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**CENTRAL JERSEY
CARDIOLOGY, P.C**

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NCCC/RCM MATERIALS-002

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 35.60)
MARIANO BATTAGLIA, MD AUTHORIZED USER 10 CFR 35.290

2. For Physicians, Podiatrists, Dentists, Pharmacists - State or Territory Where Licensed
NEW JERSEY 25MA05930400

3. CERTIFICATION

- a. Provide a copy of the board certification. (Stop here if applying under 10 CFR Part 35, Subpart J or 35.390(a); continue if applying under other subparts)
- b. Provide documentation in appropriate items 4 through 10 of training or clinical case work required by 35.60(e); 35.61 c; or 35.290c(1)(ii)(G) for AU seeking 35.290 authorization; 35.380(b)(1)(ii)(G); 35.388(d)(1) and 35.396(d)(2); 35.560a. 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 holding the current authorization and D 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 35.390(x) or 35.60(e); or AU in 35.290c(1)(ii)(g) or 35.380(b)(1)(ii)(G) or 35.390c of 35.690c; or AMP under 35.61c
- c. Complete items 5, 6a, 6b, 10, and Preceptor items 11a through 11d to meet AU requirements in 35.390(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)

8a. 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
Eluting generators, measuring and testing the eluate and processing the eluate with reagent kits to prepare labeled radiocellides	Mark Novembre	Rockaway, NJ 29-30500-01MD	2 hours
Calculating, measuring, and safely preparing patient or human research subject doses			

8b. SUPERVISED CLINICAL CASE EXPERIENCE (Describe experience elements in 8a)

Radiocellide	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	Date	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 of _____ the RSO for License Number _____
 N/A

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 (35.601) or medical physics (35.51) under the supervision of _____ who is a medical physicist (35.601) or meets the requirements for Authorized Medical Physicists (35.51);
 N/A
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) _____ under the supervision of _____ who is a medical physicist (35.601) or meets requirements for Authorized Medical Physics (35.51) (specify use or device) _____
 N/A

10. SUPERVISION INDIVIDUAL - IDENTIFICATION AND QUALIFICATIONS

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

A. Name of Supervisor: Mark Novembre

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) _____

D. Address: 101 Roundhill Drive
Rochester, NY 14624

E. Materials License Number
29-30500-61M0

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 35.580 or Part 35, Subpart J (except 35.880)

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 of this form.

11b. Select one
 Meets the requirements in 35.50(e) 35.51(c) 35.390(b)(1)(II)(B) 35.880(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 35.880)
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: 161 Roundhill Dr
Rockaway, NJ 07866

Material License Number
29-30500-01MP

NAME OF PRECEPTOR (print clearly) <u>Mark Novembre</u>	SIGNATURE OF PRECEPTOR 	DATE <u>5/3/06</u>
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