



80 SEYMOUR STREET  
 P.O. BOX 5037  
 HARTFORD, CT 06102-5037  
 860/545-5000

Br 1

To: USNRC, Region I Office  
 NMSB - Medical Licensing  
 2100 Renaissance Blvd, Suite 100  
 King of Prussia, PA 19406-2713

August 23, 2012

RECEIVED  
 REGION I  
 2012 AUG 27 PM 2:29

Re: Amendment requested for Materials License # 06-00253-04  
 Docket # 030-01239

The following information is submitted for an amendment to the Materials License of our institution.

ITEM 1. Addition as an Authorized Medical Physicist:

Tatjana Ivanova, PhD  
 NRC Form 313A Training & Education, Preceptorship and Attestation, dated May 3, 2012 is enclosed.

Robert F. Hoffman, MS  
 Copy of letter from the American College of Radiology, dated June 14, 2012 is enclosed. The letter states that Mr. Hoffman has passed his board examination in Therapeutic Medical Physics and is eligible to function as an AMP.

Tatjana Ivanova, PhD, and Robert F. Hoffman, MS have participated in the Emergency Procedures training & drill for our Nucletron HDR unit.

ITEM 2. We have completed the removal and the disposal of orphaned radioactive sources by licensed commercial contractor(s). Attached is an inventory of the materials that were removed. Those same materials may be delisted from the license.

Referencing Amendment No. 109 of the Materials License; the REMOVED and DISPOSED items are the following:

- Item 6E Strontium-90 for ophthalmic therapeutic use
- Item 6H Nickel-63 in an electron capture cell module from a gas chromatograph
- Item 6L Cesium-137 for calibration of instruments
- Item 6D The following Cs-137 brachytherapy sources were removed:
  - a. 3M Health Physics Model Series 6500 **with the exception of two Model 6501, 10 mg Ra eq sources (presently 12.6 mCi each). See Item 3, below.**
  - b. Medi-Physics, Inc. Model CDCT1 sources
  - c. Nuclear Associates Model 69-600 series

579044  
 NMSS/RGN1 MATERIALS-002

The calibration of radiation survey and measuring instruments is now performed by an accredited and qualified laboratory.

ITEM 3. We intend to transfer one, 3M Company, 10 mg Ra eq (on 06/22/82) Cs-137 tube source, Model 6501 to the Northeast Regional Radiation Oncology Network, with NRC Materials License 06-31409-01. The purpose of the tube sources is for use as a QA constancy check source for the HDR ionization chambers, one at each site. Presently, the source has a decay corrected activity of 12.6 mCi of Cs-137. Please advise what must be done to permit the transfer. The Northeast Regional Radiation Oncology Network license will first be amended for possession of the source and authorized for use by the AMPs of the NRRON license.

ITEM 4. Addition and Deletion of AUs.

Presently authorized for Jefferson Radiology, Materials License No. 06-28502-01 and to be added onto the Hartford Hospital license:

ADDITIONS

A. Material and Use: 35.100, 35.200; Oral administration of sodium iodide (I-131) in quantities less than or equal to 33 milliCuries.

Bruce Arose, MD  
Steven R. Urbanski, MD  
Brian J. Grogan, MD  
Joanna J. Jacunski, MD

B. Material and Use: 35.100, 35.200; Oral administration of sodium iodide (I-131) for imaging and localization studies.

Michael T. O'Loughlin, MD  
Thomas H. Farquhar, MD, PhD

C. Material and Use: 35.100, 35.200

Prasanta Karak, MD  
Jennifer Logan, MD  
Jinnah Phillips, MD

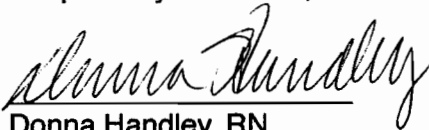
DELETIONS

A. Abdul Alkeylani, MD  
B. Carol Y. Gemayel, MD  
C. Steven B. Goldblatt, MD  
D. Gary V. Heller, MD

If you have any questions or desire additional information, please contact Mr. Peter J. Mas, MS, RSO at 860-545-2676, or 860-324-3438, or via email; [pmas@harthosp.org](mailto:pmas@harthosp.org).

Thank you for your time and efforts with our requests.

Respectfully submitted,

A handwritten signature in cursive script, appearing to read "Donna Handley". The signature is written in black ink and is positioned above a horizontal line.

Donna Handley, RN  
VP, Cancer Program

enclosures

**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

TATJANA IVANOVA

- 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
BS, MS, PhD	Physics (BS, MS), Biomedical Engineering (PhD)
College or University	
Univ. of Latvia, Riga, Latvia (BS, MS); Univ. of Patras, Patras, Greece (PhD); Medical Physics Residency, Univ. of Pennsylvania	

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 Carmen Mesina 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 Carmen Mesina 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	University of Pennsylvania, Department of Radiation Oncology	07/01/2009-06/30/2010	07/01/2010-06/30/2011
Performing sealed source leak tests and inventories	University of Pennsylvania, Department of Radiation Oncology well counter		07/01/2010-06/30/2011
Performing decay corrections	University of Pennsylvania, Department of Radiation Oncology	07/01/2009-06/30/2010	07/01/2010-06/30/2011
Performing full calibration and periodic spot checks of external beam treatment unit(s)	University of Pennsylvania, Department of Radiation Oncology Linear Accelerators: Varian IX, Siemens Oncor82, Siemens Mevatron	07/01/2009-06/30/2010	07/01/2010-06/30/2011
Performing full calibration and periodic spot checks of stereotactic radiosurgery unit(s)	Pennsylvania Hospital, Department of Radiation Oncology Periodic spot checks- Lexell Gamma Knife 4		11/01/2011-03/01/2012
Performing full calibration and periodic spot checks of remote afterloading unit(s)	University of Pennsylvania; Pennsylvania Hospital Varian GammaMed Plus IX, Varian GammaMed Plus 3/24 IX		07/01/2010-06/30/2011
Conducting radiation surveys around external beam treatment unit(s), stereotactic radiosurgery unit(s), remote after loading unit(s)	University of Pennsylvania; Pennsylvania Hospital Victoreen model 1566 survey meter Ludlum model 9 survey meter Ludlum Prescilla neutron survey meter	June 2010	07/01/2010-06/30/2011

Supervising Individual\*\*

License/Permit Number listing supervising individual as an authorized Medical Physicist

3. *Carmen Mesina*

*37-00118-07*

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	University of Pennsylvania; Pennsylvania Hospital Varian GammaMed Plus iX, 3/24 iX Daily and quarterly QA 07/01/2010- 06/30/2011		
Safety procedures for the device use	Daily and quarterly QA Emergency procedures 07/01/2010- 06/30/2011		
Clinical use of the device	Source exchange. Daily QA. Planned and delivered HDR treatments including T&O, vaginal cylinders, Esophageal, Mammosite. 07/01/2010- 06/30/2011		
Treatment planning system operation	Varian BrachyVision 07/01/2010- 06/30/2011		

**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

*Carmen Mesina*

*37-00118-07*

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 \_\_\_\_\_ 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 Tatjana Ivanova, PhD 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 Tatjana Ivanova, PhD 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 Tatjana Ivanova, PhD 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 <i>Mesina</i>	Signature <i>Christina J. Mesina</i>	Telephone Number <i>215-662-2980</i>	Date <i>5/3/12</i>
License/Permit Number/Facility Name <i>37-00118-07</i>			



PERSONAL INFORMATION WAS REMOVED  
BY NRC. NO COPY OF THIS INFORMATION  
WAS RETAINED BY THE NRC.

June 14, 2012

Robert Francis Hoffman, MS

Therapeutic Medical Physics  
ABR ID: P5642

Dear Mr. Hoffman,

I am pleased to inform you that you passed the oral examination held from May 20 - 23, 2012 in Louisville, Kentucky. The American Board of Radiology hereby grants you a Certificate in Therapeutic Medical Physics.

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.

Beginning this year, all new diplomates will be enrolled in "continuous certification," a process that links the ongoing validity of certificates to meeting the requirements of Maintenance of Certification (MOC). Certificates will no longer have "valid-through" dates but instead will have the date of initial certification accompanied by the statement that "ongoing certification is contingent upon meeting the requirements of Maintenance of Certification." Further information regarding the MOC process will be provided to you in a separate letter.

Our printer will send your certificate to the above address in approximately four months. If you have an address change, you must update your address in your ABR personal database (PDB) by July 14, 2012. Your name will appear on the certificate as it is shown above. If you wish to have your name displayed differently on your certificate, please e-mail Sherri Tradup at [stradup@theabr.org](mailto:stradup@theabr.org) with your requested change by July 14, 2012. Please be sure to title the e-mail "Certificate Name Change." Legal name changes cannot be made on the PDB, as they require supporting documentation, which can be emailed to [info@theabr.org](mailto:info@theabr.org). 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.

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



This is to acknowledge the receipt of your letter application dated

8/23/12, and to inform you that the initial processing which includes an administrative review has been performed.

- 06-00253-04 (Amendment)  
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
- 

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** 579044.  
When calling to inquire about this action, please refer to this control number.  
You may call us on (610) 337-5398, or 337-5260.