

ADMINISTRATION

*NMSB1*

September 6, 2007

Nuclear Materials  
Medical Branch  
National Regulatory Commission, Region 1  
King of Prussia, PA 19406

To Whom It May Concern:

*03001242*

**Re: Addition of Stacy Spooner, M.D. and Stephen Zivin, M.D.**

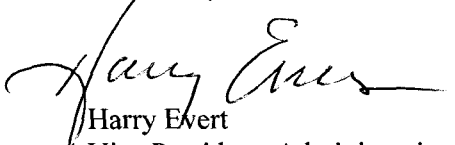
We are requesting the addition of Stacy Spooner, M.D. and Stephen Zivin, M.D. as authorized users on License #06-00649-03. Dr. Spooner's and Dr. Zivin's medical use applications are for 35.100; 35.200; Iodine-131 sodium iodide for imaging and localization studies.

Enclosed are the following documents to complete their authorized user requirements:

- American Board of Radiology certificates with the AU designation
- State of Connecticut physician licenses
- Preceptor attestation statements for Dr. Spooner's and Dr. Zivin's residency programs.

Thank you.

Yours truly,

  
Harry Evert  
Vice President, Administration

*HE/rdo*  
*Enclosures*

RECEIVED  
REGION 1  
2007 SEP 13 AM 10:43

28 Crescent Street  
Middletown, Connecticut 06457-3650

*141062*

tel 860 344-6000  
fax 860 346-5485

**NMSS/RGN1 MATERIALS-002**

# The American Board of Radiology

Organized through the cooperation of the  
American College of Radiology, the American Roentgen Ray Society,  
the American Radium Society, the Radiological Society of North America,  
the Section on Radiology of the American Medical Association,  
the American Society for Therapeutic Radiology and Oncology, the Association of  
University Radiologists, and American Association of Physicists in Medicine  
Hereby certifies that

**Stacy Lyn Spooner, MD**

Has pursued an accepted course of graduate study  
and clinical work, has met certain standards and qualifications and  
has passed the examinations conducted under the authority of

The American Board of Radiology

On this fourteenth day of June, 2006

Thereby demonstrating to the satisfaction of the Board  
that she is qualified to practice the specialty of

**Diagnostic Radiology**

AM Eligible

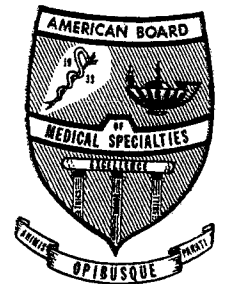


Certificate No. 52218

*Phy. O. Alderson, MD*  
President

*L. H. Eichen*  
Secretary-Treasurer

*R. R. Hatten, MD*  
Executive Director



Valid through 2016

**STATE OF CONNECTICUT**

DEPARTMENT OF PUBLIC HEALTH

PURSUANT TO THE PROVISIONS OF THE GENERAL STATUTES OF CONNECTICUT

THE INDIVIDUAL NAMED BELOW IS LICENSED  
BY THIS DEPARTMENT AS A

**PHYSICIAN/SURGEON**

STACY L. SPOONER M.D.

LICENSE NO.

044323

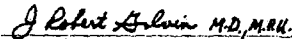
CURRENT THROUGH

03/31/08

VALIDATION NO.

03-461113

  
SIGNATURE

  
COMMISSIONER

**Yale University**

*Department of Diagnostic Radiology*



SCHOOL OF MEDICINE  
P.O. BOX 208042  
NEW HAVEN, CONNECTICUT 06520-8042

June 21, 2007

To whom it may concern:

Dr. Stacy Spooner is AU eligible as per designation on her ABR certificate dated June 2006.

Dr. Stacy Spooner has met the requirements in sections 35.290, or 35.390 and 35.290(c)(1)(ii)(G), or equivalent Agreement State requirements. In addition, she has satisfactorily completed the requirements in paragraph (a)(1) or (c)(1) of this section (10 CFR 35.290 c2) and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 35.100 and 35.200.

Sincerely,

A handwritten signature in black ink, appearing to read 'David Cheng', with a large, stylized flourish extending to the right.

David Cheng, MD, PhD

Clinical Chief of Nuclear Medicine  
Assistant Professor of Diagnostic Radiology

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the Section on Radiology of the American Medical Association,  
the American Society for Therapeutic Radiology and Oncology, the Association of  
University Radiologists, and American Association of Physicists in Medicine  
Hereby certifies that

**Stephen Bradley Zivin, MD**

Has pursued an accepted course of graduate study  
and clinical work, has met certain standards and qualifications and  
has passed the examinations conducted under the authority of  
The American Board of Radiology

On this fourteenth day of June, 2006

Thereby demonstrating to the satisfaction of the Board  
that he is qualified to practice the specialty of

**Diagnostic Radiology**

AH Eligible



Certificate No. 52232

*Ray O. Alderson, MD*  
President

*Lith Eicken*  
Secretary-Treasurer

*R.P. Hatten, MD*  
Executive Director




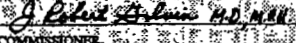
Valid through 2016

**STATE OF CONNECTICUT**  
DEPARTMENT OF PUBLIC HEALTH  
PURSUANT TO THE PROVISIONS OF THE GENERAL STATUTES OF CONNECTICUT  
THE INDIVIDUAL NAMED BELOW IS LICENSED  
BY THIS DEPARTMENT AS A  
**PHYSICIAN/SURGEON**

STEPHEN ZVIN M.D.

LICENSE NO.  
**045070**  
CURRENT THROUGH  
**10/31/07**  
VALIDATION NO.  
**03-455930**

  
SIGNATURE

  
COMMISSIONER

## Northwestern Memorial Hospital



August 20, 2007

**To Whom It May Concern:**

I attest that Stephen Zivin, MD has satisfactorily completed the requirements in paragraph (a)(1) of 10CFR 35.290c2 and has achieved a level of competency sufficient to function independently as an authorized user for medical uses authorized under §§ 35.100 and 35.200.

Sincerely,



Stewart M Spies, MD  
Director, Nuclear Medicine

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

9.6.2007, and to inform you that the initial processing which includes an administrative review has been performed.

ATTEND. 06-00649-03 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** 141062.  
When calling to inquire about this action, please refer to this control number.  
You may call us on (610) 337-5398, or 337-5260.