



**CARDIOVASCULAR
DIAGNOSTIC CENTER**
A DIVISION of *CASEP, PC*

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REGION I

2006 AUG -4 PM 1: 24



Nuclear Cardiology
Accredited Nuclear
Cardiology Laboratory

August 2, 2006

United States Nuclear Regulatory Commission
Region I
License Assistance Section
475 Allendale Rd
King of Prussia, Pa 19407

Br. 2

Re: Material License No. 37-28804-01 03032996

To whom it may concern,

Cardiovascular Diagnostic Centers, located in Ardmore, Blue Bell, Darby and West Grove, Pennsylvania, wishes to add an additional authorized user to our license. Howard Barnet Kramer, MD has filled out the Medical Use Training and Experience and Preceptor Attestation Forms which are attached.

Should you have any questions, or need additional information, please contact our Radiation Safety Officer, Anita Lipson, M.D. at 610-649-2140, or the Nuclear Medicine Manager Rosemary Nace, also at 610-649-2140.

Sincerely,

David Adams
Executive Director
Cardiovascular Associates of Southeastern Pennsylvania, P.C.

cc: Anita Lipson MD, RSO
James Burke, MD, Medical Director

139235
NMSS/RGNI MATERIALS-002

**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)

1. Name of Individual, Proposed Authorization (e.g., Radiation Safety Officer), and Applicable Training Requirements (e.g., 10 CFR 35.50)
Howard Barnett Kramer, Authorized user

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 35.396(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>Temple University,</i>	<i>100</i>	<i>July 05</i>
Radiation Protection		<i>30</i>	
Mathematics Pertaining to the Use and Measurement of Radioactivity	<i>Philadelphia,</i>	<i>20</i>	<i>fall</i>
Radiation Biology	<i>PA.</i>	<i>20</i>	<i>June 06</i>
Chemistry of Byproduct Material for Medical Use		<i>30</i>	
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 Number	Dates and/or Clock Hours of Experience
Practical Radiisotope Clinical Handling Experience (Rad Safety Experience)	William A. Van Decker, MD	Temple Univ. 37-00697-31	1000
Clinical Case Experience			

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

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

* 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)

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 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 (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 _____ 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 Part 35, provide the following information for each):

A. Name of Supervisor

B. Supervisor is:

William A. Vandekerke MS

- Authorized User
- Authorized Medical Physicist
- Radiation Safety Officer
- Authorized Nuclear Pharmacist

C. Supervisor meets requirements of Part 35, Section(s) 290

for medical uses in Part 35, Section(s) 200 (nuclear cardiology)

D. Address

Temple Univ. Hospital
3401 N. Broad Street
Phd, PA 19140

E. Materials License Number

37-00697-31

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) 516 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 _____
- N/A types of use, as documented in section(s) _____ 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 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.

- I am an Authorized Nuclear Pharmacist; OR I am a Radiation Safety Officer; OR

I meet the requirements of 35.290 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): 35.200

A. Address

Temple Univ. Hospital
3401 N. Broad Street
Phd, PA 19140

B. Materials License Number

37-00697-31

C. NAME OF PRECEPTOR (print clearly)

William A. Vandekerke MS

D. SIGNATURE -- PRECEPTOR

William A. Vandekerke

E. DATE

6/17/06

This is to acknowledge the receipt of your letter/application dated

8/2/2006, and to inform you that the initial processing which includes an administrative review has been performed.

Amendment 37-28804-01 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** 139235.
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.