

10/28/2010

Br 1

2010 NOV - 1 AM 11:19

RECEIVED
REGION 1

U.S. Nuclear Regulatory Commission, Region I
Commercial and R&D Branch
Nuclear Medicine Safety Branch
Licensing Division
475 Allendale Road
King of Prussia, PA 19406-1415

03001245

Subject: Amendment of NRC Radioactive Materials License number 06-00843-03 to add a new Authorized Medical Physicist

License number: 06-00843-03 issued to St. Vincent's Medical Center, Bridgeport, CT

This request is for amending our current NRC license referenced above to add a new Authorized Medical Physicist.

Please add **Chengyu Shi, Ph.D.** as a new Authorized Medical Physicist.

Attached are copies of Dr. Shi credentials and support documents including:

- NRC form 313A (AMP) and preceptor statement
- Board Certification
- State license from Texas
- Training on HDR Brachytherapy
- Certificate of Authorized Medical Physicists from the UT Health Science Center

Kindly, let us know of any questions concerning this application. You may call the hospital Radiation Safety Officer, Adel Mustafa, Ph.D., at 732 580 8071 for any questions concerning this request.

Sincerely,



Susan L. Davis, RN, EdD
President and CEO

CC: Adel Mustafa, Ph.D.
Medical Physicist and Radiation Safety Officer

573795

NMSS/RGN1 MATERIALS-002

2800 Main Street • Bridgeport, Connecticut 06606 • (203) 576-6000 • www.stvincents.org

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
Hereby certifies that

Chengyu Shi, PhD

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 second day of June, 2008

Thereby demonstrating to the satisfaction of the Board
that he is qualified to practice the specialty of

Therapeutic Radiologic Physics

AMR Eligible



Certificate No. P3874

H. Reed Jennie, MD
President

Richard T. Moran
Secretary-Treasurer

Henry S. ...
Executive Director



Valid through 2018



**Nucletron Training Seminar
Attendance Registration**

Hospital: CTRC Date: Wednesday, May 09, 2007

Course: HDR EMG INSERVICE

Instructor: DONALD BURWELL

	Name	Department	Title	Signature
1	Sotirios Stathakis	MEDPHYS	MED PHYS	Stathakis
2	Chengyu Shi	[Signature]
3	Yaxi Liu	MD	..	[Signature]
4	DROSOU LA GIANTSOU DI	Med Phys	Student	[Signature]
5	Frances Su	Physics	Student	[Signature]
6	Lan Lin	physics	Student	[Signature]
7	Vilera Aarke	Physics	Student	[Signature]
8	Prema Rassiah	M. Physics	Med. Physicist	[Signature]
9	Craven Eller	M. Physics	Physicist	Craven Eller
10	Carlos Esquivel	M Physics	Physicist	[Signature]
11	ADWA6 DIAZ	Radi. Onc.	M.D.	[Signature]
12				
13				
14				
15				

I certify that the above individuals have been instructed in Equipment Operation, Safety Precautions and Emergency Procedures in accordance with Nucletron Corporation Training Standards.

Instructor Signature: [Signature]

Instructor Title: SERVICE ENGINEER

Columbia, MD 21046

Telephone: 410-312-4100

Toll Free: 800-336-2249

Canada Toll Free: 800-445-2249



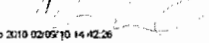
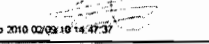
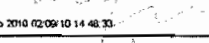
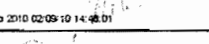
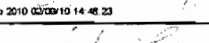
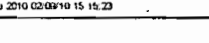
FAX: 410-312-4196

Nucletron Training Seminar Attendance Registration


Hospital: Univ. of TX HSC- CTRC Date: Tuesday, February 09, 2010

Course: EMERGENCY PROCEDURE TRAINING

Instructor: David L. Banks

	Name	Department	Title	Signature
1	Kelly Thoreson	EH&S	Grad Student	 Tue Feb 2010 02:09:10 14:41:01
2	William Pate	EH&S	Safety Spec II	 Tue Feb 2010 02:09:10 14:41:47
3	Carlos Esquivel	Rad Onc	Physics	 Tue Feb 2010 02:09:10 14:42:26
4	Chengyu Shi	Rad Onc	Physics	 Tue Feb 2010 02:09:10 14:47:37
5	Weihong He	Rad Onc	Physics	 Tue Feb 2010 02:09:10 14:48:33
6	Yu Lei	Rad Onc	Physics	 Tue Feb 2010 02:09:10 14:48:01
7	Xudong Wang	Radiology	Grad Student	 Tue Feb 2010 02:09:10 14:48:23
8	Xiaoming Chen	Rad Onc	Physics	 Tue Feb 2010 02:09:10 15:15:23
9				
10				
11				
12				
13				
14				
15				

I certify that the above individuals have been instructed in Equipment Operation, Safety Precautions and Emergency Procedures in accordance with Nucletron Corporation Training Standards.

Instructor Signature: 
Tue Feb 2010 02:09:10 16:22:58

Instructor Title: SERVICE ENGINEER

**AUTHORIZED MEDICAL PHYSICIST TRAINING AND EXPERIENCE
AND PRECEPTOR ATTESTATION
[10 CFR 35.51]**

APPROVED BY OMB: NO. 3150-0120
EXPIRES: 3/31/2012

Name of Proposed Authorized Medical Physicist

Chengyu Shi

- 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
College or University	

- 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 _____ 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 _____ 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			
Performing sealed source leak tests and inventories			
Performing decay corrections			
Performing full calibration and periodic spot checks of external beam treatment unit(s)			
Performing full calibration and periodic spot checks of stereotactic radiosurgery unit(s)			
Performing full calibration and periodic spot checks of remote afterloading unit(s)			
Conducting radiation surveys around external beam treatment unit(s), stereotactic radiosurgery unit(s), remote after loading unit(s)			

Supervising Individual** _____ License/Permit Number listing supervising individual as an authorized Medical Physicist _____

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	Nucletron Remote Afterloader (microSelectron, Ir-192 source) and SPOT LDR remote afterloader for prostate seed implant		
Safety procedures for the device use	Vendor provided safety training and texas license requirement		
Clinical use of the device	High dose rate, low dose rate brachytherapy for GYN, prostate etc. cancer treatment		
Treatment planning system operation	Plato, Oncentra, SPOT		

Supervising Individual License/Permit Number listing supervising individual as an authorized Medical Physicist
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.)

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 Chengyu Shi 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 _____ 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 Chengyu Shi 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:

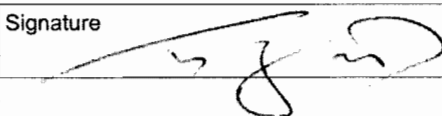
I attest that Chengyu Shi has achieved a level of competency sufficient to
Name of Proposed Authorized Medical Physicist
function independently as an Authorized Medical Physicist for the following:
 35.400 Ophthalmic use of strontium-90 35.600 Teletherapy unit(s)
 35.600 Remote afterloader unit(s) 35.600 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 Tony Eng	Signature 	Telephone Number (210) 450-5652	Date 10/06/2010
License/Permit Number/Facility Name L01279/University of Texas Health Science Center at San Antonio			

October 21, 2010

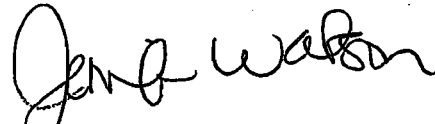
Re: Chengyu Shi
Authorized Medical Physicist

To Whom It May Concern:

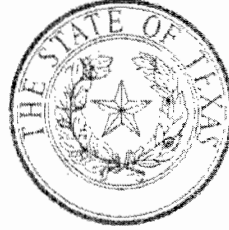
Dr. Chengyu Shi has met the qualifications required by the Texas Department of State Health Services, Bureau of Radiation Control and has been authorized by the Radiation Safety Committee under the authorization of the Broad Scope Medical Radioactive Material License (L01279) issued by the Texas Department of State Health Services, Bureau of Radiation Control as an authorized Medical Physicist for use involving HDR, radiation therapy, and unsealed source medical procedures. He is a Medical Physicist at our Cancer Therapy Research Center and authorized under L01279 since June 2008.

If you have any questions, please contact me at (210) 567-2955.

Respectfully,



Jennifer Watson, MS
Radiation Safety Officer



Texas Board of Licensure for Professional Medical Physicists

DOES HEREBY CERTIFY THAT

Chengyu Shi

meets the qualifications established in Texas Occupations Code, Chapter 602, to practice medical physics
and is authorized to employ the title

Licensed Medical Physicist

in the State of Texas, so long as this certificate is not revoked or suspended and is renewed according to
applicable law and rules



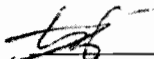
Texas Board of Licensure for
Professional Medical Physicists

certifies that the person identified below is a

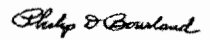
Licensed Medical Physicist
Chengyu Shi

License Number MP10166
Control Number 2404

Expires 3/31/2012



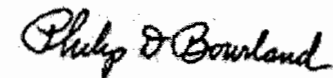
Cardholder Signature



Presiding Officer

Authorized for:

Therapeutic Radiological Physicist



Philip D. Bourland, Presiding Officer