



RECEIVED
REGION 1

West Jersey Hospital - Marlton Division
Office of Radiation Physics
90 Brick Road
Marlton, NJ 08053

'05 JAN 12 P12:51

(856) 355-6282 fax (856) 355-6121

January 6, 2005

Licensing Assistant Section
Nuclear Materials Safety Branch
U.S. NRC Region I
475 Allendale Road
King of Prussia, PA 19406-1415

03002443

Reference: NRC License #29-01862-02, Virtua-West Jersey Hospitals

Dear License Reviewer:

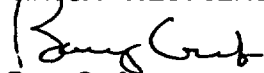
Virtua Health - West Jersey Hospital System wishes to submit for approval two (2) physicians who are currently listed on our license as Authorized Users for additional licensed uses. Specifically, we seek the approval for these AUs the use of Sodium Iodide ^{131}I in quantities > than 1.22 GBq (33 mCi) for thyroid radiation therapy.

Both physicians are licensed practitioners in the State of New Jersey, are credentialed for these procedures at our hospitals, and are certified by the American Board of Radiology. They also are currently approved on our license for 35.100 and 35.200 uses.

Enclosed please find Form 313A detailing the work experience for each AU required by 35.394(c) and signed by the Preceptor AU, along with copies of their NJ medical license and ABR certification.

Should you have any questions please contact our Radiation Safety Officer Daniel Januseski at (856) 355-6282.

Sincerely,
VIRTUA - WEST JERSEY HEALTH SYSTEM


Barry Graf
Vice President of Operations

136284

NMSS/RGNI MATERIALS-002

TRAINING AND EXPERIENCE AND PRECEPTOR STATEMENT

PART I - TRAINING AND EXPERIENCE

Note: Descriptions of training and experience must contain sufficient detail to match the training and experience criteria in the applicable regulations.

1. Name of Individual, Proposed Authorization (e.g., Radiation Safety Officer), and Applicable Training Requirements (e.g., 10 CFR 35.50)

Mark S. Dannenbaum

2. For Physicians, Podiatrists, Dentists, Pharmacists - State or Territory Where Licensed

New Jersey

3. CERTIFICATION

Specialty Board	Category	Month and Year Certified
American Board of Radiology	Diagnostic Radiology	6/1986
American Board of Radiology	Vascular + Interventional	11/1986

Stop here when using Board Certification to meet 10 CFR Part 35 training and experience requirements.

4. DIDACTIC OR CLASSROOM AND LABORATORY TRAINING (optional for Medical Physicists)

Description of Training	Location	Clock Hours	Dates of Training
Radiation Physics and Instrumentation			
Radiation Protection			
Mathematics Pertaining to the Use and Measurement of Radioactivity			
Radiation Biology			
Chemistry of Byproduct Material for Medical Use			
OTHER			

TRAINING AND EXPERIENCE AND PRECEPTOR STATEMENT (continued)

5a. WORK EXPERIENCE WITH RADIATION

Description of Experience	Name of Supervising Individual(s)	Location and Corresponding Materials License Number	Dates and Clock Hours of Experience

5b. SUPERVISED CLINICAL CASE EXPERIENCE

Radionuclide	Type of Use	No. of Cases Involving Personal Participation	Name of Supervising Individual	Location and Corresponding Materials License Number	Dates and Clock Hours of Experience
I ¹³¹	ABLATION 60 mCi	1	DR Jamil Moshin	Virtua Health - West Jersey Hospital Voorhees	12/4/03
I ¹³¹	Thyroid Ablation 170 mCi	1		29-01862-02	2/20/04
I ¹³¹	↓ 100 mCi	1	↓	↓	2/24/04
I ¹³¹	↓ 103 mCi	1	↓	↓	5/3/04
I ¹³¹	↓ 150 mCi	1	↓	↓	10/5/04
I ¹³¹	↓ 150 mCi	1	↓	↓	11/17/04

TRAINING AND EXPERIENCE AND PRECEPTOR STATEMENT (continued)

6. FORMAL TRAINING (applies to Medical Physicists and Therapy Physicians)

Degree, Area of Study or Residency Program	Name of Program and Location with Corresponding Materials License Number	Dates	Name of Organization that Approved the Program (e.g., Accreditation Council for Graduate Medical Education) and the Applicable Regulation (e.g., 10 CFR 35.490)

7. RADIATION SAFETY OFFICER – ONE-YEAR FULL-TIME WORK EXPERIENCE

- ☐ YES Completed 1-year of full-time radiation safety experience (in areas identified in item 5a) under supervision
☒ N/A of _____ the RSO for License No. _____

8. MEDICAL PHYSICIST – ONE-YEAR FULL-TIME TRAINING/WORK EXPERIENCE

- ☐ YES Completed 1-year of full-time training in therapeutic radiological physics under the supervision of
☒ N/A _____ who meets requirements for Authorized Medical Physicists; and
- ☐ YES Completed 1-year of full-time work experience (for areas identified in item 5a) for _____
☒ N/A modality(ies) under the supervision of _____ who meets
requirements of Authorized Medical Physicists for _____ modality(ies).

9. SUPERVISING INDIVIDUAL – IDENTIFICATION AND QUALIFICATIONS

The training and experience indicated above was obtained under the supervision of (if more than one supervising individual is needed to meet requirements in 10 CFR 35, provide the following information for each) :

A. Name of Supervisor

Jamil Mohrin, MD

B. Supervisor is:

☒ Authorized User☐ Authorized Medical Physicist☐ Radiation Safety Officer☐ Authorized Nuclear Pharmacist

C. Supervisor meets requirements of Part 35, Section(s)

35.390, 35.394

for medical uses in Part 35, Section(s)

35.300

D. Address

Virtua Health - West Jersey Hospital
101 Carnie Blvd
 Voorhees NJ 08043

E. Materials License Number

29-01862-02

TRAINING AND EXPERIENCE AND PRECEPTOR STATEMENT (continued)

PART II – PRECEPTOR STATEMENT

Note: This part must be completed by the individual's preceptor. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each. This part is not required to meet the training requirements in 10 CFR 35.590.

Item 10 must be completed for Nuclear Pharmacists meeting the requirements of 10 CFR Part 35, Subpart J. Preceptors do not have to complete items 11a, 11b, or the certifying statements for other individuals meeting the requirements of 10 CFR Part 35, Subpart J.

☐ YES 10. The individual named in item 1 has satisfactorily completed the training requirements in
☒ N/A 10 CFR 35.980 and is competent to independently operate a nuclear pharmacy.

☒ YES 11a. The individual named in Item 1 has satisfactorily completed the requirements in Part 35, Section(s)
☐ N/A and Paragraph(s) 35.394 (c)(2)(iv).

☒ YES 11b. The individual named in Item 1. is competent to independently function as an authorized
☐ N/A User for 35.394 uses (or units).

12. PRECEPTOR APPROVAL AND CERTIFICATION

☐ I certify the approval of item 10 and certify I am an Authorized Nuclear Pharmacist;

or

☐ I certify the approval of items 11a and 11b, and certify I am an Authorized Nuclear Pharmacist;

or

☒ I certify the approval of Items 11a and 11b, and I certify that I meet the requirements of 35.390, 35.394
or equivalent Agreement State requirements to be a preceptor authorized User
for the following uses (or units) of byproduct material: Ne-241 requiring a written Directive in quantities
> 33 mCi (1.22 GBq)

A. Address Virtua Health - West Jersey Hospital System
101 Carnie Blvd
Voorhees, NJ 08043

B. Materials License Number

29-01862-02

C. NAME OF PRECEPTOR (print clearly)

JAMIL MOHSIN, MD

D. SIGNATURE - PRECEPTOR

Jamil Mohsin

E. DATE

12/27/04

THIS DOCUMENT IS PRINTED ON WATERMARKED PAPER, WITH A MULTICOLORED BACKGROUND AND MULTIPLE SECURITY FEATURES. PLEASE VERIFY AUTHENTICITY.

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

MARK S. DANNENBAUM

FOR PRACTICE IN NEW JERSEY AS A(n) Medical Doctor

05/22/2003 TO 06/30/2005

25MA8574500

LICENSE REGISTRATION CERTIFICATION

SIGNATURE OF REGISTRANT

DIRECTOR

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

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 Therapeutic Radiology and Oncology,
and the Association of University Radiologists*

Hereby certifies that

Mark Steven Dannenbaum, M.D.

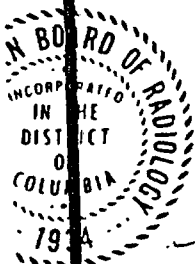
*Has pursued an accepted course of graduate study
and clinical work, has met certain standards and qualifications and
has passed the examinations conducted under the authority of*

The American Board of Radiology

On this sixth day of June, 1991

*Thereby demonstrating to the satisfaction of the Board
that he is qualified to practice the specialty of*

Diagnostic Radiology



Elmer F. Murray, M.D.
President

Douglas Maynard, M.D.
Secretary-Treasurer

Forrest L. Feilbush, M.D.
Executive Director



TRAINING AND EXPERIENCE AND PRECEPTOR STATEMENT

PART I - TRAINING AND EXPERIENCE

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Thomas J. Sergi, MD

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New Jersey

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^{131}I	Thyroid Ablation ^{100mCi}	1	Jamil Mohrin, MD	Virtua Health - WTHS Voorhees	2/24/04
^{131}I	Thyroid Ablation ^{100mCi}	1	Jamil Mohrin, MD	Virtua Health - WTHS Voorhees	12/19/04
^{131}I	Thyroid Ablation ^{100mCi}	1	Jamil Mohrin, MD	Virtua Health - WTHS Voorhees	12/13/04

TRAINING AND EXPERIENCE AND PRECEPTOR STATEMENT (continued)

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for medical uses in Part 35, Section(s)

35.300

D. Address

Virtua Health - West Jersey Hospital
101 Carnie Blvd
 Voorhees, NJ 08043

E. Materials License Number

29-01862-02

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☒ I certify the approval of Items 11a and 11b, and I certify that I meet the requirements of 35.390, 35.394
or equivalent Agreement State requirements to be a preceptor authorized User
for the following uses (or units) of byproduct material: Sodium Iodide I-131 requiring a Written Directive
in quantities > 37 mCi (1.22 GBq)

A. Address Virtua Health System - West Jersey Hospital
101 Carnie Blvd
Worchester, NJ 08043

B. Materials License Number

29-01862-02

C. NAME OF PRECEPTOR (print clearly)

JAMIL Mohsin, MD

D. SIGNATURE – PRECEPTOR



E. DATE

12/27/04

THIS DOCUMENT IS PRINTED ON WATERMARKED PAPER WITH A MULTI-COLORED BACKGROUND AND MULTIPLE SECURITY FEATURES. PLEASE VERIFY AUTHENTICITY.

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

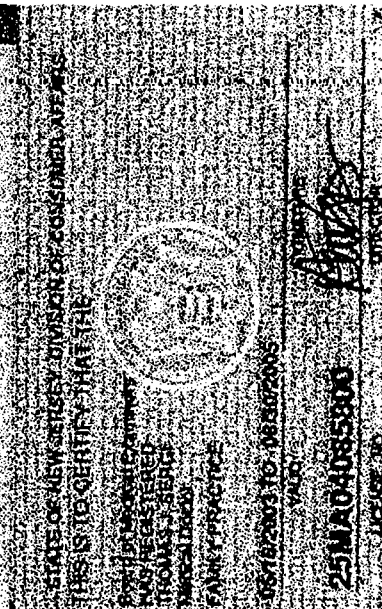
THIS IS TO CERTIFY THAT THE
Board of Medical Examiners

HAS REGISTERED

THOMAS J. SERGI

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

FAMILY PRACTICE
RADIOLOGY



PLEASE DETACH HERE

**IF YOUR LICENSE/ID CARD
 IS LOST PLEASE NOTIFY:**

Board of Medical Examiners
 P.O. Box 183
 Trenton, NJ 08625

PLEASE DETACH HERE

05/16/2003 TO 06/30/2005

VALID

25MA04085800

LICENSE REGISTRATION CERTIFICATION

SIGNATURE OF REGISTRANT

DIRECTOR

THOMAS J. SERGI

EXPIRATION DATE 2005

YOUR LICENSE NUMBER IS **25MA04085800**. PLEASE USE IT IN ALL CORRESPONDENCE WITH YOUR BOARD. USE THIS SECTION TO REPORT NAME AND/OR ADDRESS CHANGES. YOU ARE REQUIRED TO REPORT ANY CHANGES TO YOUR BOARD WITHIN 10 DAYS.

NAME CHANGES REQUIRE A COPY OF LEGAL DOCUMENTATION (I.E. MARRIAGE LICENSE, DIVORCE DECREE, COURT ORDER). COMPLETE BELOW WITH NEW INFORMATION AND FORWARD TO YOUR BOARD AT

Board of Medical Examiners
 P.O. Box 183
 Trenton, NJ 08625

HOME

☐

ADDRESS OF RECORD MAILING

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BUSINESS

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BUSINESS

☐

TELEPHONE

INCLUDE AREA CODE

TELEPHONE

INCLUDE AREA CODE

ID CARD

If the law governing your profession requires current license/registration/certification be displayed, it should be within reasonable proximity of your original license at your principal office or place of business.

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

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
and the American Society of Therapeutic Radiologists
Hereby certifies that

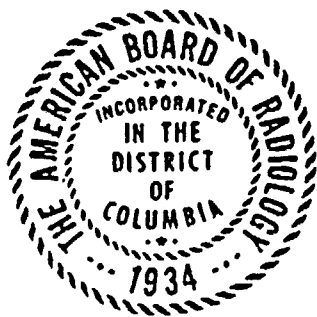
Thomas Joseph Sergi, M.D.

Has pursued an accepted course of graduate study
and clinical work, has met certain standards and qualifications and
has passed the examinations conducted under the authority of
The American Board of Radiology

On this sixth day of June, 1986

Thereby demonstrating to the satisfaction of the Board
that he is qualified to practice the specialty of

Diagnostic Radiology



Quaker w. Brady, snr.
President

James H. R. Frazier
Secretary

Sarah S. Donaldson, MD,
President
William J. Casarella, MD,
Vice President
Robert R. Hattery, Jr., MD,
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Thomas S. Harle, MD
Jay R. Harris, MD
William R. Hendee, PhD
David H. Hussey, MD

The American Board of Radiology

M. Paul Capp, M.D., Executive Director

Assistant Executive Directors
Robert E. Campbell, M.D., Diagnostic Radiology
Lawrence W. Davis, M.D., Radiation Oncology

Suite 6800
5255 E. Williams Circle
Tucson, Arizona 85711

Phone (520) 790-2900
Fax (520) 790-3200

George R. Leopold, MD
John E. Madewell, MD
C. Douglas Maynard, MD
Rodney R. Millon, MD
Carlos A. Perez, MD
Andrew K. Poznanski, MD
Helen C. Redman, MD
Joseph F. Sackett, MD
Isaac Sanders, MD
Melvyn H. Schreiber, MD
Guy H. Simmons, PhD
H. Rodney Withers, MD
James F. Youker, MD

November 3, 1996

Thomas Joseph Sergi, MD

29662 / SV / 22 / 11

Dear Dr. Sergi:

I am pleased to inform you that you passed the oral examination held on November 3-4, 1996. The American Board of Radiology grants you its Certificate of Added Qualifications in Vascular & Interventional. This is a ten year time-limited certificate. Information relative to recertification in this field will be sent to you in approximately six years.

The certificate will be sent to the above address in approximately three months. Your name will appear on the certificate as shown above. If you wish your name to appear differently, please notify the Board office within thirty days.

Your name will be included in a Directory published by The American Board of Medical Specialties. It is your responsibility to notify your local and state medical organizations of your certification.

On behalf of the Board of Trustees of The American Board of Radiology, I congratulate you on this achievement.

Sincerely,



M. Paul Capp, MD

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

1/6/2005, and to inform you that the initial processing which includes an administrative review has been performed.

☒ AMEND. 28-01862-02
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 136284.
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.

Sincerely,
Licensing Assistance Team Leader

BETWEEN: : (FOR LFMS USE)
 : INFORMATION FROM LTS
 : -----
 :
 License Fee Management Branch, ARM : Program Code: 02120
 and : Status Code: 0
 Regional Licensing Sections : Fee Category: 7C
 : Exp. Date: 20101231
 : Fee Comments: CODE 23
 : Decom Fin Assur Req'd: N
 : ::

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED
Applicant/Licensee: VIRTUA HEALTH SYSTEM
Received Date: 20050112
Docket No: 3002443
Control No.: 136284
License No.: 29-01862-02
Action Type: Amendment

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

3. COMMENTS

Signed Mr. A. Perkins
Date 4/4/05

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 _____