



ST. MARY'S MEDICAL CENTER

2900 First Avenue • Huntington, WV 25702
304-526-1234 • www.st-marys.org

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July 5, 2005

NMSBL

U.S. Nuclear Regulatory Commission
Materials Licensing Branch, Region II
Atlanta Federal Center
61 Forsyth Street, SW, Suite 23T85
Atlanta, GA 30303-3415

03003388

Re: Amendment to License 47-09576-01 to add Marylene Brodeur, M.S.

Dear Reviewer:

We request amendment of License 47-09576-01 to add Marylene Brodeur, M.S., as an authorized medical physicist as identified in 10 CFR 35.51 to provide medical physics services pertaining to Iridium 192 in a high dose rate remote afterloader unit, including calibrations, spot-checks, training, and assisting the authorized user in clinical use and to provide medical physics services pertaining to the use of Strontium 90 in an intravascular brachytherapy remote afterloader unit, including calibrations, spot-checks, training, and assisting the authorized user in clinical use. A copy of NRC Form 313A is enclosed.

The proposed change to our radioactive material medical use program has been approved by the Radiation Safety Committee. Questions regarding this request may be directed to me or to the Radiation Safety Officer (M. Douglass Allan, M.S., DABR at phone (304)526-1141).

Thank you for your consideration of our request for amendment of our license.

Sincerely,

Michael G. Sellards
President and CEO

137375

NMSS/RGNI MATERIALS-002

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)

MARYLENE BRODEUR AUTHORIZED MEDICAL PHYSICIST 10CFR 35.51

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

3. CERTIFICATION

Specialty Board	Category	Month and Year Certified
N/A		

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			
Radiation Protection			
Mathematics Pertaining to the Use and Measurement of Radioactivity			
Radiation Biology			
Chemistry of Byproduct Material for Medical Use			
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
CLINICAL THERAPY PHYSICS : - HIGH ENERGY EXTERNAL BEAM - BRACHYTHERAPY:	M DOUGLASS ALLAN M.S. DABR	ST. MARY'S MEDICAL CENTER, HUNTINGTON WV 47-09576-01	APRIL 2003 TO APRIL 2005
- 1R-192 HDR REMOTE AFTERLOADING			
- IVB			
- SEEDS			
- CONVENTIONAL			
INCLUDING:			
- CALIBRATION			
- SPOT-CHECKS			
- RADIATION SURVEYS			
- DECAY CORRECTION			
- LEAK TESTING			
- INVENTORIES			
CLINICAL THERAPY PHYSICS - HIGH ENERGY EXTERNAL BEAM - 1R-192 HDR REMOTE AFTERLOADING	MARYSE MONDAT M.S. FCCPM	HOPITAL MAISONNEUVE ROSEMONT, MONTREAL, QC CANADA	JULY 2002 TO APRIL 2003
- CALIBRATION, SPOT-CHECKS - RADIATION SURVEYS - DECAY CORRECTIONS			AND PART-TIME AUGUST 2001 TO JULY 2002 441 HRS

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

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)
MASTER'S DEGREE MEDICAL PHYSICS	McGill UNIVERSITY MONTREAL, QUEBEC CANADA	SEPTEMBER 1999 TO FEBRUARY 2003	CAMPEP COMMISSION ON ACCREDITATION OF MEDICAL PHYSICS EDUCATIONAL PROGRAMS

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 M. DOUGLASS ALLAN, MS DABR who meets requirements for Authorized Medical Physicists; and
- ☒ YES Completed 1-year of full-time work experience (for areas identified in item 5a) for 1R-192 HDR
☐ N/A modality(ies) under the supervision of M. DOUGLASS ALLAN, MS DABR who meets
requirements of Authorized Medical Physicists for 1R-192 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

M. DOUGLASS ALLAN, MS DABR

B. Supervisor is:

☐ Authorized User☒ Authorized Medical Physicist☒ Radiation Safety Officer☐ Authorized Nuclear PharmacistC. Supervisor meets requirements of Part 35, Section(s) 35.51for medical uses in Part 35, Section(s) 1R-192 HDR REMOTE AFTERLOADER UNIT FOR CALIBRATIONS,
SPOT-CHECKS, TRAINING.

D. Address

ST. MARY'S MEDICAL CENTER
2900 FIRST AVENUE
HUNTINGTON, WV
25702-1241

E. Materials License Number

47-09576-01

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) 35.51

- ☒ YES 11b. The individual named in Item 1 is competent to independently function as an authorized
☐ N/A MEDICAL PHYSICIST for 1R-192 HDR uses (or units).
CALIBRATIONS, SPOT-CHECKS, TRAINING

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 35.51
or equivalent Agreement State requirements to be a preceptor authorized MEDICAL PHYSICIST
for the following uses (or units) of byproduct material: 1R-192 HDR REMOTE AFTERLOADER UNIT FOR
CALIBRATION, SPOT-CHECKS, AND TRAINING

A. Address

ST MARY'S MEDICAL CENTER
2900 FIRST AVENUE
HUNTINGTON, WV
25702-1241

B. Materials License Number

47-09576-01

C. NAME OF PRECEPTOR (print clearly)

Martin Douglass Allan, M.S., DABR

D. SIGNATURE -- PRECEPTOR

Martin Douglass Allan, M.S., DABR

E. DATE

4/12/05

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

7/5/2005, and to inform you that the initial processing which includes an administrative review has been performed.

☒ Amend. 47-09576-01 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** 137375.
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.