

PRINCE WILLIAM CARDIOLOGY ASSOCIATES

Christopher J. Leet, M.D., FACC
Nadim A. Geloo, M.D., FACC, FSCAI
Morton E. Kalus, M.D., FACC
Michael G. Escano, M.D.
Cindy M. Orth, CANP

8569-B Sudley Road, Manassas, VA 20110
703-369-5959 tele
380 Hospital Drive, Warrenton, VA 20186
540-347-9898 tele
7130 Heritage Village Plaza, Suite 102, Gainesville, VA 20155
703-369-5959 tele
www.PWCardiology.com

May 22, 2007

NMB82

U.S. Nuclear Regulatory Commission
Region 1
475 Allendale Road
King of Prussia, PA 19406-1415

RE: Radioactive Materials License Amendment Request
Prince William Nuclear Cardiology
NRC License No: 45-30929-01
Docket No.: 030-36615

2007 JUN -4 AM 10:43
RECEIVED
REGION 1

License Reviewers:

Please amend the above-referenced license to include the following change:

- 1. Please amend condition 12 B, authorized users to **include**:

Ara M. Maranian, M.D.

Enclosed please find the following:
NRC form 313a,

A copy of Dr. Maranian's Board Certification of Nuclear Cardiology
(Residing in the United States dated October 23, 2005)

A copy of Dr. Maranian's Commonwealth of Virginia's Medical License

If there are any questions or additional information is needed, please contact Mr. Matt Lucas, Health Physics Consultant, Krueger-Gilbert Health Physics, Inc. at (410) 665-5447 or the undersigned at (703) 369-5959.

Sincerely,



Morton E. Kalus, Jr., M.D.

140588
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)

Ara M. Maranian, M.D., Authorized User, 10 CFR Part 35.590a

2. For Physicians, Podiatrists, Dentists, Pharmacists -- State or Territory Where Licensed

Commonwealth of Virginia

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			
Radiation Protection			
Mathematics Pertaining to the Use and Measurement of Radioactivity			
Radiation Biology			
Chemistry of Byproduct Material for Medical Use			
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

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

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

* 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)

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.
 N/A of _____ the RSO for License No. _____

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 _____
 N/A who is a medical physicist (35.961) or meets requirements for Authorized Medical Physicists (35.51);

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) _____
 N/A under the supervision of _____ who is a medical physicist (35.961) or meets requirements for Authorized Medical Physicists (35.51) (specify use or device) _____

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 _____

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) _____

D. Address _____

E. Materials License Number _____

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

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.

N/A

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 _____ for _____ 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 _____ 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 _____

B. Materials License Number _____

C. NAME OF PRECEPTOR (print clearly)

D. SIGNATURE -- PRECEPTOR

E. DATE

THE CERTIFICATION BOARD OF NUCLEAR CARDIOLOGY

Incorporated 1996

CERTIFIES THAT

Ara M. Marañian, M.D.

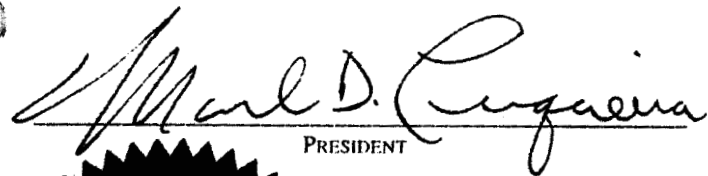
HAVING MET THE REQUIREMENTS PRESCRIBED BY THIS BOARD FOR PHYSICIANS RESIDING
IN THE UNITED STATES AND HAVING SATISFACTORILY PASSED THE REQUIRED EXAMINATION,

IS HEREBY DESIGNATED

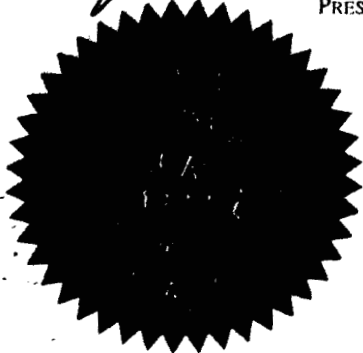
A DIPLOMATE CERTIFIED IN THE SUBSPECIALTY OF

NUCLEAR CARDIOLOGY

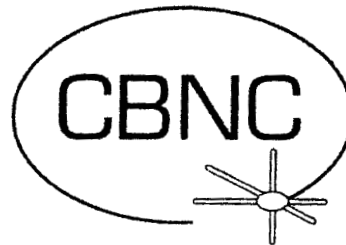
FOR THE PERIOD 2005 THROUGH 2015


PRESIDENT


SECRETARY



CERTIFICATE #4065



OCTOBER 23, 2005

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF HEALTH PROFESSIONS

Robert A. Nebiker, Director

William L. Harp, M.D.
Executive Director
(804) 662-9908

BOARD OF MEDICINE

6603 West Broad Street, 5th Floor
Richmond, VA 23230-1712
www.dhp.virginia.gov/medicine

License to Practice
Medicine & Surgery

Ara M. Maranian, MD

Issued
02/02/2006

Expires
05/31/2008

Number
0101239411

**To Provide Information or File a
Complaint About a Licensee, Call: 1-800-533-1560**

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

5/22/2007, and to inform you that the initial processing which includes an administrative review has been performed.

AMEND. 45-30929-01
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 140532.
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.