

From: [Elliott, Robin](#)
To: [Blankenship, Bette](#)
Subject: Request for Additional Information for License No. 06-00253-04, CN 618801
Date: Wednesday, May 13, 2020 8:32:00 AM

License No.: 06-00253-04

Docket No: 030-01239

Control No: 618801

Licensee Name: Hartford Hospital

This refers to your request to amend your license dated April 20, 2020. In order to continue our review of your request, the following additional information is needed:

The following regulation, 10 CFR 35.51(b) and (c) applies to the requirements to add Mr. Mongillo as an authorized medical physicist (AMP):

(b)(1) Holds a master's or doctor's degree in physics, medical physics, other physical science, engineering, or applied mathematics from an accredited college or university; and has completed 1 year of full-time training in medical physics and 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(s) of use for which the individual is seeking authorization. This 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 and must include:

(i) Performing sealed source leak tests and inventories;

(ii) Performing decay corrections;

(iii) Performing full calibration and periodic spot checks of external beam treatment units, stereotactic radiosurgery units, and remote afterloading units as applicable; and

(iv) Conducting radiation surveys around external beam treatment units, stereotactic radiosurgery units, and remote afterloading units as applicable; and

(2) Has obtained written attestation that the individual has satisfactorily completed the requirements in paragraphs (b)(1) and (c) of this section, and is able to independently fulfill the radiation safety-related duties as an authorized medical physicist for each type of therapeutic medical unit for which the individual is requesting authorized medical physicist status. The written attestation must be signed by a preceptor authorized medical physicist who meets the requirements in § 35.51, § 35.57, or equivalent Agreement State requirements for an authorized medical physicist for each type of therapeutic medical unit for which the individual is requesting authorized medical physicist status.

(c) Has training for the type(s) of use for which authorization is sought that includes hands-on device operation, safety procedures, clinical use, and the operation of a treatment planning system. This training requirement may be satisfied by satisfactorily

completing either a training program provided by the vendor or by training supervised by an authorized medical physicist authorized for the type(s) of use for which the individual is seeking authorization.

Please address the following in your response to this request for additional information:

1. When re-submitting the information requested, please use the new 313A (AMP) form found at: <https://www.nrc.gov/materials/miau/med-use-toolkit.html#forms>
2. You requested that Nicholas Mongillo be approved for teletherapy use; however, there is no teletherapy unit listed on your license so we are unable to provide this authorization.
3. Please provide documentation to support Mr. Mongillo's degree from the University of Pennsylvania. A transcript showing he graduated, a copy of his diploma, or something similar will suffice.
4. Item 3(b) on the 313A (AMP) form lists Doug Frank as a supervisor for Supervised training; however, no documentation was provided to support his status as an AMP for HDR.
5. When completing the Table in 3(b), be sure that all sections are completed documenting training for HDR, and that the preceptor, David Piantino, is an authorized medical physicist for HDR. The license provided to support David Piantino as an authorized medical physicist does not list any HDRs, only accelerators.
6. When completing Table 3(c), the dates cannot be the same as those in Table 3(b) as the regulation requires "an additional year of full-time work experience..." In addition, please specify the type of HDR unit that was used for the work experience.
7. The documentation of the "in-house" HDR training provided by Ted Steger did not list the HDR unit used. Please provide this information.

Your reply must be an originally signed and dated letter. The letter may be scanned and submitted as a pdf document attached to an email (preferred during this mandatory telework period); or it may be transmitted by facsimile to (610) 337-5269; or it may be sent by regular mail. If we do not receive a reply from you within 30 calendar days from the date of this e-mail, we will assume that you do not wish to pursue your amendment request.

Please respond by e-mail to acknowledge that you have received the e-mail request for additional information.

Regards,

Robin L. Elliott

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