



Deborah
Heart and Lung
Center

Browns Mills, NJ 08015-1799
609/893-6611

RECEIVED
REGION 1

Nor.S.B.I

2007 MAY 24 PM 12:35

US Nuclear Regulatory Commission
Medical Licensing Section
Region I
474 Allendale Road
King of Prussia, PA 19406

03014634

May 17, 2007

RE: License Number 29-18190-01

Dear Sir/Madam:

This letter is sent to request the following amendments to our radioactive materials license, number noted 29-18190-01.

I have enclosed the paperwork for you to add Katherine Chiu, M.D., to the Radioactive Materials License for the Section of Nuclear Medicine here at Deborah. Her status should be amended to read as follows:

Katherine Chiu, MD.

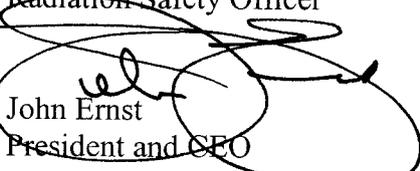
35.200

If you have any questions please contact our Radiation Safety Officer at 609-735-2921.
Thank you for your prompt attention to this matter.

Sincerely,

 , CNMT, RSO

Rita M. Lauderman, CNMT
Technical Director, Nuclear Medicine
Radiation Safety Officer


John Ernst
President and CEO

140550

NMSS/RGN1 MATERIALS-002

**MEDICAL USE TRAINING AND EXPERIENCE
AND PRECEPTOR ATTESTATION**

PART I -- TRAINING AND EXPERIENCE

Note: Descriptions of training and experience must contain sufficient detail to match the training and experience criteria in the applicable regulation (10 CFR Part 35)

1. Name of Individual, Proposed Authorization (e.g., Radiation Safety Officer), and Applicable Training Requirements (e.g., 10 CFR 35.50)

Katherine Chiu, MD

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 PHARMACISTS (ANP) SEEKING ADDITIONAL AUTHORIZATIONS

- 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)

Description of Training	Location	Clock Hours	Dates of Training
Radiation Physics and Instrumentation	<i>Cooper University Hospital</i>	<i>30 hours</i>	<i>July 2003 - June 2006</i>
Radiation Protection	<i>"</i>	<i>40 hours</i>	<i>"</i>
Mathematics Pertaining to the Use and Measurement of Radioactivity	<i>"</i>	<i>4 hours</i>	<i>"</i>
Radiation Biology	<i>"</i>	<i>2 hours</i>	<i>"</i>
Chemistry of Byproduct Material for Medical Use	<i>"</i>	<i>4 hours</i>	<i>"</i>
OTHER			

MEDICAL USE TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

6a. WORK OR PRACTICAL EXPERIENCE WITH RADIATION

Description of Experience	Name of Supervising Individual(s)	Location and Corresponding Materials License Number	Dates and/or Clock Hours of Experience
Ordering, receiving, unpacking radioactive materials & performing related surveys	Dr. Augustine Kacha Dr. Freddie Ginsberg		150 hrs
performing QC on instruments used for dose determination & check meters		Cooper University Hospital	150 hrs
calculating, measuring & safely preparing patient doses		29-08285-01	150 hrs.
using administrative controls to prevent medical event involving unsealed by products			50 hr
using safe spill and decontamination procedures			50 hr
administering radioactive doses to pts			150 hr
eluting generator systems for preparation of radioactive drugs for imaging studies			4 hr

6b. SUPERVISED CLINICAL CASE EXPERIENCE (describe experience elements in 6a)

Radionuclide	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
	MA				

MEDICAL USE TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

6c. TRAINING FOR SECTIONS 35.50(e), 35.51(c), 35.590(c), or 35.690(c)

Training Element	Type of Training *	Location and Dates
MA		

* Types of training may include supervised (complete item 10 for 35.50(e), 35.51(c), and 35.690(c)), didactic, or vendor training.

7. FORMAL TRAINING Physicians (for uses under 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)
MA			

8. RADIATION SAFETY OFFICER (RSO) -- ONE-YEAR FULL-TIME EXPERIENCE

YES Completed 1 year of full-time radiation safety experience (in areas identified in item 6a) under supervision of _____ the RSO for License No. _____

N/A

9. MEDICAL PHYSICIST -- ONE-YEAR FULL-TIME TRAINING/WORK EXPERIENCE

YES Completed 1 year of full-time training (for areas identified in item 6a) in therapeutic radiological physics (35.961) or medical physics (35.51) under the supervision of _____ who is a medical physicist (35.961) or meets requirements for Authorized Medical Physicists (35.51);

N/A

and

YES Completed 1 year of full-time work experience (at location providing radiation therapy services described and for topics identified in item 6a) for (specify use or device) _____ under the supervision of _____ who is a medical physicist (35.961) or meets requirements for Authorized Medical Physicists (35.51) (specify use or device) _____

N/A

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

Fredric Ginsberg, MD

B. Supervisor is:

Authorized User

Authorized Medical Physicist

Radiation Safety Officer

Authorized Nuclear Pharmacist

C. Supervisor meets requirements of Part 35, Section(s) 35.290 Nuclear Cardiology
for medical uses in Part 35, Section(s) 35.200 Nuclear Cardiology

D. Address

1 Cooper Plaza
Camden, NJ 08103

E. Materials License Number

29-08285-01

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:

11a

has satisfactorily completed the requirements in Part 35, Section(s) and Paragraph(s) _____ as documented in section(s) _____ of this form.

11b. Select one

N/A

meets the requirements in 35.50(e) 35.51(c) 35.390(b)(1)(ii)(G) 35.690(c) for 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 35.960); **OR**

has achieved a level of competency sufficient to function independently as an authorized user for 10 CFR 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 35.290 Nuclear Cardiology 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): 35.200 Nuclear Cardiology

A. Address

1 Cooper Plaza
Camden, NJ 08103

B. Materials License Number

29-08285-01

C. NAME OF PRECEPTOR (print clearly)

Fredric L. Ginsberg MD

D. SIGNATURE -- PRECEPTOR

Fredric L. Ginsberg

E. DATE

1-30-07

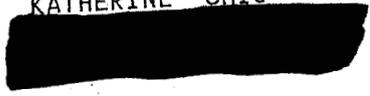
THIS DOCUMENT IS PRINTED ON WATER MARKED PAPER WITH A MULTICOLORED BACKGROUND AND MULTIPLE SECURITY FEATURES. PLEASE VERIFY THIS INFORMATION.

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

KATHERINE CHIU



FOR PRACTICE IN NEW JERSEY AS A(N): Medical Doctor

INTERNAL MEDICINE

06/22/2005 TO 06/30/2007
VALID

25MA07453900

LICENSE/REGISTRATION/CERTIFICATION #

Kimberly S. Roberts
ACTING DIRECTOR

Signature of Licensee/Registrant/Certificate Holder

New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE

Board of Medical Examiners

HAS REGISTERED

KATHERINE CHIU

Medical Doctor

INTERNAL MEDICINE

06/22/2005 TO 06/30/2007

VALID

25MA07453900

Licensee/Certificate #

SIGNATURE

Kimberly S. Roberts
ACTING DIRECTOR

PLEASE DETACH HERE
IF YOUR LICENSE/REGISTRATION/
CERTIFICATE ID CARD IS LOST
PLEASE NOTIFY:

Board of Medical Examiners
P.O. Box 183
Trenton, NJ 08625

PLEASE DETACH HERE

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

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

5/17/2007 and to inform you that the initial processing which includes an administrative review has been performed.

Amend. 29-18190-01
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.

Your action has been assigned Mail Control Number 140550.
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.