



ENGLEWOOD  
HOSPITAL AND MEDICAL CENTER

RECEIVED  
REGION 1

2006 DEC 26 PM 2:07

December 20, 2006

NMSB1

Nuclear Regulatory Commission  
Region 1  
475 Allendale Road  
King Of Prussia, PA 19406

03002513

**RE: NRC license No. 29-08519-01**

Dear Sirs or Madam:

I would like to request the following changes to our license. Please add Marina A. Gutwein, M.D., as an authorized user. We request that Dr. Gutwein be acknowledged as an authorized user for materials in Part 35.100, 35. 200, and Iodine -131 for treatment of hyperthyroidism and thyroid carcinoma. I have enclosed a copy of NRC Form 313A for your review.

The PET/CT unit that was located within the trailer on our property was removed. I have enclosed a copy of the close out survey for the unit.

If you have any additional questions regarding this correspondence, please contact Mr. Joseph Sudano, Radiology Administrator, at (201) 894-3401.

Sincerely:

Daniel Markham  
Vice President Operations

: Enclosures (2)

139890

NMCS/RGN 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)

Marina A. Gutwein - Authorized User

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

New Jersey, New York, Connecticut

**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	Lenox Hill Hospital	20	Oct 2001 - Sept 2003
Radiation Protection	Lenox Hill Hospital	20	Oct 2001 - Sept 2003
Mathematics Pertaining to the Use and Measurement of Radioactivity	Lenox Hill Hospital	10	Oct 2001 - Sept 2003
Radiation Biology	Lenox Hill Hospital	30	Oct 2001 - Sept 2003
Chemistry of Byproduct Material for Medical Use	Lenox Hill Hospital	20	Oct 2001 - Sept 2003
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
General Nuclear Medicine Rotation	Stephen Scharf, MD	Lenox Hill Hospital NYC License #	700 hours

**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
99mTc	Routine Imaging	500	Stephen Scharf, MD	LHH # <sup>NYC</sup> 91-2926-01	7/2001 - 6/2005
131-I	Therapy	30	Stephen Scharf, MD	LHH # 91-2926-01	7/2001 - 6/2005
111-In	Imaging	20	Stephen Scharf, MD	LHH # 91-2926-01	7/2001 - 6/2005
123-I	Thyroid Uptake & Scan	50	Stephen Scharf, MD	LHH # 91-2926-01	7/2001 - 6/2005

**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
Didactic and Clinical	Residency	Lenox Hill Hospital July 2001 - June 2005

\* 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)
Diagnostic Radiology	Lenox Hill Hospital 100 East 77th Street New York, NY 10021	July 2001 - June 2005	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) \_\_\_\_\_.

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  
Stephen Scharf, MD

B. Supervisor is:  
 Authorized User  
 Radiation Safety Officer  
 Authorized Medical Physicist  
 Authorized Nuclear Pharmacist

C. Supervisor meets requirements of Part 35, Section(s) 35.290 & 35.390  
 for medical uses in Part 35, Section(s) 35.100, 35.200 & 35.300

D. Address  
 Department of Nuclear Medicine  
 100 East 77th Street  
 New York, NY 10021

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:

11a.  has satisfactorily completed the requirements in Part 35, Section(s) and Paragraph(s) 35.290 (a,b,c), as documented in section(s) 6 (a,b,c) & 5 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

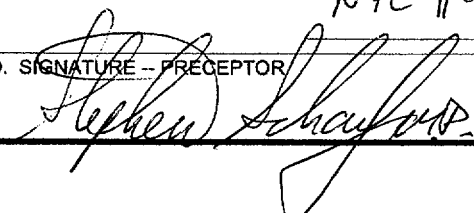
11c.  
 has achieved a level of competency sufficient to independently operate a nuclear pharmacy (for 35.980); **OR**  
 has achieved a level of competency sufficient to function independently as an authorized \_\_\_\_\_ for \_\_\_\_\_ uses (or units); **OR**  
 has achieved a level of radiation safety 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 & 35.390 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  
 Stephen Scharf, MD  
 100 East 77th Street  
 New York, NY 10021

B. Materials License Number  
 NYC #91-2926-01

C. NAME OF PRECEPTOR (print clearly)  
 Stephen Scharf, MD

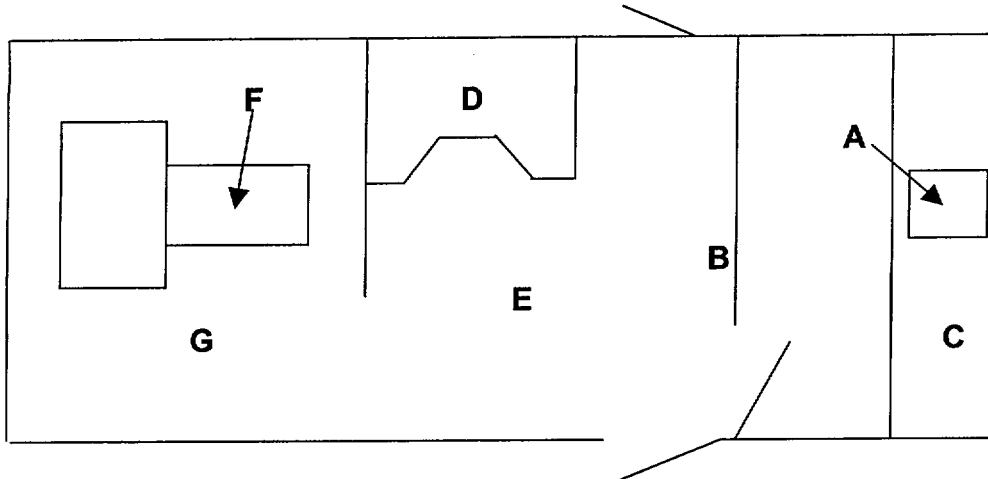
D. SIGNATURE - PRECEPTOR  


E. DATE  
 10/03/2006

**Closeout Survey PET Trailer  
 Englewood Hospital and Medical Center**

DIAGRAM

6/20/2006



RESULTS

Locations	BKG (CPM)	Wipe Test Results (DPM)	mR/hr
A	406	-67	0.02
B	406	-22	0.02
C	406	-65	0.02
D	406	-52	0.02
E	406	-64	0.02
F	406	-56	0.02
G	406	-34	0.02

**Instrumentation information**

Well Counter            Biodex 950 Well            Survey Meter = L1  
 Isotope efficiency      Cs-137 = 11.5%

**COMMENTS**

Results obtained on 6/19/06 by L. Grunwald, NMT  
 Acceptable results

Performed by:

Paula Jeter  
 Medical Physicist  
 BioMed Associates, Inc.

Reviewed by:

John T McLean  
 Medical Physicist  
 BioMed Associates, Inc.

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

12/20/2006, and to inform you that the initial processing which includes an administrative review has been performed.

ATTEND. 29-08519-01  
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

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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 139280.  
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 (R1)  
(8-96)

Sincerely,  
Licensing Assistance Team Leader