

CRANBURY HEART AND LUNG ASSOCIATES, P.A.

JAMES N. LOGOTHETIS, M.D., F.C.C.P.
INTERNAL MEDICINE
PULMONARY MEDICINE

GEORGE N. LOGOTHETIS, M.D., F.A.C.C.
INTERNAL MEDICINE
CARDIOLOGY

P.O. BOX 580
PLAINSBORO, NEW JERSEY 08536-0580
(609) 655-1046
FAX (609) 655-3830

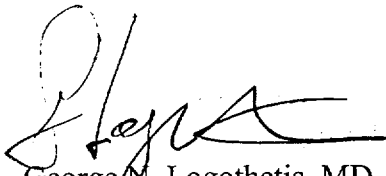
May 24, 2006

Mr. Dennis Lawyer
USNRC Region 1
475 Allendale Road
King of Prussia, PA 19406

Dear Mr. Lawyer:

Enclosed please find Preceptor's Attestation. If there are any further documents required for our license application, please contact me via phone at 609-655-1046.

Thank you for your prompt attention to this matter.


George N. Logothetis, MD
GL/ka

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MEDICAL USE TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION

Note: Descriptions of training and experience must contain sufficient detail to match the training and experience criteria in the applicable regulation (10CFR 35)

1. Name of Individual, Proposed Authorization (e.g. Radiation Safety Officer) and Applicable Training Requirements (e.g. 10 CFR 35.50)
GEORGE LOGOTHETIS, MD AUTHORIZED USER 10 CFR 35.290

2. For Physicians, Podiatrists, Dentists, Pharmacists - State or Territory Where Licensed
NEW JERSEY 25MA04704000

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 ; or 35.290c(1)(ii)(G) for AU seeking 35.200 authorization; 35.390(b)(1)(ii)(G); 35.396(d)(1) and 35.396(d)(2); 35.590c. Or 35.690c
- 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) & preceptor items 11b through 11d to meet requirements for: RSO in 35.50c(2) or 35.50(e); or AU in 35.290c(1)(ii)(g) or 35.390(b)(1)(ii)(G) or 35.590c or 35.690c; or AMP under 35.51c
- 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			
Radiation Protection			
Mathematics Pertaining to the Use and Measurement of Radioactivity			
Radiation Biology			
Chemistry of Byproduct Material for Medical Use			
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	Dates and/or Clock Hours of Experience
Ordering receiving and unpacking radioactive material safely and performing the related radiation surveys	RICHARD M HAYES, MD, FACC	University Cardiology Assoc./NYU Med. Center 91-2910-01	January 2, 2005 to June 1, 2005
Calibrating instruments used to determining the activity of dosages and performing checks for proper operation of survey meters	"	"	"
Calculating, measuring, and safely preparing patient or human research subject doses	"	"	"
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 or human research subjects	"	"	"
Eluting generators, measuring and testing the eluate and processing the eluate with reagent kits to prepare labeled radionuclides	GAVIN M. KAHN, RPh	Nuclear Diagnostic Products 29-30500-02MD	April ____, 2006 4 hours

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

Radionuclide	Type of Use	# of Cases Involving Personal Participation	Name of Supervising Individual	Location and Corresponding Materials License Number	Dates and/or Clock Hours of Experience
N/A					

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 *	Locations 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 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 _____ the RSO for License Number _____.

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

AND

YES Completed 1 year of full-time work experience (at location providing radiation therapy services described
 N/A and 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 Physics (35.51) (specify use or device) _____.

10. SUPERVISION INDIVIDUAL -- IDENTIFICATION AND QUALIFICATIONS

The training and experience indicated above was obtained under the supervision of (if more than one supervision individual is needed to meet requirements in 10 CFR Part, provide the following information for each):

A. Name of Supervisor: RICHARD M. HAYES, MD, FACC

B. Supervisor is: Authorized User Authorized Medical Physicist Radiation Safety Officer
 Authorized Nuclear Pharmacist

C. Supervisor meets requirements of Part 35, Section(s) 35.290
 for medical uses in Part 35, Sections(s) 35.200

D. Address: University Cardiology Associates
 Medical Diagnostics
 170 William Street
 New York, NY 10038

E. Materials License Number
NY 91-2910-01

MEDICAL USE TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

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 Paragraphs(s) _____ 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) _____ N/A for _____ types of use, as documented in section(s) _____ of this form.

11c. Select one

_____ 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 10 CFR 35.200 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. Select one

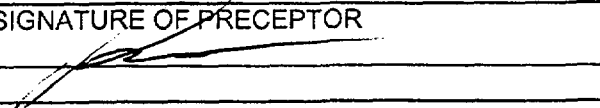
_____ I am an Authorized Nuclear Pharmacist
or

_____ I am a Radiation Safety Officer
or

I meet the requirements of 35.290 sections 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): 35.200.

Address: University Cardiology Associates
Medical Diagnostics
170 William Street
New York, NY 10038

Material License Number
New York 91-2910-01

NAME OF PRECEPTOR (print clearly) Richard M. Haynes, MD, FACC	SIGNATURE OF PRECEPTOR 	DATE 5/19/15
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