

May 24, 2006

Certification Board of Nuclear Cardiology 9929 Main St. Suite C Damascus, MD 20872

44-30831-01 03036360

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To Whom It May Concern:

Dr. James Fitts has completed a training program in Nuclear Cardiology that meets the requirements for Level 2 training as outlined in the ACC/ASNC COCATS Guidelines. This training program has included a minimum of 80 hours of training in radioisotope handling and radiation safety.

Dr. Fitts is competent to independently function as an authorized user under NRC 10 CFR 35.290 uses.

Sincerely,

letin Sian

Alan Siegel, MD Director, Nuclear Medicine Dartmouth Hitchcock Medical Center Associate Professor of Radiology Dartmouth Medical School New Hampshire Radioactive Materials License 130R





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# Certification Board of Nuclear Cardiology

**Certifies** That

## **James Fitts, MD**

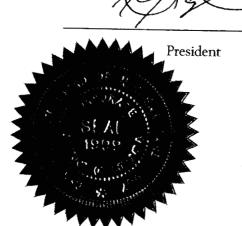
HAVING MET THE REQUIREMENTS PRESCRIBED BY THIS BOARD FOR PHYSICIANS TRAINED IN THE UNITED STATES AND HAVING SATISFACTORILY PASSED THE REQUIRED EXAMINATION, IS HEREBY DESIGNATED A DIPLOMATE CERTIFIED IN THE SUBSPECIALTY OF NUCLEAR CARDIOLOGY

FOR THE PERIOD 2006 - 2016

CRNC

Mr. J. Herryk

Secretary



**CERTIFICATE NUMBER: 4842** 

NRC FORM 313A (AUD) (3-2007)	U.S. NUCLEAR REGULATORY COMMISSIO	N	
AND PRECEPTO (for uses defined under 3	AINING AND EXPERIENCE DR ATTESTATION 35.100, 35.200, and 35.500) 35.290, and 35.590]	APPROVED BY OM EXPIRES: 10/31/20	
Name of Proposed Authorized User	State or Territory Where Lice	ensed	
Janes Fitts			
Requested Authorization(s) (check all that a	apply)		
35.100 Uptake, dilution, and excretion s	tudies		
35.200 Imaging and localization studies	1		
35.500 Sealed sources for diagnosis (s	pecify device	)	
	RT I TRAINING AND EXPERIENCE lect one of the three methods below)		
the date of application or the individual m	d certification, must have been obtained with nust have obtained related continuing educa s completed. Provide dates, duration, and c uses checked above.	ation and experience	since
1. Board Certification			
a. Provide a copy of the board certific	ation.		
<ul> <li>b. If using only 35.500 materials, stop Preceptor Attestation.</li> </ul>	here. If using 35.100 and 35.200 materials	, skip to and comple	te Part II
2 Current 35,390 Authorized User S	eeking Additional 35.290 Authorization		
<ul> <li>a. Authorized user on Materials Licens State requirements seeking authori</li> <li>b. Supervised Work Experience. (If more than one supervising indivi copies of this section.)</li> </ul>		35.390 or equivalent work experience, pro	
Description of Experience	Location of Experience/License or Permit Number of Facility	Clock Hours I	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 list authorized user	ing supervising individu	ual as an
	low, or equivalent Agreement State requirer erator experience in 32.290(c)(1)(ii)(G)	ments (check all that	apply).
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#### NRC FORM 313A (AUD) (3-2007)

#### U.S. NUCLEAR REGULATORY COMMISSION AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

### 3. Training and Experience for Proposed Authorized User

#### a. Classroom and Laboratory Training.

Location of Training	Clock Hours	Dates of Training*
Dartmonth Hitchack Medical Center	80	7/1/04 +> 6/30/07
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	Dartmonth Hitchauck Medical Center 11 11	Location or Training Hours Dartmouth Hitchcock 80 Medical Center (1) 11 (1) 11 (1)

#### 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	

3. <u>Training and Experience fo</u>	or Proposed	Authorized Us	<u>er</u> (continued)		
b. Supervised Work Experie	ence. (conting				
Description of Experie Must Include:	nce		f Experience/License or Number of Facility	Confirm	Dates Experier
Calculating, measuring, and preparing patient or human r subject dosages		_		Yes	
Using administrative controls prevent a medical event invo use of unsealed byproduct n	olving the			Yes	
Using procedures to contain byproduct material safely an proper decontamination proc	d using			Yes	
Administering dosages of rad drugs to patients or human r subjects				Yes	
Eluting generator systems a for the preparation of radioad drugs for imaging and localiz studies, measuring and testi eluate for radionuclidic purity processing the eluate with re kits to prepare labeled radioa drugs	ctive zation ing the y, and eagent			Yes	
Supervising Individual	<u>k</u>		License/Permit Number listin authorized user	ig supervising ind	ividual as a
Supervisor meets the require 35.190 35.29 c. For 35.590 only, provide	90 🔲 39	5.390	35.390 + generator experie		
Device		Type of Trainir		ocation and Da	

d. For 35.500 uses only, stop here. For 35.100 and 35.200 uses, skip to and complete Part II Preceptor Attestation.

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