



MS16  
Q-8

June 22, 2007

Control No. 140492  
License No. 37-05811-02

USNRC Region 1  
Licensing Assistance Section  
475 Allendale Road  
King of Prussia PA 19046

03003056

2007 JUL 10 PM 12:16

RECEIVED  
REGION 1

Gentlemen:

I am writing regarding your letter dated June 5, 200~~7~~<sup>7</sup> and have reviewed the letter signed by Ms. Cotterall.

Our request is to add Mr. Ramsey as Radiation Safety Officer and preceptor forms are attached for your review.

I confirm that the RSO's responsibilities will involve oversight of all authorizations on our license and will include: Stopping unsafe activities involving licensed material; Radiation exposures are ALARA; Up-to-date radiation protection procedures in the daily operation of the licensee's byproduct material program are developed, distributed, and implemented; Possession, use, and storage of licensed material is consistent with the limitations in the license, the regulations, the SSDR Certificate, and the manufacturer's recommendations and instructions; Individuals installing, relocating, maintaining, adjusting, or repairing devices containing sealed sources are trained and authorized by an NRC or Agreement State license; Personnel training is conducted and is commensurate with the individual's duties regarding licensed material; Documentation is maintained to demonstrate that individuals are not likely to receive, in one year, a radiation dose in excess of 10% of the allowable limits or that personnel monitoring devices are provided; When necessary, personnel monitoring devices are used and exchanged at the proper intervals, and records of the results of such monitoring are maintained; Licensed material is properly secured; Documentation is maintained to demonstrate, by measurement or calculation, that the total effective dose equivalent to the individual likely to receive the highest dose from the licensed operation does not exceed the annual limit for members of the public; Proper authorities are notified of incidents such as loss or theft of licensed material, damage to or malfunction of sealed sources, and fire; Medical events and precursor events are investigated and reported to NRC, and cause(s) and appropriate corrective actions(s) are identified, and timely corrective actions(s) are taken; Audits of the radiation protection program are performed at least annually and documented; If violations of regulations, license conditions, or program weaknesses are identified, effective corrective actions are developed, implemented, and documented; Licensed material is transported, or offered for transport, in accordance with all applicable DOT requirements; Licensed material is disposed of properly; Appropriate records are maintained; and An up-to-date license is maintained and amendment and renewal requests are submitted in a timely manner.

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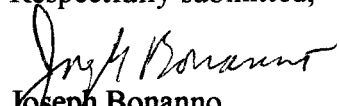
NMSS/RGN1 MATERIALS-002

Pocono Medical Center  
Control No. 140942

Please call me if I can assist in your continuing review of the license request at 570-476-3396  
or you may call John Ramsey at 570-977-6449.

Thank you.

Respectfully submitted,

  
Joseph Bonanno,  
Senior Vice President  
Pocono Medical Center

NRC FORM 313A  
(04-2005)

U.S. NUCLEAR REGULATORY COMMISSION

**MEDICAL USE TRAINING AND EXPERIENCE  
AND PRECEPTOR ATTESTATION**APPROVED BY OMB: NO. 3150-0120  
EXPIRES: 10/31/2005**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 regulation (10 CFR Part 35).

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

JOHN C. RAMSEY

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

**3. CERTIFICATION**

- a. Provide a copy of the board certification. (Stop here if applying under 10 CFR Part 35, Subpart J or 35.590(a); continue if applying under other subparts.)
- b. Provide documentation in appropriate items 4 through 10 of training or clinical case work required by 35.50(e); 35.51(c); 35.290(c)(1)(ii)(G) for AU seeking 35.200 authorization; 35.390(b)(1)(ii)(G); 35.396(d)(1) and 35.396(d)(2); 35.590(c); or 35.690(c).
- c. Provide completed Part II Preceptor Attestation, Items 11a through 11d.  
Stop here after completing items 3a, 3b, and 3c when using board certification to meet 10 CFR Part 35 training and experience requirements.

**4. INDIVIDUALS IDENTIFIED ON A LICENSE OR PERMIT AS RADIATION SAFETY OFFICERS (RSO),  
AUTHORIZED USERS (AU), AUTHORIZED MEDICAL PHYSICISTS (AMP), OR  
AUTHORIZED NUCLEAR PHARMACISTS (ANP) SEEKING ADDITIONAL AUTHORIZATIONS**

- a. Provide a copy of the license or broadscope permit listing the current authorization and (b) or (c)
- b. Complete items 6c (and 10 when training is provided by an RSO, AMP, ANP, or AU) and preceptor items 11b through 11d to meet requirements for: RSO in 35.50(c)(2) or 35.50(e); or AU in 35.290(c)(1)(ii)(G) or 35.390(b)(1)(ii)(G) or 35.590(c) or 35.690(c); or AMP under 35.51(c).
- c. Complete items 5, 6a, 6b, 10, and Preceptor items 11a through 11d to meet AU requirements in 35.396(a).

**5. DIDACTIC OR CLASSROOM AND LABORATORY TRAINING (optional for Medical**

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			

NRC FORM 313A  
(04-2005)

U.S. NUCLEAR REGULATORY COMMISSION

**MEDICAL USE TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)****6c. TRAINING FOR SECTIONS 35.50(e), 35.51(c), 35.590(c), or 35.690(c)**

Training Element	Type of Training *	Location and Dates
RADIATION SAFETY, REGULATORY ISSUES, EMERGENCY PROCEDURES	IN-SERVICE TRAINING	HUGHES CANCER CENTER 6/15/07
FOR item 6-F		

\* Types of training may include supervised (complete item 10 for 35.50(e), 35.51(c), and 35.690(c)), didactic, or vendor training.

**7. FORMAL TRAINING Physicians (for uses under 35.400 and 35.600) and Medical Physicists**

Degree, Area of Study or Residency Program	Name of Program and Location with Corresponding Materials License Numbers	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)

**8. RADIATION SAFETY OFFICER (RSO) – ONE-YEAR FULL-TIME EXPERIENCE**

- ☐ YES Completed 1 year of full-time radiation safety experience (in areas identified in item 6a) under supervision.
- ☐ N/A of \_\_\_\_\_ the RSO for License No. \_\_\_\_\_.

**9. MEDICAL PHYSICIST – ONE YEAR FULL-TIME TRAINING/WORK EXPERIENCE**

- ☐ YES Completed 1 year of full-time training (for areas identified in item 6a) in therapeutic radiological physics
- ☐ N/A (35.961) or medical physics (35.51) under the supervision of \_\_\_\_\_
- and**
- ☐ YES Completed 1 year of full-time work experience (at location providing radiation therapy services described and
- ☐ N/A for topics identified in item 6a) for (specify use or device) \_\_\_\_\_ under  
the supervision of \_\_\_\_\_ who is a medical physicist (35.961) or meets  
requirements for Authorized Medical Physicists (35.51) (specify use or device) \_\_\_\_\_.

NRC FORM 313A  
(04-2005)

U.S. NUCLEAR REGULATORY COMMISSION

**MEDICAL USE TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)****10. 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

Louis NARDELLA

B. Supervisor is:

☐ Authorized User☐ Radiation Safety Officer☒ Authorized Medical Physicist☐ Authorized Nuclear PharmacistC. Supervisor meets requirements of Part 35, Section(s) 35.57for medical uses in Part 35, Section(s) 35.600 CALIBRATIONS, spot checks, training

D. Address

E. Materials License Number

**PART II -- PRECEPTOR ATTESTATION**

**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 35.590 or Part 35, Subpart J (except 35.980).

I attest the individual named in Item 1:

11a.

☐ has satisfactorily completed the requirements in Part 35, Section(s) and Paragraph(s) \_\_\_\_\_, as documented in section(s) \_\_\_\_\_ of this form.

11b. Select one

☒ meets the requirements in ☒ 35.50(e), ☐ 35.51(c), ☐ 35.390(b)(1)(ii)(G), ☐ 35.690(c) for \_\_\_\_\_ types of use, as documented in section(s) 6c of this form.

☐ N/A

11c.

☐ has achieved a level of competency sufficient to operate a nuclear pharmacy (for 35.980); **or**☐ has achieved a level of competency sufficient to function independently as an authorized\_\_\_\_\_ for \_\_\_\_\_ uses (or units); **or**

☒ has achieved a level of radiation safety knowledge sufficient to function independently as a Radiation Safety Officer for a medical use licensee; **or**

☐ N/A

11d.

☐ I am an Authorized Nuclear Pharmacist; **or** ☐ I am a Radiation Safety Officer; **or**☒ I meet the requirements of 35.51(a) section(s) of 10 CFR Part 35or equivalent Agreement State requirements to be a preceptor ☐ AU or ☒ AMPfor the following byproduct material uses (or units): 1r-192 HDRA. Address POCONO MEDICAL CENTER / HUGHES CANCER CENTER206 E. BROWN ST E. STRUDSBURG PA 18301

B. Materials License Number

37-05811-02

C. NAME OF PRECEPTOR (print clearly)

LOUIS NARDELLA, M.S.

D. SIGNATURE -- PRECEPTOR

Louis Nardella

E. DATE

6/19/07

NRC FORM 313A  
(04-2005)

U.S. NUCLEAR REGULATORY COMMISSION

**MEDICAL USE TRAINING AND EXPERIENCE  
AND PRECEPTOR ATTESTATION**APPROVED BY OMB: NO. 3150-0120  
EXPIRES: 10/31/2005**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 regulation (10 CFR Part 35).

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

JOHN C. Ramsey

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

**3. CERTIFICATION**

- a. Provide a copy of the board certification. (Stop here if applying under 10 CFR Part 35, Subpart J or 35.590(a); continue if applying under other subparts.)
- b. Provide documentation in appropriate items 4 through 10 of training or clinical case work required by 35.50(e); 35.51(c); 35.290(c)(1)(ii)(G) for AU seeking 35.200 authorization; 35.390(b)(1)(ii)(G); 35.396(d)(1) and 35.396(d)(2); 35.590(c); or 35.690(c).
- c. Provide completed Part II Preceptor Attestation, Items 11a through 11d.  
Stop here after completing items 3a, 3b, and 3c when using board certification to meet 10 CFR Part 35 training and experience requirements.

**4. INDIVIDUALS IDENTIFIED ON A LICENSE OR PERMIT AS RADIATION SAFETY OFFICERS (RSO),  
AUTHORIZED USERS (AU), AUTHORIZED MEDICAL PHYSICISTS (AMP), OR  
AUTHORIZED NUCLEAR PHARMACISTS (ANP) SEEKING ADDITIONAL AUTHORIZATIONS**

- a. Provide a copy of the license or broadscope permit listing the current authorization and (b) or (c)
- b. Complete items 6c (and 10 when training is provided by an RSO, AMP, ANP, or AU) and preceptor items 11b through 11d to meet requirements for: RSO in 35.50(c)(2) or 35.50(e); or AU in 35.290(c)(1)(ii)(G) or 35.390(b)(1)(ii)(G) or 35.590(c) or 35.690(c); or AMP under 35.51(c).
- c. Complete items 5, 6a, 6b, 10, and Preceptor items 11a through 11d to meet AU requirements in 35.396(a).

**5. DIDACTIC OR CLASSROOM AND LABORATORY TRAINING (optional for Medical**

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			

NRC FORM 313A  
(04-2005)

U.S. NUCLEAR REGULATORY COMMISSION

**MEDICAL USE TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)****6c. TRAINING FOR SECTIONS 35.50(e), 35.51(c), 35.590(c), or 35.690(c)**

Training Element	Type of Training *	Location and Dates
RADIATION SAFETY, REGULATORY ISSUES, EMERGENCY PROCEDURES		
FOR items 6.C, 6.D, 6.E	Supervised	POCONO MEDICAL CENTER NOV 2002 to PRESENT

\* Types of training may include supervised (complete item 10 for 35.50(e), 35.51(c), and 35.690(c)), didactic, or vendor training.

**7. FORMAL TRAINING Physicians (for uses under 35.400 and 35.600) and Medical Physicists**

Degree, Area of Study or Residency Program	Name of Program and Location with Corresponding Materials License Numbers	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)

**8. RADIATION SAFETY OFFICER (RSO) -- ONE-YEAR FULL-TIME EXPERIENCE**

- ☐ YES Completed 1 year of full-time radiation safety experience (in areas identified in item 6a) under supervision.
- ☐ N/A of \_\_\_\_\_ the RSO for License No. \_\_\_\_\_.

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

- ☐ YES Completed 1 year of full-time training (for areas identified in item 6a) in therapeutic radiological physics
- ☐ N/A (35.961) or medical physics (35.51) under the supervision of \_\_\_\_\_
- and**
- ☐ YES Completed 1 year of full-time work experience (at location providing radiation therapy services described and
- ☐ N/A for topics identified in item 6a) for (specify use or device) \_\_\_\_\_ under  
the supervision of \_\_\_\_\_ who is a medical physicist (35.961) or meets  
requirements for Authorized Medical Physicists (35.51) (specify use or device) \_\_\_\_\_.

NRC FORM 313A  
(04-2005)

U.S. NUCLEAR REGULATORY COMMISSION

**MEDICAL USE TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)****10. 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

William Tatu

B. Supervisor is:

☒ Authorized User☐ Authorized Medical Physicist☒ Radiation Safety Officer☐ Authorized Nuclear PharmacistC. Supervisor meets requirements of Part 35, Section(s) 35.57for medical uses in Part 35, Section(s) 35.180, 35.200, I-131 for imaging + localization

D. Address

E. Materials License Number

**PART II -- PRECEPTOR ATTESTATION**

**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 35.590 or Part 35, Subpart J (except 35.980).

I attest the individual named in Item 1:

11a.

☐ has satisfactorily completed the requirements in Part 35, Section(s) and Paragraph(s) \_\_\_\_\_, as documented in section(s) \_\_\_\_\_ of this form.

11b. Select one

☒ meets the requirements in ☒ 35.50(e), ☐ 35.51(c), ☐ 35.390(b)(1)(ii)(G), ☐ 35.690(c) for \_\_\_\_\_ types of use, as documented in section(s) 6 C of this form.

☐ N/A

11c.

☐ has achieved a level of competency sufficient to operate a nuclear pharmacy (for 35.980); **or**

☐ has achieved a level of competency sufficient to function independently as an authorized \_\_\_\_\_ for \_\_\_\_\_ uses (or units); **or**

☒ has achieved a level of radiation safety knowledge sufficient to function independently as a Radiation Safety Officer for a medical use licensee; **or**

☐ N/A

11d.

☐ I am an Authorized Nuclear Pharmacist; **or** ☒ I am a Radiation Safety Officer; **or**

☐ I meet the requirements of \_\_\_\_\_ section(s) of 10 CFR Part 35 or equivalent Agreement State requirements to be a preceptor ☐ AU or ☐ AMP for the following byproduct material uses (or units): \_\_\_\_\_

A. Address POCONO MEDICAL CENTER  
206 E. BROWN ST., E. STRONDSBURG PA 18301

B. Materials License Number

37-05811-02

C. NAME OF PRECEPTOR (print clearly)

William TATU, M.D.

D. SIGNATURE -- PRECEPTOR

William Tatu

E. DATE

6-22-07