

**PRECEPTOR - RADIATION SAFETY OFFICER - AU
(Long Form)**

This is confirm that Dr Thomas P. Ryan has presented evidence of being identified as an Authorized User (AU) on a NRC/Agreement State License and has experience with radiation safety of similar types of radioactive material for which the individual will have Radiation Safety Officer responsibilities. In addition, the individual has training in radiation safety, regulatory issues and emergency procedures for these types of radioactive materials and their training has been documented by INME* as not less than 200 hours of instruction and completion of written examination to determine competency in these topics. With this training and experience this individual should have achieved a level of knowledge sufficient to function independently, as a Medical Radiation Officer in a medical imaging facility.

Tom Ryan for Dr BHAKTAVATSALA Apari 9/25/08
Preceptor Radiation Safety Officer Date
13-32694-01
Radioactive Materials License

Supporting documentation available by contacting the preceptor at:

ST Joseph Hospital, Suite 301
800 Broadway
FT Wayne INDIANA

Gentlemen: we ask for an Amendment to our above license to allow Dr Tom Ryan to be the new Radiation Safety office.

IF There are any questions please contact us at
625 W Broadway 260-439-0074 or my phone
413-4131(260)

Thank you

FLIC0004 (Rev 1) -Preceptor.RSO.AU.Long

©NC Systems, 5660 Airport Blvd, Suite 101
Boulder, CO 8030
Phone 303-541-004
Fax 303-541-006

Dr Tom Ryan

RECEIVED SEP 26 2008



NC Systems, Inc.

Institute For Nuclear Medical Education, Inc.

5660 Airport Blvd., Suite 101, Boulder, Colorado 80301
Phone: (800) 548-4024 • (303) 541-0044 • FAX: (303) 541-0066

Standard Urgent

Total Pages: _____

Stamp: Date, Time and Status of the Mail
SEP 16 2008
BY: _____

From: Sandra Nissen To: Dr. Tom Ryan Date: 09/16/2008

FAX Phone: 260.439.0077 Phone: _____ Location: Indiana 22

Reference: RAM License Amendment for RSO

Hello Dr. Ryan,

my already sent

Attached are a copy of the letter and the form that need to be completed and FedEx'd to the State of Indiana.

Send an additional cover letter to NRC at:

Materials Licensing Branch
U.S. NRC, Region III
2443 Warrenville Rd., Suite 210
Lisle, IL 60532-4352

Include a copy of the NRC license and preceptor form with both cover letters.

see attached

I don't have the class materials back yet from the Tuscan Inn in S.F., but will receive them tomorrow, grade the exams (I'm sure you passed, especially since Chuck grades on a curve!), and you will receive a copy of your Comprehensive certificate shortly.

Thank you!

Sandra
Licensing

scn@nuclearcardiology.com

317-
351-
7190

State Dept of Health
RADIOLOGICAL HEALTH
2525 North Shadelands Ave
Suite E3
Indianapolis
46219

Sender _____

1078 OFFICE-CO Fax 02

This message is intended for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential, and exempt from disclosure under applicable law. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone and return the original message to us at the address above via the U.S. Postal services. Thank you.

EXTENDED COMPREHENSIVE

Radioisotope Handling Attestation and Certification Completion and Competency

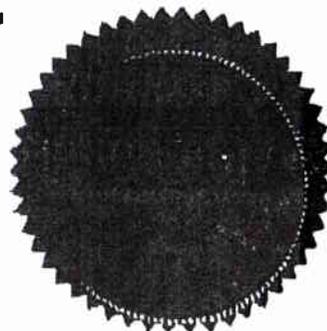
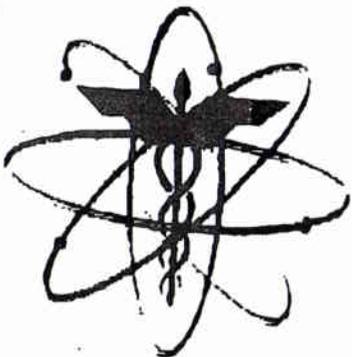
This document is an affidavit that

Thomas Ryan, M.D.

*has successfully completed the prescribed didactic program of
education and has achieved the objectives of this program
as evidenced by written examination*

This Program provides the following levels of documented accomplishment

- 100 Continuing Education Units (CEU)
- 100 Didactic Instructional Hours (DIH)
- In compliance with 10CFR35/AEA 73-689
- 100 Board Accepted Hours NUSPEX, NMTCB
ABMRSC, ABR, ABNM, CBNC



CH Row

Certifying Official

Sept. 14, 2008

Date Completed

204354

Certification

Institute for Nuclear Medical Education

Certified, Approved and Regulated by the Division of Private Occupational Schools, Department of Higher Education in Colorado. Validated by the American Council on Education (ACE), recognized by the American Association for Collegiate Registrars, Council on Post-Secondary Education. Licensed by NRC & Agreement States.

Battes Cardiology

821 BROADWAY
FORT WAYNE, IN 46802

Materials Licensing Branch
US NRC Region III
2443 Warrenville Rd #210
Lisle, Illinois 60532-4352

EXTREMELY URGENT Please Rush To Addressee

Schedule package pickup right from your home or office at usps.com/pickup

Print postage online - Go to usps.com/postageonline



U.S. POSTAGE
PAID
FORT WAYNE, IN
46802
SEP 25 '08
AMOUNT

\$12.60
00051053-09

PLEASE PRESS FIRMLY

PLEASE PRESS FIRMLY

0000



Legal Size Envelope
For Domestic and International Use



When used internationally
offer customs declarations
76, or 2976A).

Place Mailing Label Here:



EH402025173US



Addresssee Copy
Label 11-9, March 2004

Post Office To Addressee

PRESS HARD. YOU ARE MAKING 3 COPIES.

ORIGIN (POSTAL SERVICE USE ONLY)			
PO ZIP Code 46802	Day of Delivery Next	Postage \$ 12.60	
Date Accepted 9/25/08	Scheduled Date of Delivery 9/26	Return Receipt Fee \$	
Mo. Day Year 09 25 08	Month Day 09 26	COD Fee \$	Insurance Fee \$
Time Accepted 4:57	Scheduled Time of Delivery 3 PM	Total Postage & Fees \$ 12.60	
Flat Rate <input type="checkbox"/> or Weight <input checked="" type="checkbox"/>	Military <input type="checkbox"/>	Int'l Alpha Country Code	
lbs. oz.		Acceptance Emp. Initials EP	

FROM: (PLEASE PRINT) PHONE (219) 431-5011

Bates Cardiology
821 Broadway
Fort Wayne, IN 46802

FOR PICKUP OR TRACKING

Visit www.usps.com
Call 1-800-222-1811



DELIVERY (POSTAL USE ONLY)		
Delivery Attempt	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day		
Delivery Attempt	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day		
Delivery Date	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day		
CUSTOMER USE ONLY		
<input type="checkbox"/> WAIVER OF SIGNATURE (Domestic Mail Only) Additional merchandise insurance is void if customer requests waiver of signature. I want delivery to be made without obtaining signature of addressee or addressee's agent. If delivery employee knows that article can be left in secure location and I authorize that delivery employee's signature constitutes valid proof of delivery.		
<input type="checkbox"/> NO DELIVERY (Weekend/Holiday) <input type="checkbox"/> Mailer Signature		

TO: (PLEASE PRINT) PHONE () () () () () ()

Material; Licensing Branch
11 NRC Region III
3443 Johnsonville Rd #210

ZIP + 4 (U.S. ADDRESSES ONLY. DO NOT USE FOR FOREIGN POSTAL CODES.)
219 431 5011

FOR INTERNATIONAL DESTINATIONS, WRITE COUNTRY NAME BELOW.



EPT3L

Visit us at usps.com

We Deliver!

Please recycle.

This packaging is the property of the U.S. Postal Service® and is provided solely for use in sending Express Mail® shipments. Misuse may be a violation of federal law. This packaging is not for resale. EPT3L © U.S. Postal Service; June 2008; All rights reserved.