



MOUNT VERNON CARDIOLOGY
ASSOCIATES, P.C.

NMS82

CONSULTATIVE
AND INTERVENTIONAL
CARDIOLOGY

January 19, 2007

Cleveland Francis, Jr., MD
Bruce P. Tinker, MD
Arnold J. Rosenblatt, MD
George A. Besch, MD
Narian P. Rajan, MD
Minh Van Ngo, MD
Azita Moalemi, MD
Naghmeh Tebyanian, MD
John Y. Sunew, MD

Brian A. Parker
Commercial and R&D Branch
Division of Nuclear Materials Safety
Region I
King of Prussia, Pennsylvania 19406

RE: Mount Vernon Cardiology Associates, Ltd.
License Amendment
45-25548-01 *03035623*

Dear Mr. Parker,

Please amend the above referenced license to add Anh D. Vu, M.D.
as an authorized user to the above referenced license.
Documentation in support of this physician's credentials is enclosed.

Any questions regarding this request may contact me at (703) 641-
0500 or Wendy Charlton, Krueger-Gilbert Health Physics, Inc. at
(410) 665-5447.

Sincerely,

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

8101 Hinson Farm Road
Suite 408
Alexandria, VA 22306
703-780-9014
703-780-9077 FAX

6355 Walker Lane
Suite 406
Alexandria, VA 22310
703-313-0943
703-313-0944 FAX

www.mvcaheart.com

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NMCC/RONI 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)

Anh Duy Vu, M.D.

AU Under 10CFR35.290

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

North Carolina and 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 | | | |
| 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 |
|---------------------------|-----------------------------------|-----------------------------------------------------|----------------------------------------|
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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 |
|--------------|-------------|-----------------------------------------------|--------------------------------|-----------------------------------------------------|----------------------------------------|
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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 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

Douglas F. Eggli, 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) 190, 290, 390

for medical uses in Part 35, Section(s) 100, 200, 300

D. Address

Division of Nuclear Medicine
Penn State Hershey Medical Center
500 University Drive
Hershey, PA 17033

E. Materials License Number

37-13831-01

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) as documented in section(s) Part 1, Section 3 (a) of this form. AU Eligible CBNC Certification

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 subpart 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 190, 290, 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): 10CFR35 subparts 100, 200, 300

A. Address

Division of Nuclear Medicine
Penn State Hershey Medical Center
500 University Drive
Hershey, PA 17033

B. Materials License Number

37-13831-01

C. NAME OF PRECEPTOR (print clearly)

Douglas F. Eggli, M.D.

D. SIGNATURE - PRECEPTOR

Douglas F. Eggli, M.D.

E. DATE

11/18/2007

Certification Board of Nuclear Cardiology

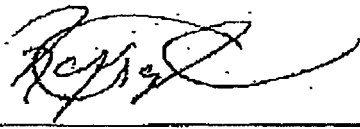
Incorporated 1996

Certifies That

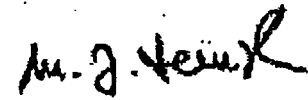
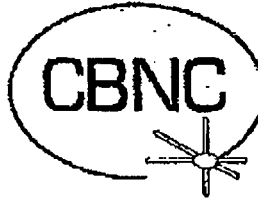
Anh Duy Vu, MD

HAVING MET THE REQUIREMENTS PRESCRIBED BY THIS BOARD
FOR PHYSICIANS TRAINED IN THE UNITED STATES
AND HAVING SATISFACTORILY PASSED THE REQUIRED EXAMINATION,
IS HEREBY DESIGNATED
A DIPLOMATE CERTIFIED IN THE SUBSPECIALTY OF
NUCLEAR CARDIOLOGY

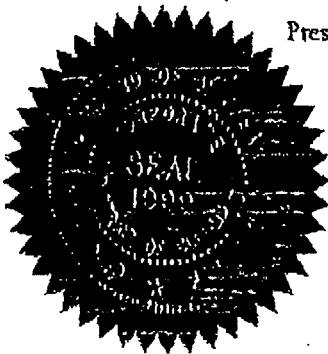
FOR THE PERIOD 2006 - 2016



President



Secretary



CERTIFICATE NUMBER: 4710

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

1/19/2007, and to inform you that the initial processing which includes an administrative review has been performed.

AMEND. 45-25548-01
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** 139987.
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.