

RECEIVED REGION 1

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Browns Mills, NJ 08015-1799 609/893-6611

MM581

US Nuclear Regulatory Commission Medical Licensing Section Region I 474 Allendale Road King of Prussia, PA 19406

03014634

March 10, 2006

RE: License Number 29-18190-01

Dear Sir/Madam:

This letter is sent to request the following amendment to our radioactive materials license, number noted 29-18190-01.

I have enclosed the paperwork for you to add Eric Gejer, D.O., to the Radioactive Materials License for the Section of Nuclear Medicine here at Deborah. His status should be amended to read as follows:

Eric Gejer, D.O.

35.200

If you have any questions please contact our Radiation Safety Officer at 609-735-2921. Thank you for your prompt attention to this matter.

CAMT, KSO.

Sincerely,

Rita M. Lauderman, CNMT

Technical Director, Nuclear Medicine

Radiation Safety Officer

John Ernst

President and CEO

NRC FORM 313A

U.S. NUCLEAR REGULATORY COMMISSION

APPROVED BY OMB: NO. 3150-0120

EXPIRES: 10/31/2005

TRAINING AND EXPERIENCE AND PRECEPTOR STATEMENT

PART I -- TRAINING AND EXPERIENCE

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)

Nave: Eric Crejer DD Applicable Training Requirements: 10 CFR 35.920

proposed and material and use: 35.200 for Cardiornical authoritism 153 for patient attenution correction during 2. For Physicians, Podiatrists, Dentists, Pharmacists - State or Territory Where Licensed

585-7 Imagin

New Versey, fennsylvania

3. CERTIFICATION			
Specialty Board	Category	Month and Year Certified	
American Board of Osterformic Internet (AOBI m)	Internal messiciae	8/2002	
Amenian obserpation Board of Internet medical	Caraio vatenter disease	8/2005	

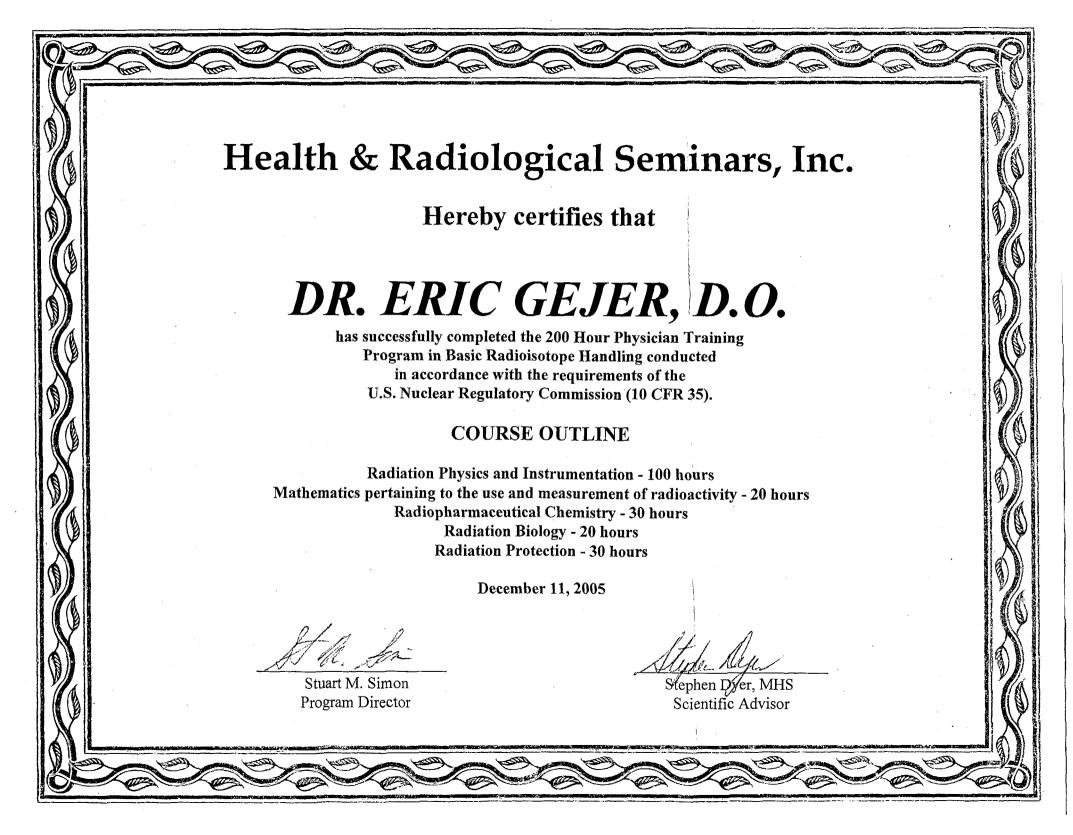
Stop here when using Board Certification to meet 10 CFR Part 35 training and experience requirements.

Description of Training	Location	Clock Hours	Dates of Training
Radiation Physics and Instrumentation	Health and Radidogic Seminars, Inc. 5310 Spectrum Drive Frederick, mb 21703	100 hours	completed (certificated)
Radiation Protection		30 hours	As Above
Mathematics Pertaining to the Use and Measurement of Radioactivity		20 hours	A Above
Radiation Biology		20 hours	A) Abvil
Chemistry of Byproduct Material for Medical Use		30 hond	A Above
OTHER			
w.			

U.S. NUCLEAR REGULATORY COMMISSION NRC FORM 313A (10-2002) TRAINING AND EXPERIENCE AND PRECEPTOR STATEMENT (continued) 5a. WORK EXPERIENCE WITH RADIATION Location and Dates and Name of **Clock Hours** Corresponding Supervising **Description of Experience Materials License** of Individual(s) Experience Number 1. Per 10 CFR 35.920, Subpartb, numbera: Harry Lessis, Deborah Heart and 2/03,5/04 Lung Center, Browns Mills NJ Licho. 29-18190 Has 500 hours of supervised work experience that fulfills all the requirements of 35.920, subpart bounherd Subparts (i) through (vi) inclusive 10/05,12/05 2/06 2. Per 10 CFR 35.920, Subpart b,
number 3: (adjusted for
candidate's work actual
work hours): Deborgh Healt and Harry Lessis, Browns Mris NJ Frank Lumia, MD Lic No. 29-1819011404,5/05 Has 940 hours of supervised clinical experience that 2/06 Fulfills all the requirements of 35. 920, subpart b number 3 subparts (i) through (v) inclusive **5b. SUPERVISED CLINICAL CASE EXPERIENCE** No. of Cases Location and Dates and Name of Involving Corresponding Clock Hours Radionuclide Type of Use Supervising Personal **Materials License** of Individual **Participation** Number Experience

NRC FORM 313A (10-2002) TRAINING	G AND EXPERIENCE AN	D PRECEPTOR STATE	U.S. NUCLEAR REGULATORY COMMISSION MENT (continued)
6. FORMAI	L TRAINING (applies to M	Medical Physicists and T	herapy 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)
7. RADIATIO	ON SAFETY OFFICER C	ONE-YEAR FULL-TIME \	WORK EXPERIENCE
			fied in item 5a) under supervison
N/A of	1100 401-1-1-1	the RSO for License No	
		the root or Election	··
º MEDICAL	PHYSICIST ONE-YEAR	TIME TRAINING	TAYODIC EVDEDIENCE
	of full-time training in therape		
N/A		who meets requirements	for Authorized Medical Physicists; and
_			
YES Completed 1-year of	of full-time work experience	(for areas identified in item	n 5a) for
N/A modality(ies) under t	the supervision of		who meets
requirements of Autl	horized Medical Physicists	for	modality(ies).
9. SUPE	RVISING INDIVIDUAL I	IDENTIFICATION AND C	QUALIFICATIONS
The training and experience indica	ated above was obtained ur	nder the supervision of (if	more than one supervising individual is
needed to meet requirements in 1			
A. Name of Supervisor	B. Supervis	or is:	'
Hanna	Aut	thorized User	Authorized Medical Physicist
- france	Rac	diation Safety Officer	Authorized Nuclear Pharmacist
C. Supervisor meets require		,	Ubparta, numbers.
for medical uses in Part 3	35. Section(s) 35	.100, 35. 200	•
D. Address		,	
	all inter		E. Materials License Number
Deborah Hearta 200 Trenton K	2 and		29-18190-01
Browns Mills,	·	-	#1 (0.10

NRC FORI	RM 313A	U.S. NUCLEAR REGULATORY COMMISSION	
(10-2002)	TRAINING AND EXPERIENCE AND PRECEPTOR STATEME	NT (continued)	
	PART II PRECEPTOR STATEMENT		
	This part must be completed by the individual's preceptor. If more than one pre experience, obtain a separate preceptor statement from each. This part is not re requirements in 10 CFR 35.590. Item 10 must be completed for Nuclear Pharmacists meeting the requirements of Preceptors do not have to complete items 11a, 11b, or the certifying statements for requirements of 10 CFR Part 35, Subpart J.	equired to meet the training 10 CFR Part 35, Subpart J.	
YES	· · ·		
YES	·	ements in Part 35, Section(s)	
YES N/A		n as an authorized uses (or units).	
	12. PRECEPTOR APPROVAL AND CERTIFICATION	ON	
	I certify the approval of item 10 and certify I am an Authorized Nuclear Pharmacist	;	
e e e e e e e e e e e e e e e e e e e		Dharmaniat:	
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 requirement or equivalent Agreement State requirements to be a preceptor authorized	ts of	
;	for the following uses (or units) of byproduct material:		
2	Seborah Heart and LungCenter 200 Trentun Road Browns Mills, NJ08015	erials License Number	
C. NAME	D. SIGNATURE - PRECEPTOR LANCES Lengue 5	E. DATE 3/9/06	



State Of New Jersey New Jersey Office of the Attorney General **Division of Consumer Affairs**

THIS IS TO CERTIFY THAT THE Board of Medical Examiners

HAS REGISTERED

ERIC R. GEJER

FOR PRACTICE IN NEW JERSEY AS A(N): Doctor of Osteopathy

05/19/2005 TO 06/30/2007

25MB07367400

PERSONAL INFORMATION WAS REMOVED BY NRC. NO COPY OF THIS INFORMATION WAS RETAINED BY THE NRC.