

Carl S. Larson, M.D.

Medical Oncology

Mayez El-Harake, M.D. Medical Oncology

> Rajiv Khanna, M.D. Medical Oncology

October 26, 2010

US Nuclear Regulatory Commission Region 1 475 Allendale Road King of Prussia, PA 19406-1415

RE: NRC License #47-31304-02

To Whom It May Concern:

We would like to amend our NRC license to designate Dr. David Shimm as Radiation Safety Officer, in place of Gregory Gibbs. I have enclosed a completed NRC form 313A documenting Dr. Shimm's training and experience and Mr. Gibbs' preceptor attestation, along with a copy of Dr. Shimm's board certification.

Thank you.

Phillip Zsoldos Administrator

Fadi Nakhl, M.D. Medical Oncology

David S. Shimm, M.D. Radiation Oncology

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Carla Robin Cox, FNP-BC

Nancy S. Lynch, FNP-BC Sharon Bailey, FNP-BC

Crystal McGraw Davis, FNP-BC

573821 NMSS/RGN1 MATERIALS-002

NRC FORM 313A

U.S. NUCLEAR REGULATORY COMMISSION

(10-2005)

MEDICAL USE TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION

APPROVED BY OMB: NO. 3150-0120

EXPIRES: 10/31/2008

PART I -- TRAINING AND EXPERIENCE

Note: Descriptions of training and experience must contain sufficient detail to match the training and experience criteria in the applicable regulation (10 CFR Part 35)

1. Name of Individual, Proposed Authorization (e.g., Radiation Safety Officer), and Applicable Training Requirements (e.g., 10 CFR 35.50)

David Shimm, MD

For Physicians, Podiatrists, Dentists, Pharmacists — State or Territory Where Licensed West Virginia

3. CERTIFICATION

- a. Provide a copy of the board certification. (Stop here if applying under 10 CFR Part 35, Subpart J or 35.590(a); continue if applying under other subparts.)
- b. Provide documentation in appropriate items 4 through 10 of training or clinical case work required by 35.50(e); 35.51(c); 35.290(c)(1)(ii)(G) for AU seeking 35.200 authorization; 35.390(b)(1)(ii)(G); 35.396(d)(1) and 35.396(d)(2); 35.590(c); or 35.690(c).
- c. Provide completed Part II Preceptor Attestation, Items 11a through 11d.

Stop here after completing items 3a, 3b, and 3c when using board certification to meet 10 CFR Part 35 training and experience requirements.

- 4. INDIVIDUALS IDENTIFIED ON A LICENSE OR PERMIT AS RADIATION SAFETY OFFICERS (RSO), AUTHORIZED USERS (AU), AUTHORIZED MEDICAL PHYSICISTS (AMP), OR AUTHORIZED NUCLEAR PHARMACISTS (ANP) SEEKING ADDITIONAL AUTHORIZATIONS
- a. Provide a copy of the license or broadscope permit listing the current authorization and (b) or (c)
- b. Complete items 6c (and 10 when training is provided by an RSO, AMP, ANP, or AU) and preceptor items 11b through 11d to meet requirements for: RSO in 35.50(c)(2) or 35.50(e); or AU in 35.290(c)(1)(ii)(G) or 35.390(b)(1)(ii)(G) or 35.590(c) or 35.690(c); or AMP under 35.51(c).
- c. Complete items 5, 6a, 6b, 10, and Preceptor items 11a through 11d to meet AU requirements in 35.396(a).

Description of Training	Location	Clock Hours	Dates of Training	
Radiation Physics and Instrumentation	Mass General Hospital/Harvard Medical School, Boston MA	50	1/1981 - 12/1983	
Radiation Protection	Same	40	1/1981 - 12/1983	
Mathematics Pertaining to the Use and Measurement of Radioactivity	Harvard University, Cambridge MA Mass General Hospital/Harvard Medical School, Boston, MA	60	9/1970 - 6/1973 1/1981 - 12/1983	
Radiation Biology	Mass General Hospital/Harvard Medical School, Boston, MA	150	1/1981 - 12/1983	
Chemistry of Byproduct Material for Medical Use	Same	20	1/1981 - 12/1983	
OTHER		•		

NRC FORM 313A (10-2005)

MEDICAL USE TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

Description of Experience	Name of Supervising Individual(s)	Location and Corresponding Materials License Number	Dates and/or Clock Hours of Experience
Reviewing calibration measurements and periodic spot checks*	Dr. Herman D. Suit Authorized user	Mass General Hospital, Boston MA, #60-0055	1/1981 - 5/1985
2. Preparing treatment plans and calculating treatment doses and times*	Dr. J. Robert Cassady Authorized user	Radiation Oncology Dept University of AZ, Tucson AZ, #10-44	7/1985 - 11/1997
3. Using administrative controls to prevent a medical event*	Dr. John Goddard RSO	Porter Hospital, Denver CO, #210-01**	12/1997 - 11/2002
Implementing emergency procedures to be followed in the event of abnormal operation of the medical unit or console*	Gregory Gibbs, MS RSO	Raleigh Regional Cancer Center, Beckley WV, #47-31304-02**	2/2009 - present
5. Checking and using survey meters*			
6. Selecting proper dose and how it is to be given*			
*Please note that items #1 - 6 took place at all four locations - Boston, Tucson, Denver, and Beckley			.,
**Please note that I was/am listed as authorized user on these licenses			

Radionuclide	Type of Use	No. of Cases Involving Personal Participation	Supervising	Location and Corresponding Materials License Number	Dates and/or Clock Hours of Experience
Cs-137	LDR temp brachytherapy	100	Dr. Herman Suit	Boston MA #60-0055	1/81 - 12/83
Cs-137	same	15	same	same	1/84 - 5/85
Cs-137	same	20	Dr. J. Robert Cassady	Tucson AZ #10-44	7/85 - 11/97
Ir-192	same	80	same	same	sam e
Cs-137	same	10	Dr. John Goddard	Denver CO #210-01	12/97 - 11/02
I-125	Prostate seed implants	50	same	same	same
ir-192	HDR brachytherapy	18	Gregory Gibbs, MS	Beckley WV #473130402	2/09 - present

NRC FORM 31 (10-2005)		AINING	AND EXPERIEN	ICE AND PRECEP		.S. NUCLEAR REGULATORY COMMISSION TESTATION (continued)
	6c. TR	AINING F	OR SECTIONS	35.50(e), 35.51(c), 3	35.590(c), or 35.690(c)
Training Element		Type of Training *		Location and Dates		
VariSource 200t HDR brachytherapy training		Varian (vendor)		Colorado Springs, CO 5/14 - 5/18/2001		
HDR brachytherapy training		Gregory Gibbs, MS (didactic)		Beckley, WV 10/9 - 10/10/2008		
GammaMed iX HDR brachytherapy training		Varian (vendor)		Beckley, WV 10/14 - 10/15/2009		
· · · · ·						
* Types of to vendor trai		supervis	ed (complete ite	m 10 for 35.50(e), 3	5.51(c),	and 35.690(c)), didactic, or
7. FOR	MAL TRAINING	Physici	ans (for uses u	nder 35.400 and 35	.600) ar	nd Medical Physicists
Degree, Area of Study Lo or Coi Residency Program		of Program and cation with responding Materials nse Number	Dates		Name of Organization that Approved the Program (e.g., Accreditation Council for Graduate Medical Education) and the Applicable Regulation (e.g., 10 CFR 35.490)	
		l/Harvard School, Boston	1/1981 - 12/1983	AC	CGME	
	8. RADIATI	ON SAFE	TY OFFICER (F	SO) - ONE-YEAR	FULL-T	IME EXPERIENCE
 ₹ YES	Completed 1 year	of full-tim	ne radiation safet	ly experience (in are	as ident	tified in item 6a) under supervison
YES Completed 1 year of full-time radiation safety experience (in areas identified in item 6a) under supervison. N/A of Gregory Lee Gibbs MS the RSO for License No. 47-31304-02						
	9. MEDICAL	PHYSICI	ST ONE-YEAR	R FULL-TIME TRAIL	NING/W	ORK EXPERIENCE
YES Completed 1 year of full-time training (for areas identified in item 6a) in therapeutic radiological physics (35.961) or medical physics (35.51) under the supervision of						
who is a medical physicist (35.961) or meets requirements for Authorized Medical Physicists (35.51);						
				and		
YES	YES Completed 1 year of full-time work experience (at location providing radiation therapy services described					iation therapy services described
1.071	under the supervis	sion of		who	is a medical physicist (35.961) or meets	
	requirements for Authorized Medical Physicists (35.51) (specify use or device)					

NRC FORM 313A U.S. NUCLEAR REGULATORY COMMISSION (10-2005) MEDICAL USE TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)						
	DIVIDUAL IDENTIFICATION AN	 				
The training and experience indicated above was obtained under the supervision of (if more than one supervising ndividual is needed to meet requirements in 10 CFR Part 35, provide the following information for each):						
A. Name of Supervisor	B. Supervisor is:					
Gregory Lee Gibbs	Authorized User	Authorized Medical Physicist				
	Radiation Safety Officer	Authorized Nuclear Pharmacist				
C. Supervisor meets requirements of F	Part 35, Section(s) 35.50					
for medical uses in Part 35, Section	(s) D,E,F,G,H	•				
D. Address	··· - · · · · · · · · · · · · · · · · ·	E. Materials License Number				
275 Dry Hill Road Beckley WV 25801		17.04004.00				
		47-31304-02				
	eptor statement from each. This pa	one preceptor is necessary to document				
I attest the individual named in Item 1:						
	11a. has satisfactorily completed the requirements in Part 35, Section(s) and Paragraph(s) 35.5 e ,					
as documented in section(s) 5	69651c.7 of this form.					
11b. Select one	7. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.					
meets the requirements in 33 types of use, as documented in s						
has achieved a level of competer	ncy sufficient to independently oper ncy sufficient to function independent	ate a nuclear pharmacy (for 35.980); Or ntly as an authorized uses (or units); Or				
has achieved a level of radiation Officer for a medical use licensee	•	ion independently as a Radiation Safety				
11d. I am an Authorized Nuclear Pharma	cist; or	Safety Officer; O				
I meet the requirements of section(s) of 10 CFR Part 35						
or equivalent Agreement State requirements to be a preceptor AU or AMP						
for the following byproduct material uses (or units):						
A. Address Penase Hospital		. Materials License Number				
2272 N New da		Colo 197-02				
C. NAME OF PRECEPTOR (print clearly)	SUTO) D. SIGNATURE PRECEPTOR	E. DATE				
Gregory Lee Gibbs MS	Man Cea SA	10/12/2010				



Certificate of Attendance

This is to certify that

David S. Shimm, M.D.

has successfully attended the course

VariSource 200t On-site Operations

offered

May 14-18, 2001

Stavros D. Prionas, Ph.D. Varian Medical Systems

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And the Elmerican Freday of Philipposts Findayses.

David &. Shimm, M.D.

Has pursued an accepted course of graduate study and clinical work, has not coloin standards and qualifications and has passed the examinations conducted under the authority of The Lineman Bourd of Radictopy

On this sixth day of June, 1985

Thereby demonstrating to the satisfaction of the Parally of that he is qualified to practice the specially of Therapeutic Radiology

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Jam M. P. Julhudyen D