

From: Dennis Lawyer
Sent: Thursday, September 04, 2008 12:45 PM
To: 'csmarte@nvcardiology.com'
Subject: The Cardiovascular Group, Request for Additional Information

License No.:45-25533-01
Docket No: 03035466
Control No: 142632

Mr. Smarte,

This concerns your request to make Michael P. Notarianni, M.D. as an authorized user, the following additional information is needed.

I am unable to validate that Dr. Notarianni's preceptor and supervising individual, Duane Pinto, M.D., was a supervisor and an authorized user that meets the requirements for 35.290 or equivalent Agreement State requirements. Please submit evidence that Dr. Pinto is qualified as an authorized user for 35.290 or equivalent State requirements during the period that Dr. Notarianni's experience elements were being performed in the July 1996 -1997 period at the Beth Israel Deaconess Medical Center. Evidence can be in the form of a copy of the Material License with his name listed as an authorized user, or as a permit or other documentation signed by the Radiation Safety Officer. Please also enclose a copy of the Material license validating the Radiation Safety Officer.

Please note that you may not reply to this letter by return e-mail. Your reply must be in writing by letter or facsimile (610-337-5269). If we do not receive a reply from you within 30 calendar days from the date of this e-mail, we will assume that you do not wish to pursue your application.

E-mail Properties

Mail Envelope Properties (2856BC46F6A308418F033D973BB0EE72841E622B15)

Subject: The Cardiovascular Group, Request for Additional Information
Sent Date: 09/04/2008 12:45:23 PM
Received Date: 09/04/2008 12:45:00 PM
From: Dennis Lawyer

Created By: Dennis.Lawyer@nrc.gov

Recipients:
csmarte@nvcardiology.com ('csmarte@nvcardiology.com')
Tracking Status: None

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MESSAGE 4329 09/04/2008

Options

Expiration Date:

Priority: olImportanceNormal

ReplyRequested: False

Return Notification: False

Sensitivity: olNormal

Recipients received: