



Danville Diagnostic Imaging Center

125 Executive Drive • Suite D
Danville, VA 24541
434/793-1043
FAX 434/799-0066

US Nuclear Regulatory Commission
Region I
475 Allendale Road
King of Prussia, PA 19606-1415

June 8, 2005

Dear Sir,

We wish to add Jiajia Wu, MD to radioactive materials license
45-25118-01. *03031883*

Enclosed is a completed Training and Preceptor Statement for Dr. Wu and a
copy of Dr. Wu's ABR certificate. Please add Dr. Wu to our license for all
applications for which she is qualified.

Sincerely,

G. Michael Spencer, MD
Radiation Safety Officer

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REGION I
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NMSS/RGNI MATERIALS-002

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, the Association of
University Radiologists, and American Association of Physicists in Medicine

Hereby certifies that

Hajia Wu, B.A.

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 eighth day of November, 2004
Thereby demonstrating to the satisfaction of the Board
that she is qualified to practice the specialty of

Diagnostic Radiology

Thomas A. Licht, M.D.
President

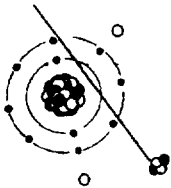
Richard V. Hoppe, MD
Secretary-Treasurer

P. R. Hatten, MD
Executive Director

Certificate No. 51684

Valid through 2014

**Office
of
Medical
Physics -
Radiation
Safety**



**MONMOUTH
MEDICAL
CENTER**




*an affiliate of the
St. Barnabas
Health Care
System*

*300 Second Avenue
Long Branch
New Jersey 07740*

**Thomas Piccoli,
DABR
Medical Physicist
Radiation Safety Officer**

**(732) 923-6811
FAX: (732) 923-6802**

To:	Debra Parrish -Technical Director
From:	THOMAS PICCOLI, DABR, DABMP- PHYSICIST 
CC:	
Date:	May 23, 2005
Subject:	TRAINING AND EXPERIENCE AND PRECEPTOR STATEMENT

Attached is the signed original and copy of the "TRAINING AND EXPERIENCE AND PRECEPTOR STATEMENT" for Jiajia Wu, M.D.

Please feel free to contact me at 732-923-6811 with any questions.

Sincerely yours,

Thomas Piccoli, DABR
Medical Physicist

NRC

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)

Jiajia Wu, MD; Authorized User, 10 CFR 35.910, 920, 932 and 934

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

Virginia

3. CERTIFICATION

Specialty Board	Category	Month and Year Certified
American Board of Radiology	Diagnostic Radiology	November 2004

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	Monmouth Medical Center Long Branch New Jersey (residency instruction)	15 (with repsect to therapy isotope use)	July 2001 through June 2004
Radiation Protection	Monmouth Medical Center Long Branch New Jersey (residency instruction)	15 (with repsect to therapy isotope use)	July 2001 through June 2004
Mathematics Pertaining to the Use and Measurement of Radioactivity	Monmouth Medical Center Long Branch New Jersey (residency instruction)	15 (with repsect to therapy isotope use)	July 2001 through June 2004
Radiation Biology	Monmouth Medical Center Long Branch New Jersey (residency instruction)	15 (with repsect to therapy isotope use)	July 2001 through June 2004
Chemistry of Byproduct Material for Medical Use			
OTHER			

NRC FORM 313A
(10-2002)

U.S. NUCLEAR REGULATORY COMMISSION

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 Numbers	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)
Not Applicable			

7. RADIATION SAFETY OFFICER – ONE-YEAR FULL-TIME TRAINING

- 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 for 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 Salman Rashid, MD
- B. Supervisor is:
 Authorized User Authorized Medical Physicists
 Radiation Safety Officer Authorized Nuclear Pharmacists
- C. Supervisor meets requirements of Part 35, Section(s) 190, 290, 390
 for medical uses in Part 35, Section(s) 100, 200, 300
- D. Address Monmouth Medical Center
300 Second Avenue
Long Branch, NJ 07740
(732)-923-6806
- E. Materials License Number
USNRC 29-081130-03

NRC FORM 313A
(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 35.590.

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) _____.

- YES 11b. The individual named in item 1. is competent to independently function as an authorized
 N/A User _____ for Medical _____ uses.

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 10 CFR 35. 190, 290, 390
 or equivalent Agreement State requirements to be a preceptor authorized Authorized User
 for the following uses of byproduct material: 35.100, 200, 300

A. Address

Monmouth Medical Center
 300 Second Avenue
 Long Branch, NJ 07740
 (732)-923-6806

B. Materials License Number

USNRC 29-081130-03

C. NAME OF PRECEPTOR (print clearly)
 Salman Rashid, MD

D. SIGNATURE – PRECEPTOR

S. Rashid

E. DATE

5/23/05

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

6/8/2005, and to inform you that the initial processing which includes an administrative review has been performed.

Amendment 45-25118-01 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 137215.
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: 02220
: Status Code: 0
: Fee Category: 7C
: Exp. Date: 20051130
: Fee Comments: _____
: Decom Fin Assur Reqd: N
:.....

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED

Applicant/Licensee: DANVILLE DIAGNOSTIC IMAGING CENTER
Received Date: 20050613
Docket No: 3031883
Control No.: 137215
License No.: 45-25118-01
Action Type: Amendment

2. FEE ATTACHED

Amount: /
Check No.: /

3. COMMENTS

Signed Rebecca Junod
Date 6/24/2005

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 _____