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October 21, 2013

Sandra Gabriel, Ph.D.
Division of Nuclear Materials Safety
United States Nuclear Regulatory Commission
Region I
2100 Renaissance Blvd.
King of Prussia, PA 19406-1415

RE: License No. 06-00854-03
Docket No. 030-01246

SUBJECT: License Amendment Request

Dear Dr. Gabriel,

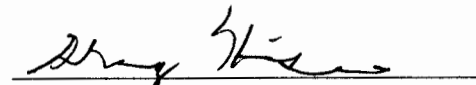
We would like to amend our RAM license as follows:

Please add Luke Fu, MS, DABR as authorized medical physicist to use Iridium-192 in a High Dose Rate Remote Afterloader Unit for calibrations, spot checks, and training.

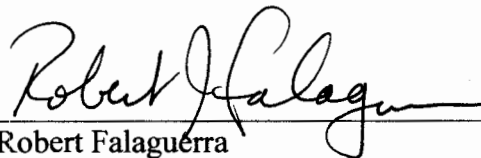
We attach a copy of his ABR board certification and NRC Form 313A (Authorized Medical Physicist training and experience and preceptor attestation) and confirmation that he has been trained in our operating and emergency procedures.

Any questions regarding the above matter should be directed to the undersigned at 518-755-7465.

Sincerely,



Greg Hisel, MS, MBA, CHP
Radiation Safety Officer
Saint Francis Hospital and Medical Center
114 Woodland Street
Hartford, CT 06105
Office: 860-714-5596
Cell: 518-755-7465



Robert Falaguerra
Vice President
Facilities, Support Services, and Construction
Saint Francis Hospital and Medical Center
114 Woodland Street
Hartford, CT 06105
Tel. 860-714-5400

582553
NMSS/RGN1 MATERIALS-002

The American Board of Radiology

*Organized through the cooperation of the
American College of Radiology, the American Roentgen Ray Society,
the American Radium Society, the Radiological Society of North America,
the Section on Radiology of the American Medical Association,
the American Society for Radiation Oncology, the Association of
University Radiologists, and the American Association of Physicists in Medicine.
Hereby certifies that*

Luke Lo Ping Fu, MSc

*Has pursued an accepted course of graduate study and clinical work; has met certain standards
and qualifications, including passing the examinations conducted under the authority of
the American Board of Radiology, demonstrating to the satisfaction of the Board qualification
to practice; and is therefore awarded the Board's certification in*

Therapeutic Medical Physics

AMP Eligible

ABR

*Ongoing validity of this certificate is contingent upon
meeting the requirements of Maintenance of Certification.*

*This diplomate of the American Board of Radiology
is permitted to use the **ABR** mark to signify this certification.*



Certificate No. P5088

Eric J. Hopper
President

Richard I. Morin
Secretary-Treasurer

Harvey J. Scheraga
Executive Director



Effective: May 23, 2012

Nucletron Training Attendance Registration

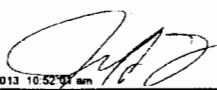
Hospital: St Francis Date: Monday, April 22, 2013

City /Country Hartford CT USA

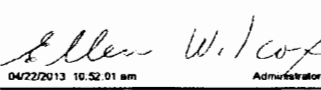
Course: HDR In Service

Instructor: Jeffrey Clay

	Name	Department	Title	Email Address
1	Luke FU	Rad Onc	Physicist	
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Instructor Signature:  04/22/2013 10:52:01 am Instructor

Instructor Name & Title: J Clay FSE

Administrator:  04/22/2013 10:52:01 am Administrator

Admin Name & Title: E Wilcox PhD
Physicist

We the Instructor and Facility Administrator certify that the above individuals have been instructed in the above mention training in accordance with Nucletron Training Standards.

**AUTHORIZED MEDICAL PHYSICIST TRAINING AND EXPERIENCE
AND PRECEPTOR ATTESTATION
[10 CFR 35.51]**

APPROVED BY OMB: NO. 3150-0120
EXPIRES: (05/31/2015)

Name of Proposed Authorized Medical Physicist

LUKE FU

Requested Authorization(s) (check all that apply) ☐ 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)

PART I – TRAINING AND EXPERIENCE
(Select one of the three methods below)

*Training and Experience, including Board Certification, must have been obtained within the 7 years preceding the date of application or the individual must have obtained related continuing education and experience since the required training and experience was completed. Provide dates, duration, and description of continuing education and experience related to the uses checked above.

☒ **1. Board Certification**

- a. Provide a copy of the board certification.
- b. Go to the table in 3.c. and describe training provider and dates of training for each type of use for which authorization is sought.
- c. Skip to and complete Part II Preceptor Attestation.

☐ **2. Current Authorized Medical Physicist Seeking Additional Authorization for use(s) checked above**

- a. Go to the table in section 3.c. to document training for new device.
- b. Skip to and complete Part II Preceptor Attestation

☐ **3. Education, Training, and Experience for Proposed Authorized Medical Physicist**

- a. Education: Document master's or doctor's degree in physics, medical physics, other physical science, engineering, or applied mathematics from an accredited college or university.

Degree

Major Field

College or University

- b. Supervised Full-Time Medical Physics Training and Work Experience in clinical radiation facilities that provide high-energy external beam therapy (photons and electrons with energies greater than or equal to 1 million electron volts) and brachytherapy services.

- ☐ Yes. Completed 1 year of full-time training in medical physics (for areas identified below) under the supervision of _____ who meets the requirements for an Authorized Medical Physicist.

AND

- ☐ Yes. Completed 1 year of full-time work experience in medical physics (for areas identified below) under the supervision of _____ who meets the requirements for an Authorized Medical Physicist.

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

3. Education, Training, and Experience for Proposed Authorized Medical Physicist (continued)

c. Describe training provider and dates of training for each type of use for which authorization is sought.

Description of Training	Training Provider and Dates		
	Remote Afterloader	Teletherapy	Gamma Stereotactic Radiosurgery
Hands-on device operation	4/22/13; 7/9/2013 5/23/13 6/14/13 5/24/13 6/13/13 5/30/13 4/22/13		
Safety procedures for the device use			
Clinical use of the device	6/6/13 6/21/13 6/13/13 6/14/13 6/20/13		
Treatment planning system operation	6/13/13 4/25/13 7/26/13 8/6/13		

Supervising Individual **G. DASKALOV, Ph.D.**

If training is provided by Supervising Medical Physicist, (If more than one supervising individual is necessary to document supervised training, provide multiple copies of this page.)

License/Permit Number listing supervising individual as an authorized Medical Physicist

06-00854-03

for the following types of use:

☒ Remote afterloader unit(s)

☐ Teletherapy unit(s)

☐ Gamma stereotactic radiosurgery unit(s)

If Applicable:

Authorization Sought	Device	Training Provided By	Dates of Training
35.400 Ophthalmic Use of strontium-90			

d. Skip to and complete Part II Preceptor Attestation.

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 Luke Fu 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 Luke Fu 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 Luke Fu 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
George DASKALOV
License/Permit Number/Facility Name

Signature
[Signature]

Telephone Number
860-714-4568
Date
8/20/13

06-00854-03

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

10/21/13, and to inform you that the initial processing which includes an administrative review has been performed.

☒ Amendment (06-00854-03)
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** 582553.
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.