



Deborah
Heart and Lung
Center

Browns Mills, NJ 08015-1799
609/893-6611

RECEIVED
REGION 1

2006 NOV -2 PM 1: 27

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US Nuclear Regulatory Commission
Medical Licensing Section
Region I
474 Allendale Road
King of Prussia, PA 19406

October 27, 2006

RE: License Number 29-18190-01 03014634

Dear Sir/Madam:

This letter is sent to request the following amendments to our radioactive materials license, number noted 29-18190-01.

I have enclosed the paperwork for you to add Jennifer Mazzoni, DO, to the Radioactive Materials License for the Section of Nuclear Medicine here at Deborah. Her status should be amended to read as follows:

Jennifer Mazzoni, DO 35.200

If you have any questions please contact our Radiation Safety Officer at 609-735-2921. Thank you for your prompt attention to this matter.

Sincerely,

Rita M. Lauderman, CNMT, RSO.

Rita M. Lauderman, CNMT
Technical Director, Nuclear Medicine
Radiation Safety Officer

John Ernst
John Ernst
President and CEO

139674
NMSS/RGN! MATERIALS-002

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
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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)

Jennifer Mazzone

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	<i>INME Secaucus, NJ</i>	<i>100</i>	<i>2/06 4/06</i>
Radiation Protection	<i>" "</i>	<i>30</i>	<i>"</i>
Mathematics Pertaining to the Use and Measurement of Radioactivity	<i>" "</i>	<i>20</i>	<i>"</i>
Radiation Biology	<i>" "</i>	<i>20</i>	<i>"</i>
Chemistry of Byproduct Material for Medical Use	<i>" "</i>	<i>30</i>	<i>"</i>
OTHER <i>Dosimetry Calibration, Camera imaging</i>	<i>Deborah Heart + Lung Center</i>	<i>8</i>	<i>4/06</i>

NRC FORM 313A
(10-2005)

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
Exercise thallium technetium	Dr. Umia Dr. Lessig	Deborah Heart & Lung Center 29-18190-01	6 mo 960 hrs
Pharmacologic Porsantine/Adenosine	"	Deborah Heart & Lung Center 29-18190-01	6 mo 960 hrs

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
Thallium Technetium	Nuclear Cardiology " "		Dr. Frank Umia Dr. Harry Lessig "	Deborah Heart & Lung Center 29-18190-01 Deborah Heart & Lung Center 29-18190-01	6 mo 960 hrs 6 mo 960 hrs

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(10-2005)

U.S. NUCLEAR REGULATORY COMMISSION

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)
Cardiovascular Fellowship (physician, D.O.)	Debrah Heart & Lung Center	7/03 - 7/06	ACGME

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) _____

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:

Harry J. Lessig MD FACMP FACMM

Authorized User

Authorized Medical Physicist

Radiation Safety Officer

Authorized Nuclear Pharmacist

C. Supervisor meets requirements of Part 35, Section(s) 35.920

for medical uses in Part 35, Section(s) 35.100, 35.200, 35.300, 35.500 In vitro studies

D. Address

Deborah Heart and Lung Center
200 Trenton Rd
Browns Mills, NJ 08015

E. Materials License Number

29-18190-01

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) 35.290 (a)(1), as documented in section(s) 35.290 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 USER for 10CFR 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 35.920 (a)(1) 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

Deborah Heart and Lung Center
200 Trenton Rd
Browns Mills, NJ 08015

B. Materials License Number

C. NAME OF PRECEPTOR (print clearly)

Harry J. Lessig, M.D.
FACNP, FACNM

D. SIGNATURE -- PRECEPTOR

Harry J. Lessig MD FACNP FACNM

E. DATE

10/31/06

FUNDAMENTALS

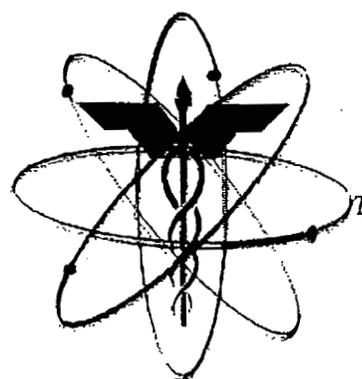
Radioisotope Handling

Attestation and Certification Completion and Competency

This document is an affidavit that

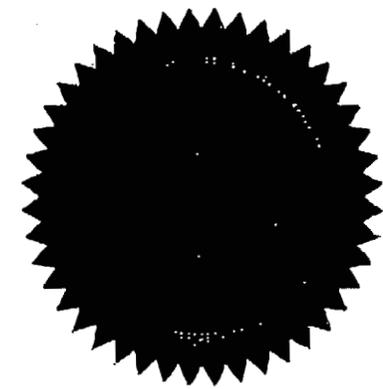
Jennifer A. Mazzone, D.O.

*has successfully completed the prescribed didactic program of
education and has achieved the objectives of this program
as evidenced by written examination*



This Program provides the following levels of documented accomplishment

- 10.0 Continuing Education Units (CEU)
 - 100 Didactic Instructional Hours (DIH)
- In compliance with 10CFR35/AEA 73-689
- 100 Board Accepted Hours NUSPEX, NMTCB III b,
ABMRSO, ABR, ABNM, CBNC



[Handwritten Signature]
Certifying Official

19 February 2006
Date Completed

203725
Certification

Institute for Nuclear Medical Education

Certified, Approved and Regulated by the Division of Private Occupational Schools, Department of Higher Education in Colorado. Validated by the American Council on Education (ACE), recognized by the American Association for Collegiate Registrars, Council on Post-Secondary Education. Licensed by NRC & Agreement States.

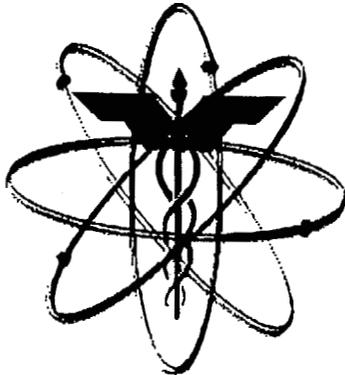
INME1132-Class I-Comp&Comp 1:00

EXTENDED COMPREHENSIVE
Radioisotope Handling
Attestation and Certification
Completion and Competency

This document is an affidavit that

Jennifer A. Mazzoni, D.O.

*has successfully completed the prescribed didactic program of
education and has achieved the objectives of this program
as evidenced by written examination*

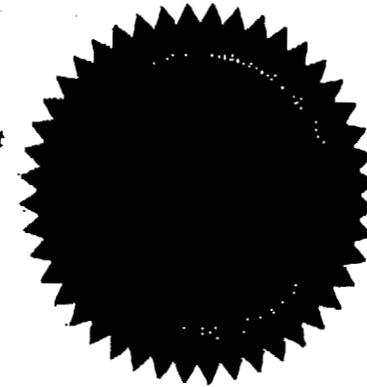


This Program provides the following levels of documented accomplishment

- 10.0 Continuing Education Units (CEU)
- 100 Didactic Instructional Hours (DIH)
In compliance with 10CFR35/AEA 73-689
- 100 Board Accepted Hours NUSPEX, NMTCB III b,
ABMRSO, ABR, ABNM, CBNC
- 6.0 Semester Hours American Council on
Education (ACE), American Association for
Collegiate Registrars

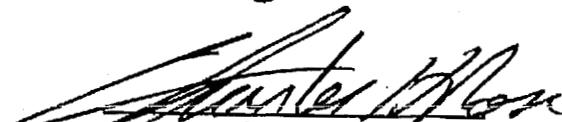
23 April 2006

Date Completed



203832

Certification


Certifying Official

Institute for Nuclear Medical Education

Certified, Approved and Regulated by the Division of Private Occupational Schools, Department of Higher Education in Colorado. Validated by the American Council on Education (ACE), recognized by the American Association for Collegiate Registrars, Council on Post-Secondary Education. Licensed by NRC & Agreement States.

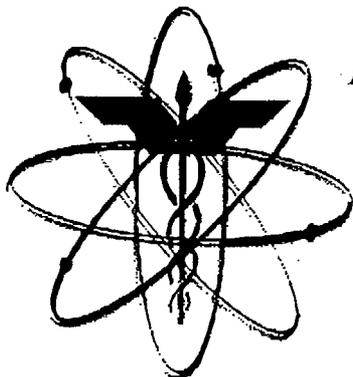
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CERTIFICATE OF COMPLETION

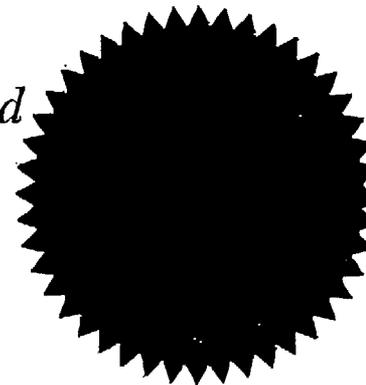
HAZMAT TRAINING - RADIOACTIVE MATERIALS

This document is to certify that

Jennifer A. Mazzone, D.O.



Has received training and has been tested as required by 49CFR 172.704(d). This training was limited to diagnostic radioactive materials received or offered for shipment in approved Type A Packages, Class 7, UN2915, Yellow II.




Certifying Official

23 April 2006

Date Completed

203793

Certification

Training Materials and Records are located at

INME - Institute for Nuclear Medical Education • 5660 Airport Boulevard, Suite 101 • Boulder, Colorado 80301
(303) 541-0044 • (303) 541-0066 FAX • (800) 548-4024 • inme@nuclearcardiology.com • <http://www.nuclearcardiology.com/ncs>

HazMat 1203

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

10/27/2006, and to inform you that the initial processing which includes an administrative review has been performed.

Amendment 29-18190-01 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 139674.
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.

NRC FORM 532 (RI)
(6-96)

Sincerely,
Licensing Assistance Team Leader