



MIDDLESEX CARDIOLOGY ASSOCIATES, P.C.



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P-7

Fax Cover Sheet

To: Tom Thompson - NRC From: Leanne Farr - Middlesex Cardiology
 Re: Requested Info Phone:
 Fax: (610) 337-5269 Fax: 860 975-0195 06-23559-01
 Date: 3-22-07 Pages: 03028939

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

• Comments:

Dear Mr. Thompson -
 I hope this completes the information required.
 Please call me if you need anything further.

Sincerely,
 Leanne Farr
 (860) 347-4258

139968

NMSS/RGN1 MATERIALS-002

Middletown Professional Park, 520 Saybrook Road, Middletown, Connecticut 06457 860.347.4258 FAX: 860.638.3697

51 Main Street, Old Saybrook, Connecticut 06475 860.388.3564 FAX: 860.388.4318

14 Jones Hollow Road, Marlborough, Connecticut 06447 860.295.9920 FAX: 860.295.9166

Enclosure 3

RIS 2007-27

Page 3 of 6

U.S. NUCLEAR REGULATORY COMMISSION

NRC FORM 313A (RSO)
170-2006

RADIATION SAFETY OFFICER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Structured Educational Program for Proposed Radiation Safety Officer (continued)

b. Supervised Radiation Safety Experience (continued)

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

Supervising Individual <i>John P. Ryan MS</i> <i>2/27/07</i>	License/Permit Number listing supervising individual as a Radiation Safety Officer <i>222950</i>
This license authorizes the following medical uses:	
<input type="checkbox"/> 35.100	<input type="checkbox"/> 35.200
<input type="checkbox"/> 35.500	<input type="checkbox"/> 35.600 (remote afterloader)
<input type="checkbox"/> 35.600 (gamma stereotactic radiosurgery)	<input type="checkbox"/> 35.300
	<input type="checkbox"/> 35.400
	<input type="checkbox"/> 35.600 (teletherapy)
	<input type="checkbox"/> 35.1000 (_____)

c. Describe training in radiation safety, regulatory issues, and emergency procedures for all types of medical use on the license.

Description of Training	Training Provided By	Dates of Training*
Radiation safety, regulatory issues, and emergency procedures for 35.100, 35.200, and 35.500 uses	<i>Brown Fellowship Program - Dr. Gary Keller</i>	<i>1988-1991</i>
Radiation safety, regulatory issues, and emergency procedures for 35.300 uses		
Radiation safety, regulatory issues, and emergency procedures for 35.400 uses		
Radiation safety, regulatory issues, and emergency procedures for 35.600 - teletherapy uses		
Radiation safety, regulatory issues, and emergency procedures for 35.600 - remote afterloader uses		
Radiation safety, regulatory issues, and emergency procedures for 35.600 - gamma stereotactic radiosurgery uses		
Radiation safety, regulatory issues, and emergency procedures for 35.1000, specify use(s):		

Mar 21 07 08:13p

MMC

718-635-6874

P.1

MAR. 13. 2007 2:28PM

MIDDLESEX CARDIOLOGY

NO. 8461 P. 1

2007 10:54 FROM:

TO: 616-234-4665T

P.3/5

Enclosure 6

RIS 2006-27

Page 4 of 4

NRC FORM 31A (Rev. 10-2006)		U.S. NUCLEAR REGULATORY COMMISSION	
AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)			
PART II - PRECEPTOR ATTESTATION			
<p>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 35.290)</p>			
<p>First Section Check one of the following for each user requested:</p>			
<p>EX-35.190</p> <p>Basic Certification <input checked="" type="checkbox"/> I attest that <u>Eran Shani</u> has satisfactorily completed the requirements in 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.</p> <p style="text-align: center;">OR</p> <p>Training and Experience <input checked="" type="checkbox"/> I attest that <u>Eran Shani</u> has satisfactorily completed a minimum of 60 hours of training and 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.</p>			
<p>EX-35.200</p> <p>Basic Certification <input checked="" type="checkbox"/> I attest that <u>Eran Shani</u> has satisfactorily completed the requirements in 10 CFR 35.200(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.</p> <p style="text-align: center;">OR</p> <p>Training and Experience <input checked="" type="checkbox"/> I attest that <u>Eran Shani</u> has satisfactorily completed the 700 hours of training and experience, including a minimum of 80 hours of classroom and laboratory training, required by 10 CFR 35.200(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.</p>			
<p>Second Section Complete the following for preceptor attestation and signature:</p> <p><input type="checkbox"/> meet the requirements below, or equivalent Agreement State requirements, as an authorized user for:</p> <p><input type="checkbox"/> 35.190 <input checked="" type="checkbox"/> 35.290 <input type="checkbox"/> 35.350 <input type="checkbox"/> 35.200 + general experience</p>			
Name of Preceptor	Signature	Telephone Number	Date
Phyllis Beechert	Ann Hengert	718 283 7489	3.21.07
License/Permit Number/Facility Name			