under the provisions of 10 CFR 35.51:

Tapash K. Roy, Ph.D.

Brian S. Kurko, M.S.

Enclosed are copies of NRC Form 313A (AMP) for each individual documenting their formal education plus supervised full-time training and experience under my preceptorship.

The addition of these two authorized medical physicists will be presented for approval to the Wheeling Hospital Radiation Safety Committee at its August 28, 2008 meeting.

If you have any questions about this amendment request, please call me at 304-243-3983 or e-mail me at wbutler@wheelinghospital.org.

Best regards,

Wayne Butler

Wayne M. Butler, Ph.D.

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REGION I
2008 AUG 12 AM 7:59

Medical Physics
304-243-3983 Fon
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wbutler@wheelinghospital.com

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NMSS/RGNI MATERIALS-002

**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

Tapash K. Roy, Ph.D.

- 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 Ph.D.	Major Field Physics (Radiological Sciences)
College or University University of Massachusetts Lowell, Lowell, Massachusetts	

- 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 Wayne Butler, Ph.D. 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 Wayne Butler, Ph.D. 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	Wheeling Hospital, Wheeling, WV Lic. No. 47-05322-02 High-energy external beam, Brachytherapy (LDR & HDR) and Radiopharmaceutical Therapy	30 Sep 2004- 29 Sep 2005	30 Sep 2005- 6 Aug 2008
Performing sealed source leak tests and inventories	Wheeling Hospital, Wheeling, WV Lic. No. 47-05322-02 Cs-137 (Low dose rate intracavitary brachy sources)	30 Sep 2004- 29 Sep 2005	30 Sep 2005- 6 Aug 2008
Performing decay corrections	Wheeling Hospital, Wheeling, WV Lic. No. 47-05322-02 Cs-137, Ir-192, Pd-103, I-125, I-131, Sr-89, Y-90	30 Sep 2004- 29 Sep 2005	30 Sep 2005- 6 Aug 2008
Performing full calibration and periodic spot checks of external beam treatment unit(s)	Wheeling Hospital, Wheeling, WV Lic. No. 47-05322-02	30 Sep 2004- 29 Sep 2005	30 Sep 2005- 6 Aug 2008
Performing full calibration and periodic spot checks of stereotactic radiosurgery unit(s)			
Performing full calibration and periodic spot checks of remote afterloading unit(s)	Wheeling Hospital, Wheeling, WV Lic. No. 47-05322-02	30 Sep 2004- 29 Sep 2005	30 Sep 2005- 6 Aug 2008
Conducting radiation surveys around external beam treatment unit(s), stereotactic radiosurgery unit(s), remote after loading unit(s)	Wheeling Hospital, Wheeling, WV Lic. No. 47-05322-02	30 Sep 2004- 29 Sep 2005	30 Sep 2005- 6 Aug 2008

Supervising Individual**	License/Permit Number listing supervising individual as an authorized Medical Physicist
Wayne Butler, Ph.D.	Lic. No. 47-05322-02

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	Wayne Butler, Ph.D. 30 Sep 2004 - 29 Sep 2005	Wayne Butler, Ph.D. 30 Sep 2004 - 29 Sep 2005	
Safety procedures for the device use	Wayne Butler, Ph.D. 30 Sep 2004 - 29 Sep 2005	Wayne Butler, Ph.D. 30 Sep 2004 - 29 Sep 2005	
Clinical use of the device	Wayne Butler, Ph.D. 30 Sep 2004 - 29 Sep 2005	Wayne Butler, Ph.D. 30 Sep 2004 - 29 Sep 2005	
Treatment planning system operation	Wayne Butler, Ph.D. 30 Sep 2004 - 29 Sep 2005	Wayne Butler, Ph.D. 30 Sep 2004 - 29 Sep 2005	

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.)

Wayne Butler, Ph.D.

License/Permit Number listing supervising individual as an authorized Medical Physicist

Lic. No. 47-05322-02

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 Tapash K. Roy, Ph.D. 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 Tapash K. Roy, Ph.D. 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 Tapash K. Roy, Ph.D. 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 Wayne Butler, Ph.D.	Signature <i>Wayne Butler</i>	Telephone Number 304 243-3983	Date 6 Aug 2008
License/Permit Number/Facility Name Lic. No. 47-05322-02 Wheeling Hospital, Wheeling, WV			

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	Wayne Butler, Ph.D. 22 May 2005 - 23 May 2006	Wayne Butler, Ph.D. 22 May 2005 - 23 May 2006	
Safety procedures for the device use	Wayne Butler, Ph.D. 22 May 2005 - 23 May 2006	Wayne Butler, Ph.D. 22 May 2005 - 23 May 2006	
Clinical use of the device	Wayne Butler, Ph.D. 22 May 2005 - 23 May 2006	Wayne Butler, Ph.D. 22 May 2005 - 23 May 2006	
Treatment planning system operation	Wayne Butler, Ph.D. 22 May 2005 - 23 May 2006	Wayne Butler, Ph.D. 22 May 2005 - 23 May 2006	
Supervising Individual <i>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.)</i>		License/Permit Number listing supervising individual as an authorized Medical Physicist	
Wayne Butler, Ph.D.		Lic. No. 47-05322-02	

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 Brian S. Kurko, M.S. 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 Brian S. Kurko, M.S. 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 Brian S. Kurko, M.S. 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 Wayne Butler, Ph.D.	Signature <i>Wayne Butler</i>	Telephone Number 304-243-3983	Date 6 Aug 2008
License/Permit Number/Facility Name Lic. No. 47-05322-02 Wheeling Hospital, Wheeling, WV 26003			

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

8/7/08, and to inform you that the initial processing which includes an administrative review has been performed.

Amendment (47-05322-02)
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** 142705.
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.