

Weidner, Tara

From: Oyadomari, Brian <Brian.Oyadomari@uvmhealth.org>
Sent: Friday, August 16, 2019 11:40 AM
To: Weidner, Tara
Subject: [External_Sender] RE: RE: NRC license amendment
Attachments: AMP preceptor attest form M Chamberland.pdf

44-10187-03
030 03289

Hi Tara,

The revised preceptor form was signed by Matthew Deeley and is attached. Please let me know if anything else is needed for this amendment.

Thanks,
Brian

*Brian Oyadomari, M.S.
Medical Physicist and Radiation Safety Officer
The University of Vermont Medical Center
111 Colchester Avenue
Burlington, VT 05401*

802-847-4897

From: Weidner, Tara <Tara.Weidner@nrc.gov>
Sent: Tuesday, August 13, 2019 1:07 PM
To: Oyadomari, Brian <Brian.Oyadomari@uvmhealth.org>
Subject: RE: RE: NRC license amendment

If you can confirm with Dr. Chamberland that the training was completed, let me know. If he has had the training/work experience, please have the revised preceptor form prepared for Matthew Deeley's signature on Friday morning. In the interim I will prepare the license and have it ready to go. Let me know what Dr. Chamberland said about the training today if possible.

Tara

From: Oyadomari, Brian [<mailto:Brian.Oyadomari@uvmhealth.org>]
Sent: Tuesday, August 13, 2019 1:03 PM
To: Weidner, Tara <Tara.Weidner@nrc.gov>
Subject: [External_Sender] RE: NRC license amendment

Hi Tara,

Matthew is on vacation and will be back by Friday. I can talk to Marc Chamberland and get the information needed. Thank you for contacting me.

Brian
Brian Oyadomari, M.S.

612379
NRC/RONI MATERIALS-002

Rec'd. in LAT-08/16/2019¹

Medical Physicist and Radiation Safety Officer
The University of Vermont Medical Center
111 Colchester Avenue
Burlington, VT 05401

802-847-4897

From: Weidner, Tara <Tara.Weidner@nrc.gov>
Sent: Tuesday, August 13, 2019 11:29 AM
To: Oyadomari, Brian <Brian.Oyadomari@uvmhealth.org>
Subject: NRC license amendment

Good morning Brian,

I have a question about the preceptor form that was sent for Marc Chamberland, Ph.D. I have tried to get ahold of Matthew Deeley multiple times but, have not heard back from him. On the Part I, Section 3.b. there is no location of training or dates of work experience referenced for performing full calibrations and spot checks for external beam treatment units, but on page one of the document it states that Dr. Chamberland has supervised full-time medical physics training and work experience in clinical radiation facilities that provide high energy external beam therapy and brachytherapy services. Is it possible that he never performed full calibrations and spot checks for external beam treatment units? If he has had this experience, I need the preceptor form to be revised and sent to me as soon as possible. I need to issue the amendment by Friday, otherwise I will need to issue the license with just the change of possession limit and look at Dr. Chamberland at a later date.

Please let me know your intentions ASAP.

Tara Weidner

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

Name of Proposed Authorized Medical Physicist
Marc J.P. Chamberland, Ph.D.

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**

- Provide a copy of the board certification.
- 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.
- Skip to and complete Part II Preceptor Attestation.

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

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

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

- 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 Ph.D.	Major Field Medical Physics
College or University Carleton University, Ottawa, Ontario, Canada	

- 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 Conrad Yuen, M.Sc., FCCPM 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 Conrad Yuen, M.Sc., FCCPM 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)

b. Supervised Full-Time Medical Physics Training and Work Experience (continued)

If more than one supervising individual is necessary to document supervised training, provide multiple copies of this page.

Description of Training/ Experience	Location of Training/License or Permit Number of Training Facility/Medical Devices Used+	Dates of Training*	Dates of Work Experience*
Medical Physics	BC Cancer - Vancouver, Vancouver, Canada CNSC License Number 17119-1-25.2 Varian Clinac iX, Varian TrueBeam, Co-60 teletherapy, Mitsubishi BrainLab Vero	September 2016 - August 2017	
Performing sealed source leak tests and inventories	BC Cancer - Vancouver, Vancouver, Canada CNSC License Number 17119-1-25.2	September 2016 - August 2017	
Performing decay corrections	BC Cancer - Vancouver, Vancouver, Canada CNSC License Number 17119-1-25.2	September 2016 - August 2017	
Performing full calibration and periodic spot checks of external beam treatment unit(s)	BC Cancer - Vancouver, Vancouver, Canada CNSC License Number 17119-1-25.2 Co-60 teletherapy Varian Linacs	September 2016 - August 2017	
Performing full calibration and periodic spot checks of stereotactic radiosurgery unit(s)	BC Cancer - Vancouver, Vancouver, Canada CNSC License Number 17119-1-25.2 SRS Linac	September 2016 - August 2017	
Performing full calibration and periodic spot checks of remote afterloading unit(s)	BC Cancer - Vancouver, Vancouver, Canada CNSC License Number 17119-1-25.2 Varian GammaMed Plus	September 2016 - August 2017	
Conducting radiation surveys around external beam treatment unit(s), stereotactic radiosurgery unit(s), remote after loading unit(s)	BC Cancer - Vancouver, Vancouver, Canada CNSC License Number 17119-1-25.2 Varian GammaMed Plus	September 2016 - August 2017	

Supervising Individual**

Conrad Yuen, M.Sc., FCCPM

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

N/A (no list of authorized users on CNSC license)

for the following types of use:

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

+ Training and work experience must be conducted 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.

* 1 year of Full-time medical physics training and 1 year of full time work experience cannot be concurrent.

** If the supervising medical physicist is not an authorized medical physicist, the licensee must submit evidence that the supervising medical physicist meets the training and experience requirements in 10 CFR 35.51 and 35.59 for the types of use for which the individual is seeking authorization.

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	October 24 2018, day of use and clinical use		
Safety procedures for the device use	October 24 2018, day of use QA		
Clinical use of the device	October 24 2018 - November 12 2018		
Treatment planning system operation	October 24 2018 - February 3 2019		
Supervising Individual <small>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.)</small> Matthew A. Deeley, Ph.D.		License/Permit Number listing supervising individual as an authorized Medical Physicist NRC 44-10187-03	
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)			

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 _____ 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 Marc J.P. Chamberland, Ph.D. 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 Marc J.P. Chamberland, 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 Marc J.P. Chamberland, 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
Matthew Deeley, Ph.D.

Signature

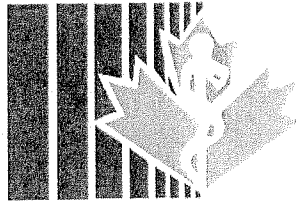


Telephone Number
(802) 847-3506

Date
8.16.2019

License/Permit Number/Facility Name
NRC 44-10187-03 / The Univ. of Vermont Med. Ctr.

CANADIAN
COLLEGE OF
PHYSICISTS IN
MEDICINE



LE COLLÈGE
CANADIEN
DES PHYSICIENS
EN MÉDECINE

May 10th 2019

Dear Dr. Chamberland,

It gives me great pleasure to inform you that you have passed the CCPM oral membership exam. Congratulations! Based on this result, together with your written exam result, you will be nominated for election to membership of the Canadian College of Physicists in Medicine at our next annual general meeting. As I am sure you know, it will be held in Kelowna, B.C. in September. I hope you will be able to attend, so that we may welcome and congratulate you in person.

Any comments or feedback you may have regarding the exam or examination process would be much appreciated. It is important that we run a relevant exam, with up-to-date questions. If you have ideas for changes, please let me know. Meanwhile, enjoy this well-earned achievement.

Best regards,

Alasdair Syme, FCCPM
Chief Examiner, Canadian College of Physicists in Medicine
Email : alsadair_syme@hotmail.com

Genevieve Jarry, FCCPM
Deputy Chief Examiner, Canadian College of Physicists in Medicine
Email: gjarry.hmr@ssss.gov.qc.ca