



"Your Link to the World of Imaging"

725 North A1A • Suite B-105 • Jupiter, FL 33477
561.746.6125 • Fax: 561.741.2036 • www.heartcareimaging.com

Steven Courtemanche, Health Physicist
Nuclear Regulatory Commission
Division of Nuclear Materials Safety, Region I
475 Allendale Road
King of Prussia, Pennsylvania 19406-1415

Handwritten: K4 MS-16

FEB -9 P 1:00

RECEIVED
REGION I

Re: Docket No. 03036776 Control No. 136113 License No. 45-30980-01

Subj: KAISER PERMANENTE, Response to request for additional information from Carol P. Cardinale, M.D., dated January 14, 2005 concerning Application for new License, Control No. 136113, dated November 23, 2004.

Dear Mr. Courtemanche:

Please find the following items requested enclosed for your review:

1. Letter signed by a management representative, namely, Robert J. Stilley, indicating that management has reviewed the application and concurs with the statements and representation contained therein. It is noted that a management representative, namely, Robert J. Stilley, President of Heart Care Imaging, LLC will sign all future correspondence regarding any changes to this license.
2. Pertinent contact information requested for Carol P. Cardinale, M.D., Radiation Safety Officer and Authorized User, Kaiser Permanente and Robert J. Stilley, President, Heart Care Imaging, LLC.
3. Confirmation that proposed location of use listed in Item 3 of the application is not a location of use for any other active NRC license.
4. Written certification signed by a preceptor Radiation Safety Officer.
5. Identification of adjacent areas across the walls from use and storage locations.

We appreciate your continued review of our application. If you have any questions or need additional information, please call me or Jamey Andrews, Clinical Operations Manager at 561-746-6125. Thank you.

Sincerely,

Robert J. Stilley
President

Enclosures

cc: Carol Cardinale, M.D.

136113

NMSS/RGNI MATERIALS-002



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January 28, 2005

United States
Nuclear Regulatory Commission
Region I
475 Allendale Road
King of Prussia, Pennsylvania 19406-1415

RE: Docket No. 03036776 Control No. 136113 License No. 45-30980-01

ATTN: Nuclear Regulatory Commission, Commercial and R&D Branch

Heart Care Imaging management hereby submits the following statement to the Nuclear Regulatory Commission in regards to Application for new License, Control No. 136113:

I confirm that I have read and reviewed the New License Application, No. 45-30980-01 of Kaiser Permanente, 12011 Lee-Jackson Highway, Fairfax, VA, 22033, and concur with the statements and representation contained there in.

Signed:



Robert J. Stilley, President

1/28/2005

Date

Attachment 2

License No. 45-30980-01 Control No.136113 Docket No. 03036776

Contact Information:

Radiation Safety Officer:

Carol P. Cardinale, M.D.

Phone: (301) 905-2507

Fax: (301) 905-3502

E-mail: carol.p.cardinale@kp.org

Address:

Kaiser Permanente

Holy Cross Professional Services Building

1400 Forest Glen Road, Suite 300

Silver Spring, MD 20910

Authorized User:

Carol P. Cardinale, M.D.

Phone: (301) 905-2507

Fax: (301) 905-3502

E-mail: carol.p.cardinale@kp.org

Address:

Kaiser Permanente

Holy Cross Professional Services Building

1400 Forest Glen Road, Suite 300

Silver Spring, MD 20910

Management Representative:

Robert J. Stilley

Phone: (561)-746-6125

Fax: (561)-741-2036

E-mail: rjstilley@heartcareimaging.com

Address:

Heart Care Imaging, LLC

725 N A1A, Suite 105B

Jupiter, FL 33477



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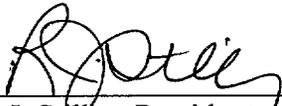
January 28, 2005

United States
Nuclear Regulatory Commission
Region 1
475 Allendale Road
King of Prussia, Pennsylvania 19406-1415

RE: Docket No. 03036776 Control No. 136113 License No. 45-30980-01

Heart Care Imaging management confirms that the proposed location of use listed in Item 3 of the new license application as Kaiser Permanente, Penderbrook Medical Center, 12011 Lee-Jackson Highway, 2nd floor, Fairfax, VA, 22033 is not a location of use for any other active NRC license.

Signed:



Robert J. Stille, President

1/28/2005

Date

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)

Carol P. Cardinale, M.D.

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

New York, Virginia, Maryland

3. CERTIFICATION

Specialty Board	Category	Month and Year Certified

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	Health & Radiological Seminars 2 Hillcrest Dr. Suite 200A Frederick, MD 21703	100 hrs	11/03
Radiation Protection	"	30 hrs	11/03
Mathematics Pertaining to the Use and Measurement of Radioactivity	"	20 hrs	11/03
Radiation Biology	"	20 hrs	11/03
Chemistry of Byproduct Material for Medical Use	"	30 hrs	11/03
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
Dedicated Nuclear Cardiology training >800 hrs. of Tl 201, Tc 99m studies	Dr. Steven Bergmann	Columbia Presbyterian Medical Center, NY	7/98 thru 7/2001 7800hrs

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
Tl 201	Cardiac Imag	500	Dr. Steven Bergmann	Columbia Presbyterian, NY	7/98-7/2001 500 hrs
Tc 99m	Cardiac Imag	200	"	"	200 hrs
Tc 99m	MUGA/PYP	100	"	"	100hrs

TRAINING AND EXPERIENCE AND PRECEPTOR STATEMENT (continued)

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

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

Steven R. Bergmann

B. Supervisor is:

Authorized User

Authorized Medical Physicist

Radiation Safety Officer

Authorized Nuclear Pharmacist

C. Supervisor meets requirements of Part 35, Section(s) 35.910 + 35.920

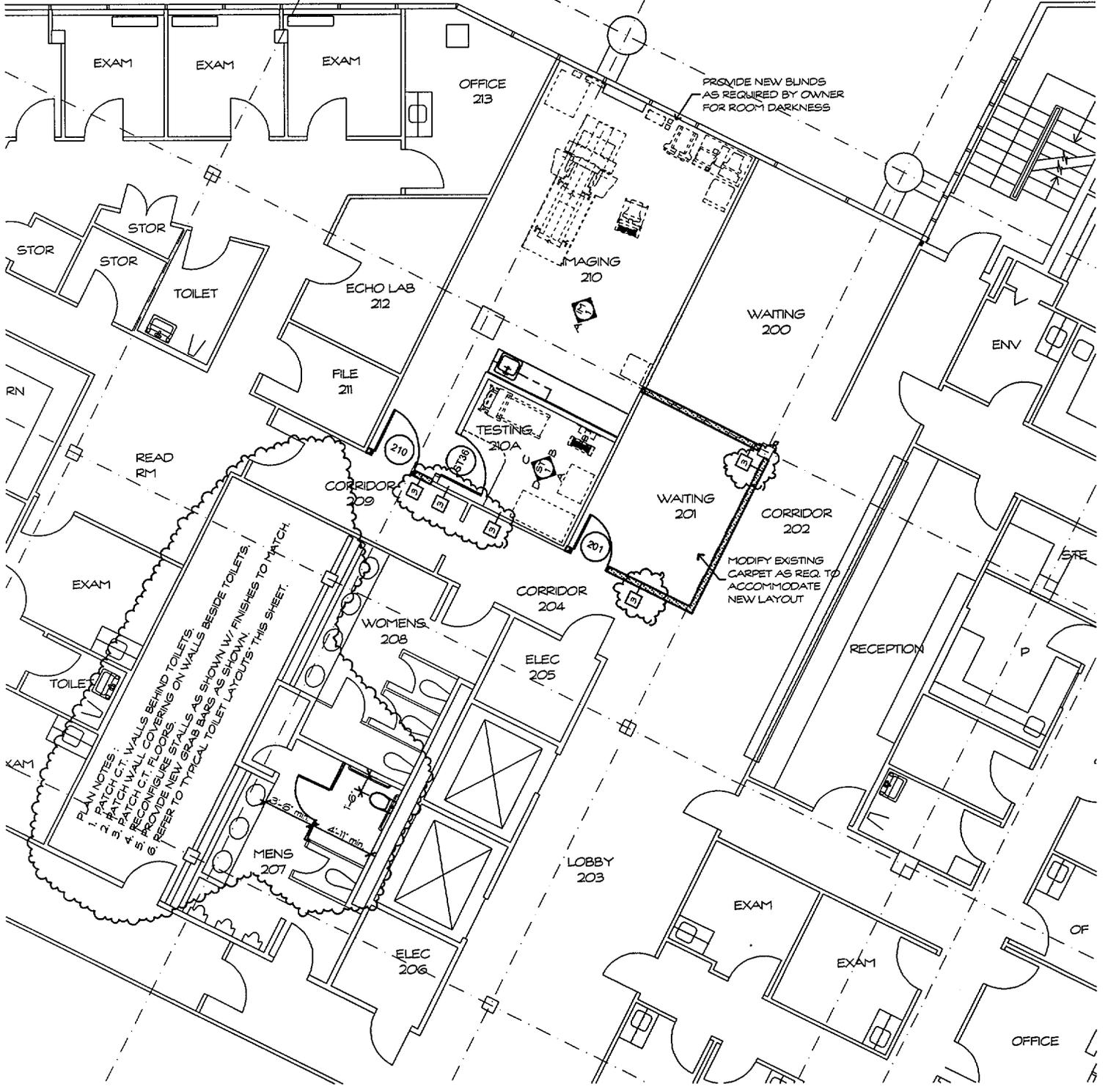
for medical uses in Part 35, Section(s) 35.100, 35.200, + 35.900

D. Address

630 W 168th Street
New York, NY 10032

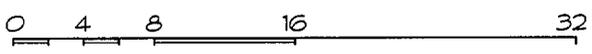
E. Materials License Number

75-2878-01



PARTIAL SECOND FLOOR PLAN

SCALE : 1/8" = 1'-0"



NOTE :
LEVEL FLOOR WITHIN IMAGING ROOM PER
EQUIPMENT SPECIFICATIONS