

1301 Punchbowl Street • Honolulu, HI 96813 • Ph.: 808-691-5900 • Fax: 808-7887 • www.queens.org

United States Nuclear Regulatory Commission Region IV 611 Ryan Plaza Drive, Suite 400 Arlington, TX 76011-4005

RE: Update Last name and suffix of Authorized Nuclear Pharmacist
Add Authorized Users
Designate Associate Radiation Safety Officer
The Queen's Medical Center
NRC License No. 53-16533-02

November 10, 2021

Michelle Simmons:

Please amend our radioactive material license, 53-16533-02 as follows:

- 1. <u>Please add Authorized User Horia Vulpe, MD for 35.400 and 35.600.</u> Attached is his Form 313A as well as his ABR certificate
- 2. <u>Please add Authorized User Mark Mayeda, MD</u> for 35.400 and 35.600. Attached is his Form 313A
- 3. Please remove the following authorized users: i) Mark Kanemori MD, ii) Christina Liu, MD and iii) Scott Moon MD.
- 4. Please Correct Stuart Tsuji, M.D. to Stuart Tsuji, M.D., Ph.D.

Thank you for your assistance. If you have any questions or require additional information, please contact our Radiation Safety Officer, Frank Goerner, PhD at (808) 691 - 47063 or Darlena Chadwick at (808) 691 - 4742.

Sincerely,

Darlena Chadwick, MSN, MBA, FACHE

Vice President, Patient Care

Frank Goerner, PhD, DABR Medical Physicist / RSO

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, the American Association of Physicists in Medicine, and the Society of Interventional Radiology, the American Board of Radiology hereby certifies that

Horia Vulpe, MI CM

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 qualification to practice; and is therefore awarded the Board's certification in

Radiation Oncology

Ongoing validity of this certificate is contingent upon meeting the requirements of Maintenance of Certification.

This diplomate of the American Board of Radiology is permitted to use the BABB mark to signify this certification.

Aus Kachau fu President

Roud M. Jan M Secretary-Treasurer Valeni V. Julionivio

DATE



Effective: May 18, 2018



APPROVED BY OMB: NO. 3150-0120 EXPIRES: 01/31/2023

AUTHORIZED USER TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION

	•	ses defined under 35.400 and FR 35.57, 35.490, 35.491, and	,	
lame of Proposed Author	ized User	State or Territory Where Lic	censed	
Horia Vulpe, M.D.		Hawaii		
Requested	√ 35.400 Manual bra	achytherapy sources 35.600 Tele	therapy unit(s)	
Authorization(s)	35.400 Ophthalmic	c use of strontium-90 🔲 35.600 Gam	nma stereotactic rad	iosurgery unit(s)
check all that apply)	✓ 35.600 Remote aft	terloader unit(s)		
		TRAINING AND EXPERIENCE one of the three methods below)		
of application or the intraining and experience experience related to t ✓ 1. Board Certifica a. Provide a copy b. For 35.690, go which authoriza c. For a board cer provide the follo (i) Document (ii) Dates, dur each use of d. Stop here. 2. Current 35.600 of a. Go to the table b. If board certifie	ce, including Board Cert dividual must have obtate was completed. Provide uses checked above ation of the board certification to the table in 3.e. and obtain is sought. It if it is sought. It is a sought ation that the individual ation, and description of the checked above. Authorized User Requesting section 3.e. to document of the composition of the checked according to the composition of the checked above.	ification, must have been obtained with ined related continuing education and ide dates, duration, and description of the	d experience since the continuing education of training for each ty an 10 CFR 35.57(b)(con or before Octobe within the past seven as 15.600 Use(s) Che	ne required on and vpe of use for 2)(iii), r 24, 2005. ren years for cked Above
Part II Precepto	or Attestation. Experience for Propose	ed Authorized User		
	Laboratory Training	35.490 35.491	35.690	
Description o	f Training	Location of Training	Clock Hours	Dates of Training*
Radiation physics instrumentation	and			
Radiation protection	on			
Mathematics perta use and measuren radioactivity				
Radiation biology				
		Total Hours of Training:		

PAGE 1 NRC FORM 313A (AUS) (01-2020)

(01-2020)

AUTHORIZED USER TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION (for uses defined under 35.400 and 35.600)

[10 CFR 35.57, 35.490, 35.491, and 35.690] (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	
Checking survey meters for proper operation		☐ Yes	
Preparing, implanting, and safely removing brachytherapy sources		☐ Yes	
Maintaining running inventories of material on hand		☐ Yes	
Using administrative controls to prevent a medical event involving the use of byproduct material		☐ Yes	
Using emergency procedures to control byproduct material		☐ Yes	
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*
Approved by:			
Residency Review Committee for Radiation Oncology of the ACGME Royal College of Physicians and Surgeons of Canada			
Council on Postdoctoral Training of the American Osteopathic Association			
Supervising Individual	License/Permit Number listing Authorized User	supervising indi	vidual as an

[10 CFR 35.57, 35.490, 35.491, and 35.690] (continued)

c. Supervised Clinical Experience fo	r 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 listin Authorized User	ng supervising ind	│ ividual as an
d. Supervised Work and Clinical Exp	perience for 10 CFR 35.690		
Remote afterloader unit(s)		stereotactic rad	iosurgery unit(s
Supervised Work Experience	Total Hours of Ex	perience:	
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	
Preparing treatment plans and calculating treatment doses and times		☐ Yes	
Using administrative controls to prevent a medical event involving the use of byproduct material		☐ Yes	
Implementing emergency procedures to be followed in the event of the abnormal operation of the medical unit or console		☐ Yes	
Checking and using survey meters		☐ Yes ☐ No	
		Yes	

[10 CFR 35.57, 35.490, 35.491, and 35.690] (continued)

			-			
		posed Authorize		 ·		
d. Supervised Wor	K and Clinical Ex	perience for 10 C	FR 35	o.690 (continued)		
Clinical experience oncology as part of formal training prog	f an approved	1	Location of Experience/License or Permit Number of Facility			Dates of Experience*
Approved by:						
Residency Rev Committee for Oncology of th Royal College and Surgeons Council on Pos Training of the Osteopathic As	Radiation e ACGME of Physicians of Canada stdoctoral American					
Supervising Individua				License/Permit Number listing s	supervising individu	lal as an
				Authorized User	. •	
e. For 35.600, des	scribe training pr	ovider and dates o	of traii	ning for each type of use for v	which authorizatio	on is
Description of Training			Training Provider and Dates			
	Remote	Afterloader		Teletherapy	Gamma Ste Radiost	
Device operation	Vincent Duryee, Radiation Oncol The Queen's Me Honolulu, HI	ology				
Safety procedures for the device use	Vincent Duryee, Radiation Oncol The Queen's Me Honolulu, HI	ogy				
Clinical use of the device	Stuart Tsuji, MD Radiation Oncol The Queen's Me Honolulu, HI	ogy				
Supervising Individual (If more than to document supervised copies of this page.)	n one supervising ind	ividual is necessary	i i	nse/Permit Number listing superv orized User	vising individual as	an
Vincent Duryee, PhI	O, DABR & Stuart	Tsuji, MD, PhD	Lice	nse No.: 53-16533-02		
Authorized for the	following types of	of use:				
✓ Remote afterlo	pader unit(s)	Telether	apy u	nit(s) Gamma ster	eotactic radiosur	gery unit(s)
f Drovido com	noleted Part II Pre	acantar Attactation				

NRC FORM 313A (AUS) (01-2020) PAGE 4

[10 CFR 35.57, 35.490, 35.491, and 35.690] (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.

, ,	g to the individual's "general clinical competency."
First Section Check one of the following for each requ	uested authorization
For 35.490:	rested additionzation.
I attest that Name of Proposed A	has satisfactorily completed the 200 hours of
clinical experience in radiation onc	500 hours of supervised work experience, and 3 years of supervised cology, as required by 10 CFR 35.490(b)(1) and (b)(2), and is able to afety-related duties as an authorized user of manual brachytherapy brized under 10 CFR 35.400.
For 35.491:	
I attest that Name of Proposed A	has satisfactorily completed the 24 hours of
has used strontium-90 for ophthalr able to independently fulfill the rad ophthalmic use.	applicable to the medical use of strontium-90 for ophthalmic radiotherapy, mic treatment of 5 individuals, as required by 10 CFR 35.491(b), and is iation safety-related duties as an authorized user of strontium-90 for
Second Section For 35.690:	
I attest that Name of Proposed	has satisfactorily completed 200 hours of classroom
•	s of supervised work experience, and 3 years of supervised clinical as required by 10 CFR 35.690(b)(1) and (b)(2).
	AND
Third Section	
For 35.690: (continued)	
I attest that	has received training required in 35.690(c) for device
Name of Proposed operation, safety procedures, and checked below.	d Authorized User d clinical use for the type(s) of use for which authorization is sought, as
Remote afterloader unit(s)	Teletherapy unit(s) Gamma stereotactic radiosurgery unit(s)
	AND

NRC FORM 313A (AUS) (01-2020) PAGE 5

AUTHORIZED USER TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION (for uses defined under 35.400 and 35.600) [10 CFR 35 57 35 490 35 491 and 35 690] (continued)

	[10 01 10 33.37, 33.48	90, 33.43 I, aliu 33.0	30] (Continued)	
Fourth Section				
I attest that		is able to indepen	dently fulfill the radiatior	ı safety-
rolated duties	Name of Proposed Authorized User as an authorized user for:			
<u></u>		ony unit(a) Commo	ataraataatia radioourga	n/unit/o)
Remote and	erloader unit(s) Telethera	apy unit(s)	stereotactic radiosurge	
Fifth Section	llowing for attestation and sig	anaturo:		
Authorized User:	nowing for attestation and sig	gnature.		
I meet the request an authorized	uirements in 10 CFR 35.490, 35 user for:	5.491, 35.690, or equival	ent Agreement State red	quirements, as
☐ 35.400 Mar	nual brachytherapy sources	35.600 Teletherapy	y unit(s)	
35.400 Oph	nthalmic use of strontium-90	35.600 Gamma ste	ereotactic radiosurgery ι	ınit(s)
35.600 Ren	note afterloader unit(s)	35.57 for 35.400 ar	nd/or 35.600 uses, as ap	oplicable
		OR		
Residency Progra	m Director (for 35.490 and/or	35.690 only):		
I affirm that the	e attestation represents the con r is an authorized user who me	sensus of the residency		
☐ 35.400 Mar	nual brachytherapy sources	35.57 for	35.400 uses	
35.600 Tele	etherapy unit(s)	35.57 for	teletherapy unit(s)	
35.600 Rer	note afterloader unit(s)	35.57 for	remote afterloader unit(s)
☐ 35.600 gan	nma stereotactic radiosurgery u	ınit(s) 35.57 gai	mma stereotactic radios	urgery unit(s)
☐ I affirm that thi	s faculty member concurs with	the attestation I am prov	iding as program directo	or.
☐ I affirm that the	e residency training program is	approved by the:		
Residency	Review Committee of the Acci	reditation Council for Gra	iduate Medical Educatio	n
☐ Royal Coll	ege of Physicians and Surgeor	ns of Canada		
☐ Council or	Postdoctoral Training of the A	merican Osteopathic Ass	sociation	
I affirm that the	e residency training program in	cludes training and expe	rience specified in:	
35.490	35.690			
Name of Facility:				
License/Permit Number:				
Name of Preceptor or Resid	dency Program Director (Typed or	printed)	Telephone Number	Date
Signature				

PAGE 6 NRC FORM 313A (AUS) (01-2020)

NPC FORM 242A (ALIC)	U. S. NUCLEAR REGULA	TORY COMMISSION	APPROVED BY	OMB: NO. 3150-0120
NRC FORM 313A (AUS) (01-2020)	U. S. NUCLEAR REGULA	TORT COMMISSION	EXPIRES: 01/3	
AUTHORIZED US	ER TRAINING, EXPERIEN (for uses defined under 1 [10 CFR 35.57, 35.490, 3	35.400 and 35.6	600)	ESTATION
Name of Proposed Authorized User	State or Te	rritory Where License	ed	
Mark Mayeda, M.D.	Hawaii			
Requested	anual brachytherapy sources	35.600 Telethera		
Authorization(s) 35.400 C (check all that apply)	phthalmic use of strontium-90	_] 35.600 Gamma s	stereotactic rac	liosurgery unit(s)
(Check all that apply)	emote afterloader unit(s)			
	PART I TRAINING AND EX (Select one of the three meth			
*Training and Experience, including B of application or the individual must labeled training and experience was completexperience related to the uses check and application.	oard Certification, must have been nave obtained related continuing ed. Provide dates, duration, and	en obtained within t education and exp	erience since t	he required
a. Provide a copy of the board o	ertification.			
 b. For 35.690, go to the table in which authorization is sought 	and describe training provid	er and dates of trai	ining for each t	ype of use for
c. For a board certification issue provide the following:	d on or before October 24, 2005	, that is listed in 10	CFR 35.57(b)	(2)(iii),
	ndividual performed each use ch	necked above on or	before Octobe	er 24, 2005.
(ii) Dates, duration, and des each use checked above	cription of continuing education a	and experience with	nin the past se	ven years for
d. Stop here.	•			
2. Current 35.600 Authorized U	car Paguasting Additional Auth	norization for 35 6	On Use(s) Che	cked Ahove
a. Go to the table in section 3.e	, n		00 030(3) 0110	CRCG ABOVE
	ppy of the certificate and stop he		tified, provide o	completed
Part II Preceptor Attestation.				
✓ 3. Training and Experience for the second se				
a. Classroom and Laboratory T	raining 35.490 35	i.491	690 Clock	Dates of
Description of Training	Location of Train	ning	Hours	Training*
Radiation physics and instrumentation	Columbia University/ New York I Department of Radiation Oncolog New York, NY		50	7/1/17-6/30/21
Radiation protection	Columbia University/ New York F Department of Radiation Oncolog New York, NY		30	7/1/17-6/30/21
Mathematics pertaining to the use and measurement of radioactivity	Columbia University/ New York I Department of Radiation Oncolog New York, NY		50	7/1/17-6/30/21

Total Hours of Training:

Columbia University/ New York Presbyterian Hospital Department of Radiation Oncology New York, NY

80

Radiation biology

7/1/17-6/30/21

(01-2020)

AUTHORIZED USER TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION (for uses defined under 35.400 and 35.600) [10 CFR 35.57, 35.490, 35.491, and 35.690] (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	To	tal Hours of Experience:	500	
Description of Experience Must Include:		perience/License or Imber of Facility	Confirm	Dates of Experience*
Ordering, receiving, and unpacking radioactive materials safely and performing the related radiation surveys	Columbia University/ N Hospital Department of Radiation New York, NY	,	✓ Yes	7/1/17-6/30/21
Checking survey meters for proper operation	Columbia University/ N Hospital Department of Radiation New York, NY	-	✓ Yes	7/1/17-6/30/21
Preparing, implanting, and safely removing brachytherapy sources	Columbia University/ N Hospital Department of Radiation New York, NY	•	✓ Yes	7/1/17-6/30/21
Maintaining running inventories of material on hand	Columbia University/ N Hospital Department of Radiation New York, NY		✓ Yes	7/1/17-6/30/21
Using administrative controls to prevent a medical event involving the use of byproduct material	Columbia University/ N Hospital Department of Radiation New York, NY	·	✓ Yes	7/1/17-6/30/21
Using emergency procedures to control byproduct material	Columbia University/ N Hospital Department of Radiation New York, NY	-	✓ Yes	7/1/17-6/30/21
Clinical experience in radiation oncology as part of an approved formal training program		on of Experience/License or rmit Number of Facility		Dates of Experience*
Approved by: Residency Review Committee for Radiation Oncology of the ACGME Royal College of Physicians and Surgeons of Canada Council on Postdoctoral Training of the American Osteopathic Association	Columbia University/ No Department of Radiation New York, NY	ew York Presbyterian Hospital Oncology		7/1/17-6/30/21
Supervising Individual Israel Deutsch, MD		License/Permit Number listing Authorized User 77-00000		ividual as an

Gamma stereotactic radiosurgery unit(s)

No

AUTHORIZED USER TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION (for uses defined under 35.400 and 35.600) [10 CFR 35.57, 35.490, 35.491, and 35.690] (continued)

3.	Training and Experience for Proposed Authorized User (continu	ed)

C.	Supervised	Clinical	Experience	for	10 CFR 3	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 listi Authorized User	License/Permit Number listing supervising individual as an Authorized User				

Teletherapy unit(s)

d. 8	Supervised	Work and	d Clinical	Experience	for	10	CFR	35.	690
------	------------	----------	------------	------------	-----	----	------------	-----	-----

√ Remote afterloader unit(s)

Supervised Work Experience	Total	Hours of Experience:	500	
Description of Experience Must Include:	Location of Experience/Licen Permit Number of Facilit		Dates of Experience	
Reviewing full calibration measurements and periodic spot-checks	Columbia University/ New York Presby Department of Radiation Oncology New York, NY	terian Hospital V Yes No	7/1/17-6/30/21	
Preparing treatment plans and calculating treatment doses and times	Columbia University/ New York Presby Department of Radiation Oncology New York, NY	terian Hospital ✓ Yes No	7/1/17-6/30/21	
Using administrative controls to prevent a medical event involving the use of byproduct material	Columbia University/ New York Presby Hospital Department of Radiation Oncology New York, NY	terian ✓ Yes ☐ No	7/1/17-6/30/21	
Implementing emergency procedures to be followed in the event of the abnormal operation of the medical unit or console	Columbia University/ New York Presby Hospital Department of Radiation Oncology New York, NY	terian ✓ Yes □ No	7/1/17-6/30/21	
Checking and using survey meters	Columbia University/ New York Presby Department of Radiation Oncology New York, NY	terian Hospital V Yes No	7/1/17-6/30/21	
Selecting the proper dose and how it is to be administered	Columbia University/ New York Presby Department of Radiation Oncology New York, NY	terian Hospital Yes	7/1/17-6/30/21	

New York, NY

how it is to be administered

[10 CFR 35.57, 35.490, 35.491, and 35.690] (continued)

Training and Ev	noriones for D-	onocod Authoric	-d 11-	(aontines d)			
d. Supervised Wo							
d. Supervised Work and Clinical Experience for 10 C 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* 7/1/17-6/30/21			
Approved by: Columbia Univer			sity/ New York Presbyterian Hospital adiation Oncology				
Supervising Individual Israel Deutsch, MD		License/Permit Number listing supervising individual as an Authorized User 77-0000019					
e. For 35.600, de sought.	scribe training p	rovider and dates o	of trai	ning for each type of use fo	r which authorizat	tion is	
Description of Training	Training Provider and Dates						
	Remote	ote Afterloader		Teletherapy Ga		amma Stereotactic Radiosurgery	
Device operation	Columbia University/ New York Presbyterian Hospital Department of Radiation Oncology New York, NY 7/1/17-6/30/21						
Safety procedures for the device use	Columbia University/ New York Presbyterian Hospital Department of Radiation Oncology New York, NY 7/1/17-6/30/21						
Clinical use of the device	of the Columbia University/ New York Presbyterian Hospital Department of Radiation Oncology New York, NY 7/1/17-6/30/21						
Supervising Individual (If more than to document supervise copies of this page.)	n one supervising inc	dividual is necessary		nse/Permit Number listing supe orized User	ervising individual a	s an	
Israel Deutso	ch, MD			77-0000019			
Authorized for the		_					
✓ Remote afterlo	pader unit(s)	Telether	apy u	nit(s) Gamma sto	ereotactic radiosu	rgery unit(s)	
f Provide com	nleted Part II Pr	eceptor Attestation	١				

[10 CFR 35.57, 35.490, 35.491, and 35.690] (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.					
				at the individual has knowledge to fulfill the duties of neral clinical competency."		
First S Check		lowing for each requeste	ed authorization:			
For 3	<u>5.490:</u>					
√	I attest that	Mark Mayeda, M.D.	has sa	atisfactorily completed the 200 hours of		
-	•	Name of Proposed Authoriz	zed 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 is able to independently fulfill the radiation safety-related duties as an authorized user of manual brachytherapy sources for the medical uses authorized under 10 CFR 35.400.					
For 3	<u>5.491:</u>					
	I attest that		has sa	atisfactorily completed the 24 hours of		
£	*	Name of Proposed Authoriz	zed User			
, R	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 is able to independently fulfill the radiation safety-related duties as an authorized user of strontium-90 for ophthalmic use.					
Secon	d Section				-	
For 35.	.690:					
√	I attest that	Mark Mayeda M.D.	has	satisfactorily completed 200 hours of classroom		
	-	Name of Proposed Author	rized 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						
Third	Section				-	
		D				
For 35	<u>.690:</u> (continu	ied)				
	✓ I attest that	Mark Mayeda M.D.	hası	received training required in 35.690(c) for device		
		Name of Proposed Author				
operation, safety procedures, and clinical use for the type(s) of use for which authorization is sought, as checked below.						
æ	✓ Remote	afterloader unit(s)	eletherapy unit(s)	Gamma stereotactic radiosurgery unit(s)		

AND

NRC FORM 313A (AUS) (01-2020)

U. S. NUCLEAR REGULATORY COMMISSION

AUTHORIZED USER TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION

(for uses defined under 35.400 and 35.600) [10 CFR 35.57, 35.490, 35.491, and 35.690] (continued)						
Fourth Section						
	Name of Proposed Authorized User	is able to independ	dently fulfill the radiation s	afety-		
related duties as an						
✓ Remote afterload	ler unit(s)	oy unit(s)	stereotactic radiosurgery	unit(s)		
Fifth Section Complete one of the followir	ng for attestation and sig	nature:				
Authorized User:						
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 bi	rachytherapy sources	35.600 Teletherapy	unit(s)			
35.400 Ophthalm	nic use of strontium-90	35.600 Gamma ste	reotactic radiosurgery uni	t(s)		
35.600 Remote a	ıfterloader unit(s)	35.57 for 35.400 ar	nd/or 35.600 uses, as app	licable		
	0	R				
✓ Residency Program Dir	ector (for 35.490 and/or 3	35.690 only):				
I affirm that the attestation represents the consensus of the residency program faculty where at least one faculty member is an authorized user who meets the requirements below or equivalent Agreement State requirements for:						
✓ 35.400 Manual bi	rachytherapy sources	√ 35.57 for	35.400 uses			
35.600 Telethera	35.600 Teletherapy unit(s) 35.57 for teletherapy unit(s)					
√ 35.600 Remote afterloader unit(s) √ 35.57 for remote afterloader unit(s)						
35.600 gamma stereotactic radiosurgery unit(s)						
✓ I affirm that this faculty member concurs with the attestation I am providing as program director.						
✓ I affirm that the residency training program is approved by the:						
Residency Review Committee of the Accreditation Council for Graduate Medical Education						
Royal College of Physicians and Surgeons of Canada						
Council on Postdoctoral Training of the American Osteopathic Association						
I affirm that the residency training program includes training and experience specified in:						
✓ 35.490 ✓	35.690					
Name of Facility:	he Presbyterian	n Hospital	of New York			
License/Permit Number:	77-0000019					
Name of Preceptor or Residency		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Telephone Number	Date		
David P. Horowitz, MD-Program Director 212-305-5050 9/29/21						
Signature	1					

From: Goerner, Frank L.

To: <u>Simmons, Michelle</u>; <u>Hill, Carol</u>

Subject: [External_Sender] Amendment Request

Date: Friday, November 12, 2021 5:48:35 PM

Attachments: image001.png

Amendment 84 signed.pdf

Hi Ms. Simmons,

Please accept the attached amendment request for our NRC License 53-16533-02

Thank You,

Frank Goerner, PhD, DABR

Radiation Safety Officer/Medical Physicist
The Queen's Health Systems
1301 Punchbowl Street, Honolulu, HI 96813
fgoerner@queens.org | p (808) 691-7063

