

# HCA

## Hamilton Cardiology Associates

### Clinical Cardiology

Mahmoud Ghusson, MD, FACC  
Ronald G. Ryder, DO, FACC  
Ghazanfar Jaferi, MD, FACC  
Ilya D. Genin, MD, FACC  
Neeta Tripathi, MD  
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

### Rhythm Specialists



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

### Cardiovascular Imaging

Neeta Tripathi, MD  
Kathleen L. McDonald, MD

[www.hcahamilton.com](http://www.hcahamilton.com)

### FAX COVER SHEET

J-1

DATE: 6-4-07

29-30396-01

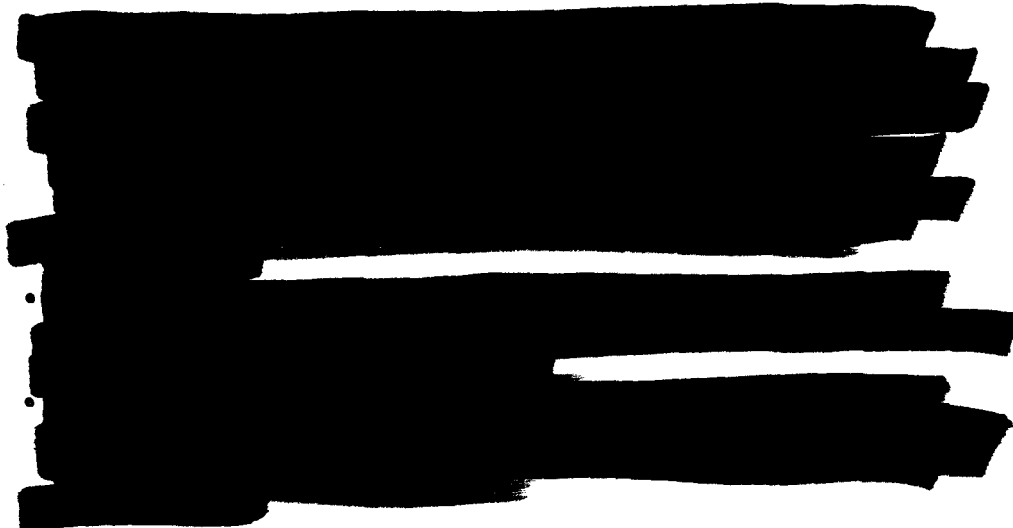
03034471

TO: Michelle Beardsley

FROM DR: Ryder

RE: NRC Form 313A #PAGES 3  
page 4 for Drs. Bhavsar + Garg (INCLUDING COVER)

Note Control #140450  
Please call Holley with any questions.  
609 631-7111



Dr Bhavsar

NRC FORM 313A  
(10-2006)

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

Ronald Ryder, D.O.

B. Supervisor is:

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

D. Address

2073 Klockner Road  
Hamilton, NJ 08690

E. Materials License Number

29-30396-01

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) 35.290(c) as documented in section(s) 6a 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 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 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

A. Address

2073 Klockner Rd.  
Hamilton, NJ 08690

B. Materials License Number

29-30396-01 w/4/10/07

C. NAME OF PRECEPTOR (print clearly)

Ronald Ryder, D.O.

D. SIGNATURE -- PRECEPTOR

[Signature]

E. DATE

4/17/07

MEDICAL USE TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

Dr.  
Garg

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

Ronald Ryder, D.O.

B. Supervisor is:

- 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

D. Address

2073 Klockner Road  
Hamilton, NJ 08690

E. Materials License Number

29-30396-01

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) 35.290 (c) as documented in section(s) 6a 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 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 10 CFR 35.200 uses (or units); **OR** Nuclear Cardiology
- 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**

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): 35.20

A. Address

2073 Klockner Road  
Hamilton, NJ 08690

B. Materials License Number

29-30396-01

C. NAME OF PRECEPTOR (print clearly)

Ronald Ryder, D.O.

D. SIGNATURE -- PRECEPTOR

*Ronald Ryder*

E. DATE

4/17/07