THE HEART GROUP

ROLF L. ANDERSEN, M.D., F.A.C.C. PAUL N. CASALE, M.D., F.A.C.C., F.S.C.A.I. NEIL R. CLARK, M.D., F.A.C.C. SCOTT J. DERON, D.O., F.A.C.C., F.S.C.A.I. MARK D. ETTER, M.D., F.A.C.C. RICHARD D. GENTZLER, M.D., F.A.C.C., F.S.C.A.I. DOUGLAS C. GOHN, M.D., F.A.C.C.

MICHELLE ASHBY, C.R.N.P. TINA DAVIS, C.R.N.P. SHERRI DELGADO, C.R.N.P. DEANNA DUKES, C.R.N.P. JON ECHTERLING, C.R.N.P. TRICIA ECKMAN, C.R.N.P. CONNIE KISER, C.R.N.P.

LANCASTER MEDICAL CENTER, SUITE 200 217 HARRISBURG AVENUE LANCASTER, PA 17603-2962 (717) 390-4651 FAX (717) 481-7397 www.theheartgroup.com

JOSELUIS IBARRA, M.D., F.A.C.C. DAVID M. LOSS, D.O., F.A.C.C. R. WARD PULLIAM, M.D. MELISSA L. McKERNAN, M.D. JOHN P. SLOVAK, M.D., F.A.C.C. ROY S. SMALL, M.D., F.A.C.C., F.S.C.A.I. EDWARD W. SUPPLE, M.D., F.A.C.C., F.S.C.A.I. SETH J. WORLEY, M.D., F.A.C.C.

LYNN McGRORY, C.R.N.P. LISA RATHMAN, C.R.N.P. JILL REPOLEY, C.R.N.P. KIMBERLY SHEA, C.R.N.P. KELLY TRYNOSKY, C.R.N.P. JENNIFER WARDLE, C.R.N.P. ALEXANDRA WYANT, C.R.N.P. BRENDA YOUNG, C.R.N.P.

June 19, 2006

United States Regulatory Commission

Region 1 475 Allendale Road King of Prussia, PA 19406-1415

03034622

RE: Material License No. 37-30426-01

The Heart Group is requesting to add Melissa L. McKernan, M.D. to the group's Materials License. Enclosed is Dr. McKernan's letter certifying her training in an approved Cardiology Fellowship Program at the University of Pennsylvania Health System, Department of Radiology, and the Training and Experience and Preceptor Attestation.

Should you have any questions, please call me directly at 717-481-7391. Thank you for your time and consideration of this request.

Sincerely,

Shelvy J. Frank

VP & Chief Operating Officer

Shely Jank

Enclosures

Cc: Department of Environmental Protection

139040

NMOO/ROW MATERIALS-632



Department of Radiology

December 14, 2005

Ms. Beth Widdowson Administrative Assistant The Heart Group, Ltd. 217 Harrisburg Avenue Lancaster, PA 17603 Telephone: 717 390-4651

Re: Melissa McKernan, M.D.

To Whom It May Concern:

This letter is to certify that Dr. McKernan participated as a trainee in the activities of the Nuclear Cardiology Laboratory at the Hospital of the University of Pennsylvania between 2001 and 2005. During the training in the Laboratory, Dr. McKernan participated in the patient evaluation, stress test supervision, nuclear image acquisition and interpretation of 760 myocardial perfusion imaging and 100 radionuclide ventriculographies under my supervision.

Please do not hesitate to contact me if you need further information.

LA:akd

H:\My Documents\nuclear_cardiology_training\mckernan_melissa_vertification.doc

Department of Radiology

May 17, 2006

Certification Board in Nuclear Cardiology 19562 Club House Road Montgomery Village, Maryland 20886

Re: Melissa McKernan, M.D.

To Whom It May Concern:

This letter is to certify that Dr. McKernan has completed a training program in nuclear cardiology that meets the requirements for Level 2 training as outlined in the ACC/ASNC COCATS Guidelines [revised 2006].

Dr. McKernan is competent to independently function as an authorized user under NRC 10 CFR 35.290 uses and has compiled with the requirements for training on imaging and localization studies under 10 CFR §35.290, Section C1.

Please do not hesitate to contact me if you need further information.

Sincerely

Luis/Arlaujo, MO

Director, Nuclear Cardiology Preceptor, Nuclear Cardiology

Authorized User at the Hospital of the University of Pennsylvania

NRC Broad Scope Medical License #37-00118-07 and PA License #0131

LA:akd

NRC FORM 313A

U.S. NUCLEAR REGULATORY COMMISSION

(10-2005)

MEDICAL USE TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION

APPROVED BY OMB: NO. 3150-0120 EXPIRES: 10/31/2008

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)

 Name of Individual, Proposed Authorization (e.g., Radiation Safety Officer), and Applicable Training Requirements (e.g., 10 CFR 35.50)

Melissa McKernan M.D.

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

Pennsylvania

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 35.596(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)

Description of Training	Location	Clock Hours	Dates of Training
Radiation Physics and Instrumentation	Healthand Radiologic Seminars, Inc. Frederick MD	(00	7/00/15-5/7/00
Radiation Protection	2.	30	7/10/05 - 5/7/06
Mathematics Pertaining to the Use and Measurement of Radioactivity	11	30	7
Radiation Biology	11	20	1,
Chemistry of Byproduct Material for Medical Use	li .	30	11
OTHER			

NRC FORM 313A (10-2005)

PRINTED ON RECYCLED PAPER

PAGE 1

			NCE AND PRECEPTOR		
	6a, WORK	OR PRACTIC	AL EXPERIENCE WITH	RADIATION	
Descri	ption of Experience		Name of Supervising Individual(s)	Location and Corresponding Materials License Number	Dates and/or Clock Hours of Experience
logy la	ellow - transe in bevaluy a the thispil	Macleur Dr ul a f	LUIS Arueyo	Hospital of the Vinu:	7/11-7/05
tahen Shem	of Pennsylvania + evaluation + est supervision				FLOW Myoca Xerbusion 100 Molica
nuclea	ir image acquisi	han			100 Melica
nuclea	ir image interpre	ra hên			rentricula
	ency fellow those	mul	Franco Marchinsle	they shall of the Linux worky of Pennsylva	-1-/03 - 7/03
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6	b. SUPERVISED CLI	NICAL CASE E	XPERIENCE (describe e	experience elements in t	Ba)
		No. of Cases	Name of	Location and	Dates and/o
nuclide	Type of Use	Involving	Supervising Individual	Corresponding Materials License Number	
	Type of Use Myocarchical Imag	Involving Personal Participation	Supervising Individual Luis Arago, mo	Materials License Number	Hours of Experience
nuclide		Involving Personal Participation	Individual	Materials License Number	Hours of Experience
<i>*</i> }		Involving Personal Participation	Individual	Materials License Number	Hours of Experience
<i>*</i> }		Involving Personal Participation	Individual	Materials License Number	Hours of Experience
<i>*</i> }		Involving Personal Participation	Individual	Materials License Number	Hours of Experience
<i>*</i> }		Involving Personal Participation	Individual	Materials License Number	Hours of Experience
<i>*</i> }		Involving Personal Participation	Individual	Materials License Number	Hours of Experience
<i>*</i> }		Involving Personal Participation	Individual	Materials License Number	Hours of Experience

	SC. TRA	INING FOR SECTIONS	35.50(e), 35.51(c), 35	5.590(c), or 35.690(c)
Trainin	g Element		OR SECTIONS 35.50(e), 35.51(c), 35.590(c), or 35.690(c) Type of Training * Location and	
ypes of training endor training. 7. FORMAL T		and the same of th		51(c), and 35.690(c)), didactic or 600) and Medical Physicists
Degree, Area or Residency P	rogram	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 I:ducation) and the Applicable Regulation (e.g., 10 CFR 35.490)
retrology fellow eduptupoulugy wree slucteor caparatury	fellouship	Thesphilof the Junivers by of Pennsy	1/1/2001 - 1/1/2005 -7/1/2005 - 8/2	6m = 10 CFR 35.4
	. RADIATIO	N SAFETY OFFICER (RSO) ONE-YEAR F	ULL-TIME EXPERIENCE
YES Comp	eleted 1 year	of full-time radiation safe	ety experience (in area the RSO for Licens	s identified in item 6a) under supervison. e No.
9.	MEDICAL F	PHYSICIST ONE-YEA	R FULL-TIME TRAIN	ING/WORK EXPERIENCE
,	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		6a) in therapeutic radiological physics	
who is	s a medical p	hysicist (35.961) or mee	ts requirements for Au	thorized Medical Physicists (35.51);
			and	
1 450 0	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)			
-4	•	•	·	

NRC FORM 313A (10-2005) APPLICAL ARE TRAINING AND	n evdedience and obeceptor	U.S. NUCLEAR REGULATORY COMMISSION
MEDICAL USE TRAINING AN	D EXPERIENCE AND PRECEPTOR	The state of the s
	IDIVIDUAL - IDENTIFICATION AN	• •
The training and experience indicated abov individual is needed to meet requirements in	n 10 CFR Part 35, provide the follow	n οτ (if more than one supervising ing information for each) :
A. Name of Supervisor	·	
Lus Aranjo MO	Authorized User	Authorized Medical Physicist
, .	Radiation Safety Officer	Authorized Nuclear Pharmacist
C. Supervisor meets requirements of I	The state of the s	**************************************
	n(s) 35.910; 35.920; 35.930	
D. Address Director Nuclear Cardiology		E. Materials License Number
Director Nuclear Condictory 4 Associate Professor of Reductory	und Medicini	27 00119 07
110 Donner Bidg. 340 Spruce Street, Philadelphia	A 19104-4283	37-00118-07
	ART II PRECEPTOR ATTESTATIO	n.
Note: This part must be completed by the	e individual's preceptor. If more than eptor statement from each. This pai	one precentor is necessary to document
I attest the individual named in Item 1:		
11a. xx has satisfactorily completed the	requirements in Part 35, Section(s)	and Paragraph(s) 35.930B .
as documented in section(s) $\frac{5}{}$		
11b. Select one	******************************	
meets the requirements in	35.50(e) 35.51(c) 35.390(b)(section(s) of this	1)(ii)(G) 35.690(c) for form.
11c. has achieved a level of compete	ency sufficient to independently open	ate a nuclear pharmacy (for 35.980); O F
user		uses (or units); OF
has achieved a level of radiation Officer for a medical use license		ion independently as a Radiation Safety
11d. I am an Authorized Nuclear Pharms	· · · · · · · · · · · · · · · · · · ·	Safety Officer; O F
meet the requirements of 35.910	;35.920;35.930 section	(s) of 10 CFR Part 35
or equivalent Agreement State requ	uirements to be a preceptor	AU or AMP
for the following byproduct materia	l uses (or units):10CFR 35.100;3	5.200;35.300 uses
Dept. of Radiology	iversity of Pennsylvania ; , Nuclear Medicine Divisi	B. Materials License Number on
110 Donner Buildin Phila., PA 1910464	ng, 3400 Spruce St. 283 / A	37-00118-07
C. NAME OF PRECEPTOR (print clearly)	D. SIGNATURE PRECEPTOR	E. DATE
Abass Alavi, MD	Hamp	5/23/06
	— · · · · · · · · · · · · · · · · · · ·	' / PAGE 4

Health & Radiological Seminars, Inc.

Hereby certifies that

MELISSA McKERNAN, M.D.

has successfully completed the 200 Hour Physician Training Program in Basic Radioisotope Handling conducted in accordance with the requirements of the U.S. Nuclear Regulatory Commission (10 CFR 35).

COURSE OUTLINE

Radiation Physics and Instrumentation - 100 hours Mathematics pertaining to the use and measurement of radioactivity - 20 hours Radiopharmaceutical Chemistry - 30 hours Radiation Biology - 20 hours

Radiation Protection - 30 hours

May 7, 2006

Stuart M. Simon

Program Director

Scientific Advisor



This is to acknowledge the receipt	t of your letter/application dated
6/19/2006	and to inform you that the initial processing which
includes an administrative review	has been performed.
Amens. 37-30	omissions. Your application was assigned to a
omissions or require additiona	te that the technical review may identify additional
offinations of require additions	i inormation.
Please provide to this office wi	thin 30 days of your receipt of this card
reads provide to time office th	difficult days of your rootipt of this out
	·
	rwarded to our License Fee & Accounts Receivable
Branch, who will contact you sepa	arately if there is a fee issue involved.
Vous action has been assigned 11	ail Control Number 139040
	action, please refer to this control number.
You may call us on (610) 337-539	
	-, -,, -2,
NRC FORM 532 (RI)	Sincerely,
(6-96)	Licensing Assistance Team Leader

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