



# Sacred Heart Hospital

Affiliated with Sacred Heart HealthCare System

421 Chew Street, Allentown, PA 18102-3490  
610-776-4500 • www.shh.org

January 2, 2007

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RECEIVED  
REGION 1

Thomas K. Thompson  
Senior Health Physicist  
Nuclear Materials Safety Branch 1  
Division of Nuclear Materials Safety  
U.S Nuclear Regulatory Commission, Region 1  
475 Allendale Road  
King of Prussia, PA 19406-1415

License #: 37-00554-03

03002961

Dear Thomas K. Thompson,

Sacred Heart Hospital would like to request that our Radioactive Material License be amended to reflect the following items:

1. Deletion of Wen Young, M.D., Robert Rienzo, M.D., and Daniel O. Cuscela, D.O., as authorized users, as they are no longer on staff here at Sacred Heart Hospital.
2. The addition of 10 CFR 35.300 and also 10 CFR 35.400 for material and usage for Nalina Mehta, M.D. who is an authorized user for Sacred Heart Hospital, License # 37-00554-03. Dr. Mehta has also been an authorized user at Bayonne Hospital (NRC license # 29-12253-01) in Bayonne, New Jersey and Montgomery Hospital (NRC license # 37-12110-02) in Norristown, Pennsylvania for materials and uses listed above.
3. The addition of Paul Dupont, M.D. who is a radiologist here at Sacred Heart Hospital. Documentation of board certification and also C.V. are attached, along with documentation of training and experience and preceptor attestation. It is requested that he be added as authorized user for 10 CFR 35.100, 35.200.
4. The addition of the following authorized users from The Heart Care Group, P.C. which are all contained on the NRC license #37-28677-01 for material and uses listed:
  - a) Melvin H. Schwartz, M.D. 35.100; 35.200
  - b) Donald J. Belmont, M.D. 35.200 for cardiovascular clinical procedures
  - c) Gerald Pytlewski, M.D. 35.200 for cardiovascular clinical procedures

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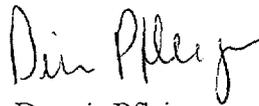
NRC/REGION 1 MATERIALS-002

January 19, 2007

- d) William M. Markson, M.D. 35.100; 35.20 for cardiovascular clinical procedures
- e) Joseph Neri, D.O. 35.100; 35.200 for cardiovascular clinical procedures
- d) William J. Smolinski 35.100; 35.200 for cardiovascular clinical procedures

If you have any questions regarding this amendment or require additional information, please contact Ralph M. Natale, Radiation Safety Officer, at 610-776-5117.

Sincerely,



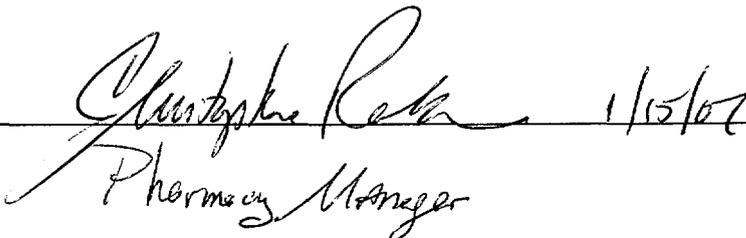
Dennis Pflieger  
VICE PRESIDENT OF CLINICAL SERVICES  
SACRED HEART HOSPITAL

1/5/2007

## Physician Training - Radiopharmacy

This certifies that Paul Dupont, M.D.  
participated in training at Cardinal Health Radiopharmacy - Bethlehem, PA.  
The topics checked below were included in the training:

- Tour of facility including restricted area, laminar flow hoods, kit storage and preparation area, generator storage area, biological safety cabinet, quality control station, and waste storage and disposal.
- Mo-99 generator elutions, including eluting generators, testing elutions for Mo-99, alumina concentration, pH, calculation of Mo-99/Tc-99m ratio, max permissible concentration of Mo-99, and Tc-99m rebuild.
- Use of dose calibrator. Reviewed decay constants, isotopes settings, dose calibrator constancy, linearity, accuracy, and geometry.
- Quality Control. Discussed Instant Thin Layer Chromatography (ITLC), solvents and media used, particle size determination, and USP standards.
- Overview of pertinent rules and regulations. 10 CFR Parts 19 & 20 (Radiation Instructions to Workers and Radiation Safety), 29 CFR 1910.1030 OSHA Blood Borne Pathogens, Board of Pharmacy Regulations, 49 CFR 172 (transportation of Radioactive Materials).

 1/15/07  
\_\_\_\_\_  
Pharmacy Manager

Cardinal Health NPS - Bethlehem  
NRC License # 34-29200-01MD  
PA DEP # PA-0460

# The American Board of Radiology

*Organized through the cooperation of the  
American College of Radiology, the American Roentgen Ray Society,  
the American Radium Society, the Radiological Society of North America,  
the Section on Radiology of the American Medical Association,  
the American Society for Therapeutic Radiology and Oncology, the Association of  
University Radiologists, and American Association of Physicists in Medicine  
Hereby certifies that*

**Paul G. Dupont, MD**

*Has pursued an accepted course of graduate study  
and clinical work, has met certain standards and qualifications and  
has passed the examinations conducted under the authority of  
The American Board of Radiology*

*On this second day of November, 1998  
Thereby demonstrating to the satisfaction of the Board  
that he is qualified to practice the specialty of*

**Diagnostic Radiology**  
with Added Qualification in  
**Neuroradiology**



*Walter J. J. J. J.*  
President

*W. J. J. J.*  
Secretary-Treasurer

*M. J. J. J.*  
Executive Director



**Paul G. Dupont**



**Education:**

- 1986-1990** State University of New York(SUNY)  
Health Science Center at Stony Brook, NY  
School of Medicine  
M.D. Degree 1990
- 1982-1986** Holy Cross College  
Worcester, MA  
B.A. Chemistry 1986

**Residency and Fellowship:**

- 1990-1994** Diagnostic Radiology Residency  
SUNY Health Science Center at Syracuse  
Syracuse, NY
- 1994-1995** Neuroradiology Fellowship  
SUNY Health Science Center at Syracuse  
Syracuse, NY

**Professional Experience:**

- 9/99-present** Attending Radiologist  
Sacred Heart Hospital  
Allentown, PA
- 7/96-6/99** General Diagnostic Radiologist and Director of Neuroradiology  
Assistant Professor of radiology, Allegheny University Hospitals  
Bucks County Hospital  
Warminster, PA
- 8/95-6/96** NeuroRadiologist  
Assistant Professor of Radiology, Allegheny University Hospitals  
Medical College of Pennsylvania & Hahnemann University Hosp.  
Philadelphia, PA

PERSONAL INFORMATION WAS REMOVED  
BY NRC. NO COPY OF THIS INFORMATION  
WAS RETAINED BY THE NRC.

**1992-1994**

General Diagnostic Radiologist (locum tenens during residency)  
Crouse-Irving Memorial Hospital  
Syracuse, NY

**Certification:**

**November 98**  
**June 94**  
**July 91**

Neuroradiology Certificate of Added Qualification  
Diplomate of the American Board of Radiology  
Diplomate of the National Board of Medical Examiners

**Licensure:**

Pennsylvania, New York (inactive)

**Honors:**

Alpha Omega Alpha, Junior year  
Cum Laude, May 1986  
Edward V. Killeen, Jr. Prize, May 1986  
Award for academic excellence throughout the chemistry  
pre-med curriculum  
College Honors Program, 1985-1986

**Professional Organizations:**

American Society of Neuroradiology, Junior Member  
American College of Radiology  
Radiologic Society of North America

**Publication:**

Groskin SA, Stadnick M, Dupont P. Pneumocystis carinii  
pneumonia: Effect of corticosteroid treatment on radiographic  
appearance in a patient with AIDS. Radiology 1991; 180:423-425

**Interests:**

Skiing, biking, hiking, bird watching, model railroading

**References:**

Available upon request

**AUTHORIZED USER TRAINING AND EXPERIENCE  
AND PRECEPTOR ATTESTATION**  
(for uses defined under 35.100, 35.200, and 35.500)  
[10 CFR 35.190, 35.290, and 35.590]

APPROVED BY OMB: NO. 3150-0120  
EXPIRES: 10/31/2008

Name of Proposed Authorized User

State or Territory Where Licensed

PAUL G. DUPONT, MD

PA

Requested Authorization(s) (check all that apply)

35.100 Uptake, dilution, and excretion studies

35.200 Imaging and localization studies

35.500 Sealed sources for diagnosis (specify device \_\_\_\_\_)

**PART I -- TRAINING AND EXPERIENCE**  
(Select one of the three methods below)

\* Training and Experience, including board certification, must have been obtained within the 7 years preceding the date of application or the individual must have obtained related continuing education and experience since the required training and experience was completed. Provide dates, duration, and description of continuing education and experience related to the uses checked above.

**1. Board Certification**

a. Provide a copy of the board certification.

b. If using only 35.500 materials, stop here. If using 35.100 and 35.200 materials, skip to and complete Part II Preceptor Attestation.

**2. Current 35.390 Authorized User Seeking Additional 35.290 Authorization**

a. Authorized user on Materials License \_\_\_\_\_ meeting 10 CFR 35.390 or equivalent Agreement State requirements seeking authorization for 35.290.

b. Supervised Work Experience.  
(If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this section.)

Description of Experience	Location of Experience/License or Permit Number of Facility	Clock Hours	Dates of Experience*
Eluting generator systems appropriate for the preparation of radioactive drugs for imaging and localization studies, measuring and testing the eluate for radionuclidic purity, and processing the eluate with reagent kits to prepare labeled radioactive drugs			

**Total Hours of Experience:**

Supervising Individual

License/Permit Number listing supervising individual as an authorized user

Supervisor meets the requirements below, or equivalent Agreement State requirements (check all that apply).

35.290

35.390 + generator experience in 32.290(c)(1)(ii)(G)

**AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)**

**X 3. Training and Experience for Proposed Authorized User**

a. Classroom and Laboratory Training.

Description of Training	Location of Training	Clock Hours	Dates of Training*
Radiation physics and instrumentation	SUNY HEALTH Science Center AT SYRACUSE / RESIDENCY	40	7/90 - 5/94
Radiation protection	SUNY Health Science Center AT SYRACUSE / RESIDENCY	40	7/90 - 5/94
Mathematics pertaining to the use and measurement of radioactivity	SUNY Health Science Center AT SYRACUSE / RESIDENCY	40	7/90 - 5/94
Chemistry of byproduct material for medical use (not required for 35.590)	SUNY Health Science Center AT SYRACUSE / RESIDENCY	40	7/90 - 5/94
Radiation biology	SUNY Health Science Center AT SYRACUSE / RESIDENCY	40	7/90 - 5/94

**Total Hours of Training:** 200 hrs.

b. Supervised Work Experience (completion of this table is not required for 35.590).  
(If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this section.)

Description of Experience	Location of Experience/License or Permit Number of Facility	Clock Hours	Dates of Experience*
Ordering, receiving, and unpacking radioactive materials safely and performing the related radiation surveys	SACRED HEART Hospital Lic. # 37-00554-03	120	7/1/06 - present
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters	SACRED HEART Hospital Lic. # 37-00554-03	120	7/1/06 - present
Calculating, measuring, and safely preparing patient or human research subject dosages	SACRED HEART Hospital Lic # 37-00554-03	120	7/1/06 - present

**AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)**

**3. Training and Experience for Proposed Authorized User (continued)**

b. Supervised Work Experience. (continued)

Description of Experience	Location of Experience/License or Permit Number of Facility	Clock Hours	Dates of Experience*
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material	SACRED HEART HOSPITAL Lisc. # 37-00554-03	80	7/1/06 - present
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures	SACRED HEART HOSPITAL Lisc. # 37-00554-03	40	7/1/06 - present
Administering dosages of radioactive drugs to patients or human research subjects	SACRED HEART HOSPITAL Lisc. # 37-00554-03	240	7/1/06 - present
Eluting generator systems appropriate for the preparation of radioactive drugs for imaging and localization studies, measuring and testing the eluate for radionuclidic purity, and processing the eluate with reagent kits to prepare labeled radioactive drugs	Cardinal Health Pharmacy NRC # 34-29200-01MD	8	1/15/07

**Total Hours of Experience:** 728 hrs.

Supervising Individual

License/Permit Number listing supervising individual as an authorized user

Dr. Frank Altomare

# 37-00554-03

Supervisor meets the requirements below, or equivalent Agreement State requirements (check one).

35.190

35.290

35.390

35.390 + generator experience in 35.290(c)(1)(ii)(G)

c. For 35.590 only, provide documentation of training on use of the device.

Device	Type of Training	Location and Dates

d. For 35.500 uses only, stop here. For 35.100 and 35.200 uses, skip to and complete Part II Preceptor Attestation.

**AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)**

**PART II – PRECEPTOR ATTESTATION**

Note: This part must be completed by the individual's preceptor. The preceptor does not have to be the supervising individual as long as the preceptor provides, directs, or verifies training and experience required. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each. (Not required to meet training requirements in 35.590)

**First Section**

Check one of the following for each use requested:

For 35.190

Board Certification

I attest that \_\_\_\_\_ has satisfactorily completed the requirements in  
Name of Proposed Authorized User

10 CFR 35.190(a)(1) and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100.

OR

Training and Experience

I attest that \_\_\_\_\_ has satisfactorily completed the 60 hours of training and  
Name of Proposed Authorized User

experience, including a minimum of 8 hours of classroom and laboratory training, required by 10 CFR 35.190(c)(1), and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100.

For 35.290

Board Certification

I attest that \_\_\_\_\_ has satisfactorily completed the requirements in  
Name of Proposed Authorized User

10 CFR 35.290(a)(1) and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100 and 35.200.

OR

Training and Experience

I attest that PAUL G. DUPONT has satisfactorily completed the 700 hours of training  
Name of Proposed Authorized User

and experience, including a minimum of 80 hours of classroom and laboratory training, required by 10 CFR 35.290(c)(1), and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100 and 35.200.

**Second Section**

Complete the following for preceptor attestation and signature:

I meet the requirements below, or equivalent Agreement State requirements, as an authorized user for:

35.190     35.290     35.390     35.390 + generator experience

Name of Preceptor

Signature

Telephone Number

Date

DR. FRANK ALTOMARE

Frank J. Altomare MD

610-776-4684

11/19/07

License/Permit Number/Facility Name

# 37-00554-03

SACRED HEART HOSPITAL

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

1/2/2007, and to inform you that the initial processing which includes an administrative review has been performed.

AMCND. 37-00554-03  
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 139988.  
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)  
(6-98)

Sincerely,  
Licensing Assistance Team Leader