



DEPARTMENT OF THE ARMY  
HEADQUARTERS, TRIPLER ARMY MEDICAL CENTER  
TRIPLER AMC, HAWAII 96859

REPLY TO  
ATTENTION OF:

\*85 FEB 19 AIO:40

HS4K-RP

5 February 1985

SUBJECT: Amendment to NRC BML No. 53-00458-05, Control No. 18283

Materials Licensing Branch  
US Nuclear Regulatory Commission  
Washington, DC 20555

1. Reference.

a. Letter, HST-RP, Review of Training and Experience Qualifications of MAJ Marilyn Ordonez, M.D. as Authorized User on NRC License No. 53-00458-05, Tripler AMC, Hawaii, 3 July 1980.

b. Letter, U. S. Nuclear Regulatory Commission, FCMLB:FAS, 2 November 1984.

c. Letter, Application for Byproduct Material License Dated Sept. 26, 1984 and Our Request for Information Dated November 2, 1984, U. S. Nuclear Regulatory Commission, FCML:FAS, 10 January 1985 (Inclosure 1).

2. Attached is the additional documentation of the training and experience of LTC Aida P. Ronquillo, M.D. (Inclosure 2), as requested in reference b. Our apologies for the delay which resulted in reference c, but due to the separation in time and distance of this medical center from those at which LTC Ronquillo received her training it has been very difficult to obtain the requested documentation.

8512030551 851010  
REGS LIC30  
53-00458-05 PDR

HSBK-RF

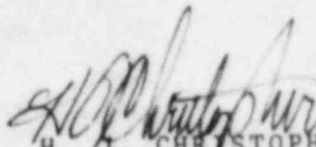
5 February 1985

SUBJECT: Amendment to NRC BML No. 53-00458-05, Control No. 18283

3. For further information on this contact CPT Carl Curling at (808) 433-6925.

FOR THE COMMANDER:

2 Incl  
as

  
H. J. CHRISTOPHER  
MAJ, MSC  
Adjutant General

CF:

HQDA  
ATTN: DASG-PSP-E  
Washington, DC 20310

Commander  
US Army Health Services Command  
ATTN: HSCL-P  
Ft. Sam Houston, TX 78234-6000



January 28, 1985

TO WHOM IT MAY CONCERN:

This is to certify that Aida P. Ronquillo, M.D. was a resident in Radiation Oncology at the University of Tennessee Center for the Health Sciences, Memphis, from July 1974 through June 1977. The Chairman of the Department at that time was James J. Nickson, M.D., who has since retired. I am presently the Chief of Radiation Oncology and director of the residency training program.

Although I have not personally supervised Dr. Ronquillo, our records regarding her training here indicate that she performed excellently and would be competent to use, independently, therapeutic sources (Cobalt 60 and linear accelerator and radium and cesium for intracavitary use) for treatment of patients.

If you desire any further information, please do not hesitate to contact me.

Sincerely,

Subir Nag, M.D.

SN/ba

**TRAINING AND EXPERIENCE  
PROPOSED AUTHORIZED USER OR RADIATION SAFETY OFFICER**

1. NAME OF PROPOSED AUTHORIZED USER OR RADIATION SAFETY OFFICER <b>LTC AIDA P. RONQUILLO, M.D.</b>	2. STATE OR TERRITORY IN WHICH LICENSED TO PRACTICE MEDICINE (If any): <b>Florida</b>
---	--

3. CERTIFICATION		
SPECIALTY BOARD	CATEGORY	MONTH AND YEAR CERTIFIED
American Board of Radiology (Therapeutic Radiology)	Passed written	June 1978

4. TRAINING RECEIVED IN BASIC RADIOISOTOPE HANDLING TECHNIQUES (To be completed by institution providing training)			
FIELD OF TRAINING	LOCATION AND DATE(S) OF TRAINING	TYPE AND LENGTH OF TRAINING	
		LECTURE/LABORATORY COURSE (hours)	FORMAL SUPERVISED OUT/LABORATORY EXPERIENCE (hours)
RADIATION PHYSICS AND INSTRUMENTATION	Univ. of Tennessee July 1, 1974 - June 30, 1977	350	50
RADIATION PROTECTION	Univ. of Tennessee July 1, 1974 - June 30, 1977	50	20
MATHEMATICS PERTAINING TO THE USE, MEASUREMENT, AND SHIELDING OF RADIOACTIVE SOURCES	Univ. of Tennessee July 1, 1974 - June 30, 1977	50	25
RADIATION BIOLOGY	Univ. of Tennessee July 1, 1974 - June 30, 1977	150	40

5. EXPERIENCE WITH RADIOACTIVE MATERIALS* (Actual use of radioisotopes or equivalent experience)				
ISOTOPE	MAXIMUM AMOUNT FOR ANY SINGLE APPLICATION	WHERE EXPERIENCE WAS GAINED	DURATION OF EXPERIENCE	TYPE OF USE
Co 60	8000 Ci	Univ. of Tennessee	7/1/74-6/30/77	Exter. rad. tx of humans
Cs 137	75 mg	Univ. of Tennessee	7/1/74-6/30/77	Intracav. imp in humans
Sr 90	12 mCi	Univ. of Tennessee	7/1/74-6/30/77	Exter. applic. to human eyes

\*Experience with sealed radioactive sources under the supervision of qualified instructors should include:

- |  |  |
|--|--|
| 1. Review of initial source calibration and periodic spot check measurements of teletherapy units.                   | 4. Preparation of treatment plans and treatment times for brachytherapy.   |
| 2. Initial source calibration of sealed sources other than teletherapy sources that are used for treatment purposes. | 5. Knowledge of applicable radiation safety controls and emergency procedures for handling and using sealed sources. |
| 3. Calibration of ion chambers and survey meters.  |  |

6. I CERTIFY THAT THE INFORMATION PRESENTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. *Signature of proposer (AIDA P. RONQUILLO)*

TYPED OR PRINTED NAME <b>Subir Nag, M.D.</b>		DATE <b>1/1/85</b>
NAME OF INSTITUTION <b>University of Tennessee Center for Health Sciences, Radiation Oncology</b>		
MAILING ADDRESS <b>865 Jefferson, Room B106</b>		
CITY <b>Memphis</b>	STATE <b>TN</b>	ZIP CODE <b>38163</b>
		RADIATION SAFETY OFFICER LICENSE NUMBER <b>R-9660-G7</b>

WARNING: 18 U.S.C. Section 1001, Act of June 25, 1948, 62 Stat. 749, makes it a criminal offense to make a willfully false statement or representation to any department or agency of the United States as to any matter within its jurisdiction.

0106

## PRECEPTOR STATEMENT

Supplement B must be completed by the applicant physician's preceptor. If more than one preceptor is necessary to document experience, obtain a separate statement from each.

## 1. APPLICANT PHYSICIAN'S NAME AND ADDRESS

FULL NAME

LTC AIDA P. RONQUILLO, M.D.

STREET ADDRESS

P. O. BOX 91, Tripler Army Medical Center

CITY

STATE

ZIP CODE

Tripler AMC, HI 96859-5000

KEY TO COLUMN C  
PERSONAL PARTICIPATION SHOULD CONSIST OF:

1. Supervised examination of patients to determine the suitability for radioisotope therapy and recommendations on dosage to be prescribed.
2. Collaboration in calculation of radiation dose, related measurements, and modification of the originally prescribed dose as warranted by patient reaction to the radiation.
3. Followup of patients when required.
4. Study and discussion with preceptor of case histories to establish the most appropriate therapy procedures, limitations, contraindications, etc.

## 2. CLINICAL TRAINING AND EXPERIENCE OF PHYSICIAN CITED ABOVE IN USING SOURCES OR DEVICES FOR THERAPY

ISOTOPE	TYPES OF TREATMENT	NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION	COMMENTS (Append additional information, if necessary)
A	B	C	D
Co-60	COURSES OF TELETHERAPY TREATMENT	240	
OR	INTERSTITIAL		
Cs-137	INTRACAVITARY	450	
I-125 or Au-198 SEEDS	INTERSTITIAL		
Ra-226	INTRACAVITARY	50	
X RAY AND ACCELERATOR THERAPY	COURSES OF THERAPY TREATMENT	650	
S-90	SUPERFICIAL EYE CONDITIONS	15	
OTHER			

DATES AND TOTAL NUMBER OF HOURS IN CLINICAL TRAINING USING SEALED SOURCES FOR THERAPY

July 1, 1974 to June 30, 1977 -- 4860 hours

## 3. PRECEPTOR'S CERTIFICATION

NAME OF SUPERVISOR	NAME OF INSTITUTION	RADIOACTIVE MATERIALS LICENSE NUMBER
Subj. Nag, M.D.	University of Tennessee Center for Health Sciences	R-9660-G7
MAILING ADDRESS	CITY	STATE
865 Jefferson, Room B106	Memphis	TN
I CERTIFY THAT THE INFORMATION PRESENTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND BY WAY OF AUTHORIZATION BY THE APPLICANT'S RADIOACTIVE MATERIALS LICENSE(S) TO PERFORM THE PROCEDURES SPECIFIED ABOVE, I FURTHER REVEAL THAT THE APPLICANT PHYSICIAN IS COMPETENT TO PERFORM THESE PROCEDURES INDEPENDENTLY. (Signature)		DATE
		1/5-7/78

WARNING: 18 U.S.C. Section 1001, Act of June 25, 1948, 62 Stat. 749, makes it a criminal offense to make a willfully false statement of representation to any department or agency of the United States as to any matter within its jurisdiction.