DEBORAH
Heart and Lung Center
Browns Mills, N. J. 08015
Section of Nuclear Medicine
Telephone # : (609) 735-2921 ~ 735-2922

J-9
MS-16

FAX COVER SHEET

29-18190-01
03014634

To: Tara Eidner (NRC)

Fax # : 1-610-337-5393

From: Nuclear Dept

Fax # : 609 735-1859

Pages to follow this cover : 4

Comments: This is the update NRC amendment request with the needed information that you requested. Any question please call me @ 1-609-735-2921 Thank you

Rita M. Lauderman RSO
12/4/06

Initials :

139674
NMSS/RGN1 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

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 Mazzoni

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	INME Debrah Heart + Lung Center Secaucus, NJ	100 8hrs	2/06 1/05 12/05 1/06 4/06 4/06
Radiation Protection	" " also Debrah Heart + Lung Ctr.	30 4hrs	" 9/04, 9/05
Mathematics Pertaining to the Use and Measurement of Radioactivity	" "	20	"
Radiation Biology	" "	20	"
Chemistry of Byproduct Material for Medical Use	" "	30	"
OTHER Dosimetry, Calibration, Camera management	Debrah Heart + Lung Center	8	4/06

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
Ordering, receiving + unpacking radioactive mat. safely + perf. rad. survey	Harry J. Lessig MD + Kenneth Blasius CNMT	Deborah Heart + Lung Cen 29-18190-01	4/06
Perform Q.C Procedures on instruments used to determine the act. of dosage + survey meters.	Harry J. Lessig, MD + Kenneth Blasius CNMT	" "	4/06
Calculating, measuring + safely preparing patient subject dosage.	Harry J Lessig, MD + Kenneth Blasius CNMT	" "	4/06
Using administrative control to prevent a rad. event involving the use of unsealed by product material.	" " " "	" "	4/06
Using procedure to safely contain spilled radioactive material + decontamination procedure	" " " "	" "	4/06
Administering dosage to patients of radioactive drugs.	" " " "	" "	4/06
Eluting generator systems appropriate for preparation etc.	Gaetano Ferrara RPH [signature]	24-29200-01 CARDINAL HEALTH 200 Rittenhouse Circle Unit 9 East Bristol, PA 19007	11/30/06

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
Technetium	Nuc cardiology	317	Dr. Frank Lunig Dr. Harry Lessig	Deborah Heart + Lung Center	960 hrs.

NRC FORM 313A (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, DO.)	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 supervison.
☒ 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
☒ N/A (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 Completed 1 year of full-time work experience (at location providing radiation therapy services described
☒ N/A 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) _____.

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

B. Supervisor is:
- [x] 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 Invitro 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.
- [x] has satisfactorily completed the requirements in Part 35, Section(s) and Paragraph(s) 35.290(c)(1). as documented in section(s) 6A & 6B of this form.

11b. Select one
- [x] meets the requirements in [ ] 35.50(e) [ ] 35.51(c) [x] 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**
- [x] has achieved a level of competency sufficient to function independently as an authorized user for 10 CFR 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**
- [x] I meet the requirements of 35.290(c)(1) section(s) of 10 CFR Part 35 or equivalent Agreement State requirements to be a preceptor [x] 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: 29-18190-01

C. NAME OF PRECEPTOR *(print clearly)*	D. SIGNATURE - PRECEPTOR	E. DATE
Harry J. Lessig, M.D. FACNP, FACNM	Harry Lessig MD F.A.C.N.P. F.A.C.N.M.	10/31/06