



**CARDIOVASCULAR
DIAGNOSTIC CENTER**

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Nuclear Cardiology
Accredited Nuclear
Cardiology Laboratory

Dennis R Lawyer
Health Physicist
Commercial and R & D Branch
Division of Nuclear Materials Safety
Region 1 Office

License No 37-28804-01
Mail Control No 139235

03032996

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MS-16

Dear Mr. Lawyer:

In response to your letter dated August 22, 2006, additional documentation is attached as requested to add Howard Kramer MD as an authorized user. Attached is a letter from the Radiation Safety Officer from Temple University stating the preceptor William Van Decker MD was an authorized user during Dr Kramer's training which were conducted to meet the Nuclear Cardiology guidelines as outlined in the ACC/ASCN COCATS Guidelines. Also attached is a certificate documenting the completion of a 200 hour classroom and laboratory training. The class room training provided all the specific requirements as designated in 10 CFR Part 35.

Sincerely,

David Adams
Executive Director
Cardiovascular Associates of Southeastern Pennsylvania
356 Lankenau Medical building East
100 Lancaster Ave
Wynnewood, Pa 19086

cc Anita Lipson MD, RSO

139235
NMSS/RGNI MATERIALS-002



TEMPLE UNIVERSITY
A Commonwealth University

Environmental Health and Radiation Safety

3307 N. Broad Street (602-00)
Philadelphia, Pennsylvania 19140
(215) 707-2520
Fax: (215) 707-1600

MEMORANDUM

TO: William A. Van Decker, M.D.
Cardiology

FROM: Henry Simpkins, M.D., Ph.D.
Chairman, Temple University Radiation Safety Committee *HS*

Lily Lodhi, Ph.D. *LL*
Radiation Safety Officer

SUBJECT: Authorized User in the Nuclear Medicine Section

DATE: August 6, 2004

This memo is to inform you that the Radiation Safety Committee (RSC) has approved you as an Authorized User in the Nuclear Medicine Section. You are authorized to use radiopharmaceuticals for the performance of diagnostic cardiac studies in the Nuclear Cardiology Program at Temple University Hospital.

We congratulate you, and welcome you to call on the committee if we can provide any future assistance regarding your use of radioactive materials at Temple.

cc: Howard Grant, M.D.
David Shulkin, M.D.
John Daly, M.D.
James Burke, M.D.
Charles Jungreis, M.D.
Alan Maurer, M.D.

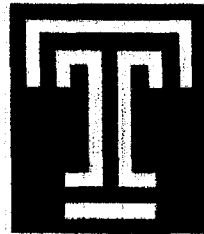
TEMPLE UNIVERSITY SCHOOL OF MEDICINE

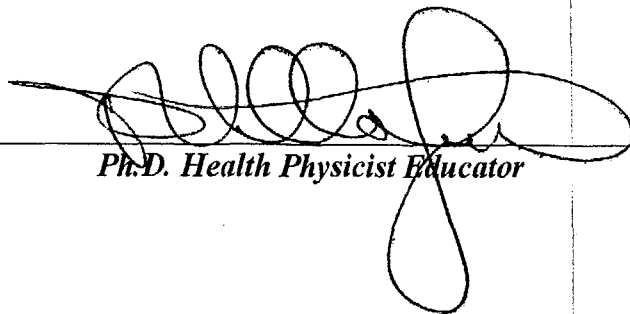
This is to certify that


Howard Barnet Kramer, M.D.

has successfully completed a 200-hour course of classroom and laboratory training on the principles and practices of nuclear technology including radiation physics and instrumentation (100 hours), radiation protection (30 hours), mathematics pertaining to use and measurement of radioactivity (20 hours), radiation biology (20 hours), and radiopharmaceutical chemistry (30 hours).

September 2005 to June 2006




Ph.D. Health Physicist Educator


Nuclear Cardiology Authorized User
RAM #37-00697-31

**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, Philadelphia, PA.</i>	<i>100</i>	<i>July 05</i>
Radiation Protection		<i>30</i>	
Mathematics Pertaining to the Use and Measurement of Radioactivity		<i>20</i>	<i>til</i>
Radiation Biology		<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 Radioisotope 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. VanDecker MD☒ Authorized User☐ Authorized Medical Physicist☐ Radiation Safety Officer☐ Authorized Nuclear PharmacistC. Supervisor meets requirements of Part 35, Section(s) 290for medical uses in Part 35, Section(s) 200(nuclear cardiology)

D. Address

Temple Univ. Hospital
3401 N. Broad Street
Phila, 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

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**



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 35or equivalent Agreement State requirements to be a preceptor ☒ AU or ☐ AMPfor the following byproduct material uses (or units): 35.200

A. Address

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

B. Materials License Number

37-00697-31

C. NAME OF PRECEPTOR (print clearly)

William A. VanDecker MD

D. SIGNATURE -- PRECEPTOR

William A. VanDecker

E. DATE

6/17/06