

Fax

To: Ms Marty Simmons NBC Region III	From: Saigid M. Shah
Fax: (630) 545-1078	Fax: (812) 476-2917
Phone: (630) 829-9842	Phone: (812) 205-6610

Date: April 29, 08

Subject: License Amendment License # 13-03226-04 Control # 316902

Comments:

As per our telephone conversation I am faxing the Part II -
Preceptor Attestation form for Dr. Charles Lacky.
A copy of his board certification was mailed with the
original application

Please call me at (812) - 205-6610 if you have any further
questions

Thanks for your patience + cooperation

S. M. Shah

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 CHARLES LACKEY DO. [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, Signature, Telephone Number, Date. Handwritten entries: Harry J. LESBIS M.D. PAWP, Harry J. LESBIS M.D. PAWP, 609-873-6611, 4/24/08.

License/Permit Number/Facility Name: 1998-2003 Kennedy Health System STRATFORD CAMPUS NRC# 29-12167 presently Deborah Heart & Lung Center Browns Mills NJ NRC# 29-18190-1