



THE QUEEN'S HEALTH SYSTEMS

1301 Punchbowl Street ▪ Honolulu, HI 96813 ▪ Ph: 808-691-5900 ▪ Fax: 808-7887 ▪ www.queens.org

United States Nuclear Regulatory Commission
Region IV
611 Ryan Plaza Drive, Suite 400
Arlington, TX 76011-4005

RE: **Update Last name and suffix of Authorized Nuclear Pharmacist**
Add Authorized Users
Designate Associate Radiation Safety Officer
The Queen's Medical Center
NRC License No. **53-16533-02**

November 10, 2021

Michelle Simmons:

Please amend our radioactive material license, 53-16533-02 as follows:

1. Please add Authorized User Horia Vulpe, MD for 35.400 and 35.600. Attached is his Form 313A as well as his ABR certificate
2. Please add Authorized User Mark Mayeda, MD for 35.400 and 35.600. Attached is his Form 313A
3. Please remove the following authorized users: i) Mark Kanemori MD, ii) Christina Liu, MD and iii) Scott Moon MD.
4. Please Correct Stuart Tsuji, M.D. to Stuart Tsuji, M.D., Ph.D.

Thank you for your assistance. If you have any questions or require additional information, please contact our Radiation Safety Officer, Frank Goerner, PhD at (808) 691 – 47063 or Darlena Chadwick at (808) 691 – 4742.

Sincerely,

Darlena Chadwick, MSN, MBA, FACHE
Vice President, Patient Care

Frank Goerner, PhD, DABR
Medical Physicist / RSO

The American Board of Radiology

*Organized through the cooperation of the
American College of Radiology, the American Roentgen Ray Society,
the American Radium Society, the Radiological Society of North America,
the Section on Radiology of the American Medical Association,
the American Society for Radiation Oncology, the Association of University Radiologists,
the American Association of Physicists in Medicine, and the Society of Interventional Radiology,
the American Board of Radiology hereby certifies that*

Gloria Vulpe, MD CMA

*Has pursued an accepted course of graduate study and clinical work; has met certain standards
and qualifications, including passing the examinations conducted under the authority of
the American Board of Radiology, demonstrating to the satisfaction of the Board qualification
to practice; and is therefore awarded the Board's certification in*

Radiation Oncology

*Ongoing validity of this certificate is contingent upon
meeting the requirements of Maintenance of Certification.*

*This diplomate of the American Board of Radiology
is permitted to use the **DABR** mark to signify this certification.*



Certificate No. 73123

Robert Kachur
President

Robert M. Sam
Secretary-Treasurer

Valerie P. Johnson
Executive Director



Effective: May 18, 2018

AUTHORIZED USER TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION
(for uses defined under 35.400 and 35.600)
[10 CFR 35.57, 35.490, 35.491, and 35.690]

Name of Proposed Authorized User

Horia Vulpe, M.D.

State or Territory Where Licensed

Hawaii

Requested

35.400 Manual brachytherapy sources



35.600 Teletherapy unit(s)

Authorization(s)

35.400 Ophthalmic use of strontium-90



35.600 Gamma stereotactic radiosurgery unit(s)

(check all that apply)

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 35.690, 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.
- For a board certification issued on or before October 24, 2005, that is listed in 10 CFR 35.57(b)(2)(iii), provide the following:
 - Documentation that the individual performed each use checked above on or before October 24, 2005.
 - Dates, duration, and description of continuing education and experience within the past seven years for each use checked above.
- Stop here.

**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.
- If board certified, provide a copy of the certificate and stop here. If not board certified, provide completed 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			
Radiation protection			
Mathematics pertaining to the use and measurement of radioactivity			
Radiation biology			

Total Hours of Training:

AUTHORIZED USER TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION**(for uses defined under 35.400 and 35.600)****[10 CFR 35.57, 35.490, 35.491, and 35.690] (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		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Checking survey meters for proper operation		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Preparing, implanting, and safely removing brachytherapy sources		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Maintaining running inventories of material on hand		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Using administrative controls to prevent a medical event involving the use of byproduct material		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Using emergency procedures to control byproduct material		<input type="checkbox"/> Yes <input type="checkbox"/> No	

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 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"/> Council on Postdoctoral Training of the American Osteopathic Association		
Supervising Individual	License/Permit Number listing supervising individual as an Authorized User	

AUTHORIZED USER TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION**(for uses defined under 35.400 and 35.600)****[10 CFR 35.57, 35.490, 35.491, and 35.690] (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		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Preparing treatment plans and calculating treatment doses and times		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Using administrative controls to prevent a medical event involving the use of byproduct material		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Implementing emergency procedures to be followed in the event of the abnormal operation of the medical unit or console		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Checking and using survey meters		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Selecting the proper dose and how it is to be administered		<input type="checkbox"/> Yes <input type="checkbox"/> No	

AUTHORIZED USER TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION
(for uses defined under 35.400 and 35.600)
[10 CFR 35.57, 35.490, 35.491, and 35.690] (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 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"/> Council on Postdoctoral Training of the American Osteopathic Association		
Supervising Individual	License/Permit Number listing supervising individual as an Authorized User	

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	Vincent Duryee, PhD, DABR Radiation Oncology The Queen's Medical Center Honolulu, HI		
Safety procedures for the device use	Vincent Duryee, PhD, DABR Radiation Oncology The Queen's Medical Center Honolulu, HI		
Clinical use of the device	Stuart Tsuji, MD, PhD, DABR Radiation Oncology The Queen's Medical Center Honolulu, HI		
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.)		License/Permit Number listing supervising individual as an Authorized User	
Vincent Duryee, PhD, DABR & Stuart Tsuji, MD, PhD		License No.: 53-16533-02	
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, EXPERIENCE AND PRECEPTOR ATTESTATION
(for uses defined under 35.400 and 35.600)
[10 CFR 35.57, 35.490, 35.491, and 35.690] (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:

☐ I attest that _____ 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 is able to independently fulfill the radiation safety-related duties 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 is able to independently fulfill the radiation safety-related duties as an authorized user of strontium-90 for ophthalmic use.

Second Section

For 35.690:

☐ I attest that _____ 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

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

AUTHORIZED USER TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION
(for uses defined under 35.400 and 35.600)
[10 CFR 35.57, 35.490, 35.491, and 35.690] (continued)

Fourth Section

☐ I attest that _____ is able to independently fulfill the radiation safety-related duties as an authorized user for:

Name of Proposed Authorized User

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

Fifth Section

Complete one of the following for attestation and signature:

☐ **Authorized User:**

☐ 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) ☐ 35.57 for 35.400 and/or 35.600 uses, as applicable

OR

☐ **Residency Program Director (for 35.490 and/or 35.690 only):**

☐ I affirm that the attestation represents the consensus of the residency program faculty where at least one faculty member is an authorized user who meets the requirements below or equivalent Agreement State requirements for:

☐ 35.400 Manual brachytherapy sources ☐ 35.57 for 35.400 uses
☐ 35.600 Teletherapy unit(s) ☐ 35.57 for teletherapy unit(s)
☐ 35.600 Remote afterloader unit(s) ☐ 35.57 for remote afterloader unit(s)
☐ 35.600 gamma stereotactic radiosurgery unit(s) ☐ 35.57 gamma stereotactic radiosurgery unit(s)

☐ I affirm that this faculty member concurs with the attestation I am providing as program director.

☐ I affirm that the residency training program is approved by the:

☐ Residency Review Committee of the Accreditation Council for Graduate Medical Education
☐ Royal College of Physicians and Surgeons of Canada
☐ Council on Postdoctoral Training of the American Osteopathic Association

☐ I affirm that the residency training program includes training and experience specified in:

☐ 35.490 ☐ 35.690

Name of Facility:			
License/Permit Number:			
Name of Preceptor or Residency Program Director (Typed or printed)	Telephone Number	Date	

Signature

AUTHORIZED USER TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION
(for uses defined under 35.400 and 35.600)
[10 CFR 35.57, 35.490, 35.491, and 35.690]

Name of Proposed Authorized User

Mark Mayeda, M.D.

State or Territory Where Licensed

Hawaii

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 35.690, 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.
- For a board certification issued on or before October 24, 2005, that is listed in 10 CFR 35.57(b)(2)(iii), provide the following:
 - Documentation that the individual performed each use checked above on or before October 24, 2005.
 - Dates, duration, and description of continuing education and experience within the past seven years for each use checked above.
- Stop here.

☐ **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.
- If board certified, provide a copy of the certificate and stop here. If not board certified, provide completed 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	Columbia University/ New York Presbyterian Hospital Department of Radiation Oncology New York, NY	50	7/1/17-6/30/21
Radiation protection	Columbia University/ New York Presbyterian Hospital Department of Radiation Oncology New York, NY	30	7/1/17-6/30/21
Mathematics pertaining to the use and measurement of radioactivity	Columbia University/ New York Presbyterian Hospital Department of Radiation Oncology New York, NY	50	7/1/17-6/30/21
Radiation biology	Columbia University/ New York Presbyterian Hospital Department of Radiation Oncology New York, NY	80	7/1/17-6/30/21

Total Hours of Training: 210

AUTHORIZED USER TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION
(for uses defined under 35.400 and 35.600)
[10 CFR 35.57, 35.490, 35.491, and 35.690] (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:	500
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	Columbia University/ New York Presbyterian Hospital Department of Radiation Oncology New York, NY	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/1/17-6/30/21
Checking survey meters for proper operation	Columbia University/ New York Presbyterian Hospital Department of Radiation Oncology New York, NY	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/1/17-6/30/21
Preparing, implanting, and safely removing brachytherapy sources	Columbia University/ New York Presbyterian Hospital Department of Radiation Oncology New York, NY	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/1/17-6/30/21
Maintaining running inventories of material on hand	Columbia University/ New York Presbyterian Hospital Department of Radiation Oncology New York, NY	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/1/17-6/30/21
Using administrative controls to prevent a medical event involving the use of byproduct material	Columbia University/ New York Presbyterian Hospital Department of Radiation Oncology New York, NY	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/1/17-6/30/21
Using emergency procedures to control byproduct material	Columbia University/ New York Presbyterian Hospital Department of Radiation Oncology New York, NY	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/1/17-6/30/21

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"/> Council on Postdoctoral Training of the American Osteopathic Association	Columbia University/ New York Presbyterian Hospital Department of Radiation Oncology New York, NY	7/1/17-6/30/21
Supervising Individual Israel Deutsch, MD		License/Permit Number listing supervising individual as an Authorized User 77-0000019

AUTHORIZED USER TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION
(for uses defined under 35.400 and 35.600)
[10 CFR 35.57, 35.490, 35.491, and 35.690] (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:	
		500	
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	Columbia University/ New York Presbyterian Hospital Department of Radiation Oncology New York, NY	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/1/17-6/30/21
Preparing treatment plans and calculating treatment doses and times	Columbia University/ New York Presbyterian Hospital Department of Radiation Oncology New York, NY	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/1/17-6/30/21
Using administrative controls to prevent a medical event involving the use of byproduct material	Columbia University/ New York Presbyterian Hospital Department of Radiation Oncology New York, NY	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/1/17-6/30/21
Implementing emergency procedures to be followed in the event of the abnormal operation of the medical unit or console	Columbia University/ New York Presbyterian Hospital Department of Radiation Oncology New York, NY	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/1/17-6/30/21
Checking and using survey meters	Columbia University/ New York Presbyterian Hospital Department of Radiation Oncology New York, NY	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/1/17-6/30/21
Selecting the proper dose and how it is to be administered	Columbia University/ New York Presbyterian Hospital Department of Radiation Oncology New York, NY	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/1/17-6/30/21

AUTHORIZED USER TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION
(for uses defined under 35.400 and 35.600)
[10 CFR 35.57, 35.490, 35.491, and 35.690] (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"/> Council on Postdoctoral Training of the American Osteopathic Association	Columbia University/ New York Presbyterian Hospital Department of Radiation Oncology New York, NY	7/1/17-6/30/21
Supervising Individual Israel Deutsch, MD		License/Permit Number listing supervising individual as an Authorized User 77-0000019

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	Columbia University/ New York Presbyterian Hospital Department of Radiation Oncology New York, NY 7/1/17-6/30/21		
Safety procedures for the device use	Columbia University/ New York Presbyterian Hospital Department of Radiation Oncology New York, NY 7/1/17-6/30/21		
Clinical use of the device	Columbia University/ New York Presbyterian Hospital Department of Radiation Oncology New York, NY 7/1/17-6/30/21		
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.) Israel Deutsch, MD		License/Permit Number listing supervising individual as an Authorized User 77-0000019	
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, EXPERIENCE AND PRECEPTOR ATTESTATION
(for uses defined under 35.400 and 35.600)
[10 CFR 35.57, 35.490, 35.491, and 35.690] (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:

☒ I attest that Mark Mayeda, 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 is able to independently fulfill the radiation safety-related duties 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 is able to independently fulfill the radiation safety-related duties as an authorized user of strontium-90 for ophthalmic use.

Second Section

For 35.690:

☒ I attest that Mark Mayeda 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

Third Section

For 35.690: (continued)

☒ I attest that Mark Mayeda 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

AUTHORIZED USER TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION
(for uses defined under 35.400 and 35.600)
[10 CFR 35.57, 35.490, 35.491, and 35.690] (continued)

Fourth Section

☒ I attest that Mark Mayeda M.D. is able to independently fulfill the radiation safety-

Name of Proposed Authorized User

related duties as an authorized user for:

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

Fifth Section

Complete one of the following for attestation and signature:

☐ Authorized User:

☐ 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) ☐ 35.57 for 35.400 and/or 35.600 uses, as applicable

OR

☒ Residency Program Director (for 35.490 and/or 35.690 only):

☒ I affirm that the attestation represents the consensus of the residency program faculty where at least one faculty member is an authorized user who meets the requirements below or equivalent Agreement State requirements for:

☒ 35.400 Manual brachytherapy sources ☒ 35.57 for 35.400 uses
☐ 35.600 Teletherapy unit(s) ☐ 35.57 for teletherapy unit(s)
☒ 35.600 Remote afterloader unit(s) ☒ 35.57 for remote afterloader unit(s)
☐ 35.600 gamma stereotactic radiosurgery unit(s) ☐ 35.57 gamma stereotactic radiosurgery unit(s)


☒ I affirm that this faculty member concurs with the attestation I am providing as program director.

☒ I affirm that the residency training program is approved by the:

☒ Residency Review Committee of the Accreditation Council for Graduate Medical Education
☐ Royal College of Physicians and Surgeons of Canada
☐ Council on Postdoctoral Training of the American Osteopathic Association

☒ I affirm that the residency training program includes training and experience specified in:

☒ 35.490 ☒ 35.690

Name of Facility:	<i>The Presbyterian Hospital of New York</i>		
License/Permit Number:	<i>77-0000019</i>		
Name of Preceptor or Residency Program Director (Typed or printed)	Telephone Number	Date	
<i>David P. Horowitz, MD - Program Director</i>	<i>212-305-5050</i>	<i>9/29/21</i>	
Signature 			

From: [Goerner, Frank L.](#)
To: [Simmons, Michelle](#); [Hill, Carol](#)
Subject: [External_Sender] Amendment Request
Date: Friday, November 12, 2021 5:48:35 PM
Attachments: [image001.png](#)
[Amendment 84 signed.pdf](#)

Hi Ms. Simmons,

Please accept the attached amendment request for our NRC License 53-16533-02

Thank You,

Frank Goerner, PhD, DABR

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