STEPHANIE MENDLOW, MD, FACC
ZIA ROSHANDEL, MD

BLUE RIDGE
Cardiovascular Associates

THOMAS CALL, MD, FACC
INGA MCDONALD, ACNP

J-6
MS-16

October 23, 2006

45-30991-01
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Dennis R. Lawyer, Health Physicist
Commercial and R&D Branch
Division of Nuclear Materials Safety
US NRC Region I
475 Allendale Road
King of Prussia, PA 19406-1415

Dear Mr. Lawyer:

Enclosed you will find the completed preceptor attestation form regarding Zia Roshandel, MD, signed by Stephanie Mendlow, MD, Blue Ridge Cardiovascular Radiation Safety Officer. Please note that a copy of Dr. Roshandel's board certification was sent to you with the original amendment request.

Please feel free to contact me if any further information is required, otherwise I will look forward to receiving the final amendment.

Sincerely,

Susan C Barlow RN-BSN, CNMT

Susan C. Barlow, RN-BSN, CNMT
Clinical Coordinator

139379
NMSS/RGNI MATERIALS-002

501 SUNSET LANE, SUITE H • P.O. BOX 610 • CULPEPER, VIRGINIA 22701 • 540-829-4374 • FAX 540-829-4178

NRC FORM 313A
(10-2005)

U.S. NUCLEAR REGULATORY COMMISSION

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)

ZIA ROSHANDEL

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

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			
Radiation Protection			
Mathematics Pertaining to the Use and Measurement of Radioactivity			
Radiation Biology			
Chemistry of Byproduct Material for Medical Use			
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

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
☐ N/A

Completed 1 year of full-time radiation safety experience (in areas identified in item 6a) under supervison. of _____ the RSO for License No. _____.

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

☐ YES
☐ N/A

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 _____ who is a medical physicist (35.961) or meets requirements for Authorized Medical Physicists (35.51);

and

☐ YES
☐ N/A

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) _____ under the supervision of _____ who is a medical physicist (35.961) or meets requirements for Authorized Medical Physicists (35.51) (specify use or device) _____.

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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:

☐ 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

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: (ZIA ROSHANDEL)

11a.

☑ has satisfactorily completed the requirements in Part 35, Section(s) and Paragraph(s) 290 A1, as documented in section(s) 3 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.

☐ N/A

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 35 for 100 & 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 501 SUNSET LN, SUITE H
* PO BOX 610
CULPEPER, VA 22701

B. Materials License Number

45-30991-01

C. NAME OF PRECEPTOR *(print clearly)*	D. SIGNATURE -- PRECEPTOR	E. DATE
STEPHANIE MENDLOW, MD, RSO	Stephanie Mendlow	10-20-06