

ADMINISTRATION

August 11, 2006

Nuclear Materials  
Medical Branch  
National Regulatory Commission, Region 1  
King of Prussia, PA 19406

J-5

RECEIVED  
REGION 1  
2006 AUG 23 AM 9:22

To Whom It May Concern:

**Re Addition of Nancy Rini, M.D. as Authorized NRC License User**

03001242

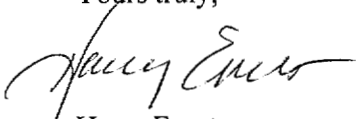
We are requesting the addition of Nancy Rini, M.D. as an authorized user on License #06-00649-03. Dr. Rini's medical use application is for 35.100; 35.200; Iodine-131 sodium iodide for imaging and localization studies.

Enclosed are the following documents to complete Dr. Rini's authorized user requirements:

- Curriculum Vitae
- American Board of Radiology certificate
- Medical school diploma
- State of Connecticut physician license
- NRC Form 313 A completed by Dr. Rini's residency program

Please let us know what further information is required.

Yours truly,



Harry Evert  
Vice President, Administration

HE/rdo  
Enclosures

mL062010244

28 Crescent Street  
Middletown, Connecticut 06457-3650

tel 860 344-6000  
fax 860 346-5485

139399  
NMSS/RGNI MATERIALS-C02

(Separated out of 139141  
9/21/2006)

NRC FORM 313A (10-2005)	U.S. NUCLEAR REGULATORY COMMISSION <b>MEDICAL USE TRAINING AND EXPERIENCE                  AND PRECEPTOR ATTESTATION</b>	APPROVED BY OMB: NO. 3150-0120 EXPIRES: 10/31/2008
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**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)

Nancy Rini, MD

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

Connecticut

**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	UCHSC	60	7/2000 - 6/2004
Radiation Protection	UCHSC	60	7/2000 - 6/2004
Mathematics Pertaining to the Use and Measurement of Radioactivity	UCHSC	60	7/2000 - 6/2004
Radiation Biology	UCHSC	60	7/2000 - 6/2004
Chemistry of Byproduct Material for Medical Use	UCHSC	60	7/2000 - 6/2004
OTHER		60	7/2000 - 6/2004

**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
TSM TC	Robert Quay AD	Nuclear Medicine CO 1 828-01	44

**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
	See Attached		Shel		160

**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)
	COI-828 -01	7/00 - 6/04	WCHSC

**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) \_\_\_\_\_

Start date: 07/01/00      End date: 06/30/04

-----  
Physician Name: RINI, NANCY

Physician ID: 078246

NM BONE/JOINT LIMITED	4
NM BONE WHOLE BODY	20
NM 1ST PASS CARDIO EJECT FRACT	4
NM CARDIAC SPECT REST/EXERCISE	2
NM DELAY IMAGING	1
NM GASTRIC EMPTYING	2
NM GI BLOOD LOSS	1
NM LASIX STUDY	1
NM LYMPHATIC/GLAND	5
NM BONE MINERAL CONTENT	147
NM PULMONARY/VENT	29
NM PULMONARY PERFUSION	1
NM RBC/PLASMA VOLUME	1
NM RENAL/KIDNEY SCAN TC-DTPA	2
NM THYROID UPTAKE I-123	3
NM THERAPY DOSE I131 THPTHY	1
NM WHITE CELL WHOLE BODY	2

NRC FORM 313A  
(10-2005)

U.S. NUCLEAR REGULATORY COMMISSION

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: ROBERT A. QUATRE MP

Authorized User

Authorized Medical Physicist

Radiation Safety Officer

Authorized Nuclear Pharmacist

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

for medical uses in Part 35, Section(s)

D. Address

E. Materials License Number

CO1 - 828 - 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) \_\_\_\_\_ as documented in section(s) \_\_\_\_\_ 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) nuclear medicine 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 \_\_\_\_\_ for \_\_\_\_\_ 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** Physician Author User.

I meet the requirements of State of Colorado 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

4200 E 9th Ave  
Denver, CO 80202

B. Materials License Number

CO1828-01

C. NAME OF PRECEPTOR (print clearly)

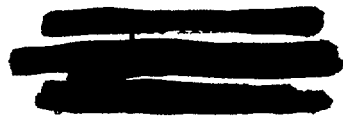
ROBERT A. QUATRE MP

D. SIGNATURE - PRECEPTOR

E. DATE

7-12-06

**NANCY JUDITH RINI, M.D.**



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**Employment**

***Radiologic Associates of Middletown*** Middletown, Connecticut  
August 2005 to Present  
Diagnostic Radiologist

**Professional Training and Education**

***Northwestern University / McGaw Medical Center*** Chicago, Illinois  
July 2004 to Present  
Fellow in Body Imaging

- Emphasis on Body, Musculoskeletal, Cardiac and Vascular MRI
- Research Project: Pictorial Essay on MRI findings in Pancreatic Adenocarcinoma

***University of Colorado Health Science Center*** Denver, Colorado  
July 2000 to June 2004  
Resident in Radiology

- Chief Resident, April 2003 to April 2004
- Toshiba Scholarship to Society of Radiologists in Ultrasound Meeting, 2002

***University of Colorado Health Science Center*** Denver, Colorado  
June 1999 to June 2000  
Internship

- Pediatrics

***SUNY HSC at Brooklyn*** Brooklyn, New York  
Aug 1995 to May 1999  
M.D. May 1999

- Alpha Omega Alpha
- Fred H. and Sadie Sirkin Achievement Award
- AMWA Janet Glasgow Memorial Achievement Citation

***SUNY HSC at Stony Brook*** Stony Brook, New York  
Aug 1992 – May 1995

- Neuroscience Research Assistant, Department of Neuroscience
- Premedical Science Coursework in Chemistry, Biology, and Physics

***SUNY HSC at Stony Brook*** Stony Brook, New York  
Aug 1989 to May 1992

**PERSONAL INFORMATION WAS REMOVED  
BY NRC. NO COPY OF THIS INFORMATION  
WAS RETAINED BY THE NRC.**

B.A. in Psychology, May 1992

- Minor in Art History

***Marist College***

Poughkeepsie, New York

Aug 1988 – May 1989

- Freshman year

**Professional Experience**

- Internal moonlighting at the University of Colorado HSC in Denver, Colorado

**Professional Societies**

- Radiological Society of North America
- American College of Radiology
- American Association of Women Radiologists

**Publications and Presentations**

- Research Project: *CT diagnosis of acute nonperforated versus perforated appendicitis*, ARRS meeting, 2002

**Certifications**

- American Board of Radiology (June 2004)
- USMLE Parts I, II, and III (June 2000)
- Current Medical Licensure in Illinois
- Current DEA license

**Academic Service**

- Radiology Residency Selection Committee 2001 – 2002
- Gross Anatomy Laboratory Assistant
- Medical Student tutor in pathophysiology and histology

**Volunteer Service**

- Health and Safety Fair, Children's Hospital, 1999
- Pediatric Sickle Cell Program, SUNY HSC Brooklyn, 1996
- The Hole in the Wall Gang Camp Counselor, 1992- 1996

*References Furnished Upon Request*

# The American Board of Radiology

*Organized through the cooperation of the  
American College of Radiology, the American Roentgen Ray Society,  
the American Radium Society, the Radiological Society of North America,  
the Section on Radiology of the American Medical Association,  
the American Society for Therapeutic Radiology and Oncology, the Association of  
University Radiologists, and American Association of Physicists in Medicine  
Hereby certifies that*

**Nancy Judith Rini, MD**

*Has pursued an accepted course of graduate study  
and clinical work, has met certain standards and qualifications and  
has passed the examinations conducted under the authority of  
The American Board of Radiology*

*On this ninth day of June, 2004*

*Thereby demonstrating to the satisfaction of the Board  
that she is qualified to practice the specialty of*

**Diagnostic Radiology**



University of Colorado  
School of Medicine  
and  
Affiliated Hospitals



This is to Certify that  
Nancy Judith Rini, M.D.

has served as

Intern in Pediatrics

with satisfaction and credit

June 23, 1999 - June 22, 2000

Mary P. Glode MD  
Program Director

Carol M. Lundberg  
Associate Dean, Graduate Medical Education

W. Douglas Rowe D.  
Department Chairman

Richard D. Huguenan  
Dean, School of Medicine

James H. Shore  
Chancellor

# STATE UNIVERSITY OF NEW YORK

HEALTH SCIENCE CENTER AT BROOKLYN

## COLLEGE OF MEDICINE

ON THE RECOMMENDATION OF THE FACULTY  
AND BY VIRTUE OF THE AUTHORITY VESTED IN THEM  
THE TRUSTEES OF THE UNIVERSITY HAVE CONFERRED ON

NANCY JUDITH RINI

THE DEGREE OF  
DOCTOR OF MEDICINE

MAGNA CUM LAUDE

AND HAVE GRANTED THIS DIPLOMA AS EVIDENCE THEREOF  
GIVEN IN THE CITY OF NEW YORK IN THE STATE OF NEW YORK  
IN THE UNITED STATES OF AMERICA ON THE THIRTY-FIRST  
DAY OF MAY ONE THOUSAND NINE HUNDRED NINETY-NINE

*Thomas F. Egan*  
Chairman of the Board of Trustees

*Brian Butler*  
Chairman of the Medical Center Council



*[Signature]*  
Interim Chancellor of the University

*Eugene B. Szijelovics M.D.*  
Interim President of the Medical Center  
and Dean of the College of Medicine

150/2006

STATE OF CONNECTICUT  
DEPARTMENT OF CONSUMER PROTECTION

165 Capitol Avenue ♦ Hartford Connecticut 06106

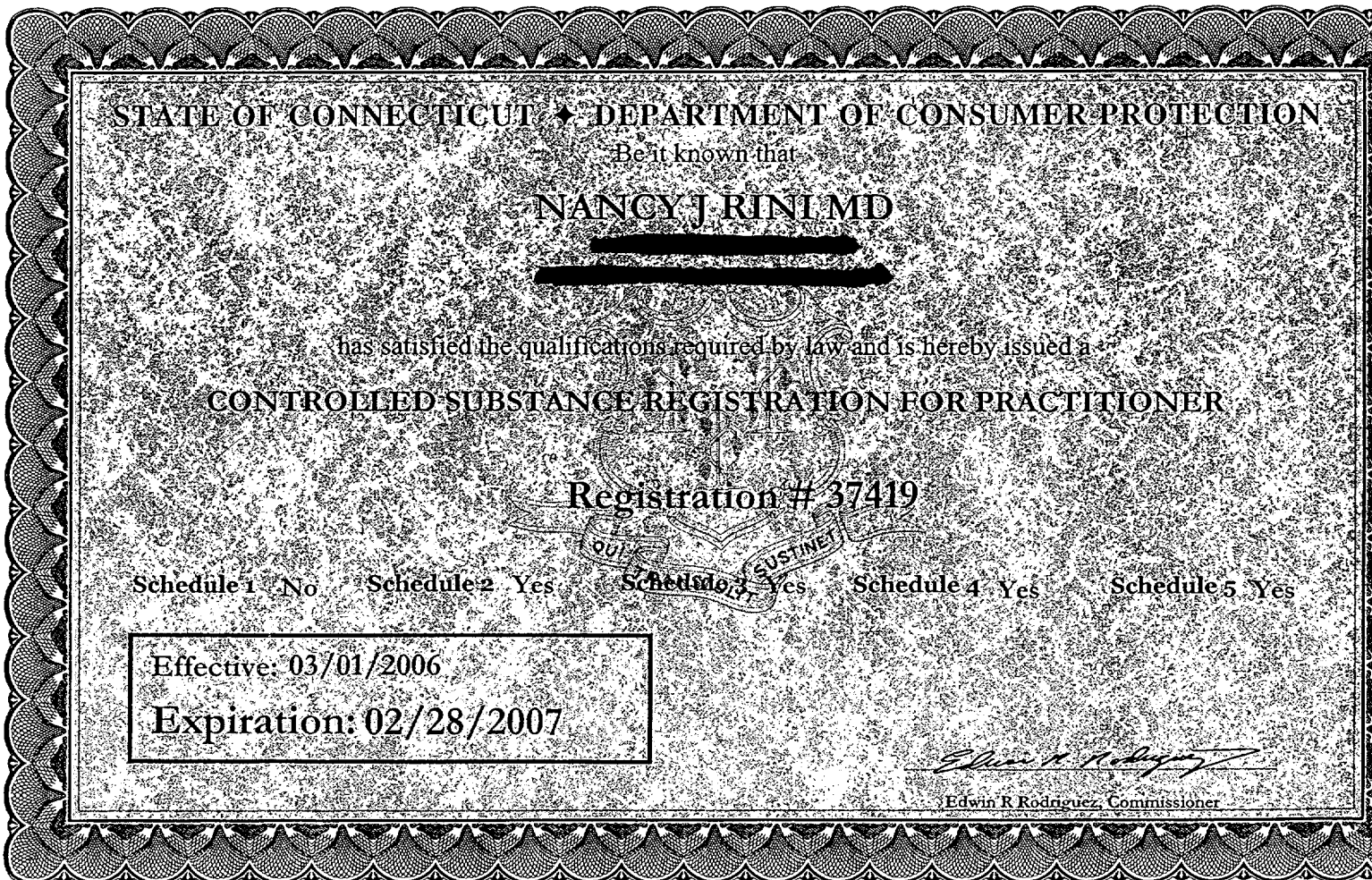
Attached is your registration

Such registration shall be shown to any properly interested person on request.

Visit our web site at [www.state.ct.us/dcp/](http://www.state.ct.us/dcp/)

PERSONAL INFORMATION WAS REMOVED  
BY NRC. NO COPY OF THIS INFORMATION  
WAS RETAINED BY THE NRC.

NANCY J RINI MD



STATE OF CONNECTICUT ♦ DEPARTMENT OF CONSUMER PROTECTION

Be it known that

NANCY J RINI MD



has satisfied the qualifications required by law and is hereby issued a

CONTROLLED-SUBSTANCE REGISTRATION FOR PRACTITIONER

Registration # 37419

Schedule 1 No    Schedule 2 Yes    Schedule 3 Yes    Schedule 4 Yes    Schedule 5 Yes

Effective: 03/01/2006

Expiration: 02/28/2007

Edwin R. Rodriguez, Commissioner

RINI, NANCY J MD  
RADIOLOGIC ASSOC OF MIDDLETOWN PC  
330 SOUTH MAIN STREET

MIDDLETOWN CT 06457-0000

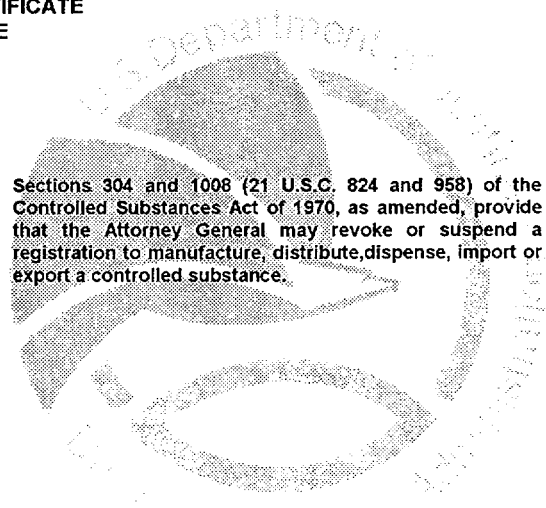


DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID	ADDRESS CHANGE REQUEST BR8672594		
BR8672594	04-30-2007	FEE PAID	RINI, NANCY J MD		
			New Address		
			_____		
			_____		
			_____		
			City	State	Zip Code
			_____		
			Signature	Date	
			See back for additional information.		

**CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE**  
UNITED STATES DEPARTMENT OF JUSTICE  
DRUG ENFORCEMENT ADMINISTRATION  
WASHINGTON, D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
BR8672594	04-30-2007	FEE PAID
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5	PRACTITIONER	02-20-2004
RINI, NANCY J MD RADIOLOGIC ASSOC OF MIDDLETOWN PC 330 SOUTH MAIN STREET		
MIDDLETOWN	CT	06457-0000

Sections 304 and 1008 (21 U.S.C. 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.



THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, BUSINESS ACTIVITY, OR VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (11/03)

**STATE OF CONNECTICUT**

DEPARTMENT OF PUBLIC HEALTH

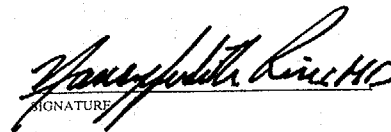
PURSUANT TO THE PROVISIONS OF THE GENERAL STATUTES OF CONNECTICUT

**THE INDIVIDUAL NAMED BELOW IS LICENSED  
BY THIS DEPARTMENT AS A**

**PHYSICIAN/SURGEON**

NANCY JUDITH RINI M.D.

LICENSE NO.  
043332  
CURRENT THROUGH  
06/30/07  
VALIDATION NO.  
03-321222

  
SIGNATURE

  
COMMISSIONER