



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

May 15, 2008

Nuclear Regulatory Commission
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

To Whom It May Concern:

Please amend the above referenced license to add Tariq M. Haddad, M.D. as authorized users to the above referenced license. Documentation in support of these physician's credentials is enclosed.

Any questions regarding this request may be directed to me at (703) 641-0500.

Sincerely,

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

Br.2

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REGION I
2008 AUG 15 PM 12:14

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NMSS/RGNI MATER.ALS-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

Tariq M. Haddad, 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	1. Johns Hopkins Hospital Halsted 500 600 North Wolfe Street Baltimore, MD 21287	1. 40 hrs	1. 10/04, 11/4, 2-3/05
	2. Nuclear Cardiology Authorized User Course	2. 80 hrs	2. 4/13-4/15/07
Radiation protection	1. Johns Hopkins Hospital Halsted 500 600 North Wolfe Street Baltimore, MD 21287	1. 40 hrs	1. 10/04, 11/04, 2-3/05
	2. Nuclear Cardiology Authorized User Course	2. 80 hrs	2. 4/13-4/15/07
Mathematics pertaining to the use and measurement of radioactivity	1. Johns Hopkins Hospital Halsted 500 600 North Wolfe Street Baltimore, MD 21287	1. 40 hrs	1. 10/04, 11/4, 2-3/05
	2. Nuclear Cardiology Authorized User Course	2. 80 hrs	2. 4/13-4/15/07
Chemistry of byproduct material for medical use (not required for 35.590)	1. Johns Hopkins Hospital Halsted 500 600 North Wolfe Street Baltimore, MD 21287	1. 40 hrs	1. 10/04, 11/4, 2-3/05
	2. Nuclear Cardiology Authorized User Course	2. 80 hrs	2. 4/13-4/15/07
Radiation biology	1. Johns Hopkins Hospital Halsted 500 600 North Wolfe Street Baltimore, MD 21287	1. 40 hrs	1. 10/04, 11/4, 2-3/05
	2. Nuclear Cardiology Authorized User Course	2. 80 hrs	2. 4/13-4/15/07
Total Hours of Training: 120+ hours			

- 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	1. Johns Hopkins Hospital Halsted 500 600 North Wolfe Street Baltimore, MD 21287	<input checked="" type="checkbox"/> Yes	1. 10/04, 11/4, 2-3/05
	2. Nuclear Cardiology Authorized User Course	<input type="checkbox"/> No	2. 4/13-4/15/07
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters	1. Johns Hopkins Hospital Halsted 500 600 North Wolfe Street Baltimore, MD 21287	<input checked="" type="checkbox"/> Yes	1. 10/04, 11/4, 2-3/05
	2. Nuclear Cardiology Authorized User Course	<input type="checkbox"/> No	2. 4/13-4/15/07

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	1. Johns Hopkins Hospital Halsted 500 600 North Wolfe Street, Baltimore, MD 21287 2. Nuclear Cardiology Authorized Use	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	1. 10/04, 11/4, 2-3/05 2. 4/
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material	1. Johns Hopkins Hospital Halsted 500 600 North Wolfe Street, Baltimore, MD 21287 2. Nuclear Cardiology Authorized Use	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	1. 10/04, 11/4, 2-3/05 2. 4/
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures	1. Johns Hopkins Hospital Halsted 500 600 North Wolfe Street, Baltimore, MD 21287 2. Nuclear Cardiology Authorized Use	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	1. 10/04, 11/4, 2-3/05 2. 4/
Administering dosages of radioactive drugs to patients or human research subjects	1. Johns Hopkins Hospital Halsted 500 600 North Wolfe Street, Baltimore, MD 21287 2. Nuclear Cardiology Authorized Use	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	1. 10/04, 11/4, 2-3/05 2. 4/
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	1. Johns Hopkins Hospital Halsted 500 600 North Wolfe Street, Baltimore, MD 21287 2. Nuclear Cardiology Authorized Use	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	1. 10/04, 11/4, 2-3/05 2. 4/13-4/15/07

Supervising Individual

Lewis Becker, M.D.

License/Permit Number listing supervising individual as an
authorized user

MD# 07-005--03

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 _____ 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

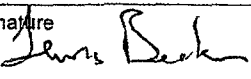
☒ I attest that Tariq M. Haddad, M.D. has satisfactorily completed the 700 hours of training
Name of Proposed Authorized User
and experience, including a minimum of 80 hours of classroom and laboratory training, required by 10 CFR 35.290(c)(1), and has achieved a level of competency sufficient to function 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 Lewis Becker, M.D.	Signature 	Telephone Number 410-955-5997	Date 08/06/2008
License/Permit Number/Facility Name Johns Hopkins Hospital MD# 07-005-03			

Tariq M. Haddad, MD



PROFESSIONAL EXPERIENCE:

The Cardiovascular Group, PC: Fairfax, VA
Cardiologist July 2007-present

EDUCATION:

National Heart, Lung, & Blood Institute, National Institutes of Health, Bethesda, MD
Cardiac MRI/CT Imaging Fellowship, July 2005- June 2007
•Level 3 training in cardiac CT and cardiac MRI

Johns Hopkins University Hospital, Baltimore, MD
Cardiology Fellowship, July 2003- June 2007
•Level 2 training in nuclear cardiology (anticipated), TTE, TEE, diagnostic cardiac catheterization, & stress echocardiography

University of Virginia Hospital, Charlottesville, VA
Internal Medicine Residency, June 2000-June 2003

Cornell University Medical College, New York, NY
Doctor of Medicine, August 1996-May 2000

Duke University, Durham, NC
BA *magna cum laude* (biochemistry), August 1992-May 1996

HONORS/AWARDS:

- Phi Beta Kappa at Duke University (1996)
- Teaching Grant from the Association of Teachers of Preventive Medicine (1998)
- University of Virginia Resident Teaching Award (2003)

BOARD CERTIFICATION:

- American Board of Internal Medicine,** board certified in internal medicine August 2003.
- American Board of Internal Medicine,** board eligible in cardiology (will take exam 2008)

RESEARCH/WORK EXPERIENCE:

Lead Associate Clinical Investigator. Laboratory of Cardiac Energetics, National Heart, Lung, & Blood Institute, NIH

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Clinical Investigator. Laboratory of Cardiac Energetics, National Heart, Lung, & Blood Institute, NIH

- Conducted clinical study with the guidance of Dr. Andrew Arai investigating the accuracy of quantitative cardiac MRI perfusion for detecting coronary disease during dipyridamole cardiac MRI stress testing of patients with suspected coronary disease.(July 2005-present)

Clinical Investigator. Division of Cardiology, University of Virginia Hospital.

- Conducted clinical study with the guidance of Drs. John Dent and George Beller investigating the efficacy of using C-reactive protein for additional risk stratification of low/intermediate risk unstable angina/NSTEMI patients in the emergency room setting. (April 2001-July 2003)

Clinical Investigator. Department of Internal Medicine, University of Virginia Hospital.

- Worked with Dr. Michael Scheld on an ongoing multi-center, NIH-funded clinical trial assessing the cycling of broad-spectrum antibiotics in the intensive care unit setting and its effects on antibiotic resistance patterns.(Fall 2000- January 2003)

Editor/Abstractor, M2 Communications.

- Generated and edited abstracts of major diabetes mellitus and gastroenterology journal articles for the medical newsletters Informed Diabetes and Informed Hepatology.(1999-2002)

Clinical Researcher. Department of Internal Medicine, NY Presbyterian Hospital-Cornell.

- Conducted outcomes study with Dr. Mark Callahan comparing the management of acute ST-elevation myocardial infarction at five hospitals in the New York/Presbyterian Hospital network.(Spring 1997)

PUBLICATIONS/PRESENTATIONS:

- Results of ST-elevation MI outcomes study presented at the Society of General Internal Medicine national meeting in Boston, MA in June 1999.
- Quantitative cardiac MRI perfusion data submitted as an abstract for the 2006 American Heart Association national conference (pending review)

PERSONAL:

- Fluent in the Arabic language.
- Additional interests include tennis, basketball, hiking, bicycling, and jogging.

•Organized and conducted a clinical study with the guidance of Dr. Andrew Arai investigating the use of cardiac MRI and echocardiography to more accurately predict responders and non-responders to cardiac resynchronization therapy.(July 2005-present)

DEPARTMENT OF HEALTH PROFESSIONS

Current Active - Medicine & Surgery
Number [REDACTED]
Issued: 02/09/2007
Expires: 08/31/2010

Tariq M. Haddad, MD
130 Park St.
#100
Vienna VA 22180

Written Notification of Change of
Address Required Within 30 Days of
Change

*Name Change Request Must be
Accompanied by a Photocopy of
Marriage License or Court Order

For Name* Address Changes, Mail to:
Department of Health Professions
c/o Board of Medicine
9900 Mayland Drive, Suite 300
Richmond, VA 23233-1463

My New Name* is:

My New Address is:

City, State

Zip Code

Signature (0101241229)

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF HEALTH PROFESSIONS

Sandra Whitley Ryals, Director

William L. Harp, M.D.
Executive Director
(804) 367-4600

BOARD OF MEDICINE

9900 Mayland Drive, Suite 300
Richmond, VA 23233-1463
www.dhp.virginia.gov/medboard

**License to Practice
Medicine & Surgery**

Tariq M. Haddad, MD

**Issued
02/09/2007**

**Expires
08/31/2010**

**Number
0101241229**

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

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