



CARDIAC DIAGNOSTIC  
SERVICES OF VIRGINIA

J-6

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Fairfax, Virginia 22031  
(703) 641-0500  
Fax (703) 204-9056

MS-16

45-24867-01  
03029501

November 21, 2006

Mr. Dennis Lawyer  
Nuclear Regulatory Commission  
DNMS  
475 Allendale Road  
King of Prussia, PA 19406

RE: Mail Control Number 139551

Dear Mr. Lawyer,

Please find enclosed NRC Form 313A for Proposed Authorization of Todd Pulerwitz,  
M.D. as per your request.

If you have any questions, please contact me at (703) 641-0500.

Sincerely,

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

NCS:slt

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NMSS/RGNI MATERIALS-002

**MEDICAL USE TRAINING AND EXPERIENCE  
AND PRECEPTOR ATTESTATION**

**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)

Todd Pulerwitz, M.D. Authorized User 10 CFR 35.290

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

Virginia

**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	Seacacus, NJ	50	2/11/06 to 2/19/06
Radiation Protection	"	15	"
Mathematics Pertaining to the Use and Measurement of Radioactivity	"	10	"
Radiation Biology	"	10	"
Chemistry of Byproduct Material for Medical Use	"	15	"
OTHER	See Attached Certificate	Total = 100 Hrs	

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
Ordering, receiving, + unpacking radioactive materials safely and performing radiation surveys	Lynne Johnson, MD Director of Nuclear Cardiology	Columbia Univ. Medical Center NY, NY	16 hrs
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters	"	<del>License # 75-2878-01</del> "	8 hrs
Calculating, measuring and safely preparing patient dosages	"	"	12 hrs
Using administrative controls to prevent a medical event involving the use of unsealed by product material	"	"	24 hrs
Using procedures to safely contain spilled radioactive material and using proper decontamination procedures	"	"	12 hrs
Administering dosages of radioactive drugs to patients.	"	"	24 hr
Eluting generators, measuring and testing the eluate and processing the eluate with reagent kits to prepare labeled radioactive drugs	"	"	24 hrs
Reviewing Case Hx + Interpreting Scans	"	"	7/2002 to 6/2006 650 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
Tc 99m	Cardiac	1000+	Lynne Johnson, MD	Columbia Univ. Medical Center NY, NY	7/02-6/06 325 hrs
Tl 201	Cardiac	1000+	"	<del>75-2878-01</del> "	7/02-6/06 325 hrs
Co 57	QC	None	"	"	4 hrs
Cs 137	QC	None	"	"	4 hrs

**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)
N/A			

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

facto 703-849-1918

**NRC FORM 312A** (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 Lynne Johnson, M.D. B. Supervisor is:

Authorized User  Authorized Medical Physicist  
 Radiation Safety Officer  Authorized Nuclear Pharmacist

C. Supervisor meets requirements of Part 35, Section(s) 290  
for medical uses in Part 35, Section(s) 100 + 200

D. Address Columbia University Medical Center  
Director of Nuclear Cardiology  
630 West, 168TH Street  
New York, NY 10032 E. Materials License Number 75-2878-01

**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) 290e)(1)(i)(ii) as documented in section(s) 5, 6a, 6b 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 10 CFR 35.100 and 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 35.290 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): 35.100 and 35.200

A. Address B. Materials License Number

Lynne Johnson, M.D.  
Columbia University Medical Center  
Director of Nuclear Cardiology  
630 West 168TH Street, New York, NY 10032 75-2878-01

C. NAME OF PRECEPTOR (print clearly) Lynne Johnson, M.D. D. SIGNATURE - PRECEPTOR [Signature] E. DATE 4-17-04

materials lic # 75-2878-01