

February 24, 2005

License No. 29-10191-02

Docket No. 030-02526

Control No. ~~134556~~ 136567

Stephen Courtemache, Health Physicist
Nuclear Materials Safety Branch
Division of Radiation Safety and Safeguards
USNRC - Region I
475 Allendale Road
King of Prussia, PA 19046-1415

Dear Mr. Courtemache:

St Josephs Regional Medical Center wishes to add Robert T. Faillace, M.D. to its NRC license. Attached, please find a copy of Dr Faillace's preceptor statement.

Please add him St Joseph's NRC license in the following categories: 35.100; 35.200 and 35.500

If you have any questions feel free to call me at (973) 754-2681. Thank you for your time in this matter

Sincerely,



James T Pierno, MS, DABR
Chief Physicist/RSO
(973)754-2681

136567
NMSS/RGNI MATERIALS-002

NRC FORM 313A
(6-2002)

U.S. NUCLEAR REGULATORY COMMISSION

APPROVED BY OMB: NO. 3150-0120
EXPIRES: 10/31/2008

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)

Robert Thomas Fallace, M.D., F.R.C.P., F.A.C.C.

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

NEW JERSEY

3. CERTIFICATION

Specialty Board	Category	Month and Year Certified
<i>American Board of Internal Medicine (ABIM)</i>		<i>1980</i>
<i>ABIM - Cardiovascular Disease</i>		<i>1983</i>
<i>Certifying Board of Nuclear Cardiology</i>		<i>2004</i>

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	<i>Health & Pathological Seminars Inc.</i>	<i>100 hours</i>	<i>2004</i>
Radiation Protection	" "	<i>30 hours</i>	<i>2004</i>
Mathematics Pertaining to the Use and Measurement of Radioactivity	" "	<i>20 hours</i>	<i>2004</i>
Radiation Biology	" "	<i>20 hours</i>	<i>2004</i>
Chemistry of Byproduct Material for Medical Use	" "	<i>30 hours</i>	<i>2004</i>
OTHER			
<i>Please see Attached Diploma</i>			

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
Nuclear Cardiology Training	Dr. Robert E. O'Mara	Univ. of Rochester Strong Memorial Hospital	500 Hours 1981

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
Tc ^{99m}	Nuc. Cardiology	~180	Dr. Frank Luria	NPL #	
Tl ²⁰¹	Nuc. Cardiology	~120	Dr. Frank Luria	29-18790-01	
			Deborah HERT		
			Fluor. Center		
Tl ²⁰¹	Nuc. Cardiology	~250	Dr. Robert O'Mara	436	

NRC FORM 312A
(10-2002)

U.S. NUCLEAR REGULATORY COMMISSION

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)
Diagnostic Radiology/ Nuclear Medicine	Nuclear medicine Lic. #436	1981	Accreditation Council for Graduate Medical Education Prog #: 2003511057

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

Robert E. O'Mara, MD

B. Supervisor is:

- Authorized User Authorized Medical Physicist
 Radiation Safety Officer Authorized Nuclear Pharmacist

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

for medical uses in Part 35, Section(s) _____

D. Address

Strong Memorial Hospital
601 Elwood Avenue
Box 620
Rochester, NY 14642

E. Materials License Number

436

10 CFR FORM 312A
(10-2002)

U.S. NUCLEAR REGULATORY COMMISSION

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 35.560.

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 10 CFR 35.980 and is competent to independently operate a nuclear pharmacy.
 N/A

YES 11a. The individual named in Item 1 has satisfactorily completed the requirements in Part 35, Section(s) and Paragraph(s) _____
 N/A

YES 11b. The individual named in Item 1. Is competent to independently function as an authorized _____ for _____ uses (or units).
 N/A

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 New York State or equivalent Agreement State requirements to be a preceptor authorized for the following uses (or units) of byproduct material: Diagnostic & Therapeutic Nuclear medicine

A. Address
Strong Memorial Hosp
601 Elmwood ave, Box 620
Rochester, NY 14642

B. Materials License Number
436

C. NAME OF PRECEPTOR (Print clearly)
Robert E. O'Mara, MD

D. SIGNATURE - PRECEPTOR
Robert E. O'Mara

E. DATE
2/17/04

STRONG HEALTH

Strong Memorial Hospital • Children's Hospital at Strong • Highland Hospital
The Highlands • Eastman Dental Center

Robert E. O'Mara, M.D.
Professor of Radiology
Division of Nuclear Medicine
June 8, 2004

Radiology
Division of Nuclear Medicine
Strong Memorial Hospital

Dr. Robert Fallace
29 Hoffman Place
Belle Mead, NJ 08502

Dear Bob:

It was good to hear your voice after such a long time. After our review, I can attest for you that you spent 3 months consecutively in the spring of 1981 in Nuclear Medicine as part of the conjoined program in Cardiology/Nuclear Medicine that we had established with Dr. Paul Yu, Director of Cardiology. During this time, you spent approximately 700 hours with us. Your activities included completing our basic science instruction program, radiopharmaceutical program, which took about 200 hours and then 500 hours of clinical work on a daily basis with specific attention to cardiovascular/nuclear medicine procedures. As part of your training you participated in our program of patient interview and injection, as well as interpretation of all procedures.

If you need any further information, do not hesitate to contact me. I hope this letter will be of sufficient help to you.

Sincerely yours,



Robert E. O'Mara, M.D.
Professor Emeritus, Department of Radiology

ROM:st

5-10-2005 11:57

June 8, 2004

Certification Board of Nuclear Cardiology
9929 Main Street, Suite C
Damascus, MD 20872

To Whom It May Concern:

Dr. Robert Faillace's training and experience in nuclear cardiology meets the requirements as outlined in the ACC/ASNC COCATS Guidelines (revised 2000).

Dr. Robert Faillace is competent to independently function as an authorized user under NRC 10 CFR 35.290 uses.

Sincerely yours,

Robert E. O'Mara, M.D.
Professor Emeritus, Department of Radiology

ROM/pt

Radiactive Materials License #436

Health & Radiological Seminars, Inc.

Hereby certifies that

ROBERT FAILLACE, MD

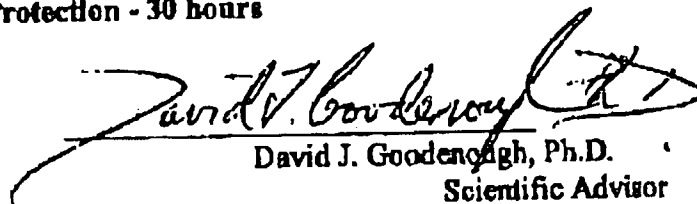
has successfully completed the 200 Hour Physician Training
Program in Basic Radioisotope Handling conducted
in accordance with the requirements of the
U.S. Nuclear Regulatory Commission (10 CFR 35).

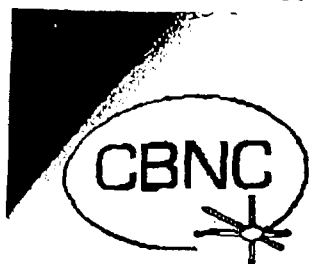
COURSE OUTLINE

Radiation Physics and Instrumentation - 100 hours
Mathematics pertaining to the use and measurement of radioactivity - 20 hours
Radiopharmaceutical Chemistry - 30 hours
Radiation Biology - 20 hours
Radiation Protection - 30 hours


Janice J. Gabriel
Program Director

July 11, 2004


David J. Goodenough, Ph.D.
Scientific Advisor



Certification Board of Nuclear Cardiology

9829 Main Street Suite C Damascus, MD 20872 Phone: (301) 253-7122 Fax: (301) 253-7123
E-mail: cbnc@starpower.net Internet webpage: www.cbnc.org

CBNC is Moving! Note our New Contact Information Below - Valid January 1, 2005
December 16, 2004

BOARD OF DIRECTORS

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Society of Nuclear Cardiology

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Executive Director

Dawn M. Edgerton
Executive Director Designate

Robert Faillace, MD
29 Hoffman Place
Belle Mead, NJ 08502

ID #: 2004095

Dear Dr. Faillace:

We are pleased to inform you that the Board of Directors of the Certification Board of Nuclear Cardiology has determined that your score on the written examination of October 24, 2004 meets the standards it has established for certification in nuclear cardiology. Congratulations on your achievement!

A passing score of 125 questions correct was determined by an independent panel of peers, representing the disciplines involved in the practice of nuclear cardiology, drawn from both private practice and academia.

The number of questions you answered correctly was 151. The attached chart shows the number of correct answers you had for each of the content areas. Also enclosed is a press release which you may wish to use to announce your successful completion of the 2004 exam.

As you may recall, the application form that you completed carried the wording "List name as you wish it to appear on certificate if you successfully pass the exam." Therefore, we will honor your request. Certificates will be mailed by February 1, 2005.

It is important for future mailings that you keep the CBNC headquarters office informed of any address changes and so that the information in our online verification database is correct.

On behalf of the Board of Directors, I wish to thank you for your participation in the CBNC examination.

Sincerely,

Manuel D. Cerqueira, M.D.
President

Enclosures

Congratulations on your success in passing the 2004 certification examination in nuclear cardiology! We have found that recent examinees often have interesting questions to submit, so with this in mind and on behalf of the Certification Board of Nuclear Cardiology (CBNC), I am writing to invite you to write examination questions for possible use in future exams. If you are interested in doing this, please send an email to our testing consultant (contact information below) and she will forward further information, along with a question-writing guide in PDF, to assist you in composing your questions. It would also be helpful if you would review the examination content outline below and indicate to our consultant in your response in which area(s) you plan to submit questions.

THE DEADLINE FOR SUBMITTING QUESTIONS IS February 15, 2005.

**Knapp & Associates International, Inc.
Attn: Michelle De Los Santos
712 Executive Drive
Princeton, NJ 08540
Phone: (609) 921-3478
Facsimile: (609) 683-8295
E-mail: mdelosantos@knappinternational.com**

Please be aware that those submitting questions for CBNC are required to sign a Confidentiality Agreement. A copy will be included with the question-writing information to those who request the material.

Thank you for your consideration. We look forward to hearing from you.

Sincerely,

**James A. Arrighi, MD
Chair, 2005 CBNC Examination Committee**

Question Content Outline

- I. PHYSICS AND INSTRUMENTATION**
- II. RADIOPHARMACEUTICALS**
- III. RADIATION SAFETY**
- IV. NUCLEAR CARDIOLOGY DIAGNOSTIC TESTS AND PROCEDURES/PROTOCOLS**
- V. GENERAL CARDIOLOGY AS IT RELATES TO IMAGE INTERPRETATION**
- VI. RISK STRATIFICATION**
- VII. MYOCARDIAL PERFUSION IMAGING INTERPRETATION**
- VIII. VENTRICULAR FUNCTION IMAGING**
- IX. MYOCARDIAL VIABILITY**

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

2/24/2005, and to inform you that the initial processing which includes an administrative review has been performed.

Amendment 29-10191-02 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** 136567.
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.

(FOR LFMS USE)
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

: Program Code: 02230
: Status Code: 0
: Fee Category: 7C 2B 3E
: Exp. Date: 20140731
: Fee Comments: _____
: Decom Fin Assur Req'd: N
: ::::::::::::::::::::::::::::::::::::::

LICENSE FEE TRANSMITTAL

A. REGION J

1. APPLICATION ATTACHED

Applicant/Licensee: ST. JOSEPH'S REGIONAL MEDICAL CTR
Received Date: 20050228
Docket No: 3002526
Control No.: 136567
License No.: 29-10191-02
Action Type: Amendment

2. FEE ATTACHED

Amount: /
Check No.: /

3. COMMENTS

Signed Rebecca Juncos
Date 5/8/05

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 _____