



Cardiovascular Clinics, P.C.

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THACH NGUYEN, M.D., F.A.C.C., F.A.C.P., VIJAY P. SHAH, M.D., F.A.C.C.,
SZABOLCS SZABO, M.D., F. A.C.C.

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Web: www.cardiovascularclinics.com

October 1, 2007

United States Nuclear Regulatory Commission
Region 111, Materials Licensing
2443 Warrenville Road, Suite 210
Lisle, IL 60532-4352

RE: **Amendment to NRC License No. 13-32122-01**
Cardiovascular Clinics, P.C.

Dear Sir/Madam:

We would like to amend our current NRC license to reflect the following changes.

ITEM #1

Please add the following physician to our current NRC license.

Szabolcs Szabo, M.D. Group 35.100 and 35.200

We have enclosed a copy of his CBNC certificate, State of Indiana license to practice medicine, and NRC Form 313A (AUD).

ITEM #2

Please remove the following physician from our current NRC license.

Ionut Oravitan, M.D.

Thank you for your cooperation. If you have any questions or require additional information, please contact our physics consultant, Sharon Updike at (734) 662-3197.

Sincerely,

Kristi J. Livingston
Office Administrator
Cardiovascular Clinics, P.C.

RECEIVED OCT 09 2007

CARDIOVASCULAR CONSULTATIONS AND EVALUATION: PREVENTIVE CARDIOLOGY: RISK FACTOR ASSESSMENT AND MODIFICATION: EXERCISE STRESS TESTING: 24 HOLER MONITORING: COLOUR FLOW DOPPLER ECHOCARDIOGRAPHY: NON-INVASIVE PERIPHERAL VASCULAR EVALUATION: NUCLEAR CARDIOLOGY: CORONARY AND PERIPHERAL ANGIOGRAPHY, ANGIOPLASTY, ATHERECTOMY AND STENTS: PACEMAKER SURVEILLANCE AND IMPLANTATION:

**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

State or Territory Where Licensed

SZABOVS SZABO

INDIANA

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

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			
Radiation protection			
Mathematics pertaining to the use and measurement of radioactivity			
Chemistry of byproduct material for medical use <i>(not required for 35.590)</i>			
Radiation biology			
Total Hours of Training:			

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		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters		<input type="checkbox"/> Yes <input type="checkbox"/> No	

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		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Administering dosages of radioactive drugs to patients or human research subjects		<input type="checkbox"/> Yes <input type="checkbox"/> No	
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		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Supervising Individual

License/Permit Number listing supervising individual as an authorized user

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 Szabo, M.D. 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 _____ 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>Vijay P. Shah, M.D.</u>	Signature <u>Vijay P. Shah</u>	Telephone Number <u>736-1400</u>	Date <u>9/20/07</u>
License/Permit Number/Facility Name <u>13-32122-01</u>			

May 9, 2007

Your Physician license, number 01053987A, pocketcard is enclosed. Your license will expire 06/30/2009 . Please review your pocket card below and report any incorrect information to our office.

IMPORTANT LICENSURE INFORMATION

ADDRESS CHANGE - - It is your responsibility to notify the Agency in writing or by email of any change of address. You may only change your address online during the renewal process.

NAME CHANGE: A name change request must be accompanied by a legal name change such as a marriage certificate or divorce decree. Please send the document with a note indicating how you want your name, and include your license number and current mailing address information.

LICENSE VERIFICATION: To request a license verification to another state, you must forward a written request along with a payment of \$10.00 to the address listed below.

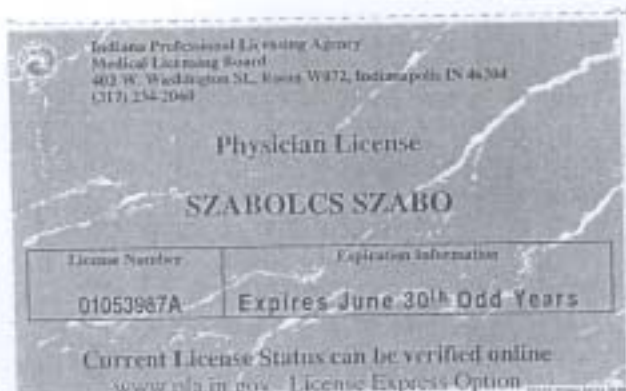
DUPLICATE POCKET CARD LICENSE: To request a duplicate pocket card license to replace a lost or stolen license, you must forward a written or email request to the Agency. There is no charge for a duplicate pocket card license.

DUPLICATE WALL CERTIFICATE: To request a duplicate wall certificate, you must forward a written request to the Agency along with a payment of \$10.00 to the address listed below.

EXPIRATION DATE: Effective 5/1/2007 the expiration date on pocket cards will only indicate the month and day of the expiration (Ex: 06/03/every odd yr). All facilities may go online to check the current expiration of the license. This is a permanent pocket card as you will no longer automatically get a new pocket card during the renewal process.

CONTACT INFORMATION

Professional Licensing Agency
402 West Washington Street, Room W072
Indianapolis, IN 46204
(317) 234-2060
Email: pla3@pla.IN.gov
Website: www.pla.IN.gov



THIS LICENSE MAY BE LAMINATED

MD/DO Renewal Fee \$200 (Inactive \$100)
\$250/\$150 if expired.

THE CERTIFICATION BOARD OF NUCLEAR CARDIOLOGY

Incorporated 1996

CERTIFIES THAT

Szabolcs Szabo, MD

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

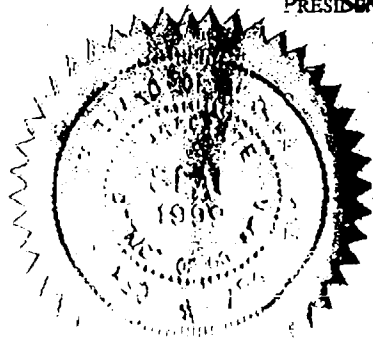
FOR THE PERIOD 2004 THROUGH 2014

Mark D. Ferguson

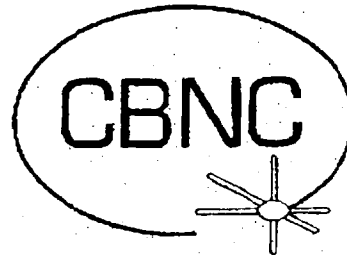
PRESIDENT

[Signature]

SECRETARY



CERTIFICATE # 3654



OCTOBER 24, 2004

NUCLEAR MEDICAL EDUCATION PROGRAM

Affidavit of Academic Completion & Competency

This document is to attest that

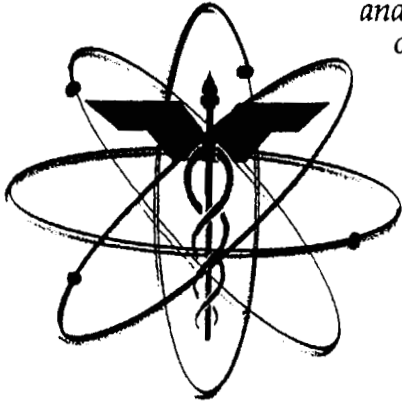
Szabolcs Szabo, MD.

has successfully completed the didactic program

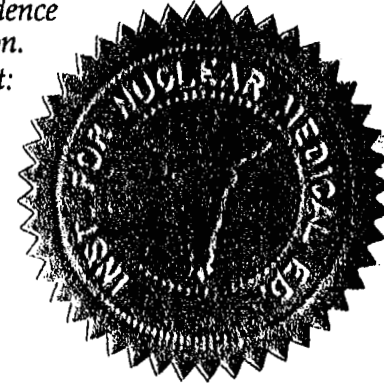
PRINCIPLES OF RADIATION PHYSICS

and has provided evidence of attendance in this program and evidence of achieving the objectives of this program through examination.

This program provides the following levels of accomplishment:



- 5.0 Continuing Education Units (CEU)
- 50 Didactic Instructional Hours (DIH)
In compliance with 10CFR35/AEA 73-689
- 50 Board Accepted Hours NUSPEX, NMTCB III b,
ABMRSO, CBNC, MRLB
- 3.0 Semester Hours American Council on
Education (ACE), American Association for
Collegiate Registrars



Charles H. Rose

Certifying Official

13 June 2001

Date Completed

199352

Certification

Institute for Nuclear Medical Education

Certified, Approved and Regulated by the Division of Private Occupational Schools, Department of Higher Education in Colorado. Validated by the Accrediting Commission of the Accrediting Council for Continuing Education Training, a national accrediting agency listed by the US Secretary of Education. Validated by the American Council on Education, recognized by the American Association for Collegiate Registrars, Council on Post-Secondary Education. Licensed by NRC & Agreement States.

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