

**MORRISTOWN CARDIOLOGY ASSOCIATES
DIVISION OF NUCLEAR MEDICINE
182 SOUTH STREET
MORRISTOWN, NJ 07960**

Dennis R. Lawyer
Licensing Assistant Section
Nuclear Materials Safety Branch
U.S. Nuclear Regulatory Commission, Region I
475 Allendale Road
King of Prussia, PA 19406-1415

MS16

J-6

Re: Additional information NRC License # 29-28734-01
Control # 140044

03032676

February 22, 2007

Dear Mr. Lawyer:

Enclosed for your review is additional information regarding adding Dr. Jeffery G. Schwartz, M.D. as an authorized user on our license. Preceptorship form 313A signed by Richard Watson, M.D., authorized user, listed on NRC license #29-28734 is enclosed.

Please contact our Physics Consultant, Elaine Rovazzi, M.S. @ (973) 322-5118 for any further information.

Sincerely,

2-277

Richard Watson, M.D.
Management / RSO

Enc. NRC Preceptorship form 313A (AUD)

RECEIVED
REGION 1

2007 FEB 28 AM 10:48

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NMSS/PGM MATERIALS-002

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

B. Supervisor is:

Richard I. Watson M.D.☒ Authorized User☐ Authorized Medical Physicist☐ Radiation Safety Officer☐ Authorized Nuclear Pharmacist

C. Supervisor meets requirements of Part 35, Section(s)

for medical uses in Part 35, Section(s) 35.200 Cardiovascular ImagingD. Address Morristown Cardiology Associates

E. Materials License Number

182 South Street
Morristown NJ 0796029-28734-01

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: Jeffery G. Schwartz M.D.

11a.

has satisfactorily completed the requirements in Part 35, Section(s) and Paragraph(s) 290.21(i)(6) as documented in section(s) _____ 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 _____

N/A

types of use, as documented in section(s) _____ of this form.

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 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**I meet the requirements of 35.57 section(s) of 10 CFR Part 35or equivalent Agreement State requirements to be a preceptor ☒ AU or ☐ AMPfor the following byproduct material uses (or units): 35.200 CARD. ONLY

A. Address

B. Materials License Number

Morristown Cardiology Associates
182 South Street
Morristown NJ 0796029-28734-01

C. NAME OF PRECEPTOR (print clearly)

D. SIGNATURE - PRECEPTOR

E. DATE

Richard I. Watson M.D.Richard Watson MD2-27-07

NRC FORM 313A (AUG) <small>(10-2006)</small>		U.S. NUCLEAR REGULATORY COMMISSION		APPROVED BY OMB: NO. 3150-0120 EXPIRES: 10/31/2008	
AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (for uses defined under 35.100, 35.200, and 35.500) [10 CFR 35.150, 35.290, and 35.500]					
Name of Proposed Authorized User Jeffrey G. Schwartz MD			State or Territory Where Licensed New Jersey		
Requested Authorization(s) (check all that apply)					
<input type="checkbox"/> 35.100 Uptake, dilution, and excretion studies					
<input checked="" type="checkbox"/> 35.200 Imaging and localization studies Cardiovascular Imaging					
<input type="checkbox"/> 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.					
<input checked="" type="checkbox"/> 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.					
<input type="checkbox"/> 2. Current 35.300 Authorized User Seeking Additional 35.290 Authorization					
a. Authorized user on Materials License _____ meeting 10 CFR 35.300 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).					
<input type="checkbox"/> 35.290 <input type="checkbox"/> 35.390 + generator experience in 32.290(c)(1)(i)(G)					