

TERRANCE LEE, M.D., F.A.C.C.

CARDIOLOGY

111 NORTHFIELD AVE., SUITE 304  
WEST ORANGE, NJ 07052  
TELEPHONE (973) 731-5006  
FAX (973) 731-5667

June 12, 2008

Br. 1

United States  
Nuclear Regulatory Commission  
Region I  
475 Allendale Road  
King of Prussia, Pennsylvania 19406-1415

Re: ADDITIONAL AUTHORIZED USE, CONTROL NO. 142059

Dear Michelle R. Simmons,

03033828

Enclosed is the additional information that is required to amend License #29-30214-01 in order to add Dr. Moein Faghieh Vaseghi as authorized user.

If you have any further questions, please contact me. Thank you for your consideration.

Sincerely,



Terrace Lee M.D.  
TL/vr

2008 JUN 16 PM 12:24  
RECEIVED  
REGION I

142515  
NRC/REGNI MATERIALS-002

**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)

By checking the boxes below, the preceptor is attesting that the individual has knowledge to fulfill the duties of the position sought and not attesting to the individual's "general clinical competency."

**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 Moe'in Fagkih Vaseghi has satisfactorily completed the 60 hours of training and

Name of Proposed Authorized User

experience, including a minimum of 3 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 \_\_\_\_\_ 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 Moe'in Fagkih Vaseghi 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

Signature

Telephone Number

Date

Josef Machac, MD    Josef Machac    212-241-7888    6/29/08

License/Permit Number/Facility Name

The Mount Sinai Medical Center / # 75-2909-04

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

6/12/08, and to inform you that the initial processing which includes an administrative review has been performed.

Amendment (29-30214-01)  
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** 142515.  
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 (R1)  
(6-96)

Sincerely,  
Licensing Assistance Team Leader