



# Hamilton Cardiology Associates

### **Clinical Cardiology**

Mahmoud Ghusson, MD, FACC Ronald G. Ryder, DO, FACC Ghazanfar Jaferi, MD, FACC Ilya D. Genin, MD, FACC Michael S. Nillas, MD

Diane Marolda, RN, APN-C Fred Banerman, PA-C Janet Helm, RN, APN-C Kathy Woods, RN, APN-C Andrew Thomas, RN, APN-C

### **Interventional Cardiology**

Jay K. Patel, MD, FACC Sangeeta Garg, MD Janak H. Bhavsar, MD, FACC



John Caplan, MD, FACC Lewis L. Horvitz, MD, FACC

### **Cardiovascular Imaging**

Neeta Tripathi, MD Kathleen L. McDonald, MD

### www.hcahamilton.com

April 17, 2007

Nons 82

United States Nuclear Regulatory Commission Region I 475 Allendale Road King of Prussia, PA 19406-1415

030 34471

Re: License No. 29-30396-01

To Whom It May Concern:

Hamilton Cardiology Associates wishes to amend our materials license to add Neeta Tripathi, M.D., Sangeeta Garg, M.D., and Janak H. Bhavsar, M.D., F.A.C.C., as Authorized Users for radioactive material in Group II. We are submitting a curriculum vitae as well as clinical training and experience for these physicians.

Should you have any questions, please contact our Radiation Safety Officer, Ms. Karen Wheeler at (908) 788-9440.

Thank you for your assistance.

Sincerely

Ronald G. Ryder, D.O., F.A.C.C. RGR/RK/db

cc: Karen Wheeler, M.S., D.A.B.R.



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NMSS/RGN1 MATERIALS-002

Madison Corporate Center 1262 Whitehorse-Hamilton Square Road Hamilton, New Jersey 08690

**The Professional Center at Hamilton** 2073 – 2087 Klockner Road Hamilton, New Jersey 08690

**Board Certified Cardiologists** 

(609) 584-1212

Or. Tripathi "121/05 U.S. NUCLEAR REGULATORY COMMISSION NRC FORM 313A 10-2005) APPROVED BY OMB: NO. 3150-0120 MEDICAL USE TRAINING AND EXPERIENCE EXPIRES: 10/31/2008 AND PRECEPTOR ATTESTATION PART I -- TRAINING AND EXPERIENCE Descriptions of training and experience must contain sufficient detail to match the training and experience Note: criteria in the applicable regulation (10 CFR Part 35) Name of Individual, Proposed Authorization (e.g., Radiation Safety Officer), and Applicable Training Requirements 1. (e.g., 10 CFR 35.50) Neeta Tripathi MD 10 CFR 10D 10CFR 35.200 2. For Physicians, Podiatrists, Dentists, Pharmacists -- State or Territory Where Licensed New Jersey 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 PHARMÁCISTS (ANP) SEEKING ADDITIONAL AUTHÓRIZATIONS 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) **Clock Hours Description of Training** Location **Dates of Training** Cooper University Auspital - Cardiology Tellowship Maining Radiation Physics and 30 Instrumentation 40 Radiation Protection Mathematics Pertaining to the Use and Measurement of Radioactivity 2 Radiation Biology Chemistry of Byproduct Material for Medical Úse OTHER

NRC FORM 313A (10-2005) MED	ICAL USE TRAINING	AND EXPERIE	NCE AND PRECE	PTOR	U.S. NUCLEAR REGULATO	
	6a. WORK	OR PRACTIC	AL EXPERIENCE		ADIATION	
Descr	iption of Experience		Name of Supervising Individual(s)		Location and Corresponding Materials License Number	Dates and/or Clock Hours of Experience
Ordering Unpacker	, receiving, , radioactive no teys	aterials	Dr. August Dr. Fredy	i a	tjocha	150 hrs.
	treys tunes: survey				,	150 hz
Culculation	y + measuring	pt doces				Isohis
Using adv control	ninistative 15 - to prevent	nedicil er	unt			50 hes
produces	to safely can vespills + decon	hen.				50 hr,
	ening pt. hose.		\			150 hrs
Robert WO	od Johnson Unive	irsity		T	Hamilton, NJ	11/21/05-
Hosp.	od Johnson Unive D Hami Hon		R. Ryder, D.d.		29-16145-01	present
Ham Ae	ilton Cardiol	ogy	R. Ryder, A.	0.	Hamilton, NJ 29-30396-01	ulailos_ present
61	SUPERVISED CLIN	CAL CASE EX	KPERIENCE (desc	ribe ex	perience elements in 6a	)
Radionuclide	Type of Use	No. of Cases Involving Personal Participation	Name of Supervisin	g	Location and Corresponding Materials License Number	Dates and/or Clock Hours of Experience
NI	A					
TC-99m	35.20	826 cases	R. Ryder,	A.D.	Hamitton, 1 29-30396-01	11/21/05 - present (1/21/05-
TC-99M TC-99M	35.20	177 case	R. Lyder, s. R. Lyder,	D.O.	29-30396-01 Hamilton, NJ 29-16145-01	11/21/05- PRSENT

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NRC FORM 313A (10-2005) MEDICAL USE TR		CF AND PRECEPTOR	U.S. NUCLEAR REGULATORY COMMISSION ATTESTATION (continued)
	INING FOR SECTIONS		
Training Element	·····	f Training *	Location and Dates
AA			
Cardiology Pellowship	ρ		10/31/05
Advanced Traini	ng		11/02 -
(Level III) Nucles	r Cardiology		11/02 - 6/30/05
-			~
* Types of training may include vendor training.	supervised (complete iter	m 10 for 35.50(e), 35.51(c	c), and 35.690(c)), didactic, or
7. FORMAL TRAINING	Physicians (for uses u	nder 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)
Cardiology Perlows Advanced Training (Level II) Nucleor CC		01 11/102 - 10/31/09 u/1/02 - 6/30/05	
	ON SAFETY OFFICER (R	(SO) ONE-YEAR FULI	TIME EXPERIENCE
YES Completed 1 year	of full-time radiation safe	ty experience (in areas id the RSO for License N	lentified in item 6a) under supervison.
9. MEDICAL	PHYSICIST ONE-YEA	R FULL-TIME TRAINING	WORK EXPERIENCE
N/A (35.961) or medic	al physics (35.51) under t	he supervision of	in therapeutic radiological physics rized Medical Physicists (35.51);
	•	<u>.</u>	
N/A and for topics ider under the supervis	ntified in item 6a) for (spec	cify use or device) who is a r	radiation therapy services described medical physicist (35.961) or meets
requirements for A		JSIS (33.51) (specity use	

RC FORM 0-2005)	313A MEDICAL USE TRAINING AND E	XPERIENCE AND PRE		NUCLEAR REGULATORY COMMISSI STATION (continued)
	10. SUPERVISING INDIV			
he trainir dividual	ng and experience indicated above w is needed to meet requirements in 10	as obtained under the s	upervision of (if n	nore than one supervising
		3. Supervisor is:		
Fredr	ic brusherg MD	Authorized User	Au	uthorized Medical Physicist
	r R. Ryder, D.O.	Radiation Safety	Officer 🔲 Au	thorized Nuclear Pharmacist
C. S	upervisor meets requirements of Parl	35, Section(s) 35	.290 Nu	dear Cardeplog.
fo	upervisor meets requirements of Parl or medical uses in Part 35, Section(s)	35.200 N	nclean Car	diology.
D. A	ddress Cooper University	Horn tal	E. M	aterials License Number
	address Cooper University 1 Cooper Maza Camden NJ	Spr ( ) D	2	9-08285-01
	Canden NJ		Konald Ly	9-08285-01 dor, A0. 29-30396.
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е.	his part must be completed by the in xperience, obtain a separate precept equirements in 35.590 or Part 35, Sul	or statement from each.	nore than one pre	eceptor is necessary to docume required to meet training
	he individual named in Item 1:			
11a.	has satisfactorily completed the req	uirements in Part 35, Se	ection(s) and Para	agraph(s) 35.290 (C)
	as documented in section(s)	of this form	<b>1</b> .	
1b. Sel	lect one			
	meets the requirements in 35.5	0(e) 🔲 35.51(c) 🔲 3	5.390(b)(1)(ii)(G)	35.690(c) for
9 N/A	types of use, as documented in sec	tion(s)	of this form.	
11c.				
	has achieved a level of competency	sufficient to independe	ntly operate a nu	clear pharmacy (for 35.980); O
1	has achieved a level of competency			
	User	for 10 CFY	1 35.200 1 Mict 4 Ca.	uses (or units); <b>OF</b>
	has achieved a level of radiation sa	fety knowledge sufficier	it to function inde	pendently as a Radiation Safety
	Officer for a medical use licensee ;	or		
N/A 1d,				
I ;	am an Authorized Nuclear Pharmacis		adiation Safety (	Officer; <b>Or</b>
11	meet the requirements of $35, 24$	O Nuclean	section(s) of 10	CFR Part 35
	r equivalent Agreement State require		VAU or	AMP
fo	or the following byproduct material us	ies (or units): $35.24$	o Nuclean	Cardylog
A. Addr	ess Cooper University	Hospital	B. Mate	rials License Number
	ess Cooper University 1 Cooper Plaza Comden, NJ		2	9-08285-01
	of PRECEPTOR (print clearly) drie Grusseng, MD	D. SIGNATURE PRIC	EPTOR	E. DATE 4/9/07
	onald Ryder, D.O. 2073 Klockner Ed. Hamilton, NJ 08690	44	yk -	29-30396-01

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

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THIS DOCUMENT IS PRINTED ON WATERMARKED PAPER, WITH A MULTI-COLORED BACKGROUND AND MULTIPLE SECURITY FEATURES. PLEASE VERIFY AUTHENTICITY. State Of New Jersey New Jersey Office of the Attorney General Division of Consumer Affairs	
THIS IS TO CERTIFY THAT THE	
Board of Medical Examiners	
HAS REGISTERED	of the Attorney General of Attains of Attains
FOR PRACTICE IN NEW JERSEY AS A(N); Medical Doctor	New Jersey, Office New Jersey, Office Division of Celtsum THIS REGISTERE Again of Medical Education Nedeal Docini Viduo 25 MAO681
05/31/2005 TO 06/30/2007 25MA06877000 VALID LICENSE.REGISTRATION/CERTIFICATION #	PLEASE DETACH HERE IF YOUR LICENSE/REGISTRATION/ CERTIFICATE ID CARD IS LOST PLEASE NOTIFY: Board of Medical Examiners P.O. Box 103 Trenton, NJ 08625

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# THE CERTIFICATION DUARD OF INUCLEAR CARDIOLOGY

Neeta Tripathi, MD

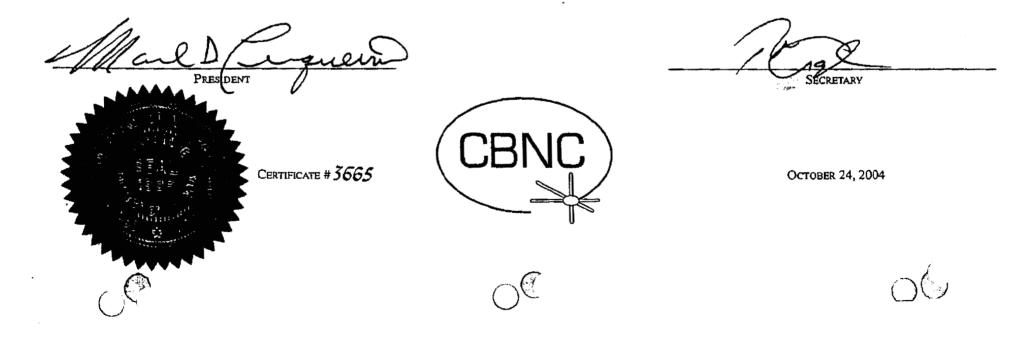
HAVING MET THE REOUIREMENTS PRESCRIBED BY THIS BOARD FOR PHYSICIANS RESIDING IN THE UNITED STATES AND HAVING SATISFACTORILY PASSED THE REQUIRED EXAMINATION,

IS HEREBY DESIGNATED

A DIPLOMATE CERTIFIED IN THE SUBSPECIALTY OF

# **NUCLEAR CARDIOLOGY**

FOR THE PERIOD 2004 THROUGH 2014



### Cooper Health System

Cardiology Fellows – Nuclear Cardiology: Clinical Radiation Protection and Quality Control Objectives

Fellow's Name: NEE TA TRIPATHI

The Nuclear Cardiology Fellow must observe the following with a Nuclear Medicine Technologist and then perform the following:

A. Imaging Equipment Quality Control

1. Gamma Camera Energy Peakir Date performed: <u>4125105</u>	Technologist Initials:
2. Intrinsic Uniformity (Daily Flood Date performed: <u>4/১১/৩</u> ৪	Test) Technologist Initials:
3. Resolution Test (Bar Phantom) Date performed: <u>4しゃい</u> ち	Technologist Initials:
4. Center of Rotation Test for SPE Date performed: <u>牛(みちや</u> 5	CT Camera Technologist Initials: <i>R</i> uD
B. Non Imaging Equipment Quality Control	d.
1. Dose calibrator constancy Date performed: <u>4135</u> 05	Technologist Initials: R
2. Dose calibrator linearity Date performed: <u>445005</u>	Technologist Initials:fue
3. Survey Meter calibration check v Date performed: <u>4125</u> 55	vith attached check source:
4. Well counter constancy check Date performed: <u>445</u> いら	Technologist Initials:
C. Radiation Protection Procedures	
1. Use of appropriate shielding: syri L-shield while preparing doses. Date Performed: 生したいのう	inge shield while injecting, vial or Technologist Initials:
2. Review of Radioactive Splil/ deco Date Performed: <u>41</u> 25105	_
3. Perform personnel contamination Date Performed: <u>445</u> 05	rechnologist Initials:

1003/00S

4. Perform area surveys of injectio Date Performed: <u>Alasio</u> 5	
5. Perform weekly wipe tests and r Date Performed: <u>412</u> 5605	
6. Review Trigger levels for area su Date Performed: <u>4 1,5</u> 105	urveys and wipe tests Technologist Initials:
7. Perform sealed source leak test Date Performed: المعنى الم	(Co-57 reference source only) Technologist Initials:
8. Perform sealed source inventory sources, and Co 57 Flood source Date Performed: <u>+(</u> 25)25	e only)
9. Participate in ordering and receip survey measurements and comp Date Performed: <u>412</u> らいう	lete necessary forms
10. Assay patient doses in dose calit appropriate log	prator and record data in
Date Performed: 4125 05	Technologist Initials:
11. Review Radioactive Waste Proce Date Reviewed: <u>Alasus</u>	edure and Forms Technologist Initials:
diology Fellow must observe/discus	ss the following with a Nuclear

A. Authorized User Clinical Objectives

ATIASISAAAI RKT TT: 43 RHY 0302203

1. Review dose ranges for clinical studies with an Authorized User Date Reviewed: 5/10 Authorized User Initials: 3

2. Review clinical studies acquisition protocols including reasons for : Matrix size, timing of views, time/counts/view, number of views, and filtering processing if applicable. Date Reviewed: slia Authorized User Initials:

Review pregnancy and breast-feeding screening policies. Include recommendation of breast-feeding cessation guidelines. Date Reviewed: 5110 Authorized User Initials: 4-

After completion, please submit to Sherry R. Wilkinson, CNMT, RN for permanent record file. She will review and provide a copy for your personal records.

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### Cooper Health System

Cardiology Fellows – Nuclear Cardiology: Clinical Radiation Protection and Quality Control Objectives

Fellow's	Name:	NEC TA	TRIPATHI
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A. Imaging Equipment Quality Control

	1. Gamma Camera Energy Peakin Date performed: <u>41೩5(ಾ5</u>	g Technologist Initials:
	2. Intrinsic Uniformity (Daily Flood) Date performed: <u>445105</u>	Test) Technologist Initials:
	3. Resolution Test (Bar Phantom) Date performed: <u>4550</u> 5	Technologist Initials:
	4. Center of Rotation Test for SPE Date performed: <u>+(aちゆ</u> 5	CT Camera Technologist Initials:&
B. No	on Imaging Equipment Quality Contro	ł.
	1. Dose calibrator constancy Date performed: <u>41,51</u> 05	Technologist Initials: <u>k</u>
	2. Dose calibrator linearity Date performed: <u>4135W5</u>	Technologist Initials:
	3. Survey Meter calibration check w Date performed: <u>41151</u> 05	vith attached check source: Technologist Initials:
	4. Well counter constancy check Date performed: $44.5$ W5	Technologist Initials:
C. Ra	adiation Protection Procedures	
	<ol> <li>Use of appropriate shielding: syri L-shield while preparing doses.</li> </ol>	inge shield while injecting, vial or
	Date Performed: <u>+1+</u> 5105	Technologist Initials:
	2. Review of Radioactive Spill/ deco Date Performed: <u>4125105</u>	ntamination procedure and report Technologist Initials:
	3. Perform personnel contamination Date Performed : <u>44505</u>	check with GM Technologist Initials:

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4. Perform area surveys of injection a Date Performed: <u>Alas</u> టాన	areas and hot lab Technologist Initials:
5. Perform weekly wipe tests and red Date Performed: <u>412</u> SND5	xord data in appropriate lag Technologist Initials: ビュー
6. Review Trigger levels for area sur Date Performed: <u>4 し</u> ちんち	veys and wipe tests
7. Perform sealed source leak test (C Date Performed: <u>4խ-</u> ∿5	Co-57 reference source only) Technologist Initials:
8. Perform sealed source inventory ( sources, and Co 57 Flood source of Date Performed: <u>ナ(み</u> ち)から 7	
9. Participate in ordering and receipt survey measurements and complete Date Performed: <u>4125</u> 105 7	of radioactive materials: perform te necessary forms
10. Assay patient doses in dose calibra appropriate log Date Performed: <u>41</u> 25 05 7	ator and record data in Fechnologist Initials:
11. Review Radioactive Waste Procedu Date Reviewed: <u>4</u> [مطلح T	ure and Forms Technologist Initials:
The Cardiology Fellow must observe/discuss Medicine Authorized User:	the following with a Nuclear
A. Authorized User Clinical Objectives	
1. Review dose ranges for clinical stud Date Reviewed: $\frac{5/16}{4}$ A	lies with an Authorized User uthorized User Initials: <u></u>
<ol> <li>Review clinical studies acquisition p Matrix size, timing of views, time/counts filtering processing if applicable.</li> </ol>	
	uthorized User Initials:
3. Review pregnancy and breast-feeding recommendation of breast-feeding cess Date Reviewed: <u>方(し</u> A	ng screening policies. Include sation guidelines. uthorized User Initials:
After completion, please submit to Sherry R. V permanent record file. She will review and pro personal records.	Wilkinson, CNMT, RN for ovide a copy for your J. AGoctiA, MD

NRC FORM 313A	U.S. NUCLEAR REGULATO	RY COMMISSION	,
	RAINING AND EXPERIENCE EPTOR ATTESTATION		PPROVED BY OMB: NO. 3150-0120 XPIRES: 10/31/2008
<b>Note:</b> Descriptions of training and e criteria in the applicable regu	PART I TRAINING AND EXPE experience must contain sufficient de ilation (10 CFR Part 35)		aining and experience
1. Name of Individual, Proposed Authoria (e.g., 10 CFR 35.50)	zation (e.g., Radiation Safety Officer), an	d Applicable Trainin	g Requirements
DCFRIDD IDCFR 2. For Physicians, Podiatrists, Dentists, I	235,200	incored	
2. For Physicians, Podiatrists, Dentists, I		licensed	
New Susey	3. CERTIFICATION	·	
a. Provide a copy of the board certifi	ication. (Stop here if applying under	10 CFR Part 35, S	ubpart J or 35.590(a);
<ul> <li>continue if applying under other site</li> <li>b. Provide documentation in appropriation in appropriation (c); 35.290(c)(1)(ii)(G) for Al 35.590(c); or 35.690(c).</li> </ul>	• •	clinical case work 90(b)(1)(ii)(G); 35.	required by 35.50(e); 396(d)(1) and 35.396(d)(2);
c. Provide completed Part II Precept	tor Attestation, Items 11a through 11	d.	
Stop here after completing items a experience requirements.	3a, 3b, and 3c when using board cer	ification to meet 1	0 CFR Part 35 training and
AUTHORIZED U	D ON A LICENSE OR PERMIT AS R ISERS (AU), AUTHORIZED MEDICA	AL PHYSICISTS (A	TY OFFICERS (RSO), AMP). OR
	R PHARMÁCISTS (ANP) SEEKING		JTHÓRIZATIONS
a. Provide a copy of the license or b	roadscope permit listing the current a	authorization <b>and</b>	JTHÓRIZATIONS (b) or (c)
<ul> <li>a. Provide a copy of the license or b</li> <li>b. Complete items 6c (and 10 when 11d to meet requirements for: RS 35.590(c) or 35.690(c); or AMP ur</li> </ul>	roadscope permit listing the current a training is provided by an RSO, AMF O in 35.50(c)(2) or 35.50(e); or AU in nder 35.51(c).	authorization <b>and</b> P, ANP, or AU) and 35.290(c)(1)(ii)(G	JTHÓRIZATIONS (b) or (c)   preceptor items 11b through ) or 35.390(b)(1)(ii)(G) or
<ul> <li>a. Provide a copy of the license or b</li> <li>b. Complete items 6c (and 10 when 11d to meet requirements for: RS 35.590(c) or 35.690(c); or AMP ur</li> <li>c. Complete items 5, 6a, 6b, 10, and</li> </ul>	roadscope permit listing the current a training is provided by an RSO, AMF O in 35.50(c)(2) or 35.50(e); or AU in nder 35.51(c). I Preceptor items 11a through 11d to	authorization <b>and</b> 9, ANP, or AU) and 9 35.290(c)(1)(ii)(G meet AU requirem	JTHÓRIZATIONS (b) or (c) I preceptor items 11b through ) or 35.390(b)(1)(ii)(G) or nents in 35.396(a).
<ul> <li>a. Provide a copy of the license or b</li> <li>b. Complete items 6c (and 10 when 11d to meet requirements for: RS 35.590(c) or 35.690(c); or AMP ur</li> <li>c. Complete items 5, 6a, 6b, 10, and 5. DIDACTIC OR CLASSE</li> </ul>	roadscope permit listing the current a training is provided by an RSO, AMF O in 35.50(c)(2) or 35.50(e); or AU in nder 35.51(c). I Preceptor items 11a through 11d to ROOM AND LABORATORY TRAINI	authorization <b>and</b> 2, ANP, or AU) and 35.290(c)(1)(ii)(G meet AU requirem <b>NG (optional for</b>	JTHÓRIZATIONS (b) or (c) preceptor items 11b through ) or 35.390(b)(1)(ii)(G) or nents in 35.396(a). Medical Physicists)
<ul> <li>a. Provide a copy of the license or b</li> <li>b. Complete items 6c (and 10 when 11d to meet requirements for: RS 35.590(c) or 35.690(c); or AMP ur</li> <li>c. Complete items 5, 6a, 6b, 10, and</li> </ul>	roadscope permit listing the current a training is provided by an RSO, AMF O in 35.50(c)(2) or 35.50(e); or AU in nder 35.51(c). I Preceptor items 11a through 11d to ROOM AND LABORATORY TRAINI Location	authorization <b>and</b> 2, ANP, or AU) and 35.290(c)(1)(ii)(G meet AU requirem <b>NG (optional for</b> <b>Clock Hour</b>	JTHÓRIZATIONS(b) or (c)preceptor items 11b throughor 35.390(b)(1)(ii)(G) orments in 35.396(a).Medical Physicists)sDates of Training
<ul> <li>a. Provide a copy of the license or b</li> <li>b. Complete items 6c (and 10 when 11d to meet requirements for: RS 35.590(c) or 35.690(c); or AMP ur</li> <li>c. Complete items 5, 6a, 6b, 10, and</li> <li>5. DIDACTIC OR CLASSE</li> <li>Description of Training</li> <li>Radiation Physics and</li> </ul>	roadscope permit listing the current a training is provided by an RSO, AMF O in 35.50(c)(2) or 35.50(e); or AU in nder 35.51(c). Preceptor items 11a through 11d to ROOM AND LABORATORY TRAINI Location	authorization <b>and</b> 2, ANP, or AU) and 35.290(c)(1)(ii)(G meet AU requirem <b>NG (optional for</b> <b>Clock Hour</b>	JTHÓRIZATIONS(b) or (c)preceptor items 11b throughor 35.390(b)(1)(ii)(G) orments in 35.396(a).Medical Physicists)sDates of Training
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<ul> <li>a. Provide a copy of the license or b</li> <li>b. Complete items 6c (and 10 when 11d to meet requirements for: RS 35.590(c) or 35.690(c); or AMP ur</li> <li>c. Complete items 5, 6a, 6b, 10, and</li> <li>5. DIDACTIC OR CLASSE</li> <li>Description of Training</li> <li>Radiation Physics and</li> </ul>	roadscope permit listing the current a training is provided by an RSO, AMF O in 35.50(c)(2) or 35.50(e); or AU in nder 35.51(c). I Preceptor items 11a through 11d to ROOM AND LABORATORY TRAINI Location (See attached certi- 200 hour CONCER.	authorization <b>and</b> 2, ANP, or AU) and 35.290(c)(1)(ii)(G meet AU requirem <b>NG (optional for</b> <b>Clock Hour</b>	JTHÓRIZATIONS(b) or (c)preceptor items 11b throughor 35.390(b)(1)(ii)(G) orments in 35.396(a).Medical Physicists)sDates of Training
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			NCE AND PRECEPTOR	ATTESTATION (continu	ued)
	6a. WO	RK OR PRACTICA	AL EXPERIENCE WITH	RADIATION Location and	Dates and/or
Desc	cription of Experience	3	Name of Supervising Individual(s)	Corresponding Materials License Number	Clock Hours of Experience
Robert Wc University	xod Johnson Hospital @ H	amilton	R.Ryder, D.O.	Hamilton, NJ 29-16145-01	8 5 05- present
Hamilton	Cardiology	Associates	R.Ryder, D.O	Hamilton, NJ 29-30396-01	8/5/05- present
			PERIENCE (describe ex	norioneo olomonte in G	<u> </u>
	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
Radionuclide		Farticipation		1 1	
	35,200		R. Ryder, D.O.	Hamilton, NJ 29-30396-01	8/5/05- present
Tc-99m Tc-99m Tc-99m	35,200 35,200		R.Ryder, D.O. R.Ryder, D.O.	Hamilton, NJ 29-30396-01 Hamilton, NJ 29-16145-01	8/5/05 - present 8/5/05 - present
			R.Ryder, D.O. R.Ryder, D.O.	Hamilton, NJ 29-30396-01 Hamilton, NJ 29-16145-01	8/5/05- present 8/5/05- present

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6c. TR	AINING FOR SECTION	S 35.50(e), 35.51(c), 35.59	0(c), or 35.690(c)	
Training Element		of Training *	Location and Dates	
Cardiology	Miciam	Hospital Pr	Providence, RI July 2001-June o	
لركر	Brown.	Hospital Pr University		
Fellowshi	ρ		<u> </u>	
vpes of training may include	supervised (complete i	tem 10 for 35 50(e) 35 51(c	e), and 35.690(c)), didactic, or	
endor training.			<i>j, and 55.000(c)), didactic, or</i>	
7. FORMAL TRAINING	Physicians (for uses	under 35.400 and 35.600)	and Medical Physicists	
Name of Program and Name of Organization that			Name of Organization that Approved the Program	
Degree, Area of Study	Location with Corresponding	Dates	(e.g., Accreditation Council for Graduate Medical Education)	
Residency Program	Materials License Number		and the Applicable Regulation (e.g., 10 CFR 35.490)	
ardialogue	Miriam Haspita	J July 2001-		
JAGUIDAA				
Fellowship	Brown Universit	4 June 2004	N/A	
Fellowship	Brown Universit Providence,	I July 2001- ty June 2004	NIA	
Fellowship	Brown Universit Providence, RI	ty June 2004	~/ ∩	
	RI	ty June 2004 (RSO) ONE-YEAR FULL	, 	
8. RADIATI	ON SAFETY OFFICER	(RSO) ONE-YEAR FULL	, 	
8. RADIATI	ON SAFETY OFFICER	(RSO) ONE-YEAR FULL	, - <b>TIME EXPERIENCE</b> entified in item 6a) under supervison.	
8. RADIATI YES Completed 1 yea	ON SAFETY OFFICER	(RSO) ONE-YEAR FULL fety experience (in areas ide	, - <b>TIME EXPERIENCE</b> entified in item 6a) under supervison. o	
8. RADIATI YES Completed 1 yea N/A of 9. MEDICAL	ON SAFETY OFFICER r of full-time radiation sa PHYSICIST ONE-YE	(RSO) ONE-YEAR FULL fety experience (in areas id the RSO for License No AR FULL-TIME TRAINING	, - <b>TIME EXPERIENCE</b> entified in item 6a) under supervison. o	
YES Completed 1 yea N/A of 9. MEDICAL YES Completed 1 yea (35.961) or medic	PHYSICIST ONE-YE r of full-time training (for cal physics (35.51) unde	(RSO) ONE-YEAR FULL fety experience (in areas identified in item 6a) r the RSO for License Network AR FULL-TIME TRAINING areas identified in item 6a)	, -TIME EXPERIENCE entified in item 6a) under supervison. o /WORK EXPERIENCE in therapeutic radiological physics	
8. RADIATI YES Completed 1 yea N/A of 9. MEDICAL YES Completed 1 yea (35.961) or medic	PHYSICIST ONE-YE r of full-time training (for cal physics (35.51) unde	(RSO) ONE-YEAR FULL fety experience (in areas identified in item 6a) r the RSO for License Network AR FULL-TIME TRAINING areas identified in item 6a)	, -TIME EXPERIENCE entified in item 6a) under supervison. o /WORK EXPERIENCE	
8. RADIATI YES Completed 1 yea N/A of 9. MEDICAL YES Completed 1 yea (35.961) or medic	PHYSICIST ONE-YE r of full-time training (for cal physics (35.51) unde	(RSO) ONE-YEAR FULL fety experience (in areas identified in item 6a) r the RSO for License Network AR FULL-TIME TRAINING areas identified in item 6a)	, -TIME EXPERIENCE entified in item 6a) under supervison. o /WORK EXPERIENCE in therapeutic radiological physics	
8. RADIATI YES Completed 1 yea N/A of 9. MEDICAL YES Completed 1 yea (35.961) or medic who is a medical YES Completed 1 yea	<b>PHYSICIST ONE-YE</b> r of full-time training (for cal physics (35.51) unde physicist (35.961) or me	(RSO) ONE-YEAR FULL fety experience (in areas identified for License Not AR FULL-TIME TRAINING areas identified in item 6a) r the supervision of eets requirements for Author and ence (at location providing r	, -TIME EXPERIENCE entified in item 6a) under supervison. o /WORK EXPERIENCE in therapeutic radiological physics	
8. RADIATI YES Completed 1 yea N/A of 9. MEDICAL YES Completed 1 yea (35.961) or medic who is a medical YES Completed 1 yea	<b>PHYSICIST ONE-YE</b> r of full-time training (for cal physics (35.51) unde physicist (35.961) or me	(RSO) ONE-YEAR FULL fety experience (in areas identified for License Not AR FULL-TIME TRAINING areas identified in item 6a) r the supervision of eets requirements for Author and ence (at location providing recify use or device)	-TIME EXPERIENCE entified in item 6a) under supervison. o /WORK EXPERIENCE in therapeutic radiological physics rized Medical Physicists (35.51);	

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NRC FORM 313A	U.S. NUCLEAR REGULATORY COMMISSION				
(10-2005) 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 individual is needed to meet requirements in 10 CFR Part 35, provide the following the foll	n of (if more than one supervising ng information for each) :				
A. Name of Supervisor B. Supervisor is:					
Ronald Ryder, D.O. 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) <u>35.200</u>					
D. Address	E. Materials License Number				
2073 Klockner Road Hamilton, NJ 08690					
Hamilton, NJ 08690	29-30396-01				
	· · · · · · · · · · · · · · · · · · ·				
<b>PART II PRECEPTOR ATTESTATIO</b> <b>Note:</b> This part must be completed by the individual's preceptor. If more than experience, obtain a separate preceptor statement from each. This part requirements in 35.590 or Part 35, Subpart J (except 35.980).	one preceptor is necessary to document				
I attest the individual named in Item 1:					
has satisfactorily completed the requirements in Part 35, Section(s) a	and Paragraph(s) $35.290(c)$				
as documented in section(s) ba 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 operation	ate a nuclear pharmacy (for 35.980); <b>OF</b>				
has achieved a level of competency sufficient to function independent for	ntly as an authorized uses (or units); <b>Or</b>				
has achieved a level of radiation safety knowledge sufficient to function	ion independently as a Radiation Safety				
Officer for a medical use licensee ; <b>Or</b>					
N/A					
11d.         I am an Authorized Nuclear Pharmacist;         I am a Radiation S	Safety Officer; <b>O</b>				
I meet the requirements of section(	s) of 10 CFR Part 35				
or equivalent Agreement State requirements to be a preceptor					
for the following byproduct material uses (or units): 35, 200					
	. Materials License Number				
C. NAME OF PRECEPTOR (print clearly) D. SIGNATURE PRECEPTOR	E. DATE				
Ronald Ryder, D.O. K. My	9/17/07 PAGE 4				

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THE CERTIFICATION BOARD OF NUCLEAR CARDIOLOGY

# Janak Hírabhaí Bhavsar, M.D.

HAVING MET THE REQUIREMENTS PRESCRIBED BY THIS BOARD FOR PHYSICIANS RESIDING 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 2005 THROUGH 2015

CERTIFICATE # 3796 OCTOBER 23, 2005

### **Certificate of Participation**

THIS IS TO CERTIFY THAT

### Janak Bhavsar, M.D.

successfully completed the course for physicians entitled

### Formal Training for Physicians in Physics & Instrumentation of Nuclear Cardiology and Endocrinology Procedures

for a total of two hundred hours of lectures, demonstrations, and related assignments

SUBJECTS COVERED INCLUDE

Radiation Physics & Instrumentation Radiation Protection Mathematics Pertaining to the Use and Measurement of Radioactivity

February 10 - June 2. 2003

Instrumentation for Radionuclide Imaging Radiation Biology Radiopharmaceutical Chemistry

as specified in NRC Part 35 and RI Radiation Control Agency Part C

Sponsored by Medical Physics, Department of Diagnostic Imaging, Rhode Island Hospital

> **Rhode Island Hospital** A Lifespan Partner

Shearer, Ph.D., Course Director Douglas

Dates: \_\_\_\_



HAS MET THE REQUIREMENTS OF THIS BOARD AND IS HEREBY CERTIFIED FOR THE PERIOD 2004 THROUGH 2014 AS A DIPLOMATE IN

### CARDIOVASCULAR DISEASE



SUBSPECIALTY BOARD ON CARDIOVASCULAR DISEASE

Mark Alyerman

Troyen

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CHAIR AMERICAN BOARD OF INTERNAL MEDICINE



NUMBER 206375

CHAIBLECT MERICAN BOARD OF INTERNAL MEDICINE

PRESIDENT AMERICAN BOARD OF INTERNAL MEDICINE

**2004** 

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Sponsored by Medical Physics, Department of Diagnostic Imaging, Rhode Island Hospital

> **Rhode Island Hospital** A Lifespan Partner

Shearer, Ph.D., Course Director

Dates: February 10 - June 2, 2003

Douglas

NRC FORM 313A	U.S. NUCLEAR REGULATO	RY COMMISSION	
	RAINING AND EXPERIENCE		ROVED BY OMB: NO. 3150-01 RES: 10/31/2008
	PART I TRAINING AND EXPE		
Note: Descriptions of training and criteria in the applicable regu	experience must contain sufficient de ulation (10 CFR Part 35)	tail to match the train	ing and experience
	zation (e.g., Radiation Safety Officer), and	d Applicable Training F	equirements
(e.g., 10 CFR 35.50)			
IOCER 10D	10 CFR 35,200		
2. For Physicians, Podiatrists, Dentists,	Pharmacists State or Territory Where L	icensed	
New Jer	514		
	3. CERTIFICATION		
a. Provide a copy of the board certif continue if applying under other s	ication. (Stop here if applying under : ubparts.)	10 CFR Part 35, Sub	part J or 35.590(a);
b. Provide documentation in approp	riate items 4 through 10 of training or U seeking 35.200 authorization; 35.39	clinical case work re 00(b)(1)(ii)(G); 35.396	quired by 35.50(e); 5(d)(1) and 35.396(d)(2);
	tor Attestation, Items 11a through 11c	l.	
Stop here after completing items a experience requirements.	3a, 3b, and 3c when using board cert	fication to meet 10 C	FR Part 35 training and
4. INDIVIDUALS IDENTIFIED AUTHORIZED U AUTHORIZED NUCLEA a. Provide a copy of the license or b	D ON A LICENSE OR PERMIT AS R ISERS (AU), AUTHORIZED MEDICA IR PHARMACISTS (ANP) SEEKING roadscope permit listing the current a	L PHYSICISTS (AM ADDITIONAL AUTH uthorization and (b	P), OR IORIZATIONS b) or (c)
<ul> <li>4. INDIVIDUALS IDENTIFIED AUTHORIZED U AUTHORIZED NUCLEA</li> <li>a. Provide a copy of the license or b</li> <li>b. Complete items 6c (and 10 when 11d to meet requirements for: RS 35.590(c) or 35.690(c); or AMP ur</li> </ul>	ISERS (AU), AUTHORIZED MEDICA AR PHARMACISTS (ANP) SEEKING roadscope permit listing the current a training is provided by an RSO, AMP O in 35.50(c)(2) or 35.50(e); or AU in	L PHYSICISTS (AM ADDITIONAL AUTH uthorization <b>and</b> (b , ANP, or AU) and pr 35.290(c)(1)(ii)(G) or	P), OR IORIZATIONS b) or (c) eceptor items 11b through 35.390(b)(1)(ii)(G) or
<ul> <li>4. INDIVIDUALS IDENTIFIED AUTHORIZED U AUTHORIZED NUCLEA</li> <li>a. Provide a copy of the license or b</li> <li>b. Complete items 6c (and 10 when 11d to meet requirements for: RS 35.590(c) or 35.690(c); or AMP un</li> <li>c. Complete items 5, 6a, 6b, 10, and</li> </ul>	SERS (AU), AUTHORIZED MEDICA R PHARMACISTS (ANP) SEEKING roadscope permit listing the current a training is provided by an RSO, AMP O in 35.50(c)(2) or 35.50(e); or AU in nder 35.51(c).	L PHYSICISTS (AM ADDITIONAL AUTH uthorization <b>and</b> (b , ANP, or AU) and pr 35.290(c)(1)(ii)(G) or meet AU requiremen	P), OR IORIZATIONS b) or (c) eceptor items 11b through 35.390(b)(1)(ii)(G) or ts in 35.396(a).
<ul> <li>4. INDIVIDUALS IDENTIFIED AUTHORIZED U AUTHORIZED NUCLEA</li> <li>a. Provide a copy of the license or b</li> <li>b. Complete items 6c (and 10 when 11d to meet requirements for: RS 35.590(c) or 35.690(c); or AMP un</li> <li>c. Complete items 5, 6a, 6b, 10, and</li> </ul>	SERS (AU), AUTHORIZED MEDICA R PHARMACISTS (ANP) SEEKING roadscope permit listing the current a training is provided by an RSO, AMP O in 35.50(c)(2) or 35.50(e); or AU in nder 35.51(c).	L PHYSICISTS (AM ADDITIONAL AUTH uthorization <b>and</b> (b , ANP, or AU) and pr 35.290(c)(1)(ii)(G) or meet AU requiremen	P), OR IORIZATIONS b) or (c) eceptor items 11b through 35.390(b)(1)(ii)(G) or ts in 35.396(a).
<ol> <li>INDIVIDUALS IDENTIFIEI AUTHORIZED U AUTHORIZED NUCLEA</li> <li>Provide a copy of the license or b</li> <li>Complete items 6c (and 10 when 11d to meet requirements for: RS 35.590(c) or 35.690(c); or AMP ur</li> <li>Complete items 5, 6a, 6b, 10, and</li> <li>DIDACTIC OR CLASSE</li> </ol>	ISERS (AU), AUTHORIZED MEDICA R PHARMACISTS (ANP) SEEKING roadscope permit listing the current a training is provided by an RSO, AMP O in 35.50(c)(2) or 35.50(e); or AU in nder 35.51(c). I Preceptor items 11a through 11d to ROOM AND LABORATORY TRAININ Location (See aHached Copy Nuclear Medical Radio Education Pragram.	L PHYSICISTS (AM ADDITIONAL AUTH uthorization <b>and</b> (b , ANP, or AU) and pr 35.290(c)(1)(ii)(G) or meet AU requiremen NG (optional for Me Clock Hours	P), OR HORIZATIONS b) or (c) ecceptor items 11b through 35.390(b)(1)(ii)(G) or ts in 35.396(a). dical Physicists) Dates of Training $\int 3/31/04$ .
<ul> <li>4. INDIVIDUALS IDENTIFIEI AUTHORIZED U AUTHORIZED NUCLEA</li> <li>a. Provide a copy of the license or b</li> <li>b. Complete items 6c (and 10 when 11d to meet requirements for: RS 35.590(c) or 35.690(c); or AMP ur</li> <li>c. Complete items 5, 6a, 6b, 10, and</li> <li>5. DIDACTIC OR CLASSE Description of Training</li> <li>Radiation Physics and</li> </ul>	ISERS (AU), AUTHORIZED MEDICA R PHARMACISTS (ANP) SEEKING roadscope permit listing the current a training is provided by an RSO, AMP O in 35.50(c)(2) or 35.50(e); or AU in nder 35.51(c). I Preceptor items 11a through 11d to ROOM AND LABORATORY TRAININ Location (See attached Copy Nuclear Medical Radio Education Pragram. 108 hours) (see ottached Copy	L PHYSICISTS (AM ADDITIONAL AUTH uthorization <b>and</b> (b , ANP, or AU) and pr 35.290(c)(1)(ii)(G) of meet AU requiremen NG (optional for Me Clock Hours	P), OR HORIZATIONS b) or (c) ecceptor items 11b through 35.390(b)(1)(ii)(G) or ts in 35.396(a). dical Physicists) Dates of Training
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<ul> <li>4. INDIVIDUALS IDENTIFIEI AUTHORIZED U AUTHORIZED NUCLEA</li> <li>a. Provide a copy of the license or b</li> <li>b. Complete items 6c (and 10 when 11d to meet requirements for: RS 35.590(c) or 35.690(c); or AMP ur</li> <li>c. Complete items 5, 6a, 6b, 10, and</li> <li>5. DIDACTIC OR CLASSF</li> <li>Description of Training</li> <li>Radiation Physics and Instrumentation</li> <li>Radiation Protection</li> <li>Mathematics Pertaining to the Use</li> </ul>	ISERS (AU), AUTHORIZED MEDICA R PHARMACISTS (ANP) SEEKING roadscope permit listing the current a training is provided by an RSO, AMP O in 35.50(c)(2) or 35.50(e); or AU in nder 35.51(c). I Preceptor items 11a through 11d to ROOM AND LABORATORY TRAININ Location (See attached Copy Nuclear Medical Radio Education Pragram. 108 hours) (see attached Copy Nuclear Medical Radio Fouchear Medical Radio Protection Education	L PHYSICISTS (AM ADDITIONAL AUTH uthorization <b>and</b> (t , ANP, or AU) and pr 35.290(c)(1)(ii)(G) of meet AU requiremen NG (optional for Me Clock Hours	P), OR HORIZATIONS b) or (c) ecceptor items 11b through 35.390(b)(1)(ii)(G) or ts in 35.396(a). dical Physicists) Dates of Training $\int 3/31/04$ .

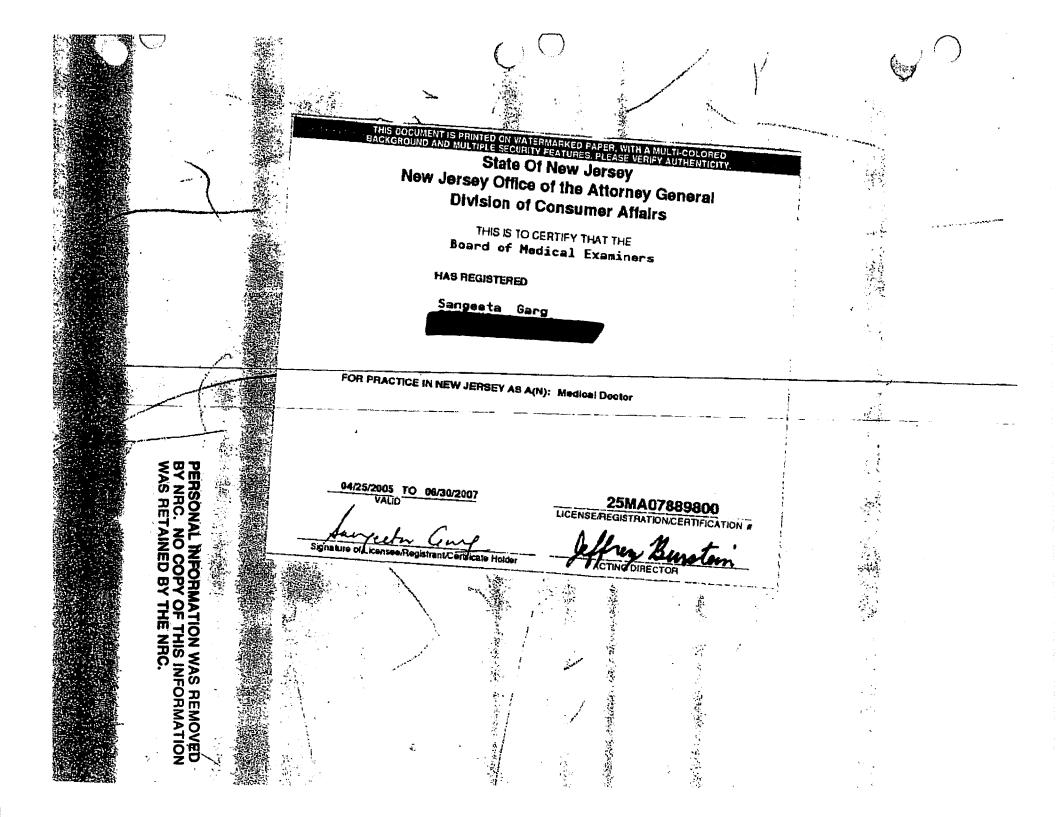
NRC FORM 313A (10-2005) ME	DICAL USE TR	AINING AND EX	PERIE	NCE AND PRECEPTOR	U.S. NUCLEAR REGULATO	
	6a	. WORK OR PR	ACTIC	AL EXPERIENCE WITH	RADIATION	
	ription of Expe			Name of Supervising Individual(s)	Location and Corresponding Materials License Number	Dates and/or Clock Hours of Experience
Robert W Universit	ood Johne u blosoital	on @ Hamilton	f	R. Ruder, D.O.	Hamilton, NJ	7/1/05.
4. 11	h di l		D	Ryder, D.O. . Ryder, D.O.	29-16145-01 Hamilton, NJ 29-30396-01	1/1/05 -
Hamilton (	ara 10 logy	Associates	K	, ryaer, D.O.	29-30396-01	present
		,,				
6	b. SUPERVISE	D CLINICAL CA	SE EX	PERIENCE (describe ex	perience elements in 6a	a)
Radionuclide	Type of U	se No. of C Involv Perso Particip	ving onal	Name of Supervising Individual	Location and Corresponding Materials License Number	Dates and/or Clock Hours of Experience
Tc-99m	35,200	1092 C	<b>૧</b> ડ૯૬	R. Ryder, D.O.	Hamilton, NJ 29-30396-01	1/1/05- present 1/1/05-
Tc-99m Tc-99m	35,200 35,200	234 Cae	es	R. Ryder, D.O. R. Ryder, D.O	29-30396-01 Hamilton, NJ 29-16145-01	11105 - present

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PAGE 2

	313A MEDICAL USE TH	RAINING AND EXPERIENC		U.S. NUCLEAR REGULATORY COMMISSION (continued)		
	6c. TR	AINING FOR SECTIONS 3	5.50(e), 35.51(c), 35	.590(c), or 35.690(c)		
	Training Element	Type of T	Fraining *	Location and Dates		
endor tr	aining.			51(c), and 35.690(c)), didactic, or		
Degre	RMAL TRAINING e, Area of Study or dency Program	Physicians (for uses und Name of Program and Location with Corresponding Materials License Number	ler 35.400 and 35.6 Dates	7) and Medical Physicists Name of Organization that Approved the Program (e.g., Accreditation Council for Graduate Medical Educatior and the Applicable Regulation (e.g., 10 CFR 35.490)		
] YES Z N/A		-		identified in item 6a) under supervison.		
	9. MEDICAL	PHYSICIST ONE-YEAR I	FULL-TIME TRAINI	NG/WORK EXPERIENCE		
] YES	(35.961) or medic	al physics (35.51) under the	supervision of	a) in therapeutic radiological physics		
<b>Z</b> N/A	and is a mouldar	signation (co.cor) or meets i				
<b>7</b> N/A		-	and Completed 1 year of full-time work experience (at location providing radiation therapy services described			
] YES	•	of full-time work experience	(at location providin	g radiation therapy services described		
-	•	r of full-time work experience ntified in item 6a) for (specify	(at location providin use or device)	g radiation therapy services described a medical physicist (35.961) or meets		

	U.S. NUCLEAR REGULATORY COMMISSION
	E AND PRECEPTOR ATTESTATION (continued)
The training and experience indicated above was obtained	
individual is needed to meet requirements in 10 CFR Part 3	5, provide the following information for each):
A. Name of Supervisor B. Superviso	
	prized User Authorized Medical Physicist
	ation Safety Officer 📃 Authorized Nuclear Pharmacist
C. Supervisor meets requirements of Part 35, Section	
for medical uses in Part 35, Section(s) <u>う</u> んよ D. Address	E. Materials License Number
2073 Klockner Road	
2073 Klockner Road Hamilton, NJ. 08690	29-30396-01
	· · · · · · · · · · · · · · · · · · ·
Note: This part must be completed by the individual's pre	<b>PTOR ATTESTATION</b> ceptor. If more than one preceptor is necessary to document from each. This part is not required to meet training pt 35.980).
I attest the individual named in Item 1:	
has satisfactorily completed the requirements in	Part 35, Section(s) and Paragraph(s) $35, 290(c)$ ,
as documented in section(s) $\omega$	of this form.
11b. Select one	
meets the requirements in 35.50(e) 35.5 N/A types of use, as documented in section(s)	
· · · · · · · · · · · · · · · · ·	
11c. has achieved a level of competency sufficient to	independently operate a nuclear pharmacy (for 35.980); <b>O</b>
has achieved a level of competency sufficient to for	function independently as an authorized uses (or units); <b>Or</b>
<ul> <li>has achieved a level of radiation safety knowled</li> <li>Officer for a medical use licensee ; Of</li> <li>N/A</li> </ul>	ge sufficient to function independently as a Radiation Safety
11d.	
I am an Authorized Nuclear Pharmacist; Or	I am a Radiation Safety Officer; <b>O</b>
I meet the requirements of	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):	
A. Address 2073 Klockner Road	B. Materials License Number
Hamilton, NJ 08690	29-30396-01
	RE PRECEPTOR E. DATE
Ronald Ryder, D.O.	- Kill 4/17/07
J	PAGE 4



# NUCLEAR MEDICAL EDUCATION PROGRAM

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### Affidavit of Academic Completion & Competency

This document is to attest that

has successfully completed the didactic program

### **PRINCIPLES OF RADIATION PHYSICS**

and has provided evidence of attendance in this program and evidence of achieving the objectives of this program through examination. This program provides the following levels of accomplishment:

- 5.0 Continuing Education Units (CEU)
- 50 Didactic Instructional Hours (DIH)
- In compliance with 10CFR35/AEA 73-689 50 Board Accepted Hours NUSPEX, NMTCB III b,
- ABMRSO, CBNC, MRLB
- 3.0 Semester Hours American Council on Education (ACE), American Association for **Collegiate Registrars**

15 October 2003 **Date Completed** 

1680

Certification

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# Institute for Nuclear Medical Education

Certified, Approved and Regulated by the Division of Private Occupational Schools, Department of Higher Education in Colorado. Validated by the Accrediting Commission of the Accrediting Council for Continuing Education Training, a national accrediting agency listed by the US Secretary of Education. Validated by the American Council on Education, recognized by the American Association for Collegiate Registrars, Council on Post-Secondary Education. Licensed by NRC & Agreement States. NME1132-Class I-Compl&Comp 1/00

**Certifying Official** 

n Y Andrea

# NUCLEAR MEDICAL EDUCATION PROGRAM

### Affidavit of Academic Completion & Competency

This document is to attest that

Sangeeta Garg, MD has successfully completed the didactic program

### **MEDICAL RADIATION PROTECTION**

and has provided evidence of attendance in this program and evidence of achieving the objectives of this program through examination. This program provides the following levels of accomplishment:

- 5.0 Continuing Education Units (CEU) 50 Didactic Instructional Hours (DIH)
- In compliance with 10CFR35/AEA 73-689 50 Board Accepted Hours NUSPEX, NMTCB III b
- ABMRSO, CBNC, MRLB
- 3.0 Semester Hours American Council on Education (ACE), American Association for **Collegiate Registrars**

21 March 2004

**Date Completed** 

**Certifying Official** 

202200 Certification

# Institute for Nuclear Medical Education

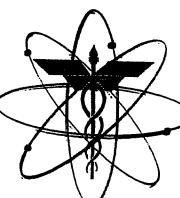
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# **CERTIFICATE OF COMPLETION** HAZMAT TRAINING - RADIOACTIVE MATERIALS

This document is to certify that

# <u>Sangeeta Garg, MD</u>



Has received training and has been tested as required by 49CFR 172.704(d). This training was limited to diagnostic radioactive materials received or offered for shipment in approved Type A Packages, Class 7, UN2915, Yellow II.

22 April 2004 **Date Completed** 

Instructor/Supervisor

202031

Certification

Training Materials and Records are located at

INME - Institute for Nuclear Medical Education • 5660 Airport Boulevard, Suite 101 • Boulder, Colorado 80301 (303) 541-0044 • (303) 541-0066 FAX • (800) 548-4024 • inme@nuclearcardiology.com • http://www.nuclearcardiology.com/ncs

HazMai 12/03

# NUCLEAR MEDICAL EDUCATION PROGRAM

(C)

### Affidavit of Academic Completion & Competency

This document is to attest that

Sangeeta Garg, MD

has successfully completed the didactic program

## **RADIOPHARMACEUTICALSAND CHEMISTRY**

and has provided evidence of attendance in this program and evidence of achieving the objectives of this program through examination. This program provides the following levels of accomplishment:

- <u>5.0</u> Continuing Education Units (CEU)
- 50 Didactic Instructional Hours (DIH) In compliance with 10CFR35/AEA 73-689
- \_\_\_\_\_ Board Accepted Hours NUSPEX, NMTCB III b, ABMRSO, CBNC, MRLB
- 3.0 Semester Hours American Council on Education (ACE), American Association for **Collegiate Registrars**

21 Mar 2004

**Certifying Official** 

**Date Completed** 

202116 Certification

# **Institute for Nuclear Medical Education**

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# NUCLEAR MEDICAL EDUCATION PROGRAM

**Affidavit of Academic Completion & Competency** 

This document is to attest that

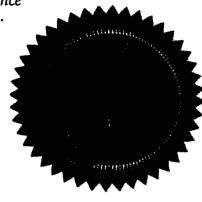
has successfully completed the didactic program

### **MEDICAL RADIATION INSTRUMENTATION**

and has provided evidence of attendance in this program and evidence of achieving the objectives of this program through examination. This program provides the following levels of accomplishment:

- 5.0 Continuing Education Units (CEU)
- 50 Didactic Instructional Hours (DIH) In compliance with 10CFR35/AEA 73-689
- 50 Board Accepted Hours NUSPEX, NMTCB III b, ABMRSO, CBNC, MRLB
- 3.0 Semester Hours American Council on Education (ACE), American Association for **Collegiate Registrars**

9 October 2003 **Date Completed** 



**Certifying Official** 

201744 Certification

# Institute for Nuclear Medical Education

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### American Society of Nuclear Cardiology

admin@asnc.org www.asnc.org

9111 Old Georgetown Road (301) 493-2360 Bethesda, Maryland 20814-1699 FAX (301) 493-2376

This Statement is for Enrollee's Records

# Sangeeta Garg, MD

completed an education activity entitled

Practical Applications of Nuclear Cardiology: A Fellows/Residents Tutorial

> New York, New York May 17, 2003

Frans J. Th. Wackers, MD, PhD Chairman, ASNC Education Committee



### Certification Board of Nuclear Cardiology

19562 Club House Road • Montgomery Village, MD 20886

Ph: +240.631.8151 • F: +240.631.8152 • Email: administration@cbnc.org • Website: www.cbnc.org

December 2006

Sangeeta Garg MD

angeeta darg mb

CBNC ID No. 4508

### Dear Dr. Garg:

We are pleased to inform you that the Board of Directors of the Certification Board of Nuclear Cardiology (CBNC) has determined that your score on the certification examination of October 2006 meets the standards the Board has established for certification in nuclear cardiology. Congratulations on your achievement!

A passing score of 126 questions correct was determined by an independent panel of peers, representing the disciplines involved in the practice of nuclear cardiology, drawn from both private practice and academia.

The number of questions you answered correctly was 138. The attached chart shows the number of correct answers you had for each of the content areas. Also enclosed is a press release which you may wish to use to announce your successful completion of the 2006 exam.

As you may recall, the application form that you completed carried the wording "List name as you wish it to appear on certificate if you successfully pass the exam." Therefore, we will honor your request. We anticipate that the certificates will be mailed by February 1, 2007.

It is important for future mailings that you keep the CBNC headquarters office informed of any address changes and so that the information in our online verification database is correct.

On behalf of the Board of Directors, I wish to thank you for your participation in the CBNC examination.

Sincerely,

Robert J. Gropler, M.D. President

Enclosures

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

### **BOARD OF DIRECTORS**

Representing the American Society of Nuclear Cardiology

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Kenneth A. Brown, MD

At Large Director

Ola. O Alenboboye, MD, MPH, MBA

Dawn M. Edgenon, MA Executive Director This is to acknowledge the receipt of your letter/application dated

 $\frac{\frac{1}{12}}{\frac{1}{20057}}$ , and to inform you that the initial processing which includes an administrative review has been performed.

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.

140450 Your action has been assigned Mail Control Number 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 (RI) (6-96) Sincerely, Licensing Assistance Team Leader