franklin regional medical center

November 12, 1986

Josephine M. Piccone, Ph.D.
Nuclear Materials Safety Section B.
Division of Radiation Safety and Safeguards
United States Nuclear Regulatory Commission
Region 1
631 Park Avenue
King of Prussia, PA 19406

Re: Amendment to License No. 37-11438-02 01

Dear Dr. Piccone:

I am enclosing Supplement A to our current N.R.C. documentation to inform you that Lydia Frances Berghaus, M.D., a Board Certified Radiation Oncologist, has joined the Medical Staff at Franklin Regional Medical Center. I would like to request that her name be amended to our license. Please advise me if there is any additional information or step required to add Dr. Berghaus's name to our license.

Please advise if I can be of any further assistance.

Sincerely,

James P. Reber
President

JPR/hc
Enclosure

Feb-11 I

Log [illegible]
Remitter
Check No. 905431
Amount $120+ +
Fee Category 17A
Type of Fee Amendment
Date Check Rec'd. 1/10/87
Date Completed 1/12/87
By: [illegible]

* no refund due - withdrawn after renewal sent 1/29/87 Telecon Record to file

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37-11438-01 PDR

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"OFFICIAL RECORD COPY"
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No fee Typed as 106752

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SUPPLEMENT A
TRAINING AND EXPERIENCE
PROPOSED AUTHORIZED USER OR RADIATION SAFETY OFFICER

1. NAME OF PROPOSED AUTHORIZED USER OR RADIATION SAFETY OFFICER	2. STATE OR TERRITORY IN WHICH LICENSED TO PRACTICE MEDICINE (If physician)
LYDIA FRANCES BERGHAUS, MD	PA, MA

3. CERTIFICATION

SPECIALTY BOARD	CATEGORY	MONTH AND YEAR CERTIFIED
(1) AMERICAN BOARD OF RADIOLOGY (THERAPEUTIC)		(1) JUNE 1985
(2) AM. BOARD OF INTERNAL MEDICINE		(2) SEPTEMBER 1979

4. TRAINING RECEIVED IN BASIC RADIOISOTOPE HANDLING TECHNIQUES *(To be completed by institution providing training)*

FIELD OF TRAINING	LOCATION AND DATE(S) OF TRAINING	TYPE AND LENGTH OF TRAINING	
		LECTURE/LABORATORY COURSE (Hours)	FORMAL SUPERVISED OJT/LABORATORY EXPERIENCE (Hours)
RADIATION PHYSICS AND INSTRUMENTATION			
RADIATION PROTECTION			
MATHEMATICS PERTAINING TO THE USE, MEASUREMENT, AND SHIELDING OF RADIOACTIVE SOURCES			
RADIATION BIOLOGY			

5. EXPERIENCE WITH RADIOACTIVE MATERIALS* *(Actual use of radioisotopes or equivalent experience)*

ISOTOPE	MAXIMUM AMOUNT FOR ANY SINGLE APPLICATION	WHERE EXPERIENCE WAS GAINED	DURATION OF EXPERIENCE	TYPE OF USE

*Experience with sealed radioactive sources under the supervision of qualified instructors should include:

1. Review of initial source calibration and periodic spot-check measurements of teletherapy units.
2. Initial source calibration of sealed sources other than teletherapy sources that are used for treatment purposes.
3. Calibration of ion chambers and survey meters.
4. Preparation of treatment plans and treatment times for [illegible] therapy and brachytherapy.
5. Knowledge of appropriate radiation safety, quality control, and emergency procedures for handling and using sealed sources.

6. I CERTIFY THAT THE INFORMATION PRESENTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF *(Signature of program supervisor)*

X [signature]

TYPED OR PRINTED NAME: James P. Reber — DATE: 11-17-86

NAME OF INSTITUTION: Franklin Regional Medical Center

MAILING ADDRESS: One Spruce Street

CITY: Franklin — STATE: PA — ZIP CODE: 16323 — RADIOACTIVE MATERIALS LICENSE NUMBER: 37-11438-02

WARNING: 18 U.S.C. Section 1001, Act of June 25, 1948, 62 Stat. 749, makes it a criminal offense to make a willfully false statement or representation to any department or agency of the United States as to any matter within its jurisdiction.