



The Regional Cancer Center
2500 West Twelfth Street
Erie, Pennsylvania 16508
814-838-9000

RECEIVED
REGION 1

'05 APR 13 PM 1:17

RE: Change of Personnel
License Number 37-30885-01

03036511

2 April 2005

U. S. Nuclear Regulatory Commission
Region I, 475 Allendale Road
King of Prussia, Pennsylvania 19406-1415

I am requesting that the following changes be made to NRC license number 37-30885-01.

1. Please remove Stephen H. Mahood, MS from the license as his employment has been terminated.
2. Please add Jeremy D. Donaghue to the license as an Authorized Medical Physicist for Iridium 192 in a High Dose Rate Remote Afterloader Unit for calibrations, spot-checks, and training. The attached Form 313A lists his qualifications.

If you have any questions regarding this request please contact Kate Driggers, MS (814-838-0407).

Thank you,

Roy Smith, MD
CEO / Medical Director

136864
NMSS/RGNI MATERIALS-002



Nucletron

This certifies that

Jeremy Donaghue

Physicist

has successfully completed our course on

***Clinical Training on Treatment Control Station & MicroSelectron
given July 15th-16th, 2004***

and has been awarded 4 Category A
CE credits as designated by the
American Society of Radiological Technologists

onsite at
The Regional Cancer Center
Erie, PA

Steve Warburton
Manager, Clinical Applicators

8671 Robert Fulton Drive
Columbia, MD 21046-2278
Ref # MDZ0141002

TRAINING AND EXPERIENCE AND PRECEPTOR STATEMENT

PART I -- TRAINING AND EXPERIENCE

Note: Descriptions of training and experience must contain sufficient detail to match the training and experience criteria in the applicable regulations.

1. Name of Individual, Proposed Authorization (e.g., Radiation Safety Officer), and Applicable Training Requirements (e.g., 10 CFR 35.50)

Jeremy Donaghue, M.S. (Authorized Medical Physicist)

2. For Physicians, Podiatrists, Dentists, Pharmacists -- State or Territory Where Licensed

3. CERTIFICATION

Specialty Board	Category	Month and Year Certified

Stop here when using Board Certification to meet 10 CFR Part 35 training and experience requirements.

4. DIDACTIC OR CLASSROOM AND LABORATORY TRAINING (optional for Medical Physicists)

Description of Training	Location	Clock Hours	Dates of Training
Radiation Physics and Instrumentation	Cleveland State University	300 Hours	Jan 2001 to Dec 2003
Radiation Protection	Cleveland State University	300 Hours	Jan 2001 to Dec 2003
Mathematics Pertaining to the Use and Measurement of Radioactivity	Cleveland State University	300 Hours	Jan 2001 to Dec 2003
Radiation Biology	Cleveland State University	100 Hours	Jan 2001 to Dec 2003
Chemistry of Byproduct Material for Medical Use	Cleveland State University	100 Hours	Jan 2001 to Dec 2003
OTHER			

TRAINING AND EXPERIENCE AND PRECEPTOR STATEMENT (continued)

5a. WORK EXPERIENCE WITH RADIATION

Description of Experience	Name of Supervising Individual(s)	Location and Corresponding Materials License Number	Dates and Clock Hours of Experience

5b. SUPERVISED CLINICAL CASE EXPERIENCE

Radionuclide	Type of Use	No. of Cases Involving Personal Participation	Name of Supervising Individual	Location and Corresponding Materials License Number	Dates and Clock Hours of Experience
Ir-192	HDR Remote	7	David Hinckley	Erie Pa	10-04 to 03-05 14 hours

TRAINING AND EXPERIENCE AND PRECEPTOR STATEMENT (continued)

6. FORMAL TRAINING (applies to Medical Physicists and Therapy Physicians)

Degree, Area of Study or Residency Program	Name of Program and Location with Corresponding Materials License Number	Dates	Name of Organization that Approved the Program (e.g., Accreditation Council for Graduate Medical Education) and the Applicable Regulation (e.g., 10 CFR 35.490)

7. RADIATION SAFETY OFFICER -- ONE-YEAR FULL-TIME WORK EXPERIENCE

- ☐ YES Completed 1-year of full-time radiation safety experience (in areas identified in item 5a) under supervision
☐ N/A of _____ the RSO for License No. _____

8. MEDICAL PHYSICIST -- ONE-YEAR FULL-TIME TRAINING/WORK EXPERIENCE

- ☐ YES Completed 1-year of full-time training in therapeutic radiological physics under the supervision of
☒ N/A _____ who meets requirements for Authorized Medical Physicists; and
- ☒ YES Completed 1-year of full-time work experience (for areas identified in item 5a) for
☐ N/A modality(ies) under the supervision of David J. Hinckley, MS who meets
requirements of Authorized Medical Physicists for HDR Remote Afterloader modality(ies).

9. SUPERVISING INDIVIDUAL -- IDENTIFICATION AND QUALIFICATIONS

The training and experience indicated above was obtained under the supervision of (if more than one supervising individual is needed to meet requirements in 10 CFR 35, provide the following information for each):

A. Name of Supervisor

David J. Hinckley, MS

B. Supervisor is:

- ☐ Authorized User ☒ Authorized Medical Physicist
☐ Radiation Safety Officer ☐ Authorized Nuclear Pharmacist

C. Supervisor meets requirements of Part 35, Section(s)

961 (a)(1)

for medical uses in Part 35, Section(s)

600,604, 605, 610, 615, 630, 633, 643, 652, 690

D. Address

The Regional Cancer Center
2500 West Twelfth Street
Erie, Pennsylvania 16505

E. Materials License Number

37-30885-01

TRAINING AND EXPERIENCE AND PRECEPTOR STATEMENT (continued)

PART II -- PRECEPTOR STATEMENT

Note: This part must be completed by the individual's preceptor. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each. This part is not required to meet the training requirements in 10 CFR 35.590.

Item 10 must be completed for Nuclear Pharmacists meeting the requirements of 10 CFR Part 35, Subpart J. Preceptors do not have to complete items 11a, 11b, or the certifying statements for other individuals meeting the requirements of 10 CFR Part 35, Subpart J.

☐ YES 10. The individual named in item 1 has satisfactorily completed the training requirements in
☐ N/A 10 CFR 35.980 and is competent to independently operate a nuclear pharmacy.

☐ YES 11a. The individual named in Item 1 has satisfactorily completed the requirements in Part 35, Section(s)
☐ N/A and Paragraph(s) _____

☒ YES 11b. The individual named in Item 1 is competent to independently function as an authorized
☐ N/A Medical Physicist _____ for HDR Remote Afterloading _____ uses (or units).

12. PRECEPTOR APPROVAL AND CERTIFICATION

☐ I certify the approval of item 10 and certify I am an Authorized Nuclear Pharmacist;

or

☐ I certify the approval of items 11a and 11b, and certify I am an Authorized Nuclear Pharmacist;

or

☒ I certify the approval of Items 11a and 11b, and I certify that I meet the requirements of _____ NRC
or equivalent Agreement State requirements to be a preceptor authorized _____ Medical Physicist
for the following uses (or units) of byproduct material:

Photon emitting remote afterloading units

A. Address

The Regional Cancer Center
2500 West Twelfth Street
Erie, Pennsylvania 16505

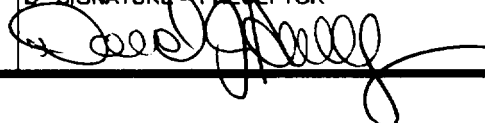
B. Materials License Number

37-30885-01

C. NAME OF PRECEPTOR (print clearly)

David J Hinckley

D. SIGNATURE - PRECEPTOR



E. DATE

4/11/05

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

4/2/2005, and to inform you that the initial processing which includes an administrative review has been performed.

☒ Amendment 37-30885-01 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** 136864.
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.

BETWEEN: : (FOR LFMS USE)
 : INFORMATION FROM LTS
 : -----
 :
 License Fee Management Branch, ARM : Program Code: 02230
 and : Status Code: 0
 Regional Licensing Sections : Fee Category: 7C
 : Exp. Date: 20140430
 : Fee Comments: _____
 : Decom Fin Assur Req'd: N
 : ::::::::::::::::::::::::::::::::::::::

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED

Applicant/Licensee: REGIONAL CANCER CENTER (THE)
Received Date: 20050413
Docket No: 3036511
Control No.: 136864
License No.: 37-30885-01
Action Type: Amendment

2. FEE ATTACHED

Amount: /
Check No.: _____

3. COMMENTS

Signed Rivera
Date 4/20/2005

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 _____