

DELAWARE
CARDIOVASCULAR
ASSOCIATES

701 Faulk Road, Suite 1A, Wilmington, DE 19803 • 302-661-7676 • Fax 302-661-1050
Glasgow Medical Center, 2600 Glasgow Avenue, Suite 221, Newark, DE 19702 • 302-834-7676 • Fax 302-834-9202
Omega Professional Center, G-36 Omega Drive, Newark, DE 19713 • 302-737-7676 • Fax 302-737-9976
1102 South DuPont Highway, Suite 1, Dover, DE 19901 • 302-734-7676 • Fax 302-734-7615
415 South Dupont Highway, Milford, DE 19963 • 302-430-7676 • Fax 302-430-7670
Bayview Medical Center, 1539 Savannah Road, Suite 201, Lewes, DE 19958 • 302-644-7676 • Fax 302-644-4876
Rt. 1 Coastal Hwy. South, Taggart Professional Building, Suite 101, Bethany Beach, DE 19930 • 302-537-7676 • Fax 302-537-7652
www.delawarecardiovascular.com

March 28, 2005

U.S. Nuclear Regulatory Commission
Division of Material Safety
Licensing Section
Region I
475 Allendale Road
King of Prussia, PA 19406-1415

REF: NRC License # 07-30420-01

03034602

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RECEIVED
REGION I

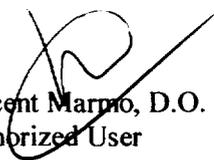
Dear Colleague,

Please amend our materials License to reflect the following change:

Add the following physician authorized user to our NRC license as authorized user for materials identified in 10 CFR 35.200. Documents verifying clinical training are attached for reference.

After thoroughly reviewing this individuals work, credentials, and work history, I certify by my affixed signature that this individual has achieved a level of competency sufficient to function independently as an authorized user of materials identified in 10 CFR 35.200.

Thank you for your attention in this matter.


Vincent Marmo, D.O.
Authorized User

William J. Gunkel, Jr. CNMT/RSO

136822

NMCC/RCMI MATERIALS-002



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Region I
475 Allendale Road
King of Prussia, PA 19406-1415

REF: NRC License # 07-30420-01

Dear Colleague,

I am an Authorized User listed on the Radioactive Materials License of Delaware Cardiovascular Associates, license number 07-30420-01. This communication is to confirm that Mark Zweben, D.O. has successfully completed all training requirements set forth by the Nuclear Regulatory Commission guidelines section 35.290, paragraph c (1). He has achieved a level of competency sufficient to function independently as an authorized user for medical uses authorized under the NRC guidelines 35.200.

Dr. Mark Zweben has completed 700 hours of training and experience in basic radionuclide handling techniques applicable to the medical use of unsealed byproduct material for imaging and localization studies. This training and experience include a minimum of the following:

- A. 1) Classroom and laboratory training in the following areas:
- a) Radiation physics and instrumentation;
 - b) Radiation protection;
 - c) Mathematics pertaining to the use and measurement of radioactivity;
 - d) Chemistry of byproduct material for medical use;
 - e) Radiation biology;
 - f) Generator Elution
- 2) Work experience, under the supervision of authorized user Vincent Marmo, D.O. which meets the requirements in 35.290, involving:
- a) Ordering, receiving, and unpacking radioactive materials safely and performing the related radiation surveys;

- b) Calibrating instruments used to determine the activity of dosages and performing checks for proper operation of survey meters;
- c) Calculating, measuring, and safely preparing patient or human research subject doses;
- d) Using administrative controls to prevent a medical event involving the use of unsealed byproduct material;
- e) Using procedures to safely contain spilled radioactive material and using proper decontamination procedures;
- f) Administering dosages of radioactive drugs to patient or human research subjects;
- g) Eluting generator systems appropriate for preparation of radioactive drugs for imaging and localization studies, measuring and testing the elute for radionuclidic purity, and processing the eluate with reagent kits to prepare labeled radioactive drugs.

B. In addition, Dr. Zweben has completed training in the clinical aspects of Nuclear Cardiology, which has included the following:

- 1) Interpretation of over 700 patient studies.
- 2) Review of over 100 myocardial perfusion studies with angiographic correlation.
- 3) Preparation of nuclear radiopharmaceuticals.
- 4) Camera quality control, set up and calibration.
- 5) Patient preparation, dose administration.
- 6) Scan acquisition and processing.
- 7) Interpretation and reporting results of exams.

I am pleased to confirm that Dr. Zweben has achieved a level of competency sufficient to function independently as an authorized user for medical uses authorized under the NRC guidelines 35.200.


Signed Vincent Marmo, D.O.
Preceptor/ Authorized User

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 Zueber Authorized User 10CFR 35.296

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

Delaware

3. CERTIFICATION

Specialty Board	Category	Month and Year Certified
Cardiovascular Medicine		11/97

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	Cor Scan Plus		April 25 2004
Radiation Protection			
Mathematics Pertaining to the Use and Measurement of Radioactivity			
Radiation Biology			
Chemistry of Byproduct Material for Medical Use		TOTAL 50	↓
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
Reading of Nuclear Cardiology scans	Vincent J. Marino D.O.	07-30420-01	6-1-2003 → Present

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
99mTc	Nuclear Cardiology	1200	Vincent J. Marino D.O.	DCR 07-30420-01	6-1-03 → Present 700 hrs

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)
N/A			

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

Vincent J Marmo Do

B. Supervisor is:

Authorized User

Authorized Medical Physicist

Radiation Safety Officer

Authorized Nuclear Pharmacist

C. Supervisor meets requirements of Part 35, Section(s) _____ 35.290

for medical uses in Part 35, Section(s) _____ 200

D. Address

2600 Glasgow Ave
Suite 221
Newark De 19702

E. Materials License Number

0730A20-01

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 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) 35.290.
 N/A

YES 11b. The individual named in Item 1. is competent to independently function as an authorized user for medical 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 NRC Delaware or equivalent Agreement State requirements to be a preceptor authorized user for the following uses (or units) of byproduct material: medical

A. Address

2600 Glasgow Avenue
Suite 221
Newark DE 19702

B. Materials License Number

07-30420-01

C. NAME OF PRECEPTOR (print clearly)

VINCENT J MARMORO

D. SIGNATURE - PRECEPTOR

[Signature]

E. DATE

3-29-05

THE
AMERICAN BOARD OF INTERNAL MEDICINE
INCORPORATED 1916
 ATTESTS THAT

Mark E. Zweben

HAS MET THE REQUIREMENTS OF THIS BOARD AND IS HEREBY
 CERTIFIED FOR THE PERIOD 1997 THROUGH 2007
 AS DIPLOMATE IN
CARDIOVASCULAR DISEASE



Mark E. Zweben
1997-2007
 AMERICAN BOARD OF INTERNAL MEDICINE

[Signature]
1997-2007
 AMERICAN BOARD OF INTERNAL MEDICINE

R.F. Beard
1997-2007
 AMERICAN BOARD OF INTERNAL MEDICINE

Harry R. [Signature]
1997-2007
 AMERICAN BOARD OF INTERNAL MEDICINE

REPRESENTATIVELY SIGNIFYING ACHIEVEMENT IN AN INTERNAL

Doyle J. Zipes
1997-2007
Richard S. Bonow
1997-2007
[Signature]

Paul P. [Signature]
Wallace [Signature]
Sam [Signature]
Joseph [Signature]

Richard D. [Signature]
Walter [Signature]
Arthur P. [Signature]

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

3/22/2005, and to inform you that the initial processing which includes an administrative review has been performed.

AMEND. 07-30420-01
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** 136822.
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: 02201
: Status Code: 0
: Fee Category: 7C
: Exp. Date: 20130331
: Fee Comments: _____
: Decom Fin Assur Req'd: N
:

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED
Applicant/Licensee: DELAWARE CARDIOVASCULAR ASSOCIATES
Received Date: 20050405
Docket No: 3034602
Control No.: 136822
License No.: 07-30420-01
Action Type: Amendment

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

3. COMMENTS
Signed M. A. Perkins
Date 4/15/2005

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 _____