

SAINT FRANCIS MEDICAL CENTER
DEPARTMENT OF RADIATION ONCOLOGY

June 27, 2006

Br. 1

Ms. Sandra Gabriel
Senior Health Physicist
Medical Branch
Division of Nuclear Materials Safety
NRC, Region I
475 Allendale Road
King of Prussia, PA 19406-1415

Regarding: License # - 29-00232-08

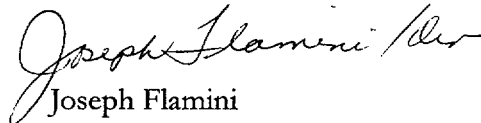
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Dear Ms. Gabriel:

At Saint Francis Medical Center, we have completed a couple HDR clinical cases under the supervision of Drs. Sim and Weiss (AUs from Monmouth Medical Center). From their recommendation and according to their on-site observation, both Drs. Jo Ann Chalal and Sangeeta Tyerech have performed enough procedures to be eligible on our HDR license. Dr. Tyerech also included an attest letter form her residency program (Montefiore Medical Center) to demonstrate her capability to be the authorized user on the NRC license (Please see attachments). As the senior administrator of SFMC, I sincerely ask your consideration putting both Dr. Chalal and Tyerech to be our AUs on the current license.

Thank you for your kind consideration and best regards!

Sincerely,



Joseph Flamini
Vice President, Operations
Saint Francis Medical Center
601 Hamilton Avenue
Trenton, NJ 08629
Tel: 610-599-5670

2006 JUL - 5 AM 7:48

RECEIVED
REGION 1

601 HAMILTON AVENUE, TRENTON, NJ 08625
PHONE: 609-599-5266 • FAX: 609-599-6219

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NMSS/RGNI MATERIALS-002

■ ■ SAINT BARNABAS
■ ■ HEALTH CARE SYSTEM
Monmouth Medical Center

RONALD J. DEL MAURO
President and Chief Executive Officer
Saint Barnabas Health Care System

FRANK J. VOZOS, MD, FACS
Executive Director
Monmouth Medical Center
(732) 222-5200
Fax: (732) 923-7544

June 14, 2006

Ms. Sandy Gabriel
Senior Health Physicist
Medical Branch
NRC Region I

Re: License No. 29-00232-08

Dear Ms. Gabriel:

Dr. Jo Ann Chalal and Dr. Sangeeta Tyerech have performed the cylinder and Mammosite HDR treatments under my supervision at SFMC, and they have demonstrated the capability as physicians to fully function as independent authorized users. Therefore, I attest that Dr. Chalal and Dr. Tyerech have satisfactorily completed the requirements of 10 CFR 35.690(b)(1), (b)(2), and (c) and have achieved a level of competency sufficient to function independently as an HDR authorized users.

Drs. Chalal and Tyerech are current 35.400 AU's on this license (29-00232-08) and hold ABR certification in Radiation Oncology. If any further information is required pertaining to both physicians' qualification as the independent AU's, please feel free to contact me at your earliest convenience.

Sincerely,



Sang Sim, M.D.
Attending Physician
Department of Radiation Oncology
Monmouth Medical Center
Tel - 732-923-6893 (Office)
ssim@sbhcs.com





MONTEFIORE MEDICAL CENTER
The Albert Einstein
Cancer Center



ALBERT EINSTEIN
COLLEGE OF MEDICINE
OF YESHIVA UNIVERSITY

DEPARTMENT OF RADIATION ONCOLOGY

Beatrice Bloom, M.D.
Chandan Guha, M.D.
Hilda Haynes, N.E.
Shalom Kalnicki, M.D.
Subhakar Mutyalu, M.D.
Marnee Spierer, M.D.

June 8, 2006

Sandy Gabriel
Senior Health Physicist
Medical Branch
NRC Region 1

RE: License No. 29-00232-08

Dear Ms. Gabriel,

Sangeeta K. Tyerech, MD was a resident in the Department of Radiation Oncology from 07/01/93 to 06/30/97, under the supervision of Peter Lai, MD, former director of the Radiation Oncology Residency Program at Montefiore Medical Center. During her four year residency, Dr Tyerech was trained in and participated in the administration of HDR in the cancer management of patients under her care. Upon completion of her residency, Dr Tyerech was deemed to have achieved a level of competency sufficient to function independently as an HDR authorized user. In addition, she had satisfactorily completed the requirements in 10 CR 35.960 (b) (1), (b) (2), and (c).

If any further information is required pertaining to Dr. Tyerech's verification of training, please feel free to contact me at your earliest convenience.

Sincerely,

Shalom Kalnicki, MD
Professor and Chairman
Residency Program Director

Mail Correspondence to:
Henry and Lucy Moses Division
111 East 210th Street
Bronx, NY 10467
718-920-4361 Office
718-982-6914 Fax

An NCI-designated Center for Cancer Treatment and Research

The Center for Radiation Therapy
At Montefiore Medical Park
1625 Poplar Street
Bronx, NY 10461
718-405-8550 Office
718-405-8551 Fax



Nucletron

Nucletron Corporation

 8671 Robert Fulton Drive
Columbia, MD 21046

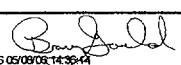
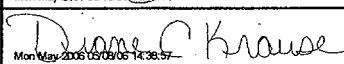

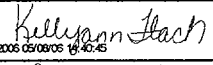
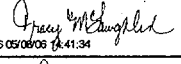
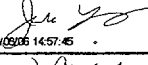
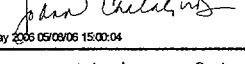
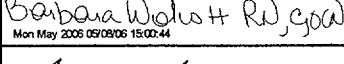
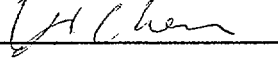
 Telephone: 410-312-4100
Toll Free: 800-336-2249
Canada Toll Free: 800-445-2249
FAX: 410-312-4196

Nucletron Training Seminar Attendance Registration


 Hospital: Saint Francis Medical center Date: Monday, May 08, 2006

 Course: Inservice

 Instructor: Robert Ticknor

	Name	Department	Title	Signature
1	Barry Gould	Clinical Engineering	Director	 Mon May 2006 05/08/06 14:30:44
2	Diane Carol Krause	Rad Onc	RTT	 Mon May 2006 05/08/06 14:38:57
3	Joseph Chiavarone	Rad Onc	RTT	 Mon May 2006 05/08/06 14:40:12
4	Kellyann Flach	Rad Onc	RTT	 Mon May 2006 05/08/06 14:40:45
5	Tracy Ann McLaughlin	Rad Onc	RTT	 Mon May 2006 05/08/06 14:41:34
6	Jack Yang	Rad Onc	Phy	 Mon May 2006 05/08/06 14:57:45
7	Jo Ann Chalal	Rad Onc	Phy	 Mon May 2006 05/08/06 15:00:04
8	Barbara Woicott	Rad Onc	RN	 Mon May 2006 05/08/06 15:00:44
9	Yia Chen	4	Physiast	 Trained by Jack Yang on 5/15
10				
11				
12				
13				
14				
15				

I certify that the above individuals have been instructed in Equipment Operation, Safety Precautions and Emergency Procedures in accordance with Nucletron Corporation Training Standards.

 Instructor Signature: 
Mon May 2006 05/08/06 14:43:08

 Instructor Title: Engineer

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

6/27/2006, and to inform you that the initial processing which includes an administrative review has been performed.

☒ Amendment 29-00232-08 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 139087.
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.