2900 LAMB CIRCLE
SUITE 210 / SUITE 230
CHRISTIANSBURG, VIRGINIA 24073

PHONE (540) 731-3191
Fax (540) 639-0664
Fax (540) 639-3630

A. UZAIR WYNE, M.D., F.A.C.C.
SUDHENDU CHOUBEY, M.D., F.A.C.C.
KIMBERLY GOAD, MSN, FNP-C

New River Valley Heart Clinic

A DIVISION OF: PHYSICIANS CARE OF VIRGINIA, P.C.

2 April, 2008

Br. 2

Licensing Assistant Section
Nuclear Materials Safety Branch
US Nuclear Regulatory Commission, Region 1
475 Allendale Road
King of Prussia, PA 19406-1415

Re: Amendment to USNRC License #45-25623-01 03036249
New River Valley Heart Clinic

To Whom It May Concern:

New River Valley Heart Clinic (NRVHC) wishes to amend its current USNRC materials license to reflect an addition to our authorized users. The Radiation Safety Officer has reviewed the credentials for the following authorized user and found them adequate to satisfy the requirements of the appropriate USNRC regulations.

1. Authorized User: We would like to add Amjad Uzair Wyne, MD to our materials license for uses as described in 10 CFR 35.200. Please find attached with this amendment request a copy of USNRC form 313A for Dr. Wyne signed by his preceptor, a copy of his didactic training certificate, and a copy of his Virginia license to practice medicine.

If you have further questions regarding this amendment request or would like to discuss it further, please do not hesitate to contact me.

Sincerely,

Sudhendu Choubey, MD
Radiation Safety Officer
New River Valley Heart Clinic

142374
NMSS/RGN1 MATERIALS-002

ASSOCIATES IN MEDICAL PHYSICS, LLC
A NATIONAL MEDICAL PHYSICS CONSULTING GROUP

NATIONAL OFFICE:
5288 TRANSPORTATION BLVD.
CLEVELAND, OH 44125

www.medphysics.com

PHONE: (216) 663-7000
FAX: (216) 581-4361
V M: (800) 709-4855

This is to certify that

Amjad U. Wyne, M.D.

has completed all requirements for the Nuclear Licensing Course for Physicians. Associates in Medical Physics, LLC designates this continuing medical education activity for 80 credit hours in Category 1 of the Physician's Recognition Award of the American Medical Association.

Dates attended:

September 14-21, 2007

RECEIVED
REGION 1
2008 MAY -8 AM 9:33

Director of Training

September 21, 2007
Date

Associates in Medical Physics, LLC is accredited by the Accreditation Council for Continuing Medical Education to sponsor continuing medical education for physicians.

ASSOCIATES IN MEDICAL PHYSICS, LLC

THIS CERTIFIES THAT

Amjad U. Wyne, M.D.

HAS SUCCESSFULLY COMPLETED ALL REQUIREMENTS
OF THE

80 HOUR NUCLEAR LICENSING
COURSE FOR PHYSICIANS

AND IS HEREBY AWARDED THIS CERTIFICATE OF COMPLETION
ON THE TWENTY-FIRST DAY OF SEPTEMBER, 2007

DIRECTOR OF TRAINING

NRC FORM 313A (AUD) (3-2007) | U.S. NUCLEAR REGULATORY COMMISSION

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
Amjad U. Wyne, MD	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. Amjad U. Wyne, MD

Description of Training	Location of Training	Clock Hours	Dates of Training*
Radiation physics and instrumentation	80 Hour Nuclear Licensing Course for Physicians held by Associates in Medical Physics, LLC 5288 Transportation Blvd Cleveland, OH 44125 Phone: 216-663-7000	36	Sept. 14-21, 2007
Radiation protection	"	28	Sept. 14-21, 2007
Mathematics pertaining to the use and measurement of radioactivity	"	9	Sept. 14-21, 2007
Chemistry of byproduct material for medical use *(not required for 35.590)*	"	3	Sept. 14-21, 2007
Radiation biology	"	5	Sept. 14-21, 2007
Total Hours of Training:		81	

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		☐ Yes ☐ No	
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters		☐ Yes ☐ No	

3. Training and Experience for Proposed Authorized User (continued)

b. Supervised Work Experience. (continued) Amjad U. Wyne, MD

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		☐ Yes ☐ No	
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material		☐ Yes ☐ No	
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures		☐ Yes ☐ No	
Administering dosages of radioactive drugs to patients or human research subjects		☐ Yes ☐ 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	Associates in Medical Physics LLC 5288 Transportation Blvd Cleveland, OH 44125 Phone: 216-663-7000 via General Electric Radiopharmacy 8300 Sweet Valley, Suite 304 Valley View, OH 44125	☒ Yes ☐ No	Sept. 20, 2007

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.

NRC FORM 313A (AUD) (3-2007) U.S. NUCLEAR REGULATORY COMMISSION

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

PART II – PRECEPTOR ATTESTATION Amjad U. Wyne, MD

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 Amjad Uzair Wyne (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

Name of Preceptor	Signature	Telephone Number	Date
Sudhendu Chowbey		540-731-3191	4/28/08

License/Permit Number/Facility Name
45-25623-01 New River Valley Heart Clinic

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

4/2/08, and to inform you that the initial processing which includes an administrative review has been performed.

Amendment 45-25623-01

☒ 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** 142374.
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.

NRC FORM 532 (RI)
(6-96)

Sincerely,
Licensing Assistance Team Leader