

CARDIOLOGY INTERVENTIONS, LLC

CHELLAPPAN VIJAYAKUMAR, M.D., F.A.C.C.
41 NAUTILUS DRIVE
MANAHAWKIN, NJ 08050
609.597-8050

f-7

8/30/06

JA-31173-01
03037309

2006 SEP - 5 PM 1:45

RECEIVED
REGION I

United States
Nuclear Regulatory Commission
Region 1
475 Allendale Road
King of Prussia, Pa 19406

Re: New license application 0.037309 mail control number 139129

To Whom It May Concern:

I am enclosing form 313A . I have also enclosed a copy of the check that was sent in already and cashed.

Sincerely



Deborah Turner, CMA

139129
NMSS/RGNI MATERIALS-002

**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)

CHELLAPPAN VIJAYAKUMAR, M.D

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

New Jersey

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		<i>2/13-2/17/99</i>
Radiation Protection			<i>2/17-2/21/99</i>
Mathematics Pertaining to the Use and Measurement of Radioactivity		<i>200 hrs.</i>	<i>3/13-3/17/99</i>
Radiation Biology			<i>3/17-3/21/99</i>
Chemistry of Byproduct Material for Medical Use			
OTHER			

NRC FORM 313A 08-2006		U.S. NUCLEAR REGULATORY COMMISSION			
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		
A) Ordering, receiving, and unpacking radioactive materials safely and performing the related radiation surveys;					
(B) Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters;					
(C) Calculating, measuring, and safely preparing patient or human research subject dosages;					
(D) Using administrative controls to prevent a medical event involving the use of unsealed byproduct material;					
(E) Using procedures to safely contain spilled radioactive material and using proper decontamination procedures;					
(F) Administering dosages of radioactive drugs to patients or human research subjects;					
(G) Eluting generator systems appropriate for preparation of radioactive drugs for imaging and localization studies, measuring and testing the eluate for radionuclidic purity, and processing the eluate with reagent kits to prepare labeled radioactive drugs;					
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:

Authorized User

Authorized Medical Physicist

Radiation Safety Officer

Authorized Nuclear Pharmacist

C. Supervisor meets requirements of Part 35, Section(s) 35,190 35,290

for medical uses in Part 35, Section(s) 35,000, 35,200

D. Address

E. Materials License Number

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) 190, 290, as documented in section(s) 5, 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 35,100, 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 _____ 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): _____

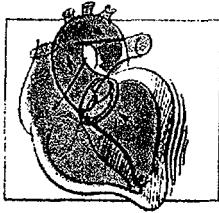
A. Address

B. Materials License Number

C. NAME OF PRECEPTOR (print clearly)

D. SIGNATURE -- PRECEPTOR

E. DATE



The Heart Center _{pc}

(Practice Limited to Cardiovascular Diseases)

117 Highway #35
Eatontown, NJ 07724
(732) 389-0266
(732) 389-2294 Fax

1001 Highway #9
Howell, NJ 07731
(732) 761-8811
(732) 761-8310 Fax

2958 Highway #35 South
Hazlet, NJ 07730
(732) 888-4445
(732) 888-4938 Fax

July 13, 2005

Certification Board of Nuclear Cardiology
19562 Club House Road
Montgomery Village, MD 20886

To Whom It May Concern:

Please accept this letter on behalf of **Chellappan Vijayakumar, MD.**

Dr. Vijayakumar's training and/or experience in nuclear cardiology meets the requirements as outlined in the ACC/ASNC COCATS Guidelines (revised 2000).

Additionally, Dr. Vijayakumar is competent to independently function as an authorized user under 10 CFR 35.290 uses.

Sincerely,

John S. Clemente, MD
RSO/Authorized User, NRC License # 29-30763-01'

The Heart Center
117 Highway 35
Eatontown, NJ 07724

THE CERTIFICATION BOARD OF NUCLEAR CARDIOLOGY

Incorporated 1996

CERTIFIES THAT

Chellappan Vijayakumar, M.D.

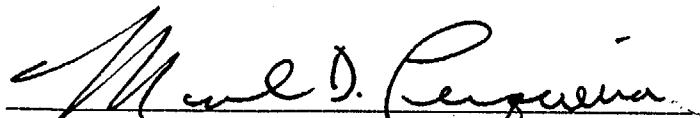
HAVING MET THE REQUIREMENTS PRESCRIBED BY THIS BOARD FOR PHYSICIANS RESIDING
IN THE UNITED STATES AND HAVING SATISFACTORILY PASSED THE REQUIRED EXAMINATION,

IS HEREBY DESIGNATED

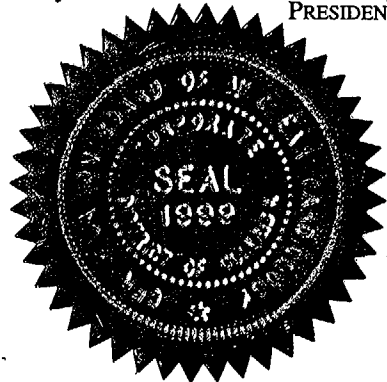
A DIPLOMATE CERTIFIED IN THE SUBSPECIALTY OF

NUCLEAR CARDIOLOGY

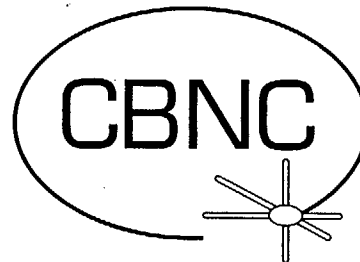
FOR THE PERIOD 2005 THROUGH 2015


PRESIDENT


SECRETARY



CERTIFICATE # 4294



OCTOBER 23, 2005