

Sang O. Lee, M.D.
81 Northfield Avenue, Suite 102
West Orange, NJ 07052

May 17, 2006

Licensing Assistance Section
Nuclear Materials Safety Branch
United States Nuclear Regulatory Commission, Region I
475 Allendale Road
King of Prussia, Pennsylvania 19406-1415

K-4

RECEIVED
REGION I
2006 MAY 25 PM 12: 39

Re: License Number: 29-30982-01
Amendment – Change in administrator
Addition – Licensee (New Authorized User) – IFTEKHAR KADRI, M.D.

03036783

Dear Sir/Madam:

This is to inform you that I would like to request you to make following changes to the license number 29-30982-01:

Item 1. Licensee & Administrator for the Facility: Iftekhar Kadri, M.D., F.A.C.C.
81 Northfield Avenue, Suite 102
West Orange, NJ 07052

Please make following changes to the Item 11 B:

Item 11. B. The following individuals are authorized users for medical use as directed:

Authorized Users	Medical Use
Sang O. Lee, M.D.	35.200
Iftekhar Kadri, M.D.	35.200(Add)

The training and experience as required by 10 CFR Part 35 is attached for your reference.

Please call me at 973-736-2600, or Mr. Venkata Lanka, Consulting Physicist at 908-788-4931/973-972-5305, if any additional information is required.

Thank you for your assistance and cooperation in this regard.

Sincerely,


Sang O. Lee, M.D.

C: File

138901

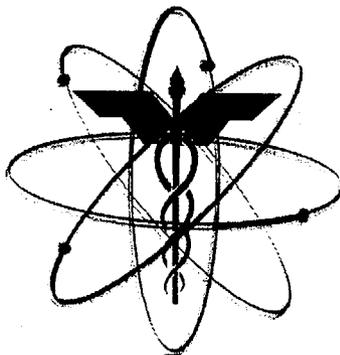
NMSS/RONI MATERIALS-002

FUNDAMENTALS
Radioisotope Handling
Attestation and Certification
Completion and Competency

This document is an affidavit that

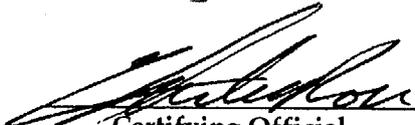
Iftekhar Kadri, M.D., F.A.C.C.

*has successfully completed the prescribed didactic program of
education and has achieved the objectives of this program
as evidenced by written examination*

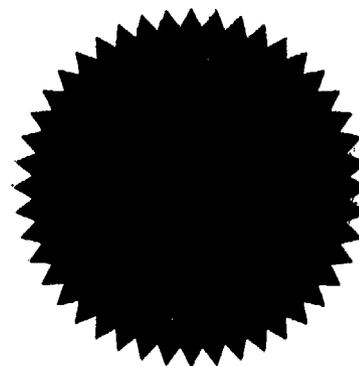


This Program provides the following levels of documented accomplishment

- 10.0 Continuing Education Units (CEU)
- 100 Didactic Instructional Hours (DIH)
In compliance with 10CFR35/AEA 73-689
- 100 Board Accepted Hours NUSPEX, NMTCB III b,
ABMRSO, ABR, ABNM, CBNC


Certifying Official

19 February 2006
Date Completed



203717
Certification

Institute for Nuclear Medical Education

Certified, Approved and Regulated by the Division of Private Occupational Schools, Department of Higher Education in Colorado. Validated by the American Council on Education (ACE), recognized by the American Association for Collegiate Registrars, Council on Post-Secondary Education. Licensed by NRC & Agreement States.

INME1132-Class I-Compl&Comp 1/00

**MEDICAL USE TRAINING AND EXPERIENCE
AND PRECEPTOR ATTESTATION**

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)

IFTEKHAR - KADRI, MD. FACC.

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

N.J.

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 Physicists)

Description of Training	Location	Clock Hours	Dates of Training
Radiation Physics and Instrumentation	<i>INSTITUTE FOR NUCLEAR MEDICINE EDUCATION</i>	<i>100 hrs</i>	<i>FEB. 19TH 2006 COMPLETED</i>
Radiation Protection	<i>U</i>	<i>Included in 100 hrs</i>	<i>FEB. 19TH 2006 COMPLETED</i>
Mathematics Pertaining to the Use and Measurement of Radioactivity	<i>U</i>	<i>100 hrs</i>	<i>FEB. 19TH - 2006 COMPLETED</i>
Radiation Biology	<i>U</i>	<i>10 hrs</i>	<i>FEB. 19TH - 2006 COMPLETED</i>
Chemistry of Byproduct Material for Medical Use	<i>U</i>	<i>4</i>	<i>FEB. 19TH - 2006 COMPLETED</i>
<i>OTHER In Hospital RSO and Nuclear Medicine Course</i>	<i>Newark Beth Israel Hospital</i>	<i>20</i>	<i>2002 - 2003 Training Period</i>

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
All Aspects of technical work in Nuclear Cardiology	DR. SANG-O-LEE MD		FEB-2005 MARCH-2006
in Nuclear Cardiology lab including, Stress, administration and radiopharmaceutical		81 Northfield Ave Suite 102 West Orange 2930982-01	200 HRS.
Gamma camera imaging camera - Q.C. hot lab			
Elution and preparation of radiopharmaceuticals lab			

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	Resting & Stress Imaging	200	DR. SANG-O-LEE	81 Northfield Ave Suite 102 West Orange 2930982-01	FEB-2005 MARCH-2006 300 HRS

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
CERTIFICATE ENCLOSED		

* 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 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			

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 S. LEE, M.D. the RSO for License No. 29-30982-01

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 (35.961) or medical physics (35.51) under the supervision of _____
- N/A who is a medical physicist (35.961) or meets requirements for Authorized Medical Physicists (35.51);

and

- YES Completed 1 year of full-time work experience (at location providing radiation therapy services described and for topics identified in item 6a) for (specify use or device) _____
- N/A under the supervision of SANG-O-LEE MD who is a medical physicist (35.961) or meets requirements for Authorized Medical Physicists (35.51) (specify use or device) 35-390

35-390
35-390

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 Part 35, provide the following information for each):

A. Name of Supervisor SANG-O-LEE, 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) _____
 for medical uses in Part 35, Section(s) 29-30982-01

D. Address 81 - Northfield Ave
Suite 102
West Orange - NJ 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 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) 35-290,
 as documented in section(s) _____ of this form.

11b. Select one
 meets the requirements in 35.50(e) 35.51(c) 35.390(b)(1)(ii)(G) 35.690(c) for user
 N/A types of use, as documented in section(s) Imaging/Calibration of this form.

11c. has achieved a level of competency sufficient to independently operate a nuclear pharmacy (for 35.980); **OR**
 has achieved a level of competency sufficient to function independently as an authorized user for Imaging/Calibration 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 35.390 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): Imaging/Calibration

A. Address SANG-O-LEE MD
81 - Northfield Ave
Suite 102
West Orange B. Materials License Number 29-30982-01

C. NAME OF PRECEPTOR (print clearly) <u>SANG O. LEE</u>	D. SIGNATURE - PRECEPTOR <u>[Signature]</u>	E. DATE <u>4-28-06</u>
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This is to acknowledge the receipt of your letter/application dated

5/17/2006, and to inform you that the initial processing which includes an administrative review has been performed.

AMEND. 29-30982-01
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** 138901.
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.