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April 27, 2006

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Dennis R. Lawyer  
Health Physicist, Commercial and R&D Branch  
Division of Nuclear Materials Safety, Region 1  
Nuclear Regulatory Commission  
475 Allendale Road  
King of Prussia, PA 19406-1415

29-28330-01

03030943

Dear Mr. Lawyer,

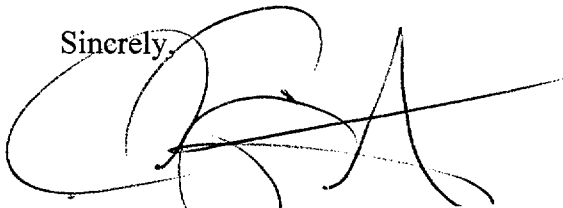
**Mail Control No. 138561**

In response to your letter of April 5, 2006 regarding our request to include Dr. Warren Maresca as one of our authorized users, I am enclosing a revised NRC Form 313A listing his additional practical experiences with radiation under my preceptorship. Please note that he does not have experiences in eluting generator systems, performing QC tests on eluates, and labeling radiopharmaceuticals since we never had used nor will use generator systems in our facility. We will continue ordering unit dosages of radiopharmaceuticals from local radiopharmacies. We also included the dates and number of hours of work experience.

Please cancel our request to include Dr. Maresca as an authorized user of Gadolinium 153 as permitted by 10 CFR 35.500.

If you have further question, please call our consulting physicist, Jessie Z. Trivino, M.S. At (201) 906-1803. Thank you very much for your attention.

Sincerely,



John Capitanelli, M.D.  
Medical Director and RSO

Encl.

138561

NMSS/RGN MATERIALS-002

NRC FORM 313A (04-2005)	U.S. NUCLEAR REGULATORY COMMISSION	APPROVED BY OMB: NO. 3150-0120 EXPIRES: 10/31/2005
<b>MEDICAL USE TRAINING AND EXPERIENCE                  AND PRECEPTOR ATTESTATION</b>		

**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, 10CFR 190, 10CFR 39D*

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	April 13, 1996
Radiation Protection	"	25	May 11, 1996
Mathematics Pertaining to the Use and Measurement of Radioactivity	"	25	Mar 2, 1996
Radiation Biology	"	25	May 11, 1996
Chemistry of Byproduct Material for Medical Use	"	50	Jan 29, 1996
OTHER			

APPENDIX B

**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, AND UNPACKING RADIOACTIVE MATERIAL SAFELY AND PERFORMING THE RELATED RADIATION SURVEYS	JOHN CAPITANELLI, M.D.	NORTH JERSEY NUCLEAR DIAGNOSTIC CENTER #29-28330-01	APRIL 2004 to DECEMBER 2005 200 hrs
CALIBRATING INSTRUMENTS USED TO DETERMINE THE ACTIVITY OF DOSAGES AND PERFORMING CHECKS FOR PROPER OPERATION OF SURVEY METERS			
CALCULATING, MEASURING, AND SAFELY PREPARING PATIENT DOSAGES			
USING ADMINISTRATIVE CONTROLS TO PREVENT A MEDICAL EVENT INVOLVING THE USE OF UNSEALED BYPRODUCT MATERIAL			
USING PROCEDURES TO SAFELY CONTAIN SPILLED RADIOACTIVE MATERIAL AND USING PROPER DECONTAMINATION PROCEDURES			
ADMINISTERING DOSAGES OF RADIOACTIVE DRUGS TO PATIENTS			

**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	CARDIAC	300	JOHN CAPITANELLI, M.D.	NORTH JERSEY NUCLEAR DIAGNOSTIC CTR. #29-28330-01	APRIL 2004 to DECEMBER 2005 600 hrs
Tl-201	STRESS TESTS				

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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 \_\_\_\_\_
- 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) N/A 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 Capitanelli, 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 29-28330-01

**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:

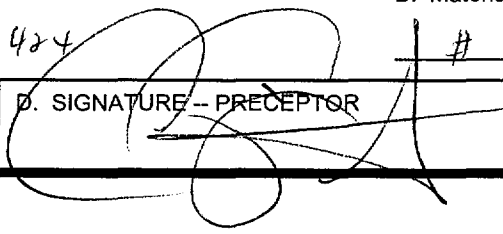
11a.  has satisfactorily completed the requirements in Part 35, Section(s) and Paragraph(s) \_\_\_\_\_, as documented in section(s) 6A + 6B of this form.

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. N/A  
 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. N/A  
 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 McBride Ave. West Paterson, NJ 07424 B. Materials License Number # 29-28330-01

C. NAME OF PRECEPTOR (print clearly) <u>JOHN CAPITANELLI MD.</u>	D. SIGNATURE -- PRECEPTOR 	E. DATE
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