

# Associated CARDIOLOGISTS P.C.



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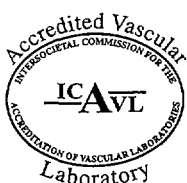
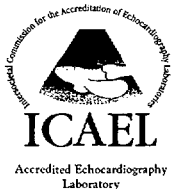
Michael D. Bosak, M.D.  
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Sang K. Kim, M.D.

Gyanendra K. Sharma, M.D.  
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August 7, 2006

RE: Amendment to NRC License number 37-28696-01 03032514

Licensing Assistant Section  
Nuclear Materials Safety Branch  
U.S. Nuclear Regulatory Commission, Region I  
475 Allendale Road  
King of Prussia, PA 19406-1415

To Whom It May Concern:


We would like to amend our Materials License to reflect the following changes:

- Add the following individual to our license

	Individual	Previous experience, license number, etc.	Requested Uses
Authorized User	Christopher Spizzieri, D.O.	Refer to attached – Training and Experience and Preceptor Attestation Form	35.200 – for cardiovascular procedures, Gadolinium 153 for patient attenuation correction during S.P.E.C.T.

Dr. Spizzieri has meet the training requirements referenced in NRC regulation and has obtained written attestation, signed by a preceptor authorized user (see attached). If you require any additional information concerning this amendment request, please contact our consultant physicist, Doug Heim at (570) 452-6475.

Sincerely,

  
Allen Glotfelty  
Executive Director

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NMSS/RGNI MATERIALS-002

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**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)

Christopher h. Spizzieri, D.O.

10 CFR 35.92  
Authorized user material  
File: 35.200 for

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

Pennsylvania & New Jersey

Clinical procedures &  
Gadolinium 153 for  
Attenuation Coefficient

**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	Institute for Nuclear medical Education Secaucus, NJ	100 hours	2/11/06 → 2/19/06 (Fundamentals) 4/15/06 → 4/23/06 (Comprehensive)
Radiation Protection	"	30 hours	"
Mathematics Pertaining to the Use and Measurement of Radioactivity	"	20 hours	"
Radiation Biology	"	20 hours	"
Chemistry of Byproduct Material for Medical Use	"	30 hours	"
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
1. Per 10 CFR 35.920, Subpart b #2 HAS 500 hours of supervised work experience that fulfills all the requirements of 35.920 Subpart b #2, Subparts (i) - (v) inclusive	HARRY J. LESSIG MD FACAP FACNM	Deborah Heart & Lung Center Browns Mills, NJ 08015 LIC # 29-18190-01	9/04, 12/04 7/05, 9/05 12/05, 6/06 7/06
2. Per 10 CFR 35.920, Subpart b, #3 (adjusted for candidate's actual work hours) HAS 942 hours of supervised clinical experience that fulfills all the requirements of 35.920, Subpart b #3 Subparts (i) - (v) inclusive	HARRY J. LESSIG MD FACAP, FACNM	Deborah Heart & Lung Center Browns Mills, NJ 08015 LIC # 29-18190-01	9/04, 12/04 7/05, 9/05 12/05, 6/06 7/06

## 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
<sup>201</sup> Tl thallous chloride	Nuclear Cardiology	144	HARRY J. LESSIG MD FACAP FACNM	Deborah Heart & Lung Center 2001 Newton Road	} 942 hrs
<sup>99m</sup> Tc Technetium sestamibi	Nuclear Cardiology	216	HARRY J. LESSIG MD FACAP FACNM	Browns Mills, NJ 08015 LIC # 29-18190-01	

## 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:

Harry J. Lessig MD, FACMP  
FACNM☒ Authorized User☐ Authorized Medical Physicist☐ Radiation Safety Officer☐ Authorized Nuclear PharmacistC. Supervisor meets requirements of Part 35, Section(s) 35.920, Subpart A, number 1for medical uses in Part 35, Section(s) 35.100, 35.200, 35.300

D. Address

Deborah Heart & Lung Center  
200 Trenton Road  
Browns Mills, NJ 08015

E. Materials License Number

29-18190-01

## 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) 35.920 (6),  
as documented in section(s) 6A, 6B 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 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.

I am an Authorized Nuclear Pharmacist; **or** ☐ I am a Radiation Safety Officer; **or**I meet the requirements of 35.920 (a)(1) section(s) of 10 CFR Part 35or equivalent Agreement State requirements to be a preceptor ☐ AU or ☐ AMP

for the following byproduct material uses (or units): \_\_\_\_\_

A. Address

Deborah Heart & Lung Center  
200 Trenton Road  
Browns Mills, NJ 08015

B. Materials License Number

29-18190-01

C. NAME OF PRECEPTOR (print clearly)

HARRY J. LESSIG MD, FACMP, FACNM

D. SIGNATURE OF PRECEPTOR

Harry J. Lessig MD, FACMP, FACNM

E. DATE

7/25/06

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

8/7/2006, and to inform you that the initial processing which includes an administrative review has been performed.

☒ Amendment 37-28696-01 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** 139270.  
When calling to inquire about this action, please refer to this control number.  
You may call us on (610) 337-5398, or 337-5260.