

2204 Wilborn Ave.

South Boston, Va. 24592

Tel: 434-517-3187

Fax: 434-517-3686

HALIFAX REGIONAL HOSPITAL
RADIOLOGY DEPARTMENT

45-18401-01
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FAX

TO: TARA WEIDNER

FROM: LEWIS R. RASH

FAX: 610-337-5393

PAGES: 2

PHONE: _____

DATE: 8/26/8

URGENT

CALL REPORT

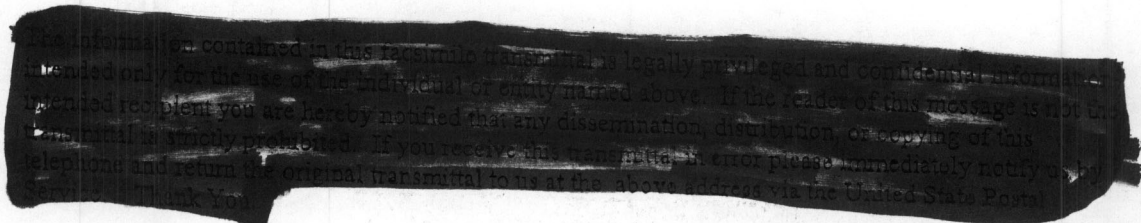
REPLY

*****COMMENTS:

CONTROL # 142602

TARA, ~~FACING~~ WILL MAIL COPY OF THIS TODAY.
CALL ME IF QUESTION. (434) 517-3633.

LEWIS



142602
NMSS/RGNI MATER. ALS-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 SRINIVASA R. CHENNAREDDY 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 SRINIVASA R. CHENNAREDDY 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 _____ 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
- 35.380
- 35.390 + generator experience

Name of Preceptor <u>DONNA KONLIAN, MD</u>	Signature 	Telephone Number <u>973-754-2375</u>	Date <u>8/12/08</u>
License/Permit Number/Facility Name <u>29-10191-02, St Joseph's Regional Medical Center</u>			