



Terence M. Murphy, FACHE
President and Chief Executive Officer
640 S. State Street ~ Dover, DE 19901
302.744.7000 ~ 302.744.7181 fax

October 21, 2015

Br. 1

03007565

REC RG 1 10/27/15 AM 07:05

U. S. Nuclear Regulatory Commission
Region I
2100 Renaissance Blvd, Suite 100
King of Prussia, PA 19406-2713

Re: License No. 07-14850-01

To Whom It May Concern,

Bayhealth Medical Center, License Number 07-14850-01, wishes to amend our radioactive materials license to reflect the following:

- Please add Zhiqiu Li, PhD, as an Authorized Medical Physicist for Iridium 192 High Dose Rate Remote Afterloader Unit for calibrations, spot-checks and training.
 - Please see the attached 313a forms (including preceptor form) and documentation of training and work experience.

If there is any way to expedite this request we would appreciate it.

If you have any questions regarding this amendment, please contact our radiation safety officer, Adam M. Henry, at 1-866-755-2756 x703.

Regards,

Terry M. Murphy, FACHE
President and Chief Executive Officer

589255

NMSS/RGN1 MATERIALS-002

Enclosure:
Form 313a (x2)

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

APPROVED BY OMB: NO. 3150-0120
EXPIRES: (05/31/2015)

Name of Proposed Authorized Medical Physicist

Zhiqiu Li

- 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
Ph.D.	Biomedical Engineering
College or University	
Dartmouth College	

- 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 Jenghwa Chang 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 Marc Morcos 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	Vantage Oncology at San Bernardino CA / 7260-36 / Varian VS2000 HDR Afterloader		07/2014 - 08/2015
Performing sealed source leak tests and inventories	Vantage Oncology at San Bernardino CA / 7260-36 / Varian VS2000 HDR Afterloader		07/2014 - 08/2015
Performing decay corrections	Vantage Oncology at San Bernardino CA / 7260-36 / Varian VS2000 HDR Afterloader		07/2014 - 08/2015
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)	Vantage Oncology at San Bernardino CA / 7260-36 / Varian VS2000 HDR Afterloader		07/2014 - 08/2015
Conducting radiation surveys around external beam treatment unit(s), stereotactic radiosurgery unit(s), remote after loading unit(s)	Vantage Oncology at San Bernardino CA / 7260-36 / Varian VS2000 HDR Afterloader		07/2014 - 08/2015

Supervising individual**

(MARC MORCOS)



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

7260-36

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)

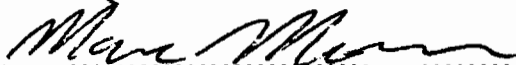
c. Describe training provider and dates of training for each type of use for which authorization is sought.

Description of Training	Training Provider and Dates		
	Remote Afterloader	Teletherapy	Gamma Stereotactic Radiosurgery
Hands-on device operation	Marc Morcos 07/2014 - 08/2015		
Safety procedures for the device use	Marc Morcos 07/2014 - 08/2015		
Clinical use of the device	Marc Morcos 07/2014 - 08/2015		
Treatment planning system operation	Marc Morcos 07/2014 - 08/2015		

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.)

(MARC MORCOS)



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

7260-36

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 Zhiqiu Li, 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 Zhiqiu Li, 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 Zhiqiu Li, 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 Marc Marcos	Signature <i>Marc Marcos</i>	Telephone Number 909-475-2700	Date 09/10/2015
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License/Permit Number/Facility Name 7260-36 VANTAGE Oncology AT SAN BERNARDINO.	MID1Y
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**AUTHORIZED MEDICAL PHYSICIST TRAINING AND EXPERIENCE
AND PRECEPTOR ATTESTATION
[10 CFR 35.51]**

APPROVED BY OMB: NO. 3150-0120
EXPIRES: (05/31/2015)

Name of Proposed Authorized Medical Physicist

Zhiqiu Li

- Requested Authorization(s)** (check all that apply)
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 - 35.600 Teletherapy unit(s)
 - 35.600 Remote afterloader unit(s)
 - 35.600 Gamma stereotactic radiosurgery unit(s)

PART I -- TRAINING AND EXPERIENCE
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- 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
Ph.D.	Biomedical Engineering
College or University	
Dartmouth College	

- 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.

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AND

Yes. Completed 1 year of full-time work experience in medical physics (for areas identified below) under the supervision of Marc Morcos 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)

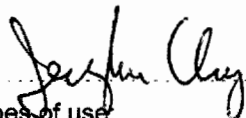
If more than one supervising individual is necessary to document supervised training, provide multiple copies of this page.

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	Weill Cornell Medical College/License Number: 75-2960-04/Device: Varian Medical Systems, Model VS2000	06/2013 - 05/2014	
Performing sealed source leak tests and inventories	Weill Cornell Medical College/License Number: 75-2960-04/Device: Varian Medical Systems, Model VS2000	06/2013 - 05/2014	
Performing decay corrections	Weill Cornell Medical College/License Number: 75-2960-04/Device: Varian Medical Systems, Model VS2000	06/2013- 05/2014	
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)	Weill Cornell Medical College/License Number: 75-2960-04/Device: Varian Medical Systems, Model VS2000	06/2013 - 05/2014	
Conducting radiation surveys around external beam treatment unit(s), stereotactic radiosurgery unit(s), remote after loading unit(s)	Weill Cornell Medical College/License Number: 75-2960-04/Device: Varian Medical Systems, Model VS2000	06/2013 - 05/2014	

Supervising Individual**

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

Jenghwa Chang



License Number: 75-2960-04

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)

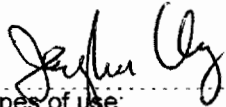
3. Education, Training, and Experience for Proposed Authorized Medical Physicist (continued)

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	Weill Cornell Medical College Jenghwa Chang 06/2013-05/2014		
Safety procedures for the device use	Weill Cornell Medical College Jenghwa Chang 06/2013-05/2014		
Clinical use of the device	Weill Cornell Medical College Jenghwa Chang 06/2013-05/2014		
Treatment planning system operation	Weill Cornell Medical College Jenghwa Chang 06/2013-05/2014		

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.)

Jenghwa Chang



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

License Number: 75-2960-04

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
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10 CFR 35.51(a)(1) and (a)(2).

OR

2. Education, Training, and Experience

I attest that Zhiqiu Li, 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 Zhiqiu Li, 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.

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Third Section

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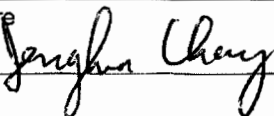
AND

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 Jenghwa Chang	Signature 	Telephone Number 212-746-9297	Date 09/30/2015
License/Permit Number/Facility Name License Number: 75-2960-04			

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

10-21-15, and to inform you that the initial processing which includes an administrative review has been performed.

Amend : 07-14850-01
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** 589255.
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.

NRC FORM 532 (RI)
(6-96)

Sincerely,
Licensing Assistance Team Leader