



MOUNT VERNON CARDIOLOGY
A S S O C I A T E S INC.

CONSULTATIVE
AND INTERVENTIONAL
CARDIOLOGY

Cleveland Francis, Jr., MD
Bruce P. Tinker, MD
Arnold J. Rosenblatt, MD
George A. Besch, MD
Narian P. Rajan, MD
Minh Van Ngo, MD
Azita Moalemi, MD
Naghmeh Tebyanian, MD
John Y. Sunew, MD

October 2, 2006

Br. 2

Brian A. Parker
Commercial and R&D Branch
Division of Nuclear Materials Safety
Region I
475 Allendale Road
King of Prussia, Pennsylvania 19406

RE: Mount Vernon Cardiology Associates, Ltd.
License Amendment
45-25548-01 03035623

Dear Mr. Parker,

Please amend the above referenced license to add Anh D. Vu, M.D. as an authorized user to the above referenced license. Documentation in support of this physician's credentials is enclosed.

Any questions regarding this request may be directed to the undersigned or Wendy Charlton, Krueger-Gilbert Health Physics, Inc. at (410) 665-5447.

Sincerely,

Neil C. Smarte, C.N.M.T.
Radiation Safety Officer.

8101 Hinson Farm Road
Suite 408
Alexandria, VA 22306
703-780-9014
703-780-9077 FAX

6355 Walker Lane
Suite 406
Alexandria, VA 22310
703-313-0943
703-313-0944 FAX

www.mvcaheart.com

RECEIVED
REGION 1
2006 OCT 10 AM 10: 37

139550
NMSS/RGNI MATERIALS-002

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF HEALTH PROFESSIONS

Robert A. Nebiker, Director

William L. Harp, M.D.
Executive Director
(804) 662-9908

BOARD OF MEDICINE

6603 West Broad Street, 5th Floor
Richmond, VA 23230-1712
www.dhp.virginia.gov/medicine

**License to Practice
Medicine & Surgery**

Anh D. Vu, MD

**Issued
10/31/2005**

**Expires
12/31/2006**

**Number
010 239086**

**To Provide Information or File a
Complaint About a Licensee, Call: 1-800-533-1560**

From:

02/17/2006 05:01 #041 P.009/009

JAN-31-2006 10:34

INSURANCE CENTER

ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID 3E
FORM 3

DATE (MM/DD/YYYY)
01/26/06

PRODUCER

The Medical Society of Virginia
2924 Emorywood Pkwy, Suite 200
Richmond VA 23294
Phone: 804-422-9100 Fax: 804-254-9147

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES.

INSURED

Anh Duy Vu, MD
Mt. Vernon Cardiology
Associates, Ltd.
8101 Hinson Farm Road, Ste 408
Alexandria VA 22306

INSURERS AFFORDING COVERAGE

INSURER A: The Doctors Company
INSURER B:
INSURER C:
INSURER D:
INSURER E:

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

FORM NO. / LTR / (REV)	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PER OCC. <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (2x occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Eq accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER				WC STATE/TERRITORY LIMITS OTHER \$ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Professional Liab (Claims-Made)	69250	03/01/06	01/01/07	See Below

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
Limits: \$2,000,000 Per Claim / \$6,000,000 Annual Aggregate
Retrospective Date: 3/1/2006

CERTIFICATE HOLDER

Anh Duy Vu, MD
Mt. Vernon Cardiology
Associates, Ltd.
8101 Hinson Farm Rd; Suite 408
Alexandria VA 22306

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Susan Buford

Health & Radiological Seminars, Inc.

Hereby certifies that

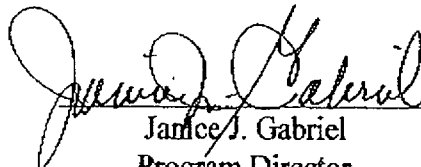
ANH D. VU, M.D.

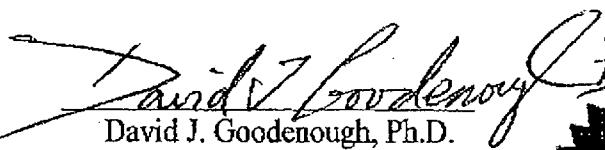
has successfully completed the 200 Hour Physician Training
Program in Basic Radioisotope Handling conducted
in accordance with the requirements of the
U.S. Nuclear Regulatory Commission (10 CFR 35).

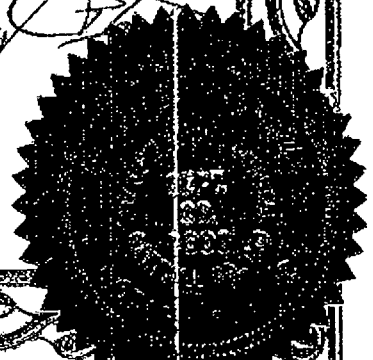
COURSE OUTLINE

Radiation Physics and Instrumentation - 100 hours
Mathematics pertaining to the use and measurement of radioactivity - 20 hours
Radiopharmaceutical Chemistry - 30 hours
Radiation Biology - 20 hours
Radiation Protection - 30 hours

July 10, 2005


Janice J. Gabriel
Program Director


David J. Goodenough, Ph.D.
Scientific Advisor



NRC FORM 313A (10-2002)	U.S. NUCLEAR REGULATORY COMMISSION	APPROVED BY OMB: NO. 3150-0120 EXPIRES: 10/31/2005
TRAINING AND EXPERIENCE AND PRECEPTOR STATEMENT		

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 regulations.

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

Ahn D. Vu, M.D.
 Authorized User
 10 CFR 35.920

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

3. CERTIFICATION

Specialty Board	Category	Month and Year Certified

Stop here when using Board Certification to meet 10 CFR Part 35 training and experience requirements.

4. DIDACTIC OR CLASSROOM AND LABORATORY TRAINING (optional for Medical Physicists)

Description of Training	Location	Clock Hours	Dates of Training
Radiation Physics and Instrumentation	Class room and laboratory training were not provided by Penn State Hershey Medical Center. This training was obtained independently by the named applicant.		
Radiation Protection			
Mathematics Pertaining to the Use and Measurement of Radioactivity			
Radiation Biology			
Chemistry of Byproduct Material for Medical Use			
OTHER			

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(10-2002)

U.S. NUCLEAR REGULATORY COMMISSION

TRAINING AND EXPERIENCE AND PRECEPTOR STATEMENT (continued)

5a. WORK EXPERIENCE WITH RADIATION

Description of Experience	Name of Supervising Individual(s)	Location and Corresponding Materials License Number	Dates and Clock Hours of Experience
2(i) Ordering, receiving and unpacking radioactive materials safely and performing the related radiation surveys.	Douglas F. Eggli, M.D. Mark Tulchinsky, M.D.	Penn State Hershey Medical Center 37-13831-01	July 2002 - June 2005 70 hours
2 (ii) Callibrating does Callibrators and diagnostic instruments and performing checks for proper operation of survey meters.	Douglas F. Eggli, M.D. Mark Tulchinsky, M.D.	Penn State Hershey Medical Center 37-13831-01	July 2002 - June 2005 70 hours
2 (iii) Calculating and safely preparing patient dosage.	Douglas F. Eggli, M.D. Mark Tulchinsky, M.D.	Penn State Hershey Medical Center 37-13831-01	July 2002 - June 2005 70 hours
2 (iv) Using administrative controls to prevent medical events.	Douglas F. Eggli, M.D. Mark Tulchinsky, M.D.	Penn State Hershey Medical Center 37-13831-01	July 2002 - June 2005 70 hours
2(v) Using procedures to containg spilled by product materials safely and using proper decontamination.	Douglas F. Eggli, M.D. Mark Tulchinsky, M.D.	Penn State Hershey Medical Center 37-13831-01	July 2002 - June 2005 70 hours
2 (vi) Eluting Tc - 99M generator QAlng eluate and compounding Tc- 99M reagent kits.	Douglas F. Eggli, M.D. Mark Tulchinsky, M.D.	Penn State Hershey Medical Center 37-13831-01	July 2002 - June 2005 80 hours
Safely adminlstering radioactive materials to patients.	Douglas F. Eggli, M.D. Mark Tulchinsky, M.D.	Penn State Hershey Medical Center 37-13831-01	July 2002 - June 2005 70 hours

5b. SUPERVISED CLINICAL CASE EXPERIENCE

Radionuclide	Type of Use	No. of Cases Involving Personal Participation	Name of Supervising Individual	Location and Corresponding Materials License Number	Dates and Clock Hours of Experience
TC - 99M	Stress gated myocardial perfusion tomo.	204	Douglas F. Eggli, M.D. Mark Tulchinsky, M.D. Charles E. Chambers, M.D.	Penn State Hershey Medical Center 37-13831-01	July 2002- Jan 2005 185 hrs
TI- 201	Stress gated myocardial perfusion tomo.	300	Douglas F. Eggli, M.D. Mark Tulchinsky, M.D. Charles E. Chambers, M.D.	Penn State Hershey Medical Center 37-13831-01	7/02- 8/05 279 hrs
TC - 99M	Radionuclide Ventriculography	43	Douglas F. Eggli, M.D. Mark Tulchinsky, M.D. Charles E. Chambers, M.D.	Penn State Hershey Medical Center 37-13831-01	7/02- 8/05 39 hrs
TI- 201	Rest Perfusional imaging	3	Douglas F. Eggli, M.D. Mark Tulchinsky, M.D. Charles E. Chambers, M.D.	Penn State Hershey Medical Center 37-13831-01	7/02 - 8/06 3 hrs

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U.S. NUCLEAR REGULATORY COMMISSION

TRAINING AND EXPERIENCE AND PRECEPTOR STATEMENT (continued)

6. FORMAL TRAINING (applies to Medical Physicists and Therapy Physicians)

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)

7. RADIATION SAFETY OFFICER -- ONE-YEAR FULL-TIME WORK EXPERIENCE

YES Completed 1-year of full-time radiation safety experience (in areas identified in Item 5a) under supervision
 N/A of _____ the RSO for License No. _____

8. MEDICAL PHYSICIST -- ONE-YEAR FULL-TIME TRAINING/WORK EXPERIENCE

YES Completed 1-year of full-time training in therapeutic radiological physics under the supervision of
 N/A _____ who meets requirements for Authorized Medical Physicists; and

YES Completed 1-year of full-time work experience (for areas identified in Item 5a) for _____
 N/A modality(ies) under the supervision of _____ who meets requirements of Authorized Medical Physicists for _____ modality(ies).

9. 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 35, provide the following information for each):

A. Name of Supervisor

Douglas F. Egli, M.D. _____

B. Supervisor is:

Authorized User

Radiation Safety Officer

Authorized Medical Physicist

Authorized Nuclear Pharmacist

C. Supervisor meets requirements of Part 35, Section(s) 190,290,390

for medical uses in Part 35, Section(s) 100, 200 and 300

D. Address

Penn State Hershey Medical Center
500 University Drive
Hershey, PA 17033

E. Materials License Number

37-13831-01

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(10-2002)

U.S. NUCLEAR REGULATORY COMMISSION

TRAINING AND EXPERIENCE AND PRECEPTOR STATEMENT (continued)

PART II -- PRECEPTOR STATEMENT

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 the training requirements in 10 CFR 35.590.

Item 10 must be completed for Nuclear Pharmacists meeting the requirements of 10 CFR Part 35, Subpart J. Preceptors do not have to complete Items 11a, 11b, or the certifying statements for other individuals meeting the requirements of 10 CFR Part 35, Subpart J.

YES 10. The individual named in Item 1 has satisfactorily completed the training requirements in
 N/A 10 CFR 35.980 and is competent to independently operate a nuclear pharmacy.

YES 11a. The individual named in Item 1 has satisfactorily completed the requirements in Part 35, Section(s)
 N/A and Paragraph(s) Subpart J 35.932(b) (2) (i-vi) and (b) (3) (i-v) Note: Part 35.920 (b) (l) (i-v) not provided
by Penn State Hershey Medical Center and will be documented separately.

YES 11b. The individual named in Item 1 is competent to independently function as an authorized
 N/A User _____ for 35.200 uses (or units).

12. PRECEPTOR APPROVAL AND CERTIFICATION

I certify the approval of Item 10 and certify I am an Authorized Nuclear Pharmacist;

or

I certify the approval of items 11a and 11b, and certify I am an Authorized Nuclear Pharmacist;

or

I certify the approval of Items 11a and 11b, and I certify that I meet the requirements of 35, 190, 35, 290, 35, 390
or equivalent Agreement State requirements to be a preceptor authorized user _____
for the following uses (or units) of byproduct material: 35, 100, 35, 200, 35, 300

A. Address

Penn State Hershey Medical Center
500 University Drive
Hershey, PA 17033

B. Materials License Number

37-13831-01

C. NAME OF PRECEPTOR (print clearly)
Douglas F. Egli, M.D.

D. SIGNATURE - PRECEPTOR

Kenneth W. Miller, RSO, 7/15/05
Douglas F. Egli

E. DATE

6/16/2005

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

10/2/2006, and to inform you that the initial processing which includes an administrative review has been performed.

Amendment 45-25548-01 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** 139550.
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.