



UNITED
HOSPITAL
CENTER

Post Office Box 1680 Clarksburg, West Virginia 26302-1680 Telephone 304/624-2574

May 6, 2009

Br L

Licensing Assistant Section
Nuclear Materials Safety Branch
U.S. Nuclear Regulatory Commission, Region I
475 Allendale Road
King of Prussia, PA 19406-1415

03003375

Re: NRC License #47-01458-01; request for amendment

RECEIVED
MAY 11 PM 12:43

Please amend our license as follows:

1. Change Item 8.E. to "12 curies per source and 20 curies total". This more accurately reflects the maximum amounts that we would have on hand, and makes it clear that we will not possess activities that require increased control.
2. Add Brian R. Bennett, M.S., as an authorized medical physicist for the high-dose-rate remote afterloader. Documents detailing his training and experience are attached.
3. Delete Gerardo M. Lopez, M.D., as an authorized user.

If you have any questions or require additional information, contact our Radiation Safety Officer, James Israel, at (304) 624-2574.

Thank you.

Sincerely,

Michael Tillman
Chief Operating Officer

143718

**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

Brian Richard Bennett

Requested
Authorization(s)
(check all that apply)

- 35.400 Ophthalmic use of strontium-90
- 35.600 Teletherapy unit(s)
- 35.600 Remote afterloader unit(s)
- 35.600 Gamma stereotactic radiosurgery unit(s)

**PART I -- TRAINING AND EXPERIENCE
(Select one of the three methods below)**

*Training and Experience, including Board Certification, must have been obtained within the 7 years preceding the date of application or the individual must have obtained related continuing education and experience since the required training and experience was completed. Provide dates, duration, and description of continuing education and experience related to the uses checked above.

1. Board Certification

- a. Provide a copy of the board certification.
- b. Go to the table in 3.c. and describe training provider and dates of training for each type of use for which authorization is sought.
- c. Skip to and complete Part II Preceptor Attestation.

2. Current Authorized Medical Physicist Seeking Additional Authorization for use(s) checked above

- a. Go to the table in section 3.c. to document training for new device.
- b. Skip to and complete Part II Preceptor Attestation

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

- a. Education: Document master's or doctor's degree in physics, medical physics, other physical science, engineering, or applied mathematics from an accredited college or university.

Degree	Major Field
Master's of Science	Medical Physics
College or University	
University of Cincinnati, Cincinnati, Ohio	

- 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 Dr. Howard Elson 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 Dr. Howard Elson + James Isgeil 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	United Hospital Center, Clarksburg, WV License # 47-01458-01		August 25, 2008 to Present
Performing sealed source leak tests and inventories	United Hospital Center, Clarksburg, WV License # 47-01458-01		August 25, 2008 to Present
Performing decay corrections	United Hospital Center, Clarksburg, WV License # 47-01458-01		August 25, 2008 to Present
Performing full calibration and periodic spot checks of external beam treatment unit(s)	United Hospital Center, Clarksburg, WV License # 47-01458-01 Varian 2100/1665 + Varian 2100/1496		August 25, 2008 to Present
Performing full calibration and periodic spot checks of stereotactic radiosurgery unit(s)			
Performing full calibration and periodic spot checks of remote afterloading unit(s)	United Hospital Center, Clarksburg, WV License # 47-01458-01 Nucletron microSelectron-HDR S#32194		August 25, 2008 to Present
Conducting radiation surveys around external beam treatment unit(s), stereotactic radiosurgery unit(s), remote after loading unit(s)	United Hospital Center, Clarksburg, WV License # 47-01458-01		August 25, 2008 to Present

Supervising Individual**

James W. Israel

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

47-01458-01

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	Jim Israel, M.S., DABR United Hospital Center Clarksburg, WV August 25, 2008 to Present		
Safety procedures for the device use	Jim Israel, M.S., DABR United Hospital Center Clarksburg, WV August 25, 2008 to Present		
Clinical use of the device	Jim Israel, M.S., DABR United Hospital Center Clarksburg, WV August 25, 2008 to Present		
Treatment planning system operation	Jim Israel, M.S., DABR United Hospital Center Clarksburg, WV August 25, 2008 to Present		

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.)

James W. Israel

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

47-01458-01

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

- 35.400 Ophthalmic use of strontium-90 35.600 Teletherapy unit(s)
- 35.600 Remote afterloader unit(s) 35.600 Gamma stereotactic radiosurgery unit(s)

AND

Fourth Section

Complete the following for preceptor attestation and signature:

I meet the requirements in 10 CFR 35.51, or equivalent Agreement State requirements for Authorized Medical Physicist for the following:

- 35.400 Ophthalmic use of strontium-90 35.600 Teletherapy unit(s)
- 35.600 Remote afterloader unit(s) 35.600 Gamma stereotactic radiosurgery unit(s)

Name of Preceptor	Signature	Telephone Number	Date
James W. Israel, M.S., DABR	<i>James W. Israel</i>	304-624-2574	3-3-09
License/Permit Number/Facility Name			
License # 47-01458-01 UNITED HOSPITAL CENTER			

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	University Hospital, Cincinnati, OH Ohio License #: 02110310001	September 2006 to June 2007	July 2007 to March 2008
Performing sealed source leak tests and inventories	University Hospital, Cincinnati, OH OHIO License #: 02110310001	September 2006 to June 2007	July 2007 to March 2008
Performing decay corrections	University Hospital, Cincinnati, OH OHIO License #: 02110310001	September 2006 to June 2007	July 2007 to March 2008
Performing full calibration and periodic spot checks of external beam treatment unit(s)	University Hospital, Cincinnati, OH OHIO License #: 02110310001 Siemens Mevatron 20 SN#: 1936 Varian 21EX SN# 2336 Philips SL75/5 SN# 399	September 2006 to June 2007	July 2007 to March 2008
Performing full calibration and periodic spot checks of stereotactic radiosurgery unit(s)	University Hospital, Cincinnati, OH OHIO License #: 02110310001 Siemens LEXA MDX2 SN#: 2968	September 2006 to June 2007	July 2007 to March 2008
Performing full calibration and periodic spot checks of remote afterloading unit(s)	University Hospital, Cincinnati, OH OHIO License #: 02110310001 Varian Varisource 200 HDR SN: 600396	September 2006 to June 2007	July 2007 to March 2008
Conducting radiation surveys around external beam treatment unit(s), stereotactic radiosurgery unit(s), remote after loading unit(s)	University Hospital, Cincinnati, OH OHIO License #: 02110310001	September 2006 to June 2007	July 2007 to March 2008

Supervising Individual**

Dr. Howard Elson

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

OHIO License #: 02110310001

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	Dr. Howard Elson, DABR University Hospital, Cincinnati Ohio License #: 02110310001 September 2006 - June 2007		
Safety procedures for the device use	Dr. Howard Elson, DABR University Hospital, Cincinnati, OH Ohio License #: 02110310001 September 2006 - June 2007		
Clinical use of the device	Dr. Howard Elson, DABR University Hospital, Cincinnati, OH Ohio License #: 02110310001 September 2006 - June 2007		
Treatment planning system operation	Dr. Howard Elson, DABR University Hospital, Cincinnati, OH Ohio License #: 02110310001 September 2006 - June 2007		

Supervising Individual If training is provided by Supervising Medical Physicist, (If more than one supervising individual is necessary to document supervised training, provide multiple copies of this page.) License/Permit Number listing supervising individual as an authorized Medical Physicist

Dr. Howard Elson

OHio License #: 02110310001

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.

NRC FORM 313A (AMP)
(10-2008)

U.S. NUCLEAR REGULATORY COMMISSION

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

PART II - PRECEPTOR ATTESTATION

Note: This part must be completed by the individual's preceptor. The preceptor does not have to be the supervising individual as long as the preceptor provides, directs, or verifies training and experience required. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each.

First Section

Check one of the following:

1. Board Certification

I attest that _____ has satisfactorily completed the requirements in 10 CFR 35.51(a)(1) and (a)(2).
Name of Proposed Authorized Medical Physicist

OR

2. Education, Training, and Experience

I attest that Brian Richard Bennett has satisfactorily completed the 1-year of full-time training in medical physics and an additional year of full-time work experience as required by 10 CFR 35.51(b)(1).
Name of Proposed Authorized Medical Physicist

AND

Second Section

Complete the following:

I attest that Brian Richard Bennett has training for the types of use for which authorization is sought that include hands-on device operation, safety procedures, clinical use, and the operation of a treatment planning system.
Name of Proposed Authorized Medical Physicist

AND

Third Section

Complete the following:

I attest that Brian Richard Bennett has achieved a level of competency sufficient to function independently as an Authorized Medical Physicist for the following:
Name of Proposed Authorized Medical Physicist

- 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 <u>Howard R. Elson</u>	Signature <u>[Signature]</u>	Telephone Number <u>513-584 9092</u>	Date <u>3/4/09</u>
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License/Permit Number/Facility Name
02110310001 UNIVERSITY Hosp. Cincinnati Ohio

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

5/6/2009

and to inform you that the initial processing which includes an administrative review has been performed.

AMEND. 47-01458-08
There were no administrative omissions. Your application was assigned to a technical reviewer. Please note that the technical review may identify additional omissions or require additional information.

Please provide to this office within 30 days of your receipt of this card

A copy of your action has been forwarded to our License Fee & Accounts Receivable Branch, who will contact you separately if there is a fee issue involved.

Your action has been assigned **Mail Control Number** 143718.
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.