

**RIMA**

**REGIONAL INTERNAL MEDICINE ASSOCIATES, LTD.**

September 26, 2007

*HM582*

**Cardiology**  
MORRIS I. ROSSMAN, D.O., F.A.C.C.  
ANDREW C. FRIEDMAN, D.O., F.A.C.C.

RE: Amendment to NRC License number 37-31025-01

**Invasive Cardiology**  
JONATHAN P. OLIVE, D.O., F.A.C.C.I.  
BRIAN H. SALUCK, D.O.

Licensing Assistant Section  
Nuclear Materials Safety Branch  
U.S. Nuclear Regulatory Commission, Region I  
475 Allendale Road  
King of Prussia, PA 19406-1415

*03036227*

2007 SEP 28 PM 12:03

RECEIVED  
REGION I

To Whom It May Concern:

We would like to amend our Materials License to reflect the following changes...

- Add the following individual(s) to our license

	<b>Individual</b>	<b>Previous experience, license number, etc.</b>	<b>Requested Uses</b>
Authorized User	Brian H. Saluck, D.O.	Refer to attached NRC Form 313A (AUD)	35.200

If you require any additional information concerning this amendment request, please contact our Radiation Safety Officer, Douglas Heim, at (570) 452-6475.

Sincerely,



Andrew C. Friedman, D.O.  
President, Regional Internal Medicine Associates

*141128*

NMSS/RGN1 MATERIALS-002

NRC FORM 313A (AUD) (3-2007)	U.S. NUCLEAR REGULATORY COMMISSION	APPROVED BY OMB; NO. 3150-0120 EXPIRES: 10/31/2008
<b>AUTHORIZED USER TRAINING AND EXPERIENCE                  AND PRECEPTOR ATTESTATION</b> (for uses defined under 35.100, 35.200, and 35.500) [10 CFR 35.190, 35.290, and 35.590]		

Name of Proposed Authorized User <b>BRIAN H. SALUCK, D.O.</b>	State or Territory Where Licensed <b>PENNSYLVANIA</b>
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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 \_\_\_\_\_ 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.)*

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			

**Total Hours of Experience:**

Supervising Individual	License/Permit Number listing supervising individual as an authorized user
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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)

NRC FORM 313A (AUD) (3-2007) U.S. NUCLEAR REGULATORY COMMISSION  
**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	INSTITUTE FOR NUCLEAR EDUCATION 5660 AIRPORT BLVD, STE 101 BOULDER COLORADO 80301 (ORLANDO FLORIDA COURSE)	50	OCT 15, 2005 TO OCT 23, 2005
Radiation protection	INSTITUTE FOR NUCLEAR EDUCATION 5660 AIRPORT BLVD, STE 101 BOULDER COLORADO 80301 (ORLANDO FLORIDA COURSE)	15	OCT 15, 2005 TO OCT 23, 2005
Mathematics pertaining to the use and measurement of radioactivity	INSTITUTE FOR NUCLEAR EDUCATION 5660 AIRPORT BLVD, STE 101 BOULDER, COLORADO 80301 (ORLANDO FLORIDA COURSE)	10	OCT 15, 2005 TO OCT 23, 2005
Chemistry of byproduct material for medical use (not required for 35.590)	INSTITUTE FOR NUCLEAR EDUCATION 5660 AIRPORT BLVD, STE 101 BOULDER COLORADO 80301 (ORLANDO FLORIDA COURSE)	15	OCT 15, 2005 TO OCT 23, 2005
Radiation biology	INSTITUTE FOR NUCLEAR EDUCATION 5660 AIRPORT BLVD, STE 101 BOULDER COLORADO 80301 (ORLANDO FLORIDA COURSE)	10	OCT 15, 2005 TO OCT 23, 2005
<b>Total Hours of Training:</b>		<b>100</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.)

Supervised Work Experience		Total Hours of Experience:	
Description of Experience Must Include:	Location of Experience/License or Permit Number of Facility	Confirm	Dates of Experience*
Ordering, receiving, and unpacking radioactive materials safely and performing the related radiation surveys	DEBORAH HEART + LUNG CENTER 200 TRENTON ROAD BROWNS MILLS, NJ 08015	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	JULY 2002 - JULY 2006
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters	DEBORAH HEART + LUNG CENTER 200 TRENTON ROAD BROWNS MILLS, NJ 08015	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	JULY 2002 - JULY 2006

**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 Must Include:	Location of Experience/License or Permit Number of Facility	Confirm	Dates of Experience*
Calculating, measuring, and safely preparing patient or human research subject dosages	DEBORAH HEART AND LUNG CENTER 200 TRENTON ROAD BROWNS MILLS, NJ 08015	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	JULY 2002 - JULY 2006
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material	DEBORAH HEART AND LUNG CENTER 200 TRENTON ROAD BROWNS MILLS NJ 08015	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	JULY 2002 - JULY 2006
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures	DEBORAH HEART AND LUNG CENTER 200 TRENTON ROAD BROWNS MILLS NJ 08015	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	JULY 2002 - JULY 2006
Administering dosages of radioactive drugs to patients or human research subjects	DEBORAH HEART AND LUNG CENTER 200 TRENTON ROAD BROWNS MILLS, NJ 08015	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	JULY 2002 - JULY 2006
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	WE DO NOT FILL THIS OUT.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Supervising Individual

*Harry Jensen M.D. F.A.C.N.P. F.A.C.M.M.*

License/Permit Number listing supervising individual as an authorized user

29-18190-01

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 BRIAN H. SALUCK, D.O. 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	Signature	Telephone Number	Date
HARRY J. LESSIG, MD, FACNP, FACNM	<i>Harry J. Lessig MD, FACNP, FACNM</i>	409-893-6611 EXT 4510	9/25/2007
License/Permit Number/Facility Name			
29-18190-01			

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

9/26/2007, and to inform you that the initial processing which includes an administrative review has been performed.

AMEND. 37-31025-01 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** 141128.  
When calling to inquire about this action, please refer to this control number.  
You may call us on (610) 337-5398, or 337-5260.