

# Virginia Cardiovascular Consultants

NASBZ

June 28, 2007

U.S. Nuclear Regulatory Commission  
ATTN: Bryan A. Parker, Health Physicist  
Commercial and R&D Branch  
Region I  
475 Allendale Road  
King of Prussia, Pennsylvania 19406 – 1415

RECEIVED  
REGION 1  
2007 JUL -2 AM 10:27

Mr. Parker,

03036490

Please amend our license #45-30875-01 to add the following Authorized User.

Jeffery E. Askew, M.D.

Enclosed is completed form 313A(AUD), a letter from the Director of Nuclear Cardiology Fellowship Training program and a copy of Jeff's board certification.

At the time of training Myron Gerson M.D., Jeff's preceptor was under license #02-1103-100-10 through University Hospital of Cincinnati, Ohio. His current license number through University Hospital of Cincinnati is #02-1103-100-01. I

If you have any questions or need any further documentation, please contact me at 804-445-4461 or my email is [Rivahone@aol.com](mailto:Rivahone@aol.com).

Sincerely,



Debra Acors, CNMT, NCT, RT(R)  
Radiation Safety Officer



Gina Baxter  
Office Manager  
Administrative Contact Virginia Cardiovascular Consultants

140749

**AUTHORIZED USER TRAINING AND EXPERIENCE  
AND PRECEPTOR ATTESTATION**  
(for uses defined under 35.100, 35.200, and 35.500)  
[10 CFR 35.190, 35.290, and 35.590]

APPROVED BY OMB: NO. 3150-0120  
EXPIRES: 10/31/2008

Name of Proposed Authorized User

*Jeffrey Edward Askew*

State or Territory Where Licensed

*Virginia*

Requested Authorization(s) (check all that apply)

35.100 Uptake, dilution, and excretion studies

35.200 Imaging and localization studies

35.500 Sealed sources for diagnosis (specify device \_\_\_\_\_)

**PART I -- TRAINING AND EXPERIENCE**  
(Select one of the three methods below)

\* Training and Experience, including board certification, must have been obtained within the 7 years preceding the date of application or the individual must have obtained related continuing education and experience since the required training and experience was completed. Provide dates, duration, and description of continuing education and experience related to the uses checked above.

**1. Board Certification**

- a. Provide a copy of the board certification.
- b. If using only 35.500 materials, stop here. If using 35.100 and 35.200 materials, skip to and complete Part II Preceptor Attestation.

**2. Current 35.390 Authorized User Seeking Additional 35.290 Authorization**

a. Authorized user on Materials License <sup>Ohio Dept Health</sup> *02110810010* meeting 10 CFR 35.390 or equivalent Agreement State requirements seeking authorization for 35.290.

b. Supervised Work Experience.  
(If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this section.)

*N/A*

Description of Experience	Location of Experience/License or Permit Number of Facility	Clock Hours	Dates of Experience*
Eluting generator systems appropriate for the preparation of radioactive drugs for imaging and localization studies, measuring and testing the eluate for radionuclidic purity, and processing the eluate with reagent kits to prepare labeled radioactive drugs	<i>Dr Lee Washburn University Hospital University of Cincinnati</i>	<i>5</i>	<i>3-1-06</i>

**Total Hours of Experience:**

Supervising Individual

License/Permit Number listing supervising individual as an authorized user

Supervisor meets the requirements below, or equivalent Agreement State requirements (check all that apply).

35.290

35.390 + generator experience in 32.290(c)(1)(ii)(G)

**AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)**

**3. Training and Experience for Proposed Authorized User**

a. Classroom and Laboratory Training.

Description of Training	Location of Training	Clock Hours	Dates of Training*
Radiation physics and instrumentation	University Hospital University of Cincinnati Dept of Radiology H5267	16	1/25/06 1/31/06 8/24/05 9/15/05
Radiation protection	University Hospital University of Cincinnati H5267 Radiation Safety Office	100	8/24/05, 9/15/05 Daily on Clinical Rotations
Mathematics pertaining to the use and measurement of radioactivity	University Hospital University of Cincinnati	3	2004-2006 2/1/06 2/14/06
Chemistry of byproduct material for medical use (not required for 35.590) Dr. Thomas + Uachburn	University Hospital University of Cincinnati H5267	13	2/15/06 3/1/06 3/2/06
Radiation biology	University Hospital University of Cincinnati H5267	23	2/15/06 Clinical Rotations 2004-2006
<b>Total Hours of Training:</b>		<b>155</b>	

b. Supervised Work Experience (completion of this table is not required for 35.590).  
(If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this section.)

Description of Experience	Location of Experience/License or Permit Number of Facility	Clock Hours	Dates of Experience*
Ordering, receiving, and unpacking radioactive materials safely and performing the related radiation surveys	University of Cincinnati Dept of Nuclear Medicine	1 hour <del>0</del>	3/1/06 3/2/06
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters	University Hospital University of Cincinnati Nuclear Cardiology Lab	estimated 12	Clinical Rotations 2004-06
Calculating, measuring, and safely preparing patient or human research subject dosages	University Hospital University of Cincinnati Nuclear Cardiology H5267	30	Clinical Rotations 2004-06

**AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)**

**3. Training and Experience for Proposed Authorized User (continued)**

b. Supervised Work Experience. (continued)

Description of Experience	Location of Experience/License or Permit Number of Facility	Clock Hours	Dates of Experience*
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material	University Hospital University of Cincinnati Nuclear Cardiology Lab	300	Classical Rotations 2004-06
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures	University of Cincinnati Radiation Safety Office and Nuclear Cardiology Lab	30	8/24/05 9/15/05 Classical Rotations
Administering dosages of radioactive drugs to patients or human research subjects	University of Cincinnati Nuclear Cardiology Lab	400	2004-06 Classical Rotations 2004-06
Eluting generator systems appropriate for the preparation of radioactive drugs for imaging and localization studies, measuring and testing the eluate for radionuclidic purity, and processing the eluate with reagent kits to prepare labeled radioactive drugs	University of Cincinnati Dept of Nuclear Med Dr. Lee Washburn	6	March, 2006

**Total Hours of Experience: 779**

Supervising Individual: *Megan P. Gerson MD*  
License/Permit Number listing supervising individual as an authorized user: *12110310001 (OH10)*

Supervisor meets the requirements below, or equivalent Agreement State requirements (check one).  
 35.190     35.290     35.390     35.390 + generator experience in 35.290(c)(1)(ii)(G)

c. For 35.590 only, provide documentation of training on use of the device.

Device	Type of Training	Location and Dates

d. For 35.500 uses only, stop here. For 35.100 and 35.200 uses, skip to and complete Part II Preceptor Attestation.

**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 35.590)

**First Section**

Check one of the following for each use requested:

For 35.190

Board Certification

I attest that \_\_\_\_\_ has satisfactorily completed the requirements in  
Name of Proposed Authorized User

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 \_\_\_\_\_ has satisfactorily completed the 60 hours of training and  
Name of Proposed Authorized User

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 \_\_\_\_\_ has satisfactorily completed the requirements in  
Name of Proposed Authorized User

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 JEFFREY EDWARD ASKEW has satisfactorily completed the 700 hours of training  
Name of Proposed Authorized User

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 + generator experience

Name of Preceptor <u>MYRON C. GERSON M.D.</u>	Signature <u>[Signature]</u>	Telephone Number <u>513 558 4721</u>	Date <u>5/18/07</u>
License/Permit Number/Facility Name <u>AT THE TIME OF DR. ASKEW'S TRAINING I WAS AN AUTHORIZED USER UNDER THE UNIVERSITY OF CINCINNATI BROAD LICENSE #02-1103-100-10. MY CURRENT BROAD LICENSE NUMBER THROUGH UNIVERSITY HOSPITAL OF CINCINNATI, OHIO IS 02110310001.</u>			



# American Board of Internal Medicine

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## Examination Results

Results for Dr. Jeffrey Edward Askew

### Examination Results

Examination	Results
August 26, 1998 Certification in Internal Medicine	Pass
November 1, 2006 Certification in Cardiovascular Disease	Pass

### Certificate History

Certificate	Effective	Expiration	Status
Certified in Internal Medicine	1998	12/31/2008	Active
Certified in Cardiovascular Disease	2006	12/31/2016	Active

OK

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College of Medicine  
Department of Internal Medicine  
Division of Cardiology  
University of Cincinnati Medical Center  
PO Box 670542  
Cincinnati OH 45267-0542  
231 Albert Sabin Way  
Phone (513) 558-4721  
Fax (513) 558-3770

May 18, 2006

Certification Board in Nuclear Cardiology  
19562 Club House Road  
Montgomery Village, MD 20882-3002

Re: Jeffrey E. Askew, M.D.

To Whom It May Concern:

Dr. Jeffrey Askew completed cardiology fellowship training at the University of Cincinnati June 30, 2006. He completed rotations in nuclear cardiology in October 2003, February 2004, March 2004, December 2004, March 2005, August 2005, and February 2006. During that period of time he interpreted more than 500 nuclear cardiology procedures with supervision. He performed complete evaluation of 50 nuclear cardiology patients, including patient injection, test processing, and test interpretation.

Dr. Askew has completed a training program in nuclear cardiology that meets the requirements for level II training as outlined in the ACC/ASNC COCATS guidelines (revised 2006). Dr. Askew is competent to independently function as an authorized user under 10CFR35.290 uses.

Sincerely,

A handwritten signature in black ink that reads 'Myron Gerson'.

Myron C. Gerson, M.D.  
Director of Nuclear Cardiology  
Director, Cardiology Fellowship Training Program  
Acting Director, Division of Cardiology  
Ohio License #02110310010

MCG:mnd

This is to acknowledge the receipt of your letter/application dated 6/28/2007, and to inform you that the initial processing which includes an administrative review has been performed.

AMEAN. 45-30275-01 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

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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** 140749.  
When calling to inquire about this action, please refer to this control number.  
You may call us on (610) 337-5398, or 337-5260.

Sincerely,  
Licensing Assistance Team Leader