

 HARTFORD
HOSPITAL

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PO BOX 5037
HARTFORD, CT 06102-5037
541-245-0000

K-8

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

June 28, 2011

Re: Additional information; amendment requested for Materials License # 06-00253-04 and for
Materials License # 06-31409-01
New Authorized Medical Physicist *03038300*

03001239

The following is additional information for your offices to complete an amendment request to these two licenses.

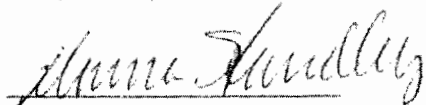
Item 1. Delete an Authorized Medical Physicist: Janet Gortney, MS

Item 2. Addition of an Authorized Medical Physicist: Monica C. Rossi, MS
Copy of ABR letter
NRC Form 313 a (amp)
Copy of two Nucletron Training Certificates

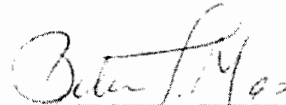
If you have any questions or desire additional information, please contact Peter J. Mas at 860- 545-2676, or 860-324-3438.

Thank you for your time and efforts with our requests.

Respectfully submitted,



Donna Handley, RN
VP, Cancer Program



Peter J. Mas, MS, DABMP
Physicist & RSO

574887 / 574886
NMSS/RGN1 MATERIALS-002

**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

Monica C. Rossi, MS, DABR

Requested Authorization(s) (check all that apply)	35.400 Ophthalmic use of strontium-90	35.600 Teletherapy unit(s)
	<input checked="" type="checkbox"/> 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	HDR Quality Assurance Training March 7, 2011 Nucletron, Columbia, MD (certificate provided)		
Safety procedures for the device use	HDR Quality Assurance Training March 7, 2011 Nucletron, Columbia, MD (certificate provided)		
Clinical use of the device	HDR Quality Assurance Training March 7, 2011 Nucletron, Columbia, MD (certificate provided)		
Treatment planning system operation	Oncentra Brachytherapy Training March 8 - 10, 2011 Nucletron, Columbia, MD (certificate provided)		

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.)

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)

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 **Monica C. Rossi, MS, DABR** 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 **Monica C. Rossi, MS, DABR** 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 **Monica C. Rossi, MS, DABR** 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

Signature

Telephone Number

Date

Gene Cardarelli, PhD, DABR



(860) 545-3886

06/29/2011

License/Permit Number/Facility Name



5441 E. Williams Boulevard, Suite 200 • Tucson, Arizona 85711-4493
Phone (520) 790-2900 • Fax (520) 790-3200 • www.abr.org

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Salt Lake City, Utah
Anthony L. Zielman, M.D.
Boston, Massachusetts

Radiologic Physics

G. Donald Frey, Ph.D.
Charleston, South Carolina
Geoffrey S. Ibbott, Ph.D.
Houston, Texas
Richard L. Morin, Ph.D.
Jacksonville, Florida

June 16, 2011

Monica Cristina Rossi, MS

PT Certificate in Therapeutic Medical Physics
ABR ID: P4749

Dear Ms. Rossi,

I am pleased to inform you that you passed the oral examination held on May 22 - 25, 2011. The American Board of Radiology grants you a Certificate in Therapeutic Medical Physics. This is a ten-year time-limited certificate that is valid through December 31, 2021.

In addition, you have satisfied the NRC training requirements enabling you to be recognized as an ABR Diplomate in Therapeutic Medical Physics who is eligible to become an Authorized Medical Physicist (AMP) via the certification pathway in 10 CFR 35.51(a). Thus, you will receive the "AMP-Eligible" designation on your certificate. Please be aware that, although not noted explicitly on the certificate, by virtue of being AMP eligible, you have also satisfied the certification portion of the regulatory requirements in 10 CFR 35.50(c)(1) for Radiation Safety Officer (RSO) authorization.

Our printer will send your certificate to the above address in approximately four months. Your name will appear on the certificate as shown above. If you have an address change, you may update your address in your personal database (PDB). Legal name changes cannot be made on the PDB as they require supporting documentation. If you wish to have your name displayed differently on your certificate, please submit a name change request in writing to the ABR office by July 16, 2011. Your name and demographic information also will be included in a directory published by the American Board of Medical Specialties. It is your responsibility to notify other local, state, or national organizations of your certification.

Important information about your Maintenance of Certification process is enclosed. Please review it and respond as requested.

Personally, and on behalf of the Board of Trustees of the American Board of Radiology, I wish to congratulate you for this distinguished achievement.

Sincerely,

Gary J. Becker, MD
Executive Director

Gary J. Becker, M.D., Executive Director

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Radiation Oncology: Anthony L. Zielman, M.D.
Radiologic Physics: G. Donald Frey, Ph.D.
Subspecialties: Milton J. Guiberteau, M.D.



CERTIFICATE OF TRAINING

awarded to:

Monica Rossi, MS

Northeast Regional Radiation Oncology Network
Manchester, CT

for attending:

HDR Quality Assurance Training

date

March 7, 2011

Presented by:

Nucletron Corporation, 7021 Columbia Gateway Drive, Columbia, Maryland

Mahta McKee, MS, DABR
Instructor

55 CAMPEP Ref #5631





CERTIFICATE OF TRAINING

awarded to:

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Northeast Regional Radiation Oncology Network
Manchester, CT

for attending:

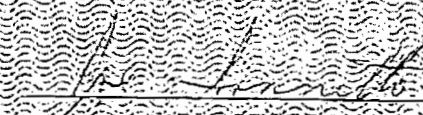
Oncentra Brachytherapy Training Course

date

March 8-10, 2011

Presented by:

Nucletron Corporation, 7021 Columbia Gateway Drive, Columbia, Maryland



Joe Iannitto
Instructor



Rose Powers
Instructor

25-MDCB-Ref # MDCB108467
25-Category A-CE-ASRT-Ref #MDZ0148008
23-25-CAMPER-REF #5639

