MIDDLESEX CARDIOLOGY ASSOCIATES, P.C.

ICAEL

ICANL Nuclear Cardiology Accredited Nuclear Cardiology Laboratory

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Simone Howe, PA-C
Kimberly Hudson, APRN
Jean-Anne McCracken, PA-C

To: Mail Control #
139 968

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

U.S. NUCLEAR REGULATORY COMMISSION

NRC FORM 313A (RSO)
(10-2006)

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 | License/Permit Number listing supervising individual as a Radiation Safety Officer |
|---|---|
| x John Rogers MD 3/7/07 | 222950 |

This license authorizes the following medical uses:

- ☐ 35.100
- ☐ 35.200
- ☐ 35.300
- ☐ 35.400
- ☐ 35.500
- ☐ 35.600 (remote afterloader)
- ☐ 35.600 (teletherapy)
- ☐ 35.600 (gamma stereotactic radiosurgery)
- ☐ 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 | Brown Fellowship Program - Dr Gary Heller | 1988-1991 |
| 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): | | |

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RIS 2006-27
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NRC FORM 313A (AUD) U.S. NUCLEAR REGULATORY COMMISSION

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 35.390)

First Section
Check one of the following for each use requested:

For 35.190

Board Certification

☒ I attest that Eran Shani (Name of Proposed Authorized User) 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.

OR

Training and Experience

☒ I attest that Eran Shani (Name of Proposed Authorized User) has satisfactorily completed the 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.

For 35.290

Board Certification

☒ I attest that Eran Shani (Name of Proposed Authorized User) has satisfactorily completed the requirements in 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 Eran Shani (Name of Proposed Authorized User) 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 35.290(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 + general/ experience

| Name of Preceptor | Signature | Telephone Number | Date |
|---|---|---|---|
| Please see attached | Ann Grenzer | 718 283 7489 | 3.21.07 |

License/Permit Number/Facility Name