



THE QUEEN'S MEDICAL CENTER

1301 Punchbowl Street • Honolulu, Hawaii 96813 • Phone (808) 538-9011 • FAX: (808) 547-4646 • www.queens.org
July 28, 2011

RECEIVED

AUG - 2 2011

DNMS

USNRC Region IV
612 E. Lamar Blvd, Suite 400
Arlington, TX 76011-4125

Docket: 030-14522
License: 53-16533-02

RE: Notification of changes pursuant to 10 CFR 35.14

Greetings:

Pursuant to 10 CFR 35.14, The Queen's Medical Center submits notification of the following changes to items of our material license:

1. Eva Bieniek, M.D. was approved as Authorized User for 35.600 (Remote afterloader unit) by the Radiation Safety Committee upon demonstrating the qualifications required by 10 CFR 35.13(b)(1). Specifically, Dr. Bieniek received ABR certification in Radiation Oncology on June 30, 2010 and completed her Brachytherapy fellowship at Memorial Sloan Kettering Cancer Center on June 30, 2010.
2. Emily Robinson, M.S. changed her name to Emily Hirata, M.S. She is currently listed on our license as an Authorized Medical Physicist.

Please find enclosed copies of the necessary documentation to demonstrate that Dr. Bieniek meets requirements stated in 10 CFR 35.13(b)(1).

Please contact me at (808) 547-4884 or email at boyado@queens.org for further information. Thank you.

Sincerely,

Brian Oyadomari, M.S., DABR
Radiation Safety Officer

Attached:

1. Dr. Bieniek ABR certificate
2. Dr. Bieniek Form 313(AUS)

Founded in 1859 by Queen Emma and King Kamehameha IV

No. 5 7 5 7 2 4

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 Radiation Oncology, the Association of
University Radiologists, and the American Association of Physicians in Medicine

Hereby certifies that

Eva Barbara Wieniek, MEd

Has pursued an accepted course of graduate study
and clinical work, has met certain standards and qualifications, including
passing the examinations conducted under the authority of

The American Board of Radiology,

demonstrating to the satisfaction of the Board that she is qualified to practice,

and is therefore awarded the Board's certification in the specialty of

AH Eligible



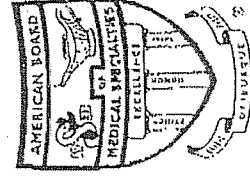
Radiation Oncology

Effective June 30, 2010

Ann J. Harty
President

Richard J. Moran
Secretary-Treasurer

Hayden R. Kessler
Executive Director



Valid through 2020

Certificate No. 60332

NRC FORM 313A (AUS) <small>12/2008</small>	U.S. NUCLEAR REGULATORY COMMISSION	APPROVED BY OMB: NO. 3150-0120 EXPIRES: 3/31/2012
AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (for uses defined under 35.400 and 35.600) [10 CFR 35.490, 35.491, and 35.690]		

Name of Proposed Authorized User	State or Territory Where Licensed
EVA BIENIEK	HAWAII

Requested Authorization(s) (check all that apply)	<input checked="" type="checkbox"/> 35.400 Manual brachytherapy sources	<input type="checkbox"/> 35.600 Teletherapy unit(s)
	<input type="checkbox"/> 35.400 Ophthalmic use of strontium-90	<input type="checkbox"/> 35.600 Gamma stereotactic radiosurgery unit(s)
	<input checked="" type="checkbox"/> 35.600 Remote afterloader 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. For 35.600, go to the table in 3 e. 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 35.600 Authorized User Requesting Additional Authorization for 35.600 Use(s) Checked Above**
 - a. Go to the table in section 3.e. to document training for new device.
 - b. Skip to and complete Part II Preceptor Attestation

3. Training and Experience for Proposed Authorized User

a. Classroom and Laboratory Training	35.490	35.491	35.690	
Description of Training	Location of Training	Clock Hours	Dates of Training	
Radiation physics and instrumentation				
Radiation protection				
Mathematics pertaining to the use and measurement of radioactivity				
Radiation biology				

Total Hours of Training:

575724

NRC FORM 313A (AUS)
(2-2002)

U.S. NUCLEAR REGULATORY COMMISSION

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Training and Experience for Proposed Authorized User (continued)

b. Supervised Work and Clinical Experience for 10 CFR 35.490 (If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this page.)

Supervised Work Experience	Total Hours of Experience:		
Description of Experience Must include:	Location of Experience/License or Permit Number of Facility	Confirm	Dates of Experience*
Ordering, receiving, and unpacking radioactive materials safely and performing the related radiation surveys		Yes	
		No	
Checking survey meters for proper operation		Yes	
		No	
Preparing, implanting, and safely removing brachytherapy sources		Yes	
		No	
Maintaining running inventories of material on hand		Yes	
		No	
Using administrative controls to prevent a medical event involving the use of byproduct material		Yes	
		No	
Using emergency procedures to control byproduct material		Yes	
		No	

Clinical experience in radiation oncology as part of an approved formal training program	Location of Experience/License or Permit Number of Facility	Dates of Experience*
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- Approved by:
- Residency Review Committee for Radiation Oncology of the ACGME
 - Royal College of Physicians and Surgeons of Canada
 - Committee on Postdoctoral Training of the American Osteopathic Association

Supervising Individual _____ License/Permit Number listing supervising individual as an Authorized User _____

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Training and Experience for Proposed Authorized User (continued)

c. Supervised Clinical Experience for 10 CFR 35.491

Description of Experience	Location of Experience/License or Permit Number of Facility	Clock Hours	Dates of Experience
Use of strontium-90 for ophthalmic treatment, including: examination of each individual to be treated; calculation of the dose to be administered; administration of the dose; and follow up and review of each individual's case history			
Supervising Individual	License/Permit Number listing supervising individual as an Authorized User		

d. Supervised Work and Clinical Experience for 10 CFR 35.690

- Remote afterloader unit(s)
 Teletherapy unit(s)
 Gamma stereotactic radiosurgery unit(s)

Supervised Work Experience

Total Hours of Experience:

Description of Experience Must include:	Location of Experience/License or Permit Number of Facility	Confirm	Dates of Experience
Reviewing full calibration measurements and periodic spot-checks		Yes No	
Preparing treatment plans and calculating treatment doses and times		Yes No	
Using administrative controls to prevent a medical event involving the use of byproduct material		Yes No	
Implementing emergency procedures to be followed in the event of the abnormal operation of the medical unit or console		Yes No	
Checking and using survey meters		Yes No	
Selecting the proper dose and how it is to be administered		Yes No	

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Training and Experience for Proposed Authorized User (continued)

d. Supervised Work and Clinical Experience for 10 CFR 35.600 (continued)

Clinical experience in radiation oncology as part of an approved formal training program	Location of Experience/License or Permit Number of Facility	Dates of Experience
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Approved by:

Residency Review Committee for Radiation Oncology of the ACGME

Royal College of Physicians and Surgeons of Canada

Committee on Postdoctoral Training of the American Osteopathic Association

Supervising Individual

License/Permit Number listing supervising individual as an Authorized User

6. For 35.600, 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
Device operation	MEMORIAL SLOAN KETTERING CANCER CENTER		
Safety procedures for the device use	BRACHY THERAPY FELLOWSHIP 07/01/2009 - 06/30/2010		
Clinical use of the device			

Supervising Individual. If training provided by Supervising Individual (if more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this page)

License/Permit Number listing supervising individual as an Authorized User 752968-01

X [Signature]

X 4/28/11

Authorized for the following types of uses:

- Remote afterloader unit(s)
- Teletherapy unit(s)
- Gamma stereotactic radiosurgery unit(s)

f. Provide completed Part II Preceptor Attestation.

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AUTHORIZED USER 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.

By checking the boxes below, the preceptor is attesting that the individual has knowledge to fulfill the duties of the position sought and not attesting to the individual's "general clinical competency."

First Section

Check one of the following for each requested authorization:

For 35.490:

Board Certification

I attest that EVA BIENIEK has satisfactorily completed the requirements in
Name of Proposed Authorized User

35.490(a)(1) and has achieved a level of competency sufficient to function independently as an authorized user of manual brachytherapy sources for the medical uses authorized under 10 CFR 35.400.

OR

Training and Experience

I attest that _____ has satisfactorily completed the 200 hours of
Name of Proposed Authorized User

classroom and laboratory training, 500 hours of supervised work experience, and 3 years of supervised clinical experience in radiation oncology, as required by 10 CFR 35.490(b)(1) and (b)(2), and has achieved a level of competency sufficient to function independently as an authorized user of manual brachytherapy sources for the medical uses authorized under 10 CFR 35.400

For 35.491:

I attest that _____ has satisfactorily completed the 24 hours of
Name of Proposed Authorized User

classroom and laboratory training applicable to the medical use of strontium-90 for ophthalmic radiotherapy, has used strontium-90 for ophthalmic treatment of 5 individuals, as required by 10 CFR 35.491(b), and has achieved a level of competency sufficient to function independently as an authorized user of strontium-90 for ophthalmic use

Second Section

For 35.690:

Board Certification

I attest that EVA BIENIEK has satisfactorily completed the requirements in
Name of Proposed Authorized User

35.690(a)(1)

OR

Training and Experience

I attest that _____ has satisfactorily completed 200 hours of classroom
Name of Proposed Authorized User

and laboratory training, 500 hours of supervised work experience, and 3 years of supervised clinical experience in radiation therapy, as required by 10 CFR 35.690(b)(1) and (b)(2).

AND

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

Preceptor Attestation (continued)

Third Section

For 35.690: (continued)

I attest that EVA BIENIEK has received training required in 35.690(c) for device operation, safety procedures, and clinical use for the type(s) of use for which authorization is sought, as checked below.

- Remote afterloader unit(s) Teletherapy unit(s) Gamma stereotactic radiosurgery unit(s)

AND

Fourth Section

I attest that EVA BIENIEK has achieved a level of competency sufficient to achieve a level of competency sufficient to function independently as an authorized user for:

- Remote afterloader unit(s) Teletherapy unit(s) Gamma stereotactic radiosurgery unit(s)

Fifth Section

Complete the following for preceptor attestation and signature:

I meet the requirements in 10 CFR 35.490, 35.491, 35.690, or equivalent Agreement State requirements, as an authorized user for:

- 35.400 Manual brachytherapy sources 35.600 Teletherapy unit(s)
35.400 Ophthalmic use of strontium-90 35.600 Gamma stereotactic radiosurgery unit(s)
35.600 Remote afterloader unit(s)

Name of Preceptor

Michael Zelefsky, MD (NRC)

Signature

[Handwritten Signature]

Telephone Number

(212) 639-6802

Date

4/28/11

License/Permit Number/Facility Name

752968-01

Memorial Sloan-Kettering Cancer Center
1275 York Avenue
NY NY 10065

AUG - 2 2011

DATE

This is to acknowledge the receipt of your letter/application dated 7/28/11, and to inform you that the initial processing, which includes an administrative review, has been performed.

- There were no administrative omissions. Your application will be 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:

The action you requested is normally processed within 90 days.

- 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** 575724.
When calling to inquire about this action, please refer to this mail control number.
You may call me at 817-860-8103.

Sincerely,
Carol R. Hice

Licensing Assistant

BETWEEN:

Accounts Receivable/Payable
and
Regional Licensing Branches

[FOR ARPB USE]
INFORMATION FROM LTS

Program Code: 02230
Status Code: Pending Amendment
Fee Category: 3E 7C
Exp. Date:
Fee Comments: CODE 23
Decom Fin Assur Reqd: N

License Fee Worksheet - License Fee Transmittal

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: QUEEN'S MEDICAL CENTER, THE
Received Date: 08/02/2011
Docket Number: 3014522
Mail Control Number: 575724
License Number: 53-16533-02
Action Type: Amendment

2. FEE ATTACHED

Amount: _____

Check No.: _____

3. COMMENTS

Signed: Carol R Hill

Date: 8/2/11

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 is entered / /)

1. Fee Category and Amount: _____

2. Correct Fee Paid. Application may be processed for:

Amendment: _____

Renewal: _____

License: _____

3. OTHER _____

Signed: _____

Date: _____



THE QUEEN'S MEDICAL CENTER

ATTN: Radiation Safety Office

1301 Punchbowl Street • Honolulu, Hawaii 96813 • A Queen's Health Systems Company

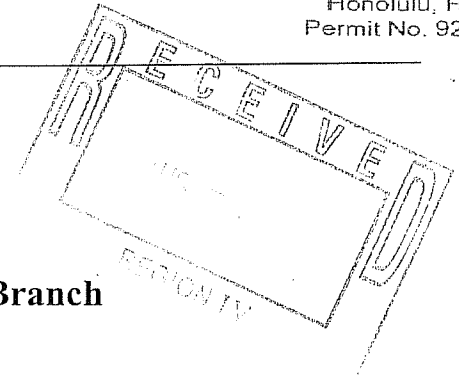
CHANGE SERVICE REQUESTED

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USNRC Region IV
Nuclear Materials Licensing Branch
612 E. Lamar Blvd, Suite 400
Arlington, TX 76011-4125



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