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REGION 1

February 16, 2010

Sandy Gabriel, Ph.D.
Senior Health Physicist
U.S. Nuclear Regulatory Commission, Region 1
Division of Nuclear Materials Safety
475 Allendale Road
King of Prussia, PA 19406-1415

03001247

RE: Bridgeport Hospital Amendment Request for License No.: 06-01060-01

Dear Dr. Gabriel:

Bridgeport Hospital requests an amendment to our NRC license to include FAN-CHI SU, Ph.D. as an authorized Medical Physicist.

Attached is NRC Form 313A.

For any additional information, please do not hesitate to call me at 202-384-3169.
Thank you for your attention to this matter.

Sincerely,



Michael R. Tatta
Directory Imaging Services

267 Grant Street
P.O. Box 5000
Bridgeport, CT 06610-0120
203.384.3000

144448

NHSD/ROM 101-11418-002

**AUTHORIZED MEDICAL PHYSICIST TRAINING AND EXPERIENCE
AND PRECEPTOR ATTESTATION
[10 CFR 35.51]**APPROVED BY OMB: NO. 3150-0120
EXPIRES: 3/31/2012Name of Proposed Authorized Medical Physicist
Fan-Chi Su

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**

- Provide a copy of the board certification.
- 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.
- Skip to and complete Part II Preceptor Attestation.

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

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

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

- 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 PhD	Major Field Medical Physics
College or University University of Texas Health Science Center at San Antonio (UTHSCSA)	

- 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 Niko Papanikolaou, PhD 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 Niko Papanikolaou, PhD 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	Cancer Therapy and Research Center at UTHSCSA License L01279 6 LINACs 1 Tomotherapy Nucletron Ir-192 afterloader I-125, Pd-103 LDR Brachy	2/1/06-4/30/08	5/1/08-4/30/09
Performing sealed source leak tests and inventories	Cancer Therapy and Research Center at UTHSCSA License L01279 I-125, Pd-103 LDR Brachy	2/1/06-4/30/08	5/1/08-4/30/09
Performing decay corrections	Cancer Therapy and Research Center at UTHSCSA License L01279 Nucletron Ir-192 afterloader I-125, Pd-103 LDR Brachy	2/1/06-4/30/08	5/1/08-4/30/09
Performing full calibration and periodic spot checks of external beam treatment unit(s)	Cancer Therapy and Research Center at UTHSCSA License L01279 6 LINACs 1 Tomotherapy	2/1/06-4/30/08	5/1/08-4/30/09
Performing full calibration and periodic spot checks of stereotactic radiosurgery unit(s)	Cancer Therapy and Research Center at UTHSCSA License L01279 commission 1 Novalis TX	2/1/06-4/30/08	5/1/08-4/30/09
Performing full calibration and periodic spot checks of remote afterloading unit(s)	Cancer Therapy and Research Center at UTHSCSA License L01279 Nucletron Ir-192 afterloader	2/1/06-4/30/08	5/1/08-4/30/09
Conducting radiation surveys around external beam treatment unit(s), stereotactic radiosurgery unit(s), remote after loading unit(s)	Cancer Therapy and Research Center at UTHSCSA License L01279 6 LINACs 1 Tomotherapy Nucletron Ir-192 afterloader I-125, Pd-103 LDR Brachy	2/1/06-4/30/08	5/1/08-4/30/09
Supervising Individual** Niko Papanikolaou, PhD		License/Permit Number listing supervising individual as an authorized Medical Physicist License L01279	

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	Niko Papanikolaou, PhD 5/1/2008-4/30-2009		
Safety procedures for the device use	Niko Papanikolaou, PhD 5/1/2008-4/30-2009		
Clinical use of the device	Niko Papanikolaou, PhD 5/1/2008-4/30-2009		
Treatment planning system operation	Niko Papanikolaou, PhD 5/1/2008-4/30-2009		

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.)

Niko Papanikolaou, PhD

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

License L01279

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 Fan-Chi Su, PhD 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 Fan-Chi Su, PhD 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 Fan-Chi Su, PhD 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

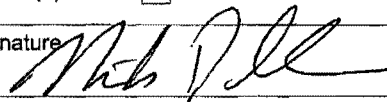
Complete the following for preceptor attestation and signature:

☒ 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
Niko Papanikolaou, PhD

Signature



Telephone Number
210-450-5664

Date
2-10-10

License/Permit Number/Facility Name

Cancer Therapy and Research Center at UTHSCSA License L01279

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

2/16/2010, and to inform you that the initial processing which includes an administrative review has been performed.

☒ ATTEND. 06-01060-01
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** 144448.
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.