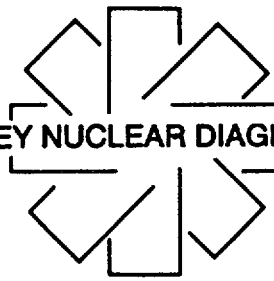


NORTH JERSEY NUCLEAR DIAGNOSTIC CENTER



November 22, 2005

NMSB2

RECEIVED
REGION 1

MAR 13 PM 1:04

Shirley Xu, Health Physicist
Nuclear Materials Safety Branch 1
Division of Nuclear Materials Safety
U.S. Nuclear Regulatory Commission
475 Allendale Road
King of Prussia, PA 19406-1415

03030943

Dear Ms. Xu,

Re: License # 29-28330-01

We would like to amend our radioactive license # 29-28330-01 to include **Dr. Warren Maresca** as one of our authorized users for the following byproduct materials:

- a. Any byproduct material permitted by 10 CFR 35.100
- b. Any byproduct material permitted by 10 CFR 35.200
- c. Gadolinium 153 permitted by 10 CFR 35.500.

Enclosed are copies of Dr. Maresca's certificates of training and experience and preceptor attestation.

If you have further question, please call our consulting physicist, Jessie Z. Trivino, M.S. at (201) 996-5720. Thank very much for all the help you have extended us.

Sincerely,

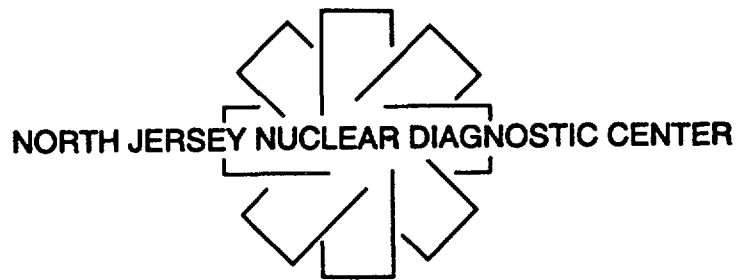
John Capitanelli, M.D.
Medical Director and RSO

138561

NMSS/RONI MATERIALS-002

A Division of Cardiology Associates

999 McBride Avenue, West Paterson, New Jersey 07424 973-256-8106



November 22, 2005

William Csaszar
License Administrator
Radioactive Materials Section
Dept. of Environmental Protection
Radiation Protection Programs
CN 411
Trenton, NJ 08625

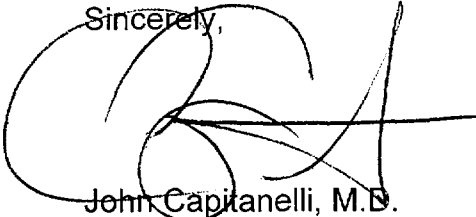
Dear Mr. Csaszar,

Re: License No. NJSL-20347/01

We would like to renew our radioactive license # NJSL-20347/01 to include **Dr. Warren Maresca** as one of the authorized users.

Enclosed are copies of Dr. Maresca's certificates of training and experience and preceptor attestation. Your immediate attention to this request is highly appreciated.

Sincerely,



John Capitanelli, M.D.
Medical Director and RSO

A Division of Cardiology Associates

999 McBride Avenue, West Paterson, New Jersey 07424 973-256-8106

NRC FORM 313A
(04-2005)

U.S. NUCLEAR REGULATORY COMMISSION

**MEDICAL USE TRAINING AND EXPERIENCE
AND PRECEPTOR ATTESTATION**APPROVED BY OMB: NO. 3150-0120
EXPIRES: 10/31/2005**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 regulation (10 CFR Part 35).

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

DR. WARREN L. MARESCA, AUTHORIZED USER, 10CFR190, 10CFR290

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

3. CERTIFICATION

- a. Provide a copy of the board certification. (Stop here if applying under 10 CFR Part 35, Subpart J or 35.590(a); continue if applying under other subparts.)
- b. Provide documentation in appropriate items 4 through 10 of training or clinical case work required by 35.50(e); 35.51(c); 35.290(c)(1)(ii)(G) for AU seeking 35.200 authorization; 35.390(b)(1)(ii)(G); 35.396(d)(1) and 35.396(d)(2); 35.590(c); or 35.690(c).
- c. Provide completed Part II Preceptor Attestation, Items 11a through 11d.
- Stop here after completing items 3a, 3b, and 3c when using board certification to meet 10 CFR Part 35 training and experience requirements.

**4. INDIVIDUALS IDENTIFIED ON A LICENSE OR PERMIT AS RADIATION SAFETY OFFICERS (RSO),
AUTHORIZED USERS (AU), AUTHORIZED MEDICAL PHYSICISTS (AMP), OR
AUTHORIZED NUCLEAR PHARMACISTS (ANP) SEEKING ADDITIONAL AUTHORIZATIONS**

- a. Provide a copy of the license or broadscope permit listing the current authorization and (b) or (c)
- b. Complete items 6c (and 10 when training is provided by an RSO, AMP, ANP, or AU) and preceptor items 11b through 11d to meet requirements for: RSO in 35.50(c)(2) or 35.50(e); or AU in 35.290(c)(1)(ii)(G) or 35.390(b)(1)(ii)(G) or 35.590(c) or 35.690(c); or AMP under 35.51(c).
- c. Complete items 5, 6a, 6b, 10, and Preceptor items 11a through 11d to meet AU requirements in 35.396(a).

5. DIDACTIC OR CLASSROOM AND LABORATORY TRAINING (optional for Medical

Description of Training	Location	Clock Hours	Dates of Training
Radiation Physics and Instrumentation	INSTITUTE FOR NUCLEAR MEDICAL EDUCATION	75	4/13/96
Radiation Protection	"	25	5/11/96
Mathematics Pertaining to the Use and Measurement of Radioactivity	"	25	3/2/96
Radiation Biology	"	25	5/11/96
Chemistry of Byproduct Material for Medical Use	"	50	6/29/96
OTHER			

MEDICAL USE TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

6a. WORK OR PRACTICAL EXPERIENCE WITH RADIATION

Description of Experience	Name of Supervising Individual(s)	Location and Corresponding Materials License Number	Dates and/or Clock Hours of Experience
ORDERING RECEIVING & UNPACKAGING RADIOACTIVE MATERIALS.	JOHN CAPITANECCI, MD	NORTH JERSEY NUCLEAR DIAGNOSTIC CENTER	} 200 HOURS
RADIATION SURVEYS	"	# 29-28330-01	
PERFORMING QC PROCEDURES ON DOSE CALIBRATOR	"	"	
PROPER OPERATION OF SURVEY METERS.	"	"	
CALCULATING MEASURING & SAFELY PREPARING PATIENT DOSAGES.	"	"	

6b. SUPERVISED CLINICAL CASE EXPERIENCE (describe experience elements in 6a)

Radionuclide	Type of Use	No. of Cases Involving Personal Participation	Name of Supervising Individual	Location and Corresponding Materials License Number	Dates and/or Clock Hours of Experience
Tc-99m	NUCLEAR CARDIAC STRESS TESTING	300 TOTAL	JOHN CAPITANECCI, MD	NORTH JERSEY NUCLEAR DIAGNOSTIC CENTER # 29-28330-01	} 600 HOURS
Tl-201			"		

NRC FORM 313A
(04-2005)

U.S. NUCLEAR REGULATORY COMMISSION

MEDICAL USE TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

6c. TRAINING FOR SECTIONS 35.50(e), 35.51(c), 35.590(c), or 35.690(c)

Training Element	Type of Training *	Location and Dates
N/A		

* Types of training may include supervised (complete item 10 for 35.50(e), 35.51(c), and 35.690(c)), didactic, or vendor training.

7. FORMAL TRAINING Physicians (for uses under 35.400 and 35.600) and Medical Physicists

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)
N/A			

8. RADIATION SAFETY OFFICER (RSO) -- ONE-YEAR FULL-TIME EXPERIENCE

- YES Completed 1 year of full-time radiation safety experience (in areas identified in item 6a) under supervision.
- N/A of N/A the RSO for License No. _____

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

- YES Completed 1 year of full-time training (for areas identified in item 6a) in therapeutic radiological physics
 - N/A (35.961) or medical physics (35.51) under the supervision of _____
- N/A **and**
- YES Completed 1 year of full-time work experience (at location providing radiation therapy services described and
 - N/A for topics identified in item 6a) for (specify use or device) _____ under the supervision of _____ who is a medical physicist (35.961) or meets requirements for Authorized Medical Physicists (35.51) (specify use or device) _____.

MEDICAL USE TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

10. 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

JOHN CRISTANVELLI, M.D.

B. Supervisor is:

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

C. Supervisor meets requirements of Part 35, Section(s) 190, 290, 990
 for medical uses in Part 35, Section(s) 100, 200, 500

D. Address

E. Materials License Number

PART II -- PRECEPTOR ATTESTATION

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 35.590 or Part 35, Subpart J (except 35.980).

I attest the individual named in Item 1:

11a.

has satisfactorily completed the requirements in Part 35, Section(s) and Paragraph(s) _____, as documented in section(s) CA 968 of this form.

11b. Select one

N/A

meets the requirements in 35.50(e), 35.51(c), 35.390(b)(1)(ii)(G), 35.690(c) for _____ types of use, as documented in section(s) _____ of this form.
 N/A

11c.

has achieved a level of competency sufficient to operate a nuclear pharmacy (for 35.980); **OR**
 has achieved a level of competency sufficient to function independently as an authorized _____ for _____ uses (or units); **OR**
 has achieved a level of radiation safety knowledge sufficient to function independently as a Radiation Safety Officer for a medical use licensee; **OR**
 N/A

11d.

I am an Authorized Nuclear Pharmacist; **OR** I am a Radiation Safety Officer; **OR**
 I meet the requirements of _____ section(s) of 10 CFR Part 35 or equivalent Agreement State requirements to be a preceptor AU or AMP
 for the following byproduct material uses (or units): _____

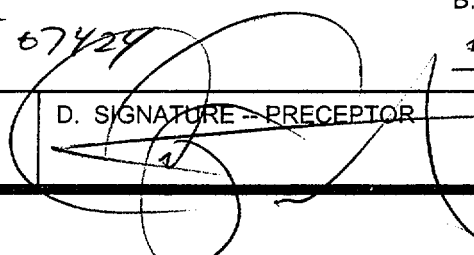
A. Address 999 McBREIDE AVE.
WEST PATERSON, N.J. 07429

B. Materials License Number
29-28330-01

C. NAME OF PRECEPTOR (print clearly)

JOHN CRISTANVELLI M.D.

D. SIGNATURE -- PRECEPTOR



E. DATE

3/8/06

NUCLEAR MEDICAL EDUCATION PROGRAM

Affidavit of Academic Completion and Competency

This document is to attest that

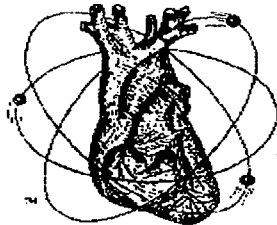
WARREN L. MARESCA, M.D., F.A.C.C.

has successfully completed the didactic program

PRINCIPLES OF RADIATION PHYSICS

and has provided evidence of attendance in this program and evidence of achieving the objectives of this program through examination.

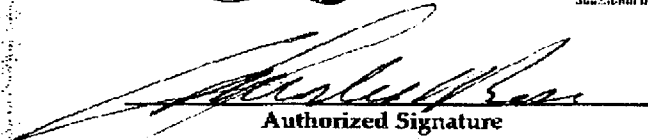
This program provides the following levels of accomplishment:



- 50 Didactic Instructional Hours (DIH)
(In compliance with 10CFR35)
- 5 Continuing Education Units (CEU)
- 50 Continuing Medical Education (CME)
- 50 Technical/Professional Credit specified by the American Pharmaceutical Association and the American Association of Health Physicists*

*Additional documentation will be provided by Regulatory Agencies upon participant request.

2 March 1996
Date Class Commenced


Authorized Signature

Affidavit of Competency

INSTITUTE FOR NUCLEAR MEDICAL EDUCATION

5171 Eldorado Springs Drive, Boulder, CO 80303 — 800-548-4024

1132 INME 8/94

Certified, Approved and Regulated by the Division of Private Occupational Schools, Department of Higher Education in Colorado. Validated by the Accrediting Commission of the Accrediting Council for Continuing Education Training, a national accrediting agency listed by the US Secretary of Education. Validated by the American Council on Education, recognized by the American Association for Collegiate Registrars, Council on Post-Secondary Education.

NUCLEAR MEDICAL EDUCATION PROGRAM

Affidavit of Academic Completion and Competency

This document is to attest that

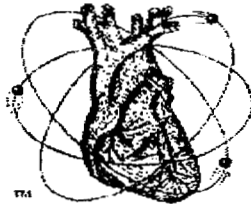
Warren L. Maresca, MD, FACC

has successfully completed the didactic program

RADIOPHARMACEUTICALS AND CHEMISTRY

and has provided evidence of attendance in this program and evidence of achieving the objectives of this program through examination.

This program provides the following levels of accomplishment:



- 50 Didactic Instructional Hours (DIH)
(In compliance with 19CFR35 and Agreement States)
- 5 Continuing Education Units (CEU)
- 50 Technical/Professional Credit specified by the American Pharmaceutical Association and the American Association of Health Physicists*

29 June 1996
Date Class Commenced

*Substitution of credit will be provided to Registrars. Agreement upon personal request.

Charles H. Rose

Authorized Signature

191621

Affidavit of Competency

Institute for Nuclear Medical Education

5660 Airport Blvd., Suite 101, Boulder, Colorado 80301 — 800-548-4024

Certified, Approved and Regulated by the Division of Private Occupational Schools, Department of Higher Education in Colorado. Validated by the Accrediting Commission of the Accrediting Council for Continuing Education Training, a national accrediting agency listed by the US Secretary of Education. Validated by the American Council on Education, recognized by the American Association for Collegiate Registrars, Council on Post-Secondary Education.



NUCLEAR MEDICAL EDUCATION PROGRAM

Affidavit of Academic Completion and Competency

This document is to attest that

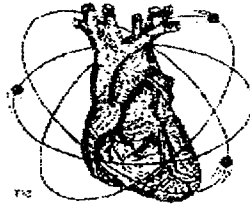
Warren L. Maresca, MD, FACC

has successfully completed the didactic program

MEDICAL RADIATION PROTECTION

and has provided evidence of attendance in this program and evidence of achieving the objectives of this program through examination.

This program provides the following levels of accomplishment.



- 50 Didactic Instructional Hours (DIH)
(In compliance with 10CFR35 and Agreement States)
- 5 Continuing Education Units (CEU)
- 50 Technical/Professional Credit specified by the
American Pharmaceutical Association and the
American Association of Health Physicists*

11 May 1996
Date Class Commenced

Charles J. [Signature]

Authorized Signature

191297

Affidavit of Competency

Institute for Nuclear Medical Education

5660 Airport Blvd., Suite 101, Boulder, Colorado 80301 — 800-548-4024

Certified, Approved and Regulated by the Division of Private Occupational Schools, Department of Higher Education in Colorado. Validated by the Accrediting Commission of the Accrediting Council for Continuing Education Training, a national accrediting agency listed by the US Secretary of Education. Validated by the American Council on Education, recognized by the American Association for Collegiate Registrars, Council on Post-Secondary Education.



NUCLEAR MEDICAL EDUCATION PROGRAM

Affidavit of Academic Completion and Competency

This document is to attest that

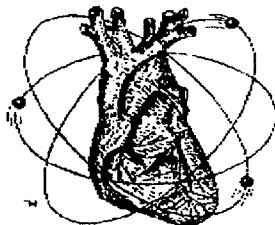
WARREN MARESCA, MD

has successfully completed the didactic program

MEDICAL RADIATION INSTRUMENTATION

and has provided evidence of attendance in this program and evidence of achieving the objectives of this program through examination.

This program provides the following levels of accomplishment:



- 50 Didactic Instructional Hours (DIH)
(In compliance with 10CFR35)
- 5 Continuing Education Units (CEU)
- 50 Continuing Medical Education (CME)
- 50 Technical/Professional Credit specified by the American Pharmaceutical Association and the American Association of Health Physicists*

*Additional documentation will be provided to Regulatory Agencies upon participant request.

13 April 1996

Date Class Commenced

Authorized Signature

191384
Affidavit of Competency

INSTITUTE FOR NUCLEAR MEDICAL EDUCATION

5171 Eldorado Springs Drive, Boulder, CO 80303 — 800-548-4024

1152 INME 8/94

Certified, Approved and Regulated by the Division of Private Occupational Schools, Department of Higher Education in Colorado. Validated by the Accrediting Commission of the Accrediting Council for Continuing Education Training, a national accrediting agency listed by the US Secretary of Education. Validated by the American Council on Education, recognized by the American Association for Collegiate Registrars, Council on Post-Secondary Education.

This is to acknowledge the receipt of your letter/application dated
11/22/2005 (RECEIVED 3/13/2006) and to inform you that the initial processing which
includes an administrative review has been performed.

AMEND. 29-28330-01
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** 138561.
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.