



The
Cardiovascular
Group, P.C.

Fritz H. Andersen, M.D., F.A.C.C.
Anthony Chang, M.D., F.A.C.C., F.A.C.P.
Nicholas Cossa, M.D., F.A.C.C.
Stephen M. Day, M.D.
Richard F. Dietz, M.D., F.A.C.C.
Robert F. Herron, D.O., F.A.C.C., F.A.C.P.
Sara Kulangara, M.D.
Warren S. Levy, M.D., F.A.C.C.
Carey M. Marder, M.D., F.A.C.C.
J. Kenneth Marshall, M.D., F.A.C.C.
Francis J. McGrath, M.D., F.A.C.C.
Lawrence A. Miller, M.D., F.A.C.C.
Diane Mukherjee, M.D., F.A.C.C.
Pradeep R. Nayak, M.D., F.A.C.C.
Antonio R. Parente, M.D., F.A.C.C.
Dean M. Pollock, M.D., F.A.C.C.
Stephen P. Rosenfeld, M.D., F.A.C.C.
Anne M. Safko, M.D., F.A.C.C.
Harry Schwartz, M.D., F.A.C.C.
Stuart E. Sheifer, M.D.
Robert A. Shor, M.D., F.A.C.C.
Joseph M. Smith, M.D., Ph.D., F.A.C.C.
Mark P. Tanenbaum, M.D., F.A.C.C.

4660 Kenmore Ave., Suite 1200
Alexandria VA 22304
703-751-8111 ♥ Fax 703-751-1105

1635 N. George Mason Dr., Suite 190
Arlington VA 22205
703-524-7202 ♥ Fax 703-516-4501

611 S. Carlin Springs Rd., Suite 203
Arlington VA 22204
703-671-8200 ♥ Fax 703-379-9767

3700 Joseph Siewick Dr., Suite 102
Fairfax VA 22033
703-648-3266 ♥ Fax 703-648-3264

44055 Riverside Pkwy., Suite 200
Leesburg VA 20176
703-858-3050 ♥ Fax 703-858-3051

1830 Town Center Dr., Suite 201
Reston VA 22090
703-437-5977 ♥ Fax 703-478-2475

130 Park St. SE, Suite 100
Vienna VA 22180
703-281-1265 ♥ Fax 703-255-0571

3289 Woodburn Rd., Suite 375
Annandale VA 22003
703-573-3494 ♥ Fax 573-5353

MMBZ

December 20, 2007

Brian A. Parker
Commercial and R&D Branch
Division of Nuclear Materials Safety
Region I
475 Allendale Road
King of Prussia, Pennsylvania 19406

RE: The Cardiovascular Group
License Amendment
45-25533-01

03035466

RECEIVED
REGION I
2008 FEB -7 AM 9:25

Dear Mr. Parker,

Please amend the above referenced license to add Lawrence R. Rubin, M.D. as an authorized user to the above referenced license. Documentation in support of this physician's credentials is enclosed.

Any questions regarding this request may be directed to me at (703) 641-0500 or Wendy Charlton, Krueger-Gilbert Health Physics, Inc. at (410) 665-5447.

Sincerely,

Neil C. Smarte, C.N.M.T.
Radiation Safety Officer.

141798

NMSS/RCN1 MATERIALS-002

**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: Lawrence R. Rubin, M.D.
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 _____ 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 Lawrence R. Rubin, 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
Pradeep R. Nayak, M.D.

Signature


Telephone Number
(703) 281-1265

Date
1/7/08

License/Permit Number/Facility Name
NRC # 45-25533-01 The Cardiovascular Group

THE CERTIFICATION BOARD OF NUCLEAR CARDIOLOGY

Incorporated 1996

CERTIFIES THAT

Lawrence R. Rubin, 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

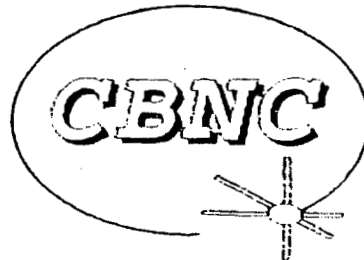
FOR THE PERIOD 2001 THROUGH 2011

Manoel D. Cruz, MD
PRESIDENT

John A. ... MD
SECRETARY



CERTIFICATE # 2185



OCTOBER 28, 2001

EMORY HEALTHCARE

THE EMORY CLINIC, INC.

Department of Radiology
Division of Nuclear Medicine
1364 Clifton Road, NE
Atlanta, GA 30322
Phone 404-712-4843
Fax 404-712-7435

November 28, 2007

To Whom It May Concern:

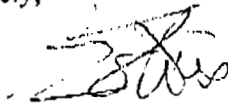
**RE: Lawrence Rubin, M.D.
Level 2 Nuclear Cardiology Training Certification**

Dear Sir or Madam:

This is to certify that Dr. Lawrence Rubin completed a course in Nuclear Cardiology from July 1, 1997 to June 30, 1998. During this time Dr. Rubin interpreted up to 500 clinical cases of myocardial perfusion images including acquisition processing. He also underwent 100 hours of didactic instruction, 100 hours of instrumentation experience, satisfactorily met the Physics Test, Radiation Safety, and Radiobiology requirements. Dr. Rubins training and experience is equivalent to ACCF/ASNC COCATS Guidelines for Nuclear Cardiology Training, revised 2006, Level 2 (minimum) at Emory University Hospital.

Should you have any further questions, please do not hesitate to contact me.

Sincerely,



Fabio P. Esteves, M.D.
Assistant Professor of Radiology
Director, Nuclear Cardiology
License Number GA 153-1

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF HEALTH PROFESSIONS

Sandra Whitley Ryals, Director

William L. Harp, M.D.
Executive Director
(804) 662-9908

BOARD OF MEDICINE

6603 West Broad Street, 5th Floor
Richmond, VA 23230-1712
www.dbp.virginia.gov/medicine

License to Practice
Medicine & Surgery

Lawrence R. Rubin, MD

Issued
09/29/2000

Expires
12/31/2008

Number
0101229829

**To Provide Information or File a
Complaint About a Licensee, Call: 1-800-533-1560**

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

12/20/2007 (^{RECEIVED} 2/7/2008), and to inform you that the initial processing which includes an administrative review has been performed.

AMEND. 45-29533-01
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

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** 141798.
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.