



Region I Office
Division of Nuclear Materials Safety
2100 Renaissance Boulevard, Suite 100
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(610)337-5000

Telephone Conversation Record

Date: 8-1-19

License No. 06-06941-01

Docket No.(no hyphens): 03001267

Mail Control/Report No. 612668

Licensee Name: Norwalk Hospital

Participant(s) Name/Title: Demetrios Makrides, RSO

Work Telephone No. 2038523057

Business Cellphone No. n/a

NRC Representative Name/Title: Penny Lanzisera, Senior HP

Subject: RAI for 2 new Authorized Medical Physicists (AMPs)

Discussion:

In support of your request to authorize Dr. Lin and Mr. John Makrides as AMPs, please submit evidence of the training and experience required by 10 CFR 35.51 by providing one of the following:

- a. Previous license number (if issued by NRC), a copy of the Broad Scope permit if issued by an NRC Broad Scope licensee, or copy of Agreement State license on which the individual was specifically named as an AMP for the unit requested. For instance, the Arizona Broad Scope license and permit may recognize Dr. Lin and the Florida 21st Century Oncology License may recognize Mr. Makrides; or
- b. A copy of the certification(s) for the board(s) recognized by NRC in 10 CFR 35.51; or
- c. A description of the training and experience demonstrating that the proposed AMP is qualified by training and experience identified in 10 CFR 35.51 for the unit requested. In particular, please provide: (i) A Diploma showing a master's or doctor's degree in physics, medical physics, other physical science, engineering, or applied mathematics from an accredited college or university; (ii) Evidence of 1 year of full-time training in medical physics including the training syllabus and curriculum, textbooks used, etc.; and (iii) Evidence of **an additional year** of full-time work experience under the supervision of an individual who meets the requirements for an authorized medical physicist for the type of use for which the individual is seeking authorization. In addition, please provide a copy of the license or permit listing the supervising AMP for Dr. Lin.

Please note that if any of the documents in a, b, or c above reference training and experience which was received more than 7 years ago, evidence of recentness of training in accordance with 10 CFR 35.59 must also be submitted.

Additionally, please confirm the Hospital’s mailing address – 24 Stevens Street or 34 Maple Street?

Action Required: Reply

SUNSI REVIEW			
Document Availability:	<input checked="" type="checkbox"/>	Public	or <input type="checkbox"/> Non-Public
Document Sensitivity: <i>(select "1" value to the right)</i>	<input checked="" type="checkbox"/>	Non-Sensitive	<input type="checkbox"/> MD 3.4 Non-Public B.1 (Non-Sensitive)
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	<input type="checkbox"/>	Sensitive – Security-Related-Periodic Review Required	<input type="checkbox"/> MD 3.4 Non-Public A.7 (Internal)
SUNSI Review Completed by: PL			