

NRC License No.: 06-01060-01

Docket No.: 030-01247

Mail Control No.: 611557 *bmj*

June 11, 2019

U.S. Nuclear Regulatory Commission, Region I
2100 Renaissance Boulevard, Suite 100
King of Prussia, PA 19406-2713

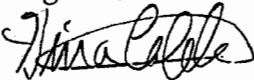
**RE: Bridgeport Hospital Request to Amend License to Add Two New
Authorized Users for High Dose Rate Afterloading**

Gentlemen & women of the NRC:

Bridgeport Hospital would also like to amend NRC License 06-01060-01 to add two new Authorized Users (AU) for High Dose Rate Brachytherapy. The new proposed AU's are Jacqueline Kelly, M.D. who is expected to graduate from the Yale New Haven Hospital Radiation Oncology residency program at the end of June 2019 and Andrew Zhang, M.D. who is expected to graduate from the Rutgers/Robert Wood Johnson University Hospital Radiation Oncology residency program at the same time. We have attached preceptor statements for both applicants and statements confirming the AU status of their preceptors, for your review.

If you have any further questions, please feel free to contact Mr. Bohan at (203) 688-2950, or mike.bohan@yale.edu.

Regards,



Gina Calder

Vice President of Ambulatory Services, Bridgeport Hospital
267 Grant Street
Bridgeport, CT 06610

CC: Mike Bohan, RSO

Page 1 of 2

Radiation Safety Office
Radiological Physics
20 York St. - WWW 229
New Haven, CT 06510
Phone: (203) 688-2950
(203) 336-7814
Fax: (203) 688-4135

612558
NMSG/RGNI MATERIALS-002

Rec'd. - 06/20/2019

Attachments: JKellyMDnrc313a(au)(GK)(signed).pdf
 James_B_Yu_MD_AU_Certification15Aug18.pdf
 AndrewZhang_NRC_AUS_signed.pdf
 Bruce Haffty_MD_AU_Cert_11Jun2019.pdf

**AUTHORIZED USER TRAINING AND EXPERIENCE
AND PRECEPTOR ATTESTATION**
(for uses defined under 35.400 and 35.600)
[10 CFR 35.490, 35.491, and 35.690]APPROVED BY OMB: NO. 3150-0120
EXPIRES: 06/30/2019

Name of Proposed Authorized User

Andrew Zhang

State or Territory Where Licensed

New Jersey

Requested**Authorization(s)**

(check all that apply)

- ☒ 35.400 Manual brachytherapy sources ☐ 35.600 Teletherapy unit(s)
☐ 35.400 Ophthalmic use of strontium-90 ☒ 35.600 Gamma stereotactic radiosurgery unit(s)
☒ 35.600 Remote afterloader 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. For 35.600, go to the table in 3.e. 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 35.600 Authorized User Requesting Additional Authorization for 35.600 Use(s) Checked Above**

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

☒ **3. Training and Experience for Proposed Authorized User**

- a. Classroom and Laboratory Training ☒ 35.490 ☐ 35.491 ☒ 35.690

Description of Training	Location of Training	Clock Hours	Dates of Training*
Radiation physics and instrumentation	Robert Wood Johnson University Hospital (RWJUH)	>100 hours	2015-2019
Radiation protection	Robert Wood Johnson University Hospital (RWJUH)	>50 hours	2015-2019
Mathematics pertaining to the use and measurement of radioactivity	Robert Wood Johnson University Hospital (RWJUH)	>25 hours	2015-2019
Radiation biology	Robert Wood Johnson University Hospital (RWJUH)	>100 hours	2015-2019

Total Hours of Training: 275

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Training and Experience for Proposed Authorized User (continued)

b. Supervised Work and Clinical Experience for 10 CFR 35.490 (If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this page.)

Supervised Work Experience		Total Hours of Experience:	
Description of Experience Must Include:	Location of Experience/License or Permit Number of Facility	Confirm	Dates of Experience*
Ordering, receiving, and unpacking radioactive materials safely and performing the related radiation surveys	RWJUH/NJ DEP#450729 (Old NRC# 29-10173-02)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	2015-2019
Checking survey meters for proper operation	RWJUH/NJ DEP#450729 (Old NRC# 29-10173-02)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	2015-2019
Preparing, implanting, and safely removing brachytherapy sources	RWJUH/NJ DEP#450729 (Old NRC# 29-10173-02)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	2015-2019
Maintaining running inventories of material on hand	RWJUH/NJ DEP#450729 (Old NRC# 29-10173-02)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	2015-2019
Using administrative controls to prevent a medical event involving the use of byproduct material	RWJUH/NJ DEP#450729 (Old NRC# 29-10173-02)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	2015-2019
Using emergency procedures to control byproduct material	RWJUH/NJ DEP#450729 (Old NRC# 29-10173-02)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	2015-2019

Clinical experience in radiation oncology as part of an approved formal training program	Location of Experience/License or Permit Number of Facility	Dates of Experience*
Approved by: <input checked="" type="checkbox"/> Residency Review Committee for Radiation Oncology of the ACGME <input type="checkbox"/> Royal College of Physicians and Surgeons of Canada <input type="checkbox"/> Committee on Postdoctoral Training of the American Osteopathic Association	RWJUH/NJ DEP#450729 (Old NRC# 29-10173-02)	2015-2019
Supervising Individual Bruce Haffty, MD	License/Permit Number listing supervising individual as an Authorized User NJ DEP#450729 (Old NRC# 29-10173-02)	

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Training and Experience for Proposed Authorized User (continued)

c. Supervised Clinical Experience for 10 CFR 35.491

Description of Experience	Location of Experience/License or Permit Number of Facility	Clock Hours	Dates of Experience*
Use of strontium-90 for ophthalmic treatment, including: examination of each individual to be treated; calculation of the dose to be administered; administration of the dose; and follow up and review of each individual's case history			
Supervising Individual		License/Permit Number listing supervising individual as an Authorized User	

d. Supervised Work and Clinical Experience for 10 CFR 35.690

☒ Remote afterloader unit(s) ☐ Teletherapy unit(s) ☒ Gamma stereotactic radiosurgery unit(s)

Supervised Work Experience		Total Hours of Experience:	
Description of Experience Must Include:	Location of Experience/License or Permit Number of Facility	Confirm	Dates of Experience*
Reviewing full calibration measurements and periodic spot-checks	RWJUH/NJ DEP#450729 (Old NRC# 29-10173-02)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	2015-2019
Preparing treatment plans and calculating treatment doses and times	RWJUH/NJ DEP#450729 (Old NRC# 29-10173-02)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	2015-2019
Using administrative controls to prevent a medical event involving the use of byproduct material	RWJUH/NJ DEP#450729 (Old NRC# 29-10173-02)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	2015-2019
Implementing emergency procedures to be followed in the event of the abnormal operation of the medical unit or console	RWJUH/NJ DEP#450729 (Old NRC# 29-10173-02)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	2015-2019
Checking and using survey meters	RWJUH/NJ DEP#450729 (Old NRC# 29-10173-02)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	2015-2019
Selecting the proper dose and how it is to be administered	RWJUH/NJ DEP#450729 (Old NRC# 29-10173-02)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	2015-2019

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Training and Experience for Proposed Authorized User (continued)

d. Supervised Work and Clinical Experience for 10 CFR 35.690 (continued)

Clinical experience in radiation oncology as part of an approved formal training program	Location of Experience/License or Permit Number of Facility	Dates of Experience*
Approved by: <input checked="" type="checkbox"/> Residency Review Committee for Radiation Oncology of the ACGME <input type="checkbox"/> Royal College of Physicians and Surgeons of Canada <input type="checkbox"/> Committee on Postdoctoral Training of the American Osteopathic Association	RWJUH/NJ DEP#450729 (Old NRC# 29-10173-02)	2015-2019
Supervising Individual Bruce Haffty, MD		License/Permit Number listing supervising individual as an Authorized User NJ DEP#450729 (Old NRC# 29-10173-02)

e. For 35.600, 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
Device operation	Bruce Haffty, MD 2015-2019		Bruce Haffty, MD 2015-2019
Safety procedures for the device use	Bruce Haffty, MD 2015-2019		Bruce Haffty, MD 2015-2019
Clinical use of the device	Bruce Haffty, MD 2015-2019		Bruce Haffty, MD 2015-2019
Supervising Individual. (If training provided by Supervising Individual (If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this page.) Bruce Haffty, MD		License/Permit Number listing supervising individual as an Authorized User NJ DEP#450729 (Old NRC# 29-10173-02)	
Authorized for the following types of use: <input checked="" type="checkbox"/> Remote afterloader unit(s) <input type="checkbox"/> Teletherapy unit(s) <input checked="" type="checkbox"/> Gamma stereotactic radiosurgery unit(s)			

f. Provide completed Part II Preceptor Attestation.

AUTHORIZED USER 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.

By checking the boxes below, the preceptor is attesting that the individual has knowledge to fulfill the duties of the position sought and not attesting to the individual's "general clinical competency."

First Section

Check one of the following for each requested authorization:

For 35.490:

Board Certification

☐ I attest that _____ has satisfactorily completed the requirements in
Name of Proposed Authorized User

35.490(a)(1) and has achieved a level of competency sufficient to function independently as an authorized user of manual brachytherapy sources for the medical uses authorized under 10 CFR 35.400.

OR

Training and Experience

☒ I attest that Andrew Zhang has satisfactorily completed the 200 hours of
Name of Proposed Authorized User

classroom and laboratory training, 500 hours of supervised work experience, and 3 years of supervised clinical experience in radiation oncology, as required by 10 CFR 35.490(b)(1) and (b)(2), and has achieved a level of competency sufficient to function independently as an authorized user of manual brachytherapy sources for the medical uses authorized under 10 CFR 35.400.

For 35.491:

☐ I attest that _____ has satisfactorily completed the 24 hours of
Name of Proposed Authorized User

classroom and laboratory training applicable to the medical use of strontium-90 for ophthalmic radiotherapy, has used strontium-90 for ophthalmic treatment of 5 individuals, as required by 10 CFR 35.491(b), and has achieved a level of competency sufficient to function independently as an authorized user of strontium-90 for ophthalmic use.

Second Section

For 35.690:

Board Certification

☐ I attest that _____ has satisfactorily completed the requirements in
Name of Proposed Authorized User
35.690(a)(1).

OR

Training and Experience

☒ I attest that Andrew Zhang has satisfactorily completed 200 hours of classroom
Name of Proposed Authorized User

and laboratory training, 500 hours of supervised work experience, and 3 years of supervised clinical experience in radiation therapy, as required by 10 CFR 35.690(b)(1) and (b)(2).

AND

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

Preceptor Attestation (continued)

Third Section

For 35.690: (continued)

- ☐ I attest that _____ has received training required in 35.690(c) for device
Name of Proposed Authorized User
 operation, safety procedures, and clinical use for the type(s) of use for which authorization is sought, as checked below.
- ☐ Remote afterloader unit(s) ☐ Teletherapy unit(s) ☐ Gamma stereotactic radiosurgery unit(s)

AND

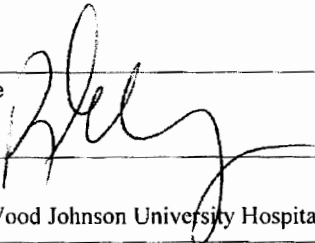
Fourth Section

- ☒ I attest that Andrew Zhang has achieved a level of competency sufficient to
Name of Proposed Authorized User
 achieve a level of competency sufficient to function independently as an authorized user for:
- ☒ Remote afterloader unit(s) ☐ Teletherapy unit(s) ☒ Gamma stereotactic radiosurgery unit(s)

Fifth Section

Complete the following for preceptor attestation and signature:

- ☒ I meet the requirements in 10 CFR 35.490, 35.491, 35.690, or equivalent Agreement State requirements, as an authorized user for:
- ☒ 35.400 Manual brachytherapy sources ☐ 35.600 Teletherapy unit(s)
- ☐ 35.400 Ophthalmic use of strontium-90 ☒ 35.600 Gamma stereotactic radiosurgery unit(s)
- ☒ 35.600 Remote afterloader unit(s)

Name of Preceptor	Signature	Telephone Number	Date
Bruce Haffty, MD		(732) 253-3939	5/24/19
License/Permit Number/Facility Name			
NJ DEP#450729 (Old NRC# 29-10173-02) Robert Wood Johnson University Hospital			

**AUTHORIZED USER TRAINING AND EXPERIENCE
AND PRECEPTOR ATTESTATION**
(for uses defined under 35.400 and 35.600)
[10 CFR 35.490, 35.491, and 35.690]APPROVED BY OMB: NO. 3150-0120
EXPIRES: 06/30/2019

Name of Proposed Authorized User

Jacqueline Kelly, M.D.

State or Territory Where Licensed

Connecticut

Requested**Authorization(s)**

(check all that apply)



35.400 Manual brachytherapy sources



35.600 Teletherapy unit(s)



35.400 Ophthalmic use of strontium-90



35.600 Gamma stereotactic radiosurgery unit(s)



35.600 Remote afterloader 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**

- Provide a copy of the board certification.
- For 35.600, go to the table in 3.e. and describe training provider and dates of training for each type of use for which authorization is sought.
- Skip to and complete Part II Preceptor Attestation.

**2. Current 35.600 Authorized User Requesting Additional Authorization for 35.600 Use(s) Checked Above**

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

**3. Training and Experience for Proposed Authorized User**

- Classroom and Laboratory Training ☒ 35.490 ☐ 35.491 ☒ 35.690

Description of Training	Location of Training	Clock Hours	Dates of Training*
Radiation physics and instrumentation	Yale-New Haven Hospital Radiation Oncology 20 York St.	150	1-Jul-15 through 30-Jun-19
Radiation protection	New Haven, CT 06510 NRC Lic. No.: 06-00819-03	150	1-Jul-15 through 30-Jun-19
Mathematics pertaining to the use and measurement of radioactivity	Same as above	150	1-Jul-15 through 30-Jun-19
Radiation biology	Same as above	150	1-Jul-15 through 30-Jun-19

Total Hours of Training: 600

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Training and Experience for Proposed Authorized User (continued)

b. Supervised Work and Clinical Experience for 10 CFR 35.490 (If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this page.)

Supervised Work Experience	Yes	Total Hours of Experience:	8000
Description of Experience Must Include:	Location of Experience/License or Permit Number of Facility	Confirm	Dates of Experience*
Ordering, receiving, and unpacking radioactive materials safely and performing the related radiation surveys	Yale-New Haven Hospital Radiation Oncology 20 York St.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	1-Jul-15 through 30-Jun-19
Checking survey meters for proper operation	New Haven, CT 06510 NRC Lic. No.: 06-00819-03	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	1-Jul-15 through 30-Jun-19
Preparing, implanting, and safely removing brachytherapy sources	Same as above	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	1-Jul-15 through 30-Jun-19
Maintaining running inventories of material on hand	Same as above	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	1-Jul-15 thru 30-Jun-19
Using administrative controls to prevent a medical event involving the use of byproduct material	Same as above	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	1-Jul-15 through 30-Jun-19
Using emergency procedures to control byproduct material	Same as above	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	1-Jul-15 through 30-Jun-19

Clinical experience in radiation oncology as part of an approved formal training program	Location of Experience/License or Permit Number of Facility	Dates of Experience*
Approved by: <input checked="" type="checkbox"/> Residency Review Committee for Radiation Oncology of the ACGME <input type="checkbox"/> Royal College of Physicians and Surgeons of Canada <input type="checkbox"/> Committee on Postdoctoral Training of the American Osteopathic Association	Yale-New Haven Hospital Radiation Oncology 20 York St. New Haven, CT 06510 NRC Lic. No.: 06-00819-03	1-Jul-15 through 30-Jun-19
Supervising Individual Roy Decker, M.D., Ph.D.	License/Permit Number listing supervising individual as an Authorized User NRC Lic. No.: 06-00819-03	

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Training and Experience for Proposed Authorized User (continued)

c. Supervised Clinical Experience for 10 CFR 35.491

Description of Experience	Location of Experience/License or Permit Number of Facility	Clock Hours	Dates of Experience*
Use of strontium-90 for ophthalmic treatment, including: examination of each individual to be treated; calculation of the dose to be administered; administration of the dose; and follow up and review of each individual's case history			
Supervising Individual		License/Permit Number listing supervising individual as an Authorized User	

d. Supervised Work and Clinical Experience for 10 CFR 35.690

☒ Remote afterloader unit(s)☐ Teletherapy unit(s)☐ Gamma stereotactic radiosurgery unit(s)

Supervised Work Experience		Total Hours of Experience:	
Description of Experience Must Include:	Location of Experience/License or Permit Number of Facility	Confirm	Dates of Experience*
Reviewing full calibration measurements and periodic spot-checks	Yale-New Haven Hospital Radiation Oncology 20 York St.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	1-Jul-15 through 30-Jun-19
Preparing treatment plans and calculating treatment doses and times	New Haven, CT 06510 NRC Lic. No.: 06-00819-03	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	1-Jul-15 through 30-Jun-19
Using administrative controls to prevent a medical event involving the use of byproduct material	Same as above	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	1-Jul-15 through 30-Jun-19
Implementing emergency procedures to be followed in the event of the abnormal operation of the medical unit or console	Same as above	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	1-Jul-15 through 30-Jun-19
Checking and using survey meters	Same as above	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	1-Jul-15 through 30-Jun-19
Selecting the proper dose and how it is to be administered	Same as above	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	1-Jul-15 through 30-Jun-19

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Training and Experience for Proposed Authorized User (continued)

d. Supervised Work and Clinical Experience for 10 CFR 35.690 (continued)

Clinical experience in radiation oncology as part of an approved formal training program	Location of Experience/License or Permit Number of Facility	Dates of Experience*
Approved by: <input checked="" type="checkbox"/> Residency Review Committee for Radiation Oncology of the ACGME <input type="checkbox"/> Royal College of Physicians and Surgeons of Canada <input type="checkbox"/> Committee on Postdoctoral Training of the American Osteopathic Association	Yale-New Haven Hospital Radiation Oncology 20 York St. New Haven, CT 06510 NRC Lic. No.: 06-00819-03	1-Jul-15 through 30-Jun-19
Supervising Individual James Yu, M.D>		License/Permit Number listing supervising individual as an Authorized User NRC Lic. No.: 06-00819-03

e. For 35.600, 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
Device operation	Yale-New Haven Hospital Radiation Oncology 20 York St.		Yale-New Haven Hospital Radiation Oncology 20 York St.
Safety procedures for the device use	New Haven, CT 06510 NRC Lic. No.: 06-00819-03		New Haven, CT 06510 NRC Lic. No.: 06-00819-03
Clinical use of the device	Same as above		Same as above
Supervising Individual. (If training provided by Supervising Individual (If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this page.) James Yu, M.D.		License/Permit Number listing supervising individual as an Authorized User NRC Lic. No.: 06-00819-03	
Authorized for the following types of use: <input checked="" type="checkbox"/> Remote afterloader unit(s) <input type="checkbox"/> Teletherapy unit(s) <input type="checkbox"/> Gamma stereotactic radiosurgery unit(s)			

f. Provide completed Part II Preceptor Attestation.

AUTHORIZED USER 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.

By checking the boxes below, the preceptor is attesting that the individual has knowledge to fulfill the duties of the position sought and not attesting to the individual's "general clinical competency."

First Section

Check one of the following for each requested authorization:

For 35.490:

Board Certification

☐ I attest that _____ has satisfactorily completed the requirements in
Name of Proposed Authorized User

35.490(a)(1) and has achieved a level of competency sufficient to function independently as an authorized user of manual brachytherapy sources for the medical uses authorized under 10 CFR 35.400.

OR

Training and Experience

☒ I attest that Jacqueline Kelly, M.D. has satisfactorily completed the 200 hours of
Name of Proposed Authorized User

classroom and laboratory training, 500 hours of supervised work experience, and 3 years of supervised clinical experience in radiation oncology, as required by 10 CFR 35.490(b)(1) and (b)(2), and has achieved a level of competency sufficient to function independently as an authorized user of manual brachytherapy sources for the medical uses authorized under 10 CFR 35.400.

For 35.491:

☐ I attest that _____ has satisfactorily completed the 24 hours of
Name of Proposed Authorized User

classroom and laboratory training applicable to the medical use of strontium-90 for ophthalmic radiotherapy, has used strontium-90 for ophthalmic treatment of 5 individuals, as required by 10 CFR 35.491(b), and has achieved a level of competency sufficient to function independently as an authorized user of strontium-90 for ophthalmic use.

Second Section

For 35.690:

Board Certification

☐ I attest that _____ has satisfactorily completed the requirements in
Name of Proposed Authorized User

35.690(a)(1).

OR

Training and Experience

☒ I attest that Jacqueline Kelly, M.D. has satisfactorily completed 200 hours of classroom
Name of Proposed Authorized User

and laboratory training, 500 hours of supervised work experience, and 3 years of supervised clinical experience in radiation therapy, as required by 10 CFR 35.690(b)(1) and (b)(2).

AND

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

Preceptor Attestation (continued)

Third Section

For 35.690: (continued)

☒ I attest that Jacqueline Kelly, M.D. has received training required in 35.690(c) for device
Name of Proposed Authorized User

operation, safety procedures, and clinical use for the type(s) of use for which authorization is sought, as checked below.

☒ Remote afterloader unit(s) ☐ Teletherapy unit(s) ☐ Gamma stereotactic radiosurgery unit(s)

AND

Fourth Section

☒ I attest that Jacqueline Kelly, M.D. has achieved a level of competency sufficient to
Name of Proposed Authorized User

achieve a level of competency sufficient to function independently as an authorized user for:

☒ Remote afterloader unit(s) ☐ Teletherapy unit(s) ☐ Gamma stereotactic radiosurgery unit(s)

Fifth Section

Complete the following for preceptor attestation and signature:

☒ I meet the requirements in 10 CFR 35.490, 35.491, 35.690, or equivalent Agreement State requirements, as an authorized user for:

☒ 35.400 Manual brachytherapy sources ☐ 35.600 Teletherapy unit(s)

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

☒ 35.600 Remote afterloader unit(s)

Name of Preceptor James Yu, M.D.	Signature 	Telephone Number (203) 737-2758	Date 6/6/19
License/Permit Number/Facility Name Yale-New Haven Hospital, Radiation Oncology, 20 York St., New Haven, CT 06510, NRC Lic. No.: 06-00819-03			

Bohan, Michael

From: Bob@rjtokarzmirs.com
Sent: Tuesday, June 11, 2019 12:30 PM
To: Bohan, Michael
Subject: Re: Request to Confirm Dr. Bruce Haffty as an AU on NJ DEP#450729 Medical License

EXTERNAL EMAIL: Do NOT click links or open attachments unless you trust the sender AND know the content is safe.

Hi Mike,
Yes, Bruce Haffty, M.D. is an authorized user for 35.400 and 35.600 on New Jersey Radioactive Materials License 450729, Expiration 7/31/2022.
Let me know if I can be of further assistance.
Regards,
Bob

Robert J. TOKARZ, M.S., DABR
Medical Physicist
732-424-0909

On Jun 10, 2019, at 1:46 PM, Bohan, Michael <Michael.Bohan@ynhh.org> wrote:

Hi Bob,

I have received a preceptor statement for Dr. Andrew Zhang attesting to his competency to function independently as an Authorized User for 35.400 (manual brachytherapy) and 35.600 (remote afterloader and gamma stereotactic radiosurgery units) uses.

The preceptor statement was endorsed by Dr. Bruce Haffty, under the RWJUH/NJ DEP#450729 license. Could you please confirm to me that Dr. Haffty is considered an Authorized User for 35.400 and 35.600 uses, under the Robert Wood Johnson University Hospital's Medical Broad Scope Agreement State License?

Regards,

Michael J. Bohan
Radiation Safety Officer
Yale New Haven & Bridgeport Hospitals
Radiological Physics
20 York St. – WWW 229
New Haven, CT 06510

Phone: (203) 688-2950
Hospital Cell: (475) 241-1205
Fax: (203) 688-4135
Email1: mike.bohan@yale.edu

Email2: mike.bohan@ynhh.org

<image001.png>

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August 15, 2018

To whom it may concern,

The purpose of this letter is to certify that James B. Yu, M.D., is listed as an Authorized User (AU) by the Yale-New Haven Hospital (YNHH), Radiation Safety Committee, under NRC license 06-00819-03. YNHH is an NRC broad scope, human use licensee. Dr. Yu is the Director of the Yale Medicine Prostate & Genitourinary Cancer Radiotherapy program at YNHH. In addition, he also is one of the primary Radiation Oncologists associated with the YNHH Gamma Knife Center.

He is currently authorized for manual brachytherapy (35.400), high dose rate brachytherapy (HDR) and gamma stereotactic radiosurgery (GSR) Gamma Knife Icon (35.600) uses.

If there are any questions concerning Dr. Yu's training and experience, with regard to radionuclide licensing, please feel free to contact the YNHH Radiation Safety Office at (203) 688-2950.

Sincerely,



Michael J. Bohan
YNHH Radiation Safety Officer

**Radiation Safety Office
Radiological Physics**
20 York St. – WWW 229
New Haven, CT 06510
Phone: (203) 688-2950
Fax: (203) 688-4135
RadiationSafetyGroup@ynhh.org



ACKNOWLEDGEMENT - RECEIPT OF CORRESPONDENCE

Name and Address of Applicant and/or Licensee

Bridgeport Hospital
ATTN: Gina Calder, Vice President of
Ambulatory Services
267 Grant Street
Bridgeport, CT 06610-0120

Date

June 24, 2019

License Number(s)

06-01060-01

Mail Control Number(s)

612558

Licensing and/or Technical Reviewer or Branch

Medical Branch

This is to acknowledge receipt of your: ☒ Letter and/or ☐ Application Dated: 06/11/2019

The initial processing, which included an administrative review, has been performed.

☒ Amendment ☐ Termination ☐ New License ☐ Renewal

☒ There were no administrative omissions identified during our initial review.

☐ This is to acknowledge receipt of your application for renewal of the material(s) license identified above. Your application is deemed timely filed, and accordingly, the license will not expire until final action has been taken by this office.

☐ Your application for a new NRC license did not include your taxpayer identification number. Please complete and submit NRC Form 531, Request for Taxpayer Identification Number, located at the following link: <http://www.nrc.gov/reading-rm/doc-collections/forms/nrc531.pdf>
Follow the instructions on the form for submission.

☐ The following administrative omissions have been identified:

Your application has been assigned the above listed MAIL CONTROL NUMBER. When calling to inquire about this action, please refer to this control number. Your application has been forwarded to a technical reviewer. Please note that the technical review, which is normally completed within 180 days for a renewal application (90 days for all other requests), may identify additional omissions or require additional information. If you have any questions concerning the processing of your application, our contact information is listed below:

Region I
U. S. Nuclear Regulatory Commission
Division of Nuclear Materials Safety
2100 Renaissance Boulevard, Suite 100
King of Prussia, PA 19406-2713
(610) 337-5260, (610) 337-5313,
(610) 337-5398, or (610) 337-5239