



<p><b>NRC FORM 313A (AUD)</b> <small>(10-2006)</small></p> <p style="text-align: center;"><b>U.S. NUCLEAR REGULATORY COMMISSION</b></p> <p style="text-align: center;"><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]</p>	<p>APPROVED BY OMB: NO. 3150-0120 EXPIRES: 10/31/2008</p>												
<p>Name of Proposed Authorized User <b>x</b> <u>CONSTANTINE KASHLIKOWHO. NEW JERSEY</u></p>	<p>State or Territory Where Licensed <u>NEW JERSEY</u></p>												
<p>Requested Authorization(s) (check all that apply)</p> <p><input type="checkbox"/> 35.100 Uptake, dilution, and excretion studies</p> <p><input checked="" type="checkbox"/> 35.200 Imaging and localization studies</p> <p><input type="checkbox"/> 35.500 Sealed sources for diagnosis (specify device _____)</p>													
<p><b>PART I – TRAINING AND EXPERIENCE</b> (Select one of the three methods below)</p>													
<p>* 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.</p>													
<p><input checked="" type="checkbox"/> <b>1. Board Certification</b></p> <p>a. Provide a copy of the board certification.</p> <p>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.</p>													
<p><input type="checkbox"/> <b>2. Current 35.390 Authorized User Seeking Additional 35.290 Authorization</b></p> <p>a. Authorized user on Materials License _____ meeting 10 CFR 35.390 or equivalent Agreement State requirements seeking authorization for 35.290.</p> <p>b. Supervised Work Experience. (If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this section.)</p>													
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">Description of Experience</th> <th style="width: 30%;">Location of Experience/License or Permit Number of Facility</th> <th style="width: 10%;">Clock Hours</th> <th style="width: 20%;">Dates of Experience*</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">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</td> <td style="height: 100px;"></td> <td></td> <td></td> </tr> <tr> <td colspan="4" style="text-align: center; padding: 5px;"><b>Total Hours of Experience:</b></td> </tr> </tbody> </table>		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				<b>Total Hours of Experience:</b>			
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<b>Total Hours of Experience:</b>													
<p>Supervising Individual _____ License/Permit Number listing supervising individual as an authorized user _____</p>													
<p>Supervisor meets the requirements below, or equivalent Agreement State requirements (check all that apply).</p> <p><input type="checkbox"/> 35.290    <input type="checkbox"/> 35.390 + generator experience in 32.290(c)(1)(ii)(G)</p>													

Enclosure 6

RIS 2006-27

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U.S. NUCLEAR REGULATORY COMMISSION

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 [Name of Proposed Authorized User] has satisfactorily completed the requirements in

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 [Name of Proposed Authorized User] has satisfactorily completed the 60 hours of training and

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 [Name of Proposed Authorized User] has satisfactorily completed the requirements in

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 [Name of Proposed Authorized User] has satisfactorily completed the 700 hours of training

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

Table with 4 columns: Name of Preceptor (GEORGE DEMIDOWICH, M.D.), Signature (George Demidowich MD), Telephone Number (973-994-0880), Date (1/23/08)

License/Permit Number/Facility Name

29-30540-01

**THE CERTIFICATION BOARD OF NUCLEAR CARDIOLOGY**

Incorporated 1996

*CERTIFIES THAT*

***Constantine Kashnikov, MD***

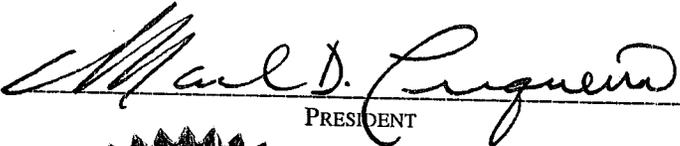
HAVING MET THE REQUIREMENTS PRESCRIBED BY THIS BOARD FOR PHYSICIANS RESIDING  
IN THE UNITED STATES AND HAVING SATISFACTORILY PASSED THE REQUIRED EXAMINATION,

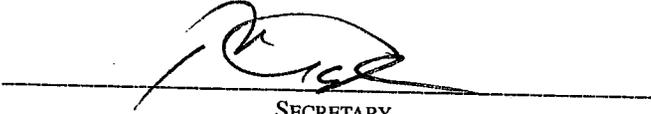
IS HEREBY DESIGNATED

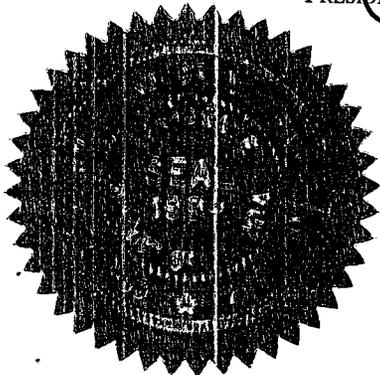
A DIPLOMATE CERTIFIED IN THE SUBSPECIALTY OF

**NUCLEAR CARDIOLOGY**

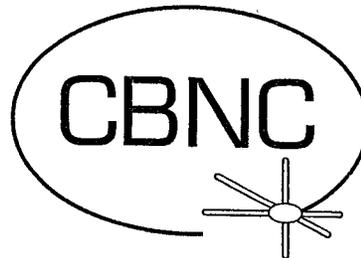
FOR THE PERIOD 2004 THROUGH 2014

  
PRESIDENT

  
SECRETARY



CERTIFICATE # 3400



OCTOBER 24, 2004

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

RECEIVED 2/5/2008, and to inform you that the initial processing which includes an administrative review has been performed.

ATTEND. 29-30540-01  
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** 141793.  
When calling to inquire about this action, please refer to this control number.  
You may call us on (610) 337-5398, or 337-5260.