



Eastern Connecticut Cancer Institute  
At the John A. DeQuattro  
Community Cancer Center  
100 Haynes Street  
Manchester, CT 06040  
Phone: 860-533-4000  
Fax: 860-533-4011

Phoenix Community Cancer Center  
142 Hazard Avenue  
Enfield, CT 06082  
Phone: 860-272-3000  
Fax: 860-272-3036

Br 4

To: USNRC, Region I Office  
NMSB - Medical Licensing  
475 Allendale Road  
King of Prussia, PA 19406

April 11, 2011

0303 & 300

Re: Amendment request for HDR operation; Materials License 06-31409-01

Enclosed please find the additional information needed to approve the operation of the HDR unit to the license.

ITEM 1

Please add onto the license as an Authorized Medical Physicist:  
Monica C. Rossi, MS

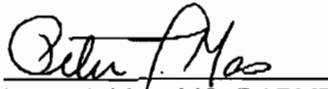
She has satisfied the criteria in 10 CFR 35.51 (b) and (c) for the use of High Dose Rate devices. NRC Form 313A (AMP) is enclosed for your review.

If you have any questions or desire additional information, please contact me at (860) 533-4000, or Peter Mas (RSO) at 860-324-3438.

Thank you for your time and efforts with our request.

Respectfully submitted,

  
\_\_\_\_\_  
Kristofer Popovitch  
Administrative Director

  
\_\_\_\_\_  
Peter J. Mas, MS, DABMP  
Physicist & RSO

NRC FORM 313A (AMP)  
(3-2006)

U.S. NUCLEAR REGULATORY COMMISSION

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

APPROVED BY OMB: NO. 3160-0120  
EXPIRES: 3/31/2012

Name of Proposed Authorized Medical Physicist

Monica C Rossi

- 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 of Science	Radiological Medical Physics
College or University	
University of Kentucky - Lexington, KY	

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 Ali Mcigooni, Ph.D 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.

**NRC FORM 313A (AMP)** (3-2009) **U.S. NUCLEAR REGULATORY COMMISSION**  
**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 of Kentucky	August 2005 - May 2007	
Performing sealed source leak tests and inventories	University of Kentucky Capintec Dose Calibrator	January 2007 - April 2007	
Performing decay corrections	University of Kentucky	August 2005 - May 2007	
Performing full calibration and periodic spot checks of external beam treatment unit(s)	University of Kentucky Linear Accelerator: Varian 21 EX	August 2005 - May 2007	
Performing full calibration and periodic spot checks of stereotactic radiosurgery unit(s)	University of Kentucky Periodic spot check - Gamma Knife	September 2006 - August 2006	
Performing full calibration and periodic spot checks of remote afterloading unit(s)	University of Kentucky VariSource HDR	August 2006 - May 2007	
Conducting radiation surveys around external beam treatment unit(s), stereotactic radiosurgery unit(s), remote after loading unit(s)	University of Kentucky Innovision 451B, Victoreen 190	August 2005 - May 2007	

Supervising Individual\*\*  
 Ali Meigooni, Ph.D

License/Permit Number listing supervising individual as an authorized Medical Physicist  
 License # 202-049-22 Am. 79, Univ of Kentucky

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 35.61 and 35.69 for the types of use for which the individual is seeking authorization.

NRC FORM 313A (AMP)  
(3-2009)

U.S. NUCLEAR REGULATORY COMMISSION

**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	VariSource HDR daily, quarterly QA August 2006 - May 2007		
Safety procedures for the device use	Daily, quarterly QA Emergency procedures August 2006 - May 2007		
Clinical use of the device	Planned and delivered more than 60 cases (T&O, Wright Applicator, vaginal cylinder, Endobronchial) August 2006 - May 2007		
Treatment planning system operation	BrachyVision August 2006 - May 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.)*

Ali Meigooni, Ph.D

License/Permit Number listing supervising individual as an authorized Medical Physicist  
License # 202-049-22 Am. 79, Univ of Kentucky

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)  
(5-2009)

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 Monica C Rossi 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 Monica C Rossi 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 Monica C Rossi has achieved a level of competency sufficient to 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
All Meigooni, Ph.D	<i>AMS Meigooni</i>	(702) 343-8020	1/24/2011

License/Permit Number/Facility Name

Licence number of 202-049-22 Amendment 79, University of Kentucky

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

4/11/2011, and to inform you that the initial processing which includes an administrative review has been performed.

*Approved. 06-31409-d* 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

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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** 574886.  
When calling to inquire about this action, please refer to this control number.  
You may call us on (610) 337-5398, or 337-5260.