

RECEIVED  
REGION 1

2007 JUL 25 PM 12:45



University of Pennsylvania Health System

July 20, 2007

Leonard Shabason, Ph.D.  
Radiation Safety Officer  
Pennsylvania Hospital  
Radiation Oncology  
800 Spruce Street  
Philadelphia, PA 19107

Licensing Assistance Team  
Division of Nuclear Materials Safety  
U. S. Nuclear Regulatory Commission  
Region I  
475 Allendale Road  
King of Prussia, PA 19406

030 15163

**RE: Amendment Request to License Number 37-06864-06**

Dear Sir:

We recently sent a request to amend our license to permit clinical use of an HDR and to add a list of authorized users and authorized medical physicists. I am attaching a preceptor's statement from Michael Bieda, M.S. from the University of Pennsylvania on behalf of Leonard Shabason, Ph.D.

If there are any questions please contact me by phone at (215) 829-3865 or by e-mail at shabasol@pahosp.com.

Sincerely yours,

Leonard Shabason, Ph.D.  
Radiation Safety Officer

140350

NMSS/RGN1 MATERIALS-002

(10-2006)

## AUTHORIZED MEDICAL PHYSICIST TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

## PART II - PRECEPTOR ATTESTATION

Note: This part must be completed by the individual's preceptor. The preceptor does not have to be the supervising individual as long as the preceptor provides, directs, or verifies training and experience required. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each.

## First Section

Check one of the following:

1. Board Certification

☒ I attest that Leonard Shabason, Ph.D. has satisfactorily completed the requirements in  
 Name of Proposed Authorized Medical Physicist  
 10 CFR 35.51(a)(1) and (a)(2).

OR

2. Education, Training, and Experience

☐ I attest that \_\_\_\_\_ has satisfactorily completed the 1-year of full-time  
 Name of Proposed Authorized Medical Physicist  
 training in medical physics and an additional year of full-time work experience as required by 10 CFR 35.51(b)(1).

AND

## Second Section

Complete the following:

☒ I attest that Leonard Shabason, Ph.D. has training for the types of use for which authorization  
 Name of Proposed Authorized Medical Physicist  
 is sought that include hands-on device operation, safety procedures, clinical use, and the operation of a treatment planning system.

AND

## Third Section

Complete the following:

☒ I attest that Leonard Shabason, Ph.D. has achieved a level of competency sufficient to  
 Name of Proposed Authorized Medical Physicist  
 function independently as an Authorized Medical Physicist for the following:

- ☐ 35.400 Ophthalmic use of strontium-90 ☐ 35.600 Teletherapy unit(s)  
☒ 35.600 Remote afterloader unit(s) ☐ 35.600 Gamma stereotactic radiosurgery unit(s)

AND

## Fourth Section

Complete the following for preceptor attestation and signature:

- ☐ I meet the requirements in 10 CFR 35.51, or equivalent Agreement State requirements for Authorized Medical Physicist for the following:  
☐ 35.400 Ophthalmic use of strontium-90 ☐ 35.600 Teletherapy unit(s)  
☒ 35.600 Remote afterloader unit(s) ☐ 35.600 Gamma stereotactic radiosurgery unit(s)

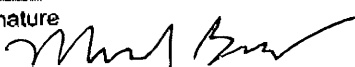
Name of Preceptor

Michael Bieda

License/Permit Number/Facility Name

37-00118-07/University of Pennsylvania

Signature



Telephone Number

215-421-4067

Date

7/19/07