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NRC FORM 313A (AUS) (3-2009) 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. 3160-129
 EXPIRES: 3/31/2012

Name of Proposed Authorized User: **ANWAR M. KHAN, MD** State or Territory Where Licensed: **CT**

Requested Authorization(s) (check all that apply):
 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)

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.

3. Training and Experience for Proposed Authorized User
- a. Classroom and Laboratory Training 35.490 35.491 35.680

Description of Training	Location of Training	Clock Hours	Dates of Training*
Radiation physics and instrumentation	Yale University Residency Program	120	7/1/1999 - 6/30/2003
Radiation protection	"	15	"
Mathematics pertaining to the use and measurement of radioactivity	"	15	"
Radiation biology	"	100	"
Total Hours of Training:		250	

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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: 500	
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	Yale - New Haven Hospital 06-00819-03	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/1/1999 - 6/30/2003
Checking survey meters for proper operation	"	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	"
Preparing, implanting, and safely removing brachytherapy sources	"	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	"
Maintaining running inventories of material on hand	"	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	"
Using administrative controls to prevent a medical event involving the use of byproduct material	"	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	"
Using emergency procedures to control byproduct material	"	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input checked="" type="checkbox"/> Residency Review Committee for Radiation Oncology of the ACGME <input type="checkbox"/> Royal College of Physicians and Surgeons of Canada <input type="checkbox"/> Committee on Postdoctoral Training of the American Osteopathic Association	Yale - New Haven Hospital 06-00819-03	7/1/1999 - 6/30/2003

Supervising Individual BRUCE HAFFETY, MD	License/Permit Number listing supervising individual as an Authorized User 06-00819-03
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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 35.481

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	Yale - New Haven Hospital 06-00819-03	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/1/1999 - 6/30/2003	
Preparing treatment plans and calculating treatment doses and times	"	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	"	
Using administrative controls to prevent a medical event involving the use of byproduct material	"	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	"	
Implementing emergency procedures to be followed in the event of the abnormal operation of the medical unit or console	"	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	"	
Checking and using survey meters	"	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	"	
Selecting the proper dose and how it is to be administered	"	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	"	

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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 35.890 (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: <input checked="" type="checkbox"/> Residency Review Committee for Radiation Oncology of the ACGME <input type="checkbox"/> Royal College of Physicians and Surgeons of Canada <input type="checkbox"/> Committee on Postdoctoral Training of the American Osteopathic Association	Yale - New Haven Hospital 06-00819-03	7/1/1999 - 6/30/2003
Supervising Individual	License/Permit Number listing supervising individual as an Authorized User	
BRUCE HAFFTY, MD	06-00819-03	

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	Dr. Neil G. Gidycz March 2008		
Safety procedures for the device use	Dr. Neil G. Gidycz March 2008		
Clinical use of the device	Dr. Neil G. Gidycz March 2008 - Dec 2009		
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	
Neil Gidycz MD		06-02388-01	
Authorized for the following types of use:			
<input checked="" type="checkbox"/> Remote afterloader unit(s) <input type="checkbox"/> Teletherapy unit(s) <input type="checkbox"/> Gamma stereotactic radiosurgery unit(s)			

f. Provide completed Part II Preceptor Attestation.

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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.

By checking the boxes below, the preceptor is attesting that the individual has knowledge to fulfill the duties of the position sought and not attesting to the individual's "general clinical competency."

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 Anwar M. Khan 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 6 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 Anwar M. Khan 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

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Preceptor Attestation (continued)

Third Section

For 35.690: (continued)

I attest that Anwar M. Khan 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 Anwar M. Khan 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
Neil Goldberg	<i>Neil Goldberg</i>	860-224-5520	12/2/09

License/Permit Number/Facility Name
The Hospital of Central CT / 06-02388-01



**YALE-NEW HAVEN HOSPITAL
RADIATION SAFETY OFFICE**

December 2, 2009

To whom it may concern,

The purpose of this letter is to certify that Bruce Haffty, M.D., was listed as an authorized user by the Yale-New Haven Hospital (YNHH) Radiation Safety Committee under NRC license 06-00819-03. YNHH is an NRC broad scope, human use licensee.

Dr. Haffty was an attending physician in the Department of Therapeutic Radiology. He was authorized to use byproduct materials for medical use in the following applications:

Subpart P - 35.400 Use of sources for manual brachytherapy

Subpart H - 35.600 Use of sources for remote afterloading & teletherapy units

In addition, Dr. Haffty was also listed as an Authorized User on NRC Specific Scope License No. 06-303445-01, for gamma stereotactic radiosurgery.

If there are any questions concerning Dr. Haffty's training and experience, with regard to radionuclide licensing, please feel free to contact the YNHH Radiation Safety Office at (203) 688-2950.

Sincerely,

Michael J. Bohan
YNHH Radiation Safety Officer

20 York Street
New Haven, CT 06504

The American Board of Radiology

Organized through the cooperation of the
American College of Radiology, the American Roentgen Ray Society,
the American Radium Society, the Radiological Society of North America,
the Section on Radiology of the American Medical Association,
the American Society for Therapeutic Radiology and Oncology, the Association of
University Radiologists, and American Association of Physicists in Medicine
Thereby certifies that

Anwar M. Khan, MB

Has pursued an accepted course of graduate study
and clinical work, has met certain standards and qualifications and
has passed the examinations conducted under the authority of
The American Board of Radiology

On this seventh day of June, 2005
Thereby demonstrating to the satisfaction of the Board
that he is qualified to practice the specialty of

Radiation Oncology



Certificate No. 51819

Strom A. Licht, M.D.
President

Richard T. Hoppe, MD
Secretary

R.P. Hickey, MD
Executive Director



Valid through 2015