

*Total Cardiology Care LLC
120 Franklin Street
Jersey City, New Jersey 07307*

The U.S. Nuclear Regulatory Commission
Division of Nuclear Materials
Region I
King of Prussia

07036073

RE: Amendment application for NRC license number 29-30751-01, Docket No. 30 -
36073

To Whom It May Concern:

Attached is an application for adding Brendan Sullivan, M.D., as an authorized user for
nuclear cardiology work under Part 35.200.

Preceptor statement and evidence of laboratory training are attached with this application.

If you need any additional information please contact me at (201)216-9791.

Thank you,


Mitchell Baruchin M.D.

136273

NMSS/RGNI MATERIALS-032

REC'D IN LAT JAN 12 2005

<p>NRC FORM 313 (8-1999) 10 CFR 30.32, 33 34, 35, 36, 39 and 43</p> <p style="text-align: center;">U. S. NUCLEAR REGULATORY COMMISSION</p> <p style="text-align: center; font-size: 1.2em;">APPLICATION FOR MATERIAL LICENSE</p>	<p>APPROVED BY OMB: NO. 3150-0120</p> <p style="text-align: right; font-size: 0.8em;">EXPIRES: 10/16/2003</p> <p style="font-size: 0.8em;">Estimated burden per response to comply with this mandatory information collection request, 7.4 hours. Submittal of the application is necessary to determine that the applicant is qualified and that adequate procedures exist to protect the public health and safety. Send comments regarding burden estimate to the Records Management Branch (7-6 EB), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to bjs1@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0120), Office of Management and Budget, Washington, DC 20503. If a means used to impose an information collection does not display a currently valid OMB control number, NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.</p>												
<p>INSTRUCTIONS: SEE THE APPROPRIATE LICENSE APPLICATION GUIDE FOR DETAILED INSTRUCTIONS FOR COMPLETING APPLICATION. SEND TWO COPIES OF THE ENTIRE COMPLETED APPLICATION TO THE NRC OFFICE SPECIFIED BELOW.</p>													
<p>APPLICATION FOR DISTRIBUTION OF EXEMPT PRODUCTS FILE APPLICATIONS WITH:</p> <p>DIVISION OF INDUSTRIAL AND MEDICAL NUCLEAR SAFETY OFFICE OF NUCLEAR MATERIALS SAFETY AND SAFEGUARDS U. S. NUCLEAR REGULATORY COMMISSION WASHINGTON, DC 20555-0001</p> <p>ALL OTHER PERSONS FILE APPLICATIONS AS FOLLOWS:</p> <p>IF YOU ARE LOCATED IN:</p> <p>CONNECTICUT, DELAWARE, DISTRICT OF COLUMBIA, MAINE, MARYLAND, MASSACHUSETTS, NEW HAMPSHIRE, NEW JERSEY, NEW YORK, PENNSYLVANIA, RHODE ISLAND, OR VERMONT, SEND APPLICATIONS TO:</p> <p>LICENSING ASSISTANT SECTION NUCLEAR MATERIALS SAFETY BRANCH U. S. NUCLEAR REGULATORY COMMISSION, REGION I 475 ALLENDALE ROAD KING OF PRUSSIA, PA 19406-1415</p> <p>ALABAMA, FLORIDA, GEORGIA, KENTUCKY, MISSISSIPPI, NORTH CAROLINA, PUERTO RICO, SOUTH CAROLINA, TENNESSEE, VIRGINIA, VIRGIN ISLANDS, OR WEST VIRGINIA, SEND APPLICATIONS TO:</p> <p>SAM MUNN ATLANTA FEDERAL CENTER U. S. NUCLEAR REGULATORY COMMISSION, REGION II 61 FORSYTH STREET, S W., SUITE 23785 ATLANTA, GEORGIA 30303-6931</p>	<p>IF YOU ARE LOCATED IN:</p> <p>ILLINOIS, INDIANA, IOWA, MICHIGAN, MINNESOTA, MISSOURI, OHIO, OR WISCONSIN, SEND APPLICATIONS TO:</p> <p>MATERIALS LICENSING SECTION U. S. NUCLEAR REGULATORY COMMISSION, REGION III 801 WARRENVILLE RD. LISLE, IL 60532-4351</p> <p>ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, COLORADO, HAWAII, IDAHO, KANSAS, LOUISIANA, MONTANA, NEBRASKA, NEVADA, NEW MEXICO, NORTH DAKOTA, OKLAHOMA, OREGON, PACIFIC TRUST TERRITORIES, SOUTH DAKOTA, TEXAS, UTAH, WASHINGTON, OR WYOMING, SEND APPLICATIONS TO:</p> <p>NUCLEAR MATERIALS LICENSING SECTION U. S. NUCLEAR REGULATORY COMMISSION, REGION IV 611 RYAN PLAZA DRIVE, SUITE 400 ARLINGTON, TX 76011-8064</p>												
<p>PERSONS LOCATED IN AGREEMENT STATES SEND APPLICATIONS TO THE U.S. NUCLEAR REGULATORY COMMISSION ONLY IF THEY WISH TO POSSESS AND USE LICENSED MATERIAL IN STATES SUBJECT TO U.S. NUCLEAR REGULATORY COMMISSION JURISDICTIONS.</p>													
<p>1 THIS IS AN APPLICATION FOR (Check appropriate item)</p> <p><input type="checkbox"/> A NEW LICENSE</p> <p><input checked="" type="checkbox"/> B AMENDMENT TO LICENSE NUMBER <u>293075101</u></p> <p><input type="checkbox"/> C RENEWAL OF LICENSE NUMBER _____</p>	<p>2 NAME AND MAILING ADDRESS OF APPLICANT (include Zip code)</p> <p><u>Dr. Mitchell Baruchin</u></p>												
<p>3 ADDRESS(ES) WHERE LICENSED MATERIAL WILL BE USED OR POSSESSED</p> <p><u>120 Franklin Street Jersey City 07307</u> <u>2035 Hamburg Turnpike, Suite L Wayne</u></p>	<p>4 NAME OF PERSON TO BE CONTACTED ABOUT THIS APPLICATION</p> <p><u>KEISHA BROWN</u></p> <p>TELEPHONE NUMBER <u>292169791</u></p>												
<p>SUBMIT ITEMS 5 THROUGH 11 ON 8-1/2 X 11" PAPER THE TYPE AND SCOPE OF INFORMATION TO BE PROVIDED IS DESCRIBED IN THE LICENSE APPLICATION GUIDE.</p>													
<p>5 RADIOACTIVE MATERIAL</p> <p>a Element and mass number, b chemical and/or physical form, and c maximum amount which will be possessed at any one time</p>	<p>6. PURPOSE(S) FOR WHICH LICENSED MATERIAL WILL BE USED</p>												
<p>7 INDIVIDUAL(S) RESPONSIBLE FOR RADIATION SAFETY PROGRAM AND THEIR TRAINING EXPERIENCE</p>	<p>8 TRAINING FOR INDIVIDUALS WORKING IN OR FREQUENTING RESTRICTED AREAS</p>												
<p>9 FACILITIES AND EQUIPMENT</p>	<p>10 RADIATION SAFETY PROGRAM</p>												
<p>11. WASTE MANAGEMENT</p>	<p>12 LICENSEE FEES (See 10 CFR 170 and Section 170.31)</p> <table border="1" style="width:100%; border-collapse: collapse; font-size: 0.8em;"> <tr> <th style="width: 70%;">FEE CATEGORY</th> <th style="width: 30%;">AMOUNT ENCLOSED \$</th> </tr> <tr> <td> </td> <td> </td> </tr> </table>	FEE CATEGORY	AMOUNT ENCLOSED \$										
FEE CATEGORY	AMOUNT ENCLOSED \$												
<p>13 CERTIFICATION (Must be completed by applicant) THE APPLICANT UNDERSTANDS THAT ALL STATEMENTS AND REPRESENTATIONS MADE IN THIS APPLICATION ARE BINDING UPON THE APPLICANT.</p> <p>THE APPLICANT AND ANY OFFICIAL EXECUTING THIS CERTIFICATION ON BEHALF OF THE APPLICANT, NAMED IN ITEM 2, CERTIFY THAT THIS APPLICATION IS PREPARED IN CONFORMITY WITH TITLE 10, CODE OF FEDERAL REGULATIONS, PARTS 30, 32, 33, 34, 35, 36, 39 AND 40, AND THAT ALL INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF THEIR KNOWLEDGE AND BELIEF.</p> <p>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</p>													
<p>CERTIFYING OFFICER - TYPED/PRINTED NAME AND TITLE</p> <p><u>Mitchell Baruchin MD</u></p>	<p>SIGNATURE</p> <p><u>[Signature]</u></p> <p>DATE</p> <p><u>1/10/05</u></p>												
<p>FOR NRC USE ONLY</p>													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width: 15%;">TYPE OF FEE</th> <th style="width: 15%;">FEE LOG</th> <th style="width: 15%;">FEE CATEGORY</th> <th style="width: 15%;">AMOUNT RECEIVED \$</th> <th style="width: 15%;">CHECK NUMBER</th> <th style="width: 20%;">COMMENTS</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	TYPE OF FEE	FEE LOG	FEE CATEGORY	AMOUNT RECEIVED \$	CHECK NUMBER	COMMENTS							<p>APPROVED BY _____ DATE _____</p>
TYPE OF FEE	FEE LOG	FEE CATEGORY	AMOUNT RECEIVED \$	CHECK NUMBER	COMMENTS								

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RECEIVED
REGION 1



Albany Medical College
Department of Medicine
Division of Cardiology

47 New Scotland Avenue, Mail Code 44, Albany, New York 12208-3479

(518) 262-5076

Fax: (518) 262-5082

Edward F. Philbin, M.D., F.A.C.C.
George E. Finkel Chair in Cardiology

Cardiac Catheterization
Interventional Cardiology
Ani Lewis Houshjian, M.D., F.A.C.C.
Anil J. Mani, M.D.
Robert D. Millar, M.D., F.A.C.C.

Electrophysiology
Steven A. Fein, M.D., F.A.C.C., F.A.C.P.
Robert D. Millar, M.D., F.A.C.C.
Mikhail Torosoff, M.D., Ph.D., F.A.C.C.

Electrophysiology and Pacing
Ferdinand J. Verditti, Jr., M.D., F.A.C.C.

General Consultation
William G. Aklewisio, M.D., F.A.C.C.
Robert J. Capone, M.D., F.A.C.C., F.A.C.P.
Joseph T. Dwyer, M.D., F.A.C.C., F.A.C.P.
Steven A. Fein, M.D., F.A.C.C., F.A.C.P.
Robert D. Millar, M.D., F.A.C.C.
Mikhail Torosoff, M.D., Ph.D., F.A.C.C.

Heart Failure / Cardiac Transplantation
Edward F. Philbin, M.D., F.A.C.C.

Stratton VA Medical Center
A2A-5000 ext. 6463

Joseph D. Sacro, M.D.
Chief, Cardiology Section

Lewis C. Gershman, M.D.
Mouhammad Daloo, M.D.

7/01/2004

RE: SULLIVAN, M.D., BRENDAN

To Whom it May Concern:

This letter is to affirm that Brendan Sullivan, M.D. received training and experience in Nuclear Cardiology at Albany Medical Center between November 24, 2002 and successfully completed his training program on June 30, 2004.

During the training program, Dr. Sullivan received not less than 500 hours of supervised work experience and not less than 500 hours of supervised clinical experience. The experience of Dr. Sullivan was gained under the supervision of an authorized user.

Supervised work experience included ordering, receiving and unpacking radioactive material safely and performing the related radiation surveys, calibrating dose calipers and diagnostic instruments and performing checks for proper operation of survey meters, calculating and safely preparing patient dosages, using administrative controls to prevent administration of byproduct material, using procedures to contain spilled byproduct material safely and using proper decontamination procedures.



RE: SULLIVAN, M.D., BRENDAN

MR#:

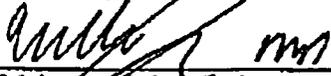
DOS: 07/01/2004

Page 2

The supervised clinical experience includes examining patients and reviewing their case histories to determine their suitability of radioisotope diagnosis, limitations, or contraindications, selecting the suitable radiopharmaceuticals and calculating and measuring the dosages, administering dosages to patients in using syringe radiation shields, collaborating with the authorized user in the interpretation of radioisotope test results and patient follow up.

Should you require any additional information, please feel free to contact me at (518) 262-5076.

Sincerely,



William Alderisio, M.D., F.A.C.C.

Radioactive Materials License #06-08020-02

WA/HTSMD

Job #: 1282174

NUCLEAR MEDICAL EDUCATION PROGRAM

Affidavit of Academic Completion & Competency

This document is to attest that

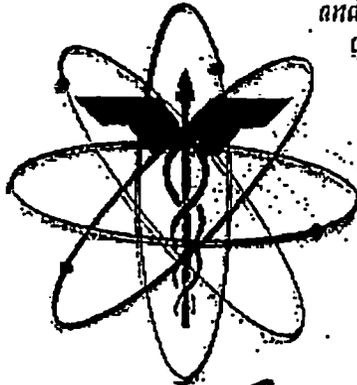
Brendan Sullivan, MD

has successfully completed the didactic program

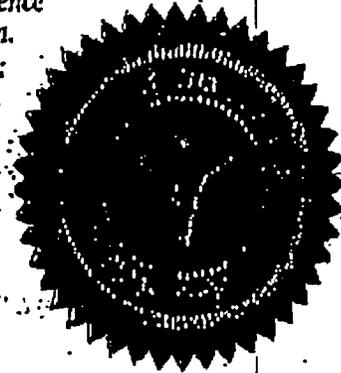
MEDICAL RADIATION INSTRUMENTATION

and has provided evidence of attendance in this program and evidence of achieving the objectives of this program through examination.

This program provides the following levels of accomplishment:



- 5.0 Continuing Education Units (CEU)
- 60 Didactic Instructional Hours (DIH)
In compliance with 10CFR35/AEA 73-689
- 50 Board Accepted Hours NUSPEX, NMTCB III b,
ABMRSO, CBNC, MRLB
- 3.0 Semester Hours American Council on
Education (ACE), American Association for
Collegiate Registrars



[Signature]
Certifying Official

19 October 2003
Date Completed

201776
Certification

Institute for Nuclear Medical Education

Certified, Approved and Regulated by the Division of Private, Occupational Schools, Department of Higher Education in Colorado. Validated by the Accrediting Commission of the Accrediting Council for Continuing Education Training, a national accrediting agency listed by the US Secretary of Education. Validated by the American Council on Education, recognized by the American Association for Collegiate Registrars, Council on Post-Secondary Education. Licensed by NRC & Agreement States.
INME1 (32-Cert & Comp) 1.00

NUCLEAR MEDICAL EDUCATION PROGRAM

Affidavit of Academic Completion & Competency

This document is to attest that:

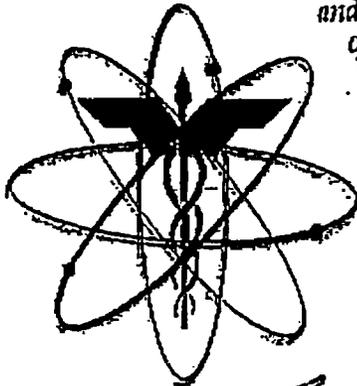
Brendan Sullivan, MD

has successfully completed the didactic program

PRINCIPLES OF RADIATION PHYSICS

and has provided evidence of attendance in this program and evidence of achieving the objectives of this program through examination.

This program provides the following levels of accomplishment:



- 5.0 Continuing Education Units (CEU)
- 60 Didactic/Instructional Hours (DIH)
In compliance with 10CFR35/ABA 73-689
- 60 Board Accepted Hours NUSPEX, NMTCB III b,
ABMRSO, CBNC, MRLB
- 3.0 Semester Hours American Council on
Education (ACE), American Association for
Collegiate Registrars




Certifying Official

15 October 2003

Date Completed

201715

Certification

Institute for Nuclear Medical Education

Certified, Approved and Regulated by the Division of Private Occupational Schools, Department of Higher Education in Colorado. Validated by the Accrediting Commission of the Accrediting Council for Continuing Education Training, a national accrediting agency listed by the US Secretary of Education. Validated by the American Council on Education, recognized by the American Association for Collegiate Registrars, Council on Post-Secondary Education. Licensed by NRC & Agreement States.
INME1132-Class I-Curf & Comp 100

NUCLEAR MEDICAL EDUCATION PROGRAM

Affidavit of Academic Completion & Competency

This document is to attest that

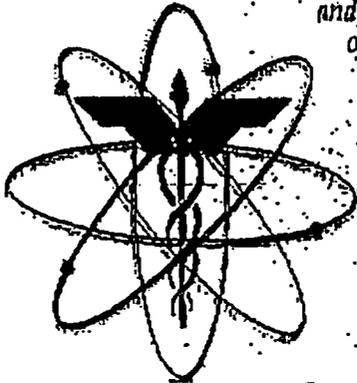
Brendan Sullivan, MD

has successfully completed the didactic program

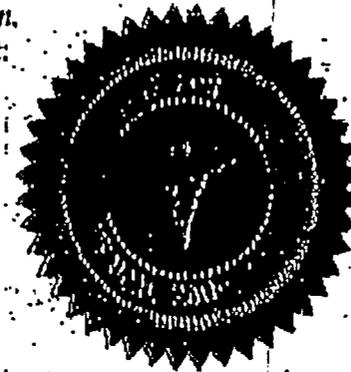
RADIOPHARMACEUTICALS AND CHEMISTRY

and has provided evidence of attendance in this program and evidence of achieving the objectives of this program through examination.

This program provides the following levels of accomplishment:



- 5.0 Continuing Education Units (CEU)
- 50 Didactic Instructional Hours (DIH)
In compliance with 10CFR35/AEA 73-689
- 50 Board Accepted Hours NUSPEX, NMTCB III b, ABMRSO, CBNC, MRLB
- 3.0 Semester Hours American Council on Education (ACE), American Association for Collegiate Registrars



[Signature]
Certifying Official

16 March 2003

Date Completed

201214

Certification

Institute for Nuclear Medical Education

Certified, Approved and Regulated by the Division of Private Occupational Schools, Department of Higher Education in Colorado. Validated by the Accrediting Commission of the Accrediting Council for Continuing Education Training, a national accrediting agency listed by the US Secretary of Education. Validated by the American Council on Education, recognized by the American Association for Collegiate Registrars, Council on Post-Secondary Education. Licensed by NRC & Agreement States. INME1132-Class IV-CompilComp 1/08

12/25/2014 03:23 FAX
FROM : BSULLIVAN MD
FRX NO. : 5184757566
Nov. 21 2004 04:20PM P1

007

NUCLEAR MEDICAL EDUCATION PROGRAM

Affidavit of Academic Completion & Competency

This document is to attest that

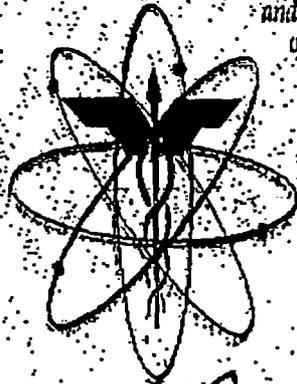
Brandan Sullivan, MD

has successfully completed the didactic program

MEDICAL RADIATION PROTECTION

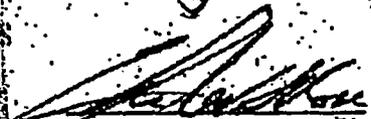
and has provided evidence of attendance in this program and evidence of achieving the objectives of this program through examination.

This program provides the following levels of accomplishment:



- 50 Continuing Education Units (CEU)
- 50 Didactic Instructional Hours (DIH)
In compliance with 10CFR39/AEA 73-689
- 60 Board Accepted Hours NUSPRO, NMTCB III 6,
ABMRSO, CBNC, MRLB
- 30 Semester Hours American Council on
Education (ACE), American Association for
Collegiate Registrars




Certifying Official

12 March 2003
Date Completed

201138
Certification

Institute for Nuclear Medical Education

Certified, Approved and Regulated by the Division of Private Occupational Schools, Department of Higher Education in Colorado. Validated by the Accrediting Commission of the Accrediting Council for Continuing Education Training, a national accrediting agency listed by the US Secretary of Education. Validated by the American Council on Education, recognized by the American Association for Collegiate Registrars, Council on Post-Secondary Education. Licensed by NRC & Agreement States.

04/23/02 Class 0-Certification 100

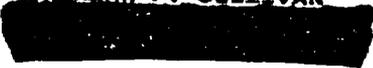
FROM : BSULLIVAN MD B LLIUVAN MD FAX NO. : 5184757566

Jan. 17 2005 11:47PM P1

State of New Jersey
Department Of Law and Public Safety
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Board of Medical Examiners

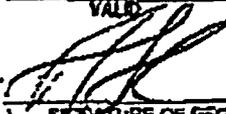
HAS REGISTERED

BRENDAN P. SULLIVAN


FOR PRACTICE IN NEW JERSEY AS A(N): **Medical Doctor**

03/27/2003 TO 08/30/2006

VALID


SIGNATURE OF REGISTRANT

25MA0727700

LICENSEE IDENTIFICATION CERTIFICATION #


DIRECTOR



PLEASE DETACH HERE
**IF YOUR LICENSED CARD
IS LOST PLEASE NOTIFY**
Board of Medical Examiners
P.O. Box 113
Trenton, NJ 08646
PLEASE DETACH HERE

**PERSONAL INFORMATION WAS REMOVED
BY NRC. NO COPY OF THIS INFORMATION
WAS RETAINED BY THE NRC.**

This is to acknowledge the receipt of your letter/application dated

1/10/2004 (REC'D 1/12/2004) and to inform you that the initial processing which includes an administrative review has been performed.

AMEND, 29-30758-01
There were no administrative omissions. Your application was assigned to a technical reviewer. Please note that the technical review may identify additional omissions or require additional information.

Please provide to this office within 30 days of your receipt of this card

A copy of your action has been forwarded to our License Fee & Accounts Receivable Branch, who will contact you separately if there is a fee issue involved.

Your action has been assigned Mail Control Number 136273.
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.

BETWEEN: : (FOR LFMS USE)
 : INFORMATION FROM LTS
 : -----
 :
 License Fee Management Branch, ARM : Program Code: 02201
 and : Status Code: 0
 Regional Licensing Sections : Fee Category: 7C
 : Exp. Date: 20120831
 : Fee Comments: _____
 : Decom Fin Assur Req'd: N
 : ::

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED
 Applicant/Licensee: TOTAL CARDIOLOGY
 Received Date: 20050112
 Docket No: 3036073
 Control No.: 136273
 License No.: 29-30751-01
 Action Type: Amendment

2. FEE ATTACHED
 Amount: _____
 Check No.: /

3. COMMENTS

Signed W. A. Parkison
 Date 4/2/2005

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 is entered /_/)

1. Fee Category and Amount: _____

2. Correct Fee Paid. Application may be processed for:
 Amendment _____
 Renewal _____
 License _____

3. OTHER _____

Signed _____
 Date _____