



# RADIATION SAFETY DEPARTMENT

West Virginia University • Health Sciences Center • WVU Hospitals Inc. K-8

## FAX COVER SHEET

03036074

Date: 9/13/05

Subject: License No. 47-23066-03

To: Ms. Sandy Gabriel	From: Nasser Razmianfar Director and Radiation Safety Officer
Dept./Firm: USNRC Region I	Phone: ( 304 ) 293-1554 Direct Dial
Phone: 610-337-5182	Email: nrazmianfar@hsc.wvu.edu
Fax: 610-337-5269	No. of pages( including cover sheet):10

MESSAGE:

137503

NMCS/RCNI 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)

Loubna Toufik Scally M.D.

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

## 3. CERTIFICATION

Specialty Board	Category	Month and Year Certified
Radiology	Radiation Oncology	ABR Eligible

*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	Jefferson Hospital Philadelphia PA Drexel Hahnemann Hospital Philadelphia, PA Toulouse France	400 H	Oct.99-----present  Sep.86-----Sep.89
Radiation Protection	Same as above	70 H	Same as above
Mathematics Pertaining to the Use and Measurement of Radioactivity	Same as above	300 H	Same as above
Radiation Biology	Same as above	500 H	Same as above
Chemistry of Byproduct Material for Medical Use	same as above	200 H	Same as above
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
Gamma Knife: Acoustic Neuroma, Trigeminal Neuralgia, AVM, Meningioma, Skull base tumors, Pituitary Adenoma, Brain mets.	Walter J. Curran, Jr M.D. Maria Werner-Wassik M.D. Adam P. Dicker M.D. Ph.D.	Jefferson Neuro-Science Philadelphia, PA NRC # 37-00148-08	1/04—present
Brain Lab: same as above	Same as above	Same as above	same as above

## 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
Co 60	stereotactic radio-surgery	100	Walter J. Curran M.D.	JHN: 37-00148-08	1/04-present
I 125	PSI	7	Adam Dicker M.D. Ph.D	Jefferson: 37-00148-06	1/04- present
I 125	PSI	10	Ashraf Youssef M.D	Hahnemann 37-00467-36	10/02-01/04
Cs 137	LDR	10	Luther Brady M.D	Hahnemann 37-00467-36	10/99-01/04
Cs 137	LDR	15	Nicholas Daly M.D	Toulouse France; NA	9/86-9/89
Ir 192	LDR	16	Nicholas Daly	Toulouse France	9/86-9/89

## 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)
Fellowship in Radiation Oncology: Neuro-Oncology, PSI, IMRT.	Jefferson Univ. Hospital, Philadelphia, PA NRC # 37-00148-06 37-00148-08	1/04—Present	ACGME
Radiation-Oncology Residency	Hahnemann Univ. Hospital Philadelphia PA NRC # 37-00467-38	10/99—01/04	ACGME

## 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 \_\_\_\_\_ who meets  
requirements of Authorized Medical Physicists for \_\_\_\_\_ 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

Maria Werner-Wasik, M.D.

B. Supervisor is:

☒ Authorized User☐ Authorized Medical Physicist☐ Radiation Safety Officer☐ Authorized Nuclear PharmacistC. Supervisor meets requirements of Part 35, Section(s) 35.400for medical uses in Part 35, Section(s) 35.600

D. Address

Bodine cancer center 111 th south 11 th St  
Philadelphia, PA 19107

E. Materials License Number

37-00148-08 / 37-00148-08

## PART II -- PRECEPTOR STATEMENT

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      11b. The individual named in Item 1. is competent to independently function as an authorized user for 35.400 and 35.600 uses (or units).

**or**

or

B. Materials License Number  
37-00148-08 / 37-00148-06

11/10/2004

November 11<sup>th</sup>, 2004

To: Whom it may concern

**Re: Dr. Loubna T. Scally**

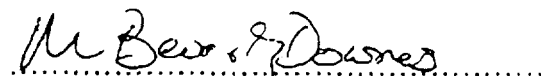
Dr. Loubna Scally has been formally trained as a physician in Radiation Oncology and therefore meets all the regulatory requirements through her residency program/training. Her c.v. and pertinent NRC forms have been submitted to you.

Dr Scally has been hired as a fellow in Neuro-oncology since January 2004. During this time, she has worked under the supervision of Dr. David Andrews, Professor of Neurosurgery and Director of Radiosurgery, Dr Maria Werner-Wasik, Assoc. Professor of Radiation Oncology and myself, Beverly Downes-Phillips, Chief Medical Physicist of Radiosurgery here at Jefferson Hospital for Neuroscience.

Since her arrival, Dr. Scally has participated in approximately 120 cases – 80 Gamma Knife cases and 40 Linear Accelerator based cases. She has been involved in the planning, tumor delineation, computer dosimetry, dose calculations, setting-up and treating of patients and as required here for Gamma Knife competency, Dr. Scally has participated in our monthly emergency extraction drills. She has also observed the calibrations and spot checks on the treatment machines.

Specifically, our policy here for competency in Gamma Knife procedures is that a trained physician, working under the supervision of a licensed authorized user must be actively involved in at least twenty cases. These cases should include all scenarios treated with Gamma Knife technology, e.g. brain metastases, meningiomas, acoustic neuromas, trigeminal neuralgia, arteriovenous malformations, etc. Dr. Scally has surpassed this basic training requirement and I believe that she has attained technical competence in these areas.

Respectfully,



M Beverly Downes-Phillips, DABR  
Chief/Radiosurgery Physics

November 9, 2004

**Maria Werner-Wasik, MD**  
Associate Professor  
Residency Program Director  
Department of Radiation Oncology  
Bodine Center for Cancer Treatment

To whom it may concern

Re: Loubna Scally M.D

Thomas Jefferson University Hospitals

Thomas Jefferson University Hospital

Methodist Hospital Division

Jefferson Hospital for Neuroscience

Ford Road Campus

Methodist Hospital Nursing Center

I am writing this letter of recommendation of behalf of Dr Loubna T. Scally, a radiation oncology fellow in the department of Radiation Oncology at Thomas Jefferson University hospital between Jan 2004 - January of 2005.

Dr Scally came to us following the completion of her residency in Radiation Oncology at Drexel Hahnemann University Hospital in Philadelphia PA. She had worked closely with me as well as with the neurosurgeons Drs Rosenwasser, Andrews and Evans, covering radio-surgery with Gamma Knife, or Brain Lab (Novalis) system. Her duties included consenting the patient, assisting in applying the GCT or BRW head frames, drawing the tumor volumes and organs at risk, participating with the physicist in elaborating an adequate plan, observing the QA for the linear accelerator, reviewing and prescribing radiation therapy plans. Dr Scally participated actively in patient's treatment from the beginning until the end of treatment, where she helped in removing the frame, and discharging the patient with the appropriate follow-up.

Since we received our new BrainLab (Novalis) system, she actively covered the radiosurgery procedures and fractionated stereotactic therapy patients. She was following patients on treatment during weekly visits and saw many of the CNS consultations.

During her training, she was exposed to patients with acoustic schwannomas, nonvestibular schwannomas, trigeminal neuralgia, meningiomas, pituitary adenomas, ganglioneurocytoma, pituitary adenomas, craniopharyngiomas, brain metastases, recurrent gliomas and other benign and malignant CNS tumors. A total of 155 patients were treated using Gamma Knife, and 100 patients were treated using the Brain Lab system. She was the radiation oncologist covering Jefferson NeuroScience under the supervision of Dr Maria Werner-Wasik Director of Radiation Therapy, Stereotactic Unit at Jefferson Neurosciences Institute.

Dr Scally has been performing well during her fellowship. She was liked by patients and she juggled her responsibilities quite well. I am confident she will be a good addition to any radiation oncology practices she chooses to join.

Should you have any further questions, please call me, but for now, I recommend Loubna Scally highly as a junior attending physician in radiation oncology.

Sincerely,



Maria Werner-Wasik, M.D.  
Associate Professor

MWW/njs



Thomas  
Jefferson  
University

Jefferson  
University  
Physicians

Department of Neurosurgery  
Division of Neuro-Oncologic  
Neurosurgery and  
Stereotactic Radiosurgery

909 Walnut Street  
2nd Floor  
Philadelphia, PA 19107  
215-955-7000  
Fax: 215-503-7007

David W. Andrews, MD, FACS  
Professor  
Division Director

James J. Evans, MD  
Assistant Professor

To whom it may concern:

**Re: Loubna Scally M.D**

I am writing this letter of recommendation of behalf of Dr Loubna T. Scally, a radiation oncology fellow in the department of Radiation Oncology at Thomas Jefferson University hospital since January of 2005.

Dr Scally came to us following the completion of her residency in Radiation Oncology at Drexel Hahnemann University Hospital in Philadelphia, PA. She had worked closely with me as well as with my neurosurgical colleagues, Dr. Robert Roscnwasser and Dr. Jim Evans. She covered all radiosurgery cases including Gamma Knife and BrainLAB (Novalis) cases. Dr Scally participated very actively in patient treatments consenting the patient, putting the GCT or BRW frame on, taking frame measurements, drawing tumor volumes, and collaborating with the physicist in the actual design of the treatment plan. She also participated in all quality assurance procedures for both radiosurgery units.

During her training, she was exposed to a variety of diagnoses including acoustic schwannomas, arteriovenous malformations, nonvestibular schwannomas, trigeminal neuralgia, meningiomas, pituitary adenoma, ganglioneurocytomas, craniopharyngiomas, brain metastases, and malignant gliomas.

Dr Scally performed admirably during her fellowship. I am confident she will be a good addition to any radiation oncology practices she chooses to join.

Should you have any further questions, please call me. I recommend Loubna Scally highly as a junior attending physician in radiation oncology.

Sincerely,

David W. Andrews, M.D.  
Professor of Neurosurgery  
Thomas Jefferson University  
Director, Radiosurgery Units,  
Jefferson Hospital for Neuroscience





November 11<sup>th</sup>, 2004

To: Whom it may concern

**Re: Dr. Loubna T. Scally**

Dr. Loubna Scally has been formally trained as a physician in Radiation Oncology and therefore meets all the regulatory requirements through her residency program/training. Her c.v. and pertinent NRC forms have been submitted to you.

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Since her arrival, Dr. Scally has participated in approximately 120 cases ~ 80 Gamma Knife cases and 40 Linear Accelerator based cases. She has been involved in the planning, tumor delineation, computer dosimetry, dose calculations, setting-up and treating of patients and as required here for Gamma Knife competency, Dr. Scally has participated in our monthly emergency extraction drills. She has also observed the calibrations and spot checks on the treatment machines.

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Respectfully,

M Beverly Downes-Phillips, DABR  
Chief/Radiosurgery Physics

# Thomas Jefferson University Hospital

Philadelphia, Pennsylvania

This is to certify that

**Loubna Toufik Scally, M.D.**

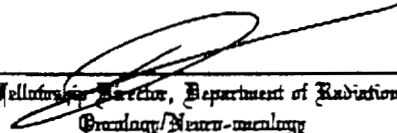
has filled the position, and faithfully and satisfactorily performed the duties of  
**Fellow in Radiation Oncology (Neuro-oncology and Prostate Seed Implant)**  
in this Hospital from January 19, 2004 to January 19, 2005.

  
Chairman, Department of Radiation

  
President, Thomas Jefferson University Hospital



  
President, Thomas Jefferson University

  
Fellowship Director, Department of Radiation  
Oncology/Neuro-oncology

# RADIATION SAFETY SERVICES

WEST VIRGINIA UNIVERSITY

HEALTH SCIENCES CENTER

WVU-PO BOX 10700

## \*APPLICATION TO REQUEST AUTHORIZATION FOR THE DIAGNOSTIC OR THERAPEUTIC USE OF RADIATION ON HUMAN SUBJECTS\*

Name: Louha T. Scally Title: M.D.  
✓ MD      PhD SS#: [REDACTED]  
Department: Radiology PO Box: 9235  
Section: Radiation therapy Department Head DR Nath's Fink  
Office Rm #:      Location & Rm #:       
Off Phone: 293 4106 Lab Phone:       
Fax:      Email: Scally1@RCBHSC.WVU  
EBU

To become an authorized user of radioactive materials (ARU/PI), I understand the authorization to use such materials is a privilege granted by the WVU Human Use of Radiation and Radionuclides Committee and is regulated by the laws of the State of West Virginia and the US Nuclear Regulatory Commission. I agree to abide by all applicable laws, to follow recognized safe practices in the use of radioactive materials and radiation producing devices, received the required training in radiation safety practices and obtained a copy of the applicable regulations and Radiation Safety Manual from Radiation Safety Services. I am hereby submitting the attached application for approval.

Select One:

✓ **New Application.**

     **Modification** to previously approved application and/or authorization.  
(Only complete sections that require modification and review.)

see attachment

Signed: [Signature]  
(Applicant)

Date: 12/13/04

(All materials must be provided as indicated in the application before review by the RSO.)

PERSONAL INFORMATION WAS REMOVED  
BY NRC. NO COPY OF THIS INFORMATION  
WAS RETAINED BY THE NRC.

**Type(s) Of Use Requested (check all that apply):**

Clinical, Diagnostic: \_\_\_\_\_  
Clinical, Therapeutic: \_\_\_\_\_  
Research, Diagnostic: \_\_\_\_\_

Research, Therapeutic: \_\_\_\_\_  
Laboratory Studies: \_\_\_\_\_  
Instrument Calibration: \_\_\_\_\_

**RADIONUCLIDES REQUESTED AND POSSESSION LIMITS**

Please list the radionuclide(s) you wish to be authorized to order, possess and use. Enter the maximum activity which you expect to have on hand at any one time; allow for more than one patient, waste storage, etc. If you wish to use radionuclides in amounts or procedures which have not been reviewed by the Human Use of Radiation and Radionuclide Committee, please submit additional information concerning the usage, normal dosage, etc.

Symbol & Mass Number	Possession limit requested (mCi)	Diagnostic or Therapeutic Use (explain)

**LOCATION OF USE**

Indicate all rooms/areas where radioactive materials and/or radiation producing devices will be stored, used and/or administered. (Note: If this represents a new location of use, attach a floor plan of the area. The location will be posted in accordance with 10 CFR 20.1902 and inspected by Radiation Safety Services).

Building	Room #	Recommended Use	Current Designated Radiation Area
			___ Yes ___ No
			___ Yes ___ No
			___ Yes ___ No
			___ Yes ___ No

## **EDUCATION AND TRAINING**

Indicate all specific education and previous training in the use of the radioactive materials you requested in this application. Include your actual experience with these procedures and indicate any board certifications. **Be very specific.** Enclosed in this packet is a copy of the US NRC regulations specifying training requirements. Please address these requirements in your response.

**Please provide copies of the following:**

- **Any certifications.**
- **Any documents denoting additional training or course work received.**
- **CV.**
- **Any publications.**
- **Previous NRC materials licenses that you were approved as an authorized user of radioactive materials. (indicate license #)**

## **REFERENCES**

Please provide a letter of recommendation from at least two individuals who can corroborate your previous training history and lab experience with radioactive materials.

[Please note: If you previously used radioactive materials under another NRC or Agreement State's radioactive material's license, you can include a copy of the license and/or the name of the licensee and address, along with any other pertinent information with your application; and you will be exempt from the reference requirement.]

**Letters of recommendation must be provided with application and addressed to:**

**Nasser Razmianfar, Ed.D. , Director and Radiation Safety Officer, Radiation Safety Services, G-139  
HSCN, PO Box 9006, Morgantown, WV 26506.**

### **§35.940 TRAINING FOR USE OF BRACHYTHERAPY SOURCES**

Except as provided in § 35.57, the licensee shall require the authorized user of a brachytherapy source listed in § 35.400 for therapy to be a physician who--

(a) Is certified in--

- (1) Radiology, therapeutic radiology, or radiation oncology by the American Board of Radiology;
- (2) Radiation oncology by the American Osteopathic Board of Radiology;
- (3) Radiology, with specialization in radiotherapy, as a British "Fellow of the Faculty of Radiology" or "Fellow of the Royal College of Radiology"; or
- (4) Therapeutic radiology by the Canadian Royal College of Physicians and Surgeons; or

(b) Is in the active practice of therapeutic radiology, has had classroom and laboratory training in radioisotope handling techniques applicable to the therapeutic use of brachytherapy sources, supervised work experience, and supervised clinical experience as follows--

- (1) 200 hours of classroom and laboratory training that includes--
  - (i) Radiation physics and instrumentation;
  - (ii) Radiation protection;
  - (iii) Mathematics pertaining to the use and measurement of radioactivity; and
  - (iv) Radiation biology;
- (2) 500 hours of supervised work experience under the supervision of an authorized user at a medical institution that includes--
  - (i) Ordering, receiving, and unpacking radioactive materials safely and performing the related radiation surveys;
  - (ii) Checking survey meters for proper operation;
  - (iii) Preparing, implanting, and removing sealed sources;
  - (iv) Maintaining running inventories of material on hand;
  - (v) Using administrative controls to prevent a medical event involving byproduct material; and
  - (vi) Using emergency procedures to control byproduct material; and
- (3) Three years of supervised clinical experience that includes one year in a formal training program approved by the Residency Review Committee for Radiology of the Accreditation Council for Graduate Medical Education or the Committee on Postdoctoral Training of the American Osteopathic Association, and an additional two years of clinical experience in therapeutic radiology under the supervision of an authorized user at a medical institution that includes--
  - (i) Examining individuals and reviewing their case histories to determine their suitability for brachytherapy treatment, and any limitations or contraindications;
  - (ii) Selecting the proper brachytherapy sources and dose and method of administration;
  - (iii) Calculating the dose; and
  - (iv) Post-administration followup and review of case histories in collaboration with the authorized user.

---

I hereby certify that,

I received my board certification from \_\_\_\_\_ on \_\_\_\_/\_\_\_\_/\_\_\_\_

I completed the above training requirements at: \_\_\_\_\_, on \_\_\_\_/\_\_\_\_/\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## 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) 35.490 / 35.690

- ☒ YES      11b. The individual named in item 1 is competent to independently function as an authorized  
☐ N/A      User \_\_\_\_\_ for 35.400 and 35.600 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 35.490 / 35.690  
or equivalent Agreement State requirements to be a preceptor authorized user \_\_\_\_\_  
for the following uses (or units) of byproduct material: 35.400 / 35.600

## A. Address

Jefferson University Hospital Cancer Center  
111 South 11th ST, Philadelphia, PA 19107

## B. Materials License Number

37-00148-08/ 37-00148-06

C. NAME OF PRECEPTOR (print clearly)

Adam P. Dicker M.D., Ph.D.

D. SIGNATURE - PRECEPTOR:



E. DATE

11/16/2004

PAGE 4

## 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
Gamma Knife: Acoustic neuroma, Trigeminal Neuralgia, AVM, Meningioma< Skull base Tumors< Pituitary Adenoma, Brain Mets.	Adam P Dicker, M.D., Ph.D. Fellooship program director	Jefferson Neuroscience Phildelphia, PA NRC # 37-00148-08	1/04--present
Brain Lab: same as above	Same as above	Same as above	Same as above

## 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
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I 125	PSI	9	Adam P. Dicker M.D, Ph.D	Jefferson: 37-00148-06	1/04-present
I 125	PSI	10	Ashraf Yousef M.D.	Hahnemann:37-00467-36	10/02-1/04
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Ir 192	LDR	16	Nicholas Daly M.D.	Toulouse France: NA	9/86-9/89



## 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)

Loubna Toufik Scally M.D.

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

## 3. CERTIFICATION

Specialty Board	Category	Month and Year Certified
Radiology	Radiation Oncology	ABR Eligible

*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
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Radiation Protection	Same as above	70 H	Same as above
Mathematics Pertaining to the Use and Measurement of Radioactivity	Same as above	300 H	Same as above
Radiation Biology	Same as above	500 H	Same as above
Chemistry of Byproduct Material for Medical Use	same as above	200 H	Same as above
OTHER			

## TRAINING AND EXPERIENCE AND PRECEPTOR STATEMENT (continued)

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

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)
Fellowship in Radiation Oncology; Neuro-Oncology, PSI, IMRT.	Jefferson University Hospital Philadelphia PA NRC # 37-00148-06 37-00148-08	1/04-----present	ACGME
Radiation Oncology Residency	Drexel Hahnemann Univ. Hospital Philadelphia PA NRC # 37-00487-36	10/99-----001/04	ACGME

## 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 \_\_\_\_\_ who meets  
requirements of Authorized Medical Physicists for \_\_\_\_\_ 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

Adam P Dicker, M.D., Ph.D.

B. Supervisor is:

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

C. Supervisor meets requirements of Part 35, Section(s) 35.400

for medical uses in Part 35, Section(s) 35.600

D. Address

Jefferson University Hospital, Cancer Center  
111 Suth 11th St Phialdelpha PA 19107

E. Materials License Number

37-00148-08/ 37-00148-06