

CARDIAC DIAGNOSTIC SERVICES OF VIRGINIA

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TELECOPY COVER SHEET

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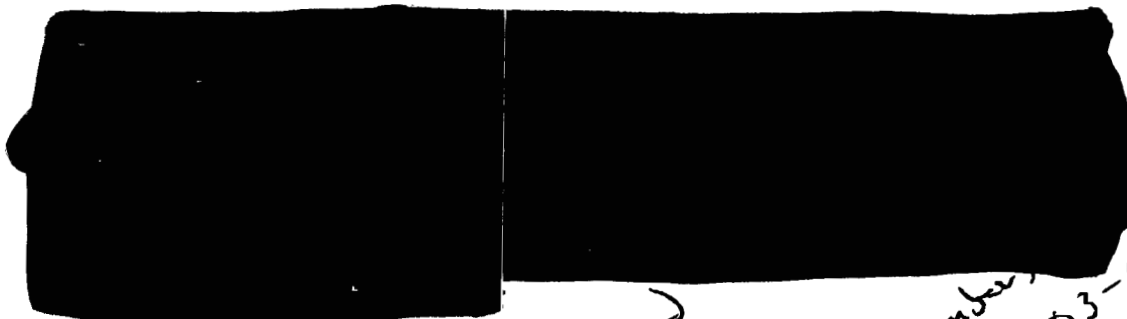
Date: 9/30/08 Time: 7:32

To: Dennis Lawyer

From: N. Christian Smarte Control # 142632

Fax Number: 610-3375269

Total number of pages, including cover sheet: 5



REMARKS:

Dennis,
Here is the resigned
31314 from Thomas Hausen, MD
Control # 142632. My number
are 301-580-5328 or 703-641-0500
Chris

142632

NRC FORM 313A (AUG) (3-2007) U.S. NUCLEAR REGULATORY COMMISSION		APPROVED BY OMB: NO. 3150-0120 EXPIRES: 10/31/2008
AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (for uses defined under 35.100, 35.200, and 35.500) [10 CFR 35.180, 35.290, and 35.690]		
Name of Proposed Authorized User Michael Notarianni, M.D.		State or Territory Where Licensed Virginia
Requested Authorization(s) (check all that apply)		
<input type="checkbox"/> 35.100 Uptake, dilution, and excretion studies <input checked="" type="checkbox"/> 35.200 Imaging and localization studies <input type="checkbox"/> 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.		
<input type="checkbox"/> 1. <u>Board Certification</u>		
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.		
<input type="checkbox"/> 2. <u>Current 35.390 Authorized User Seeking Additional 35.290 Authorization</u>		
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).		
<input type="checkbox"/> 35.290 <input type="checkbox"/> 35.390 + generator experience in 32.290(e)(1)(2)(G)		

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.

Description of Training	Location of Training	Clock Hours	Dates of Training*
Radiation physics and instrumentation	St. Elizabeth's Medical Center of Boston 736 Cambridge Street, Boston, Mass. 02135	40 hours	January to March 1997
Radiation protection	St. Elizabeth's Medical Center of Boston 736 Cambridge Street, Boston, Mass. 02135	40 hours	January to March 1997
Mathematics pertaining to the use and measurement of radioactivity	St. Elizabeth's Medical Center of Boston 736 Cambridge Street, Boston, Mass. 02135	40 hours	January to March 1997
Chemistry of byproduct material for medical use (not required for 35.590)	St. Elizabeth's Medical Center of Boston 736 Cambridge Street, Boston, Mass. 02135	40 hours	January to March 1997
Radiation biology	St. Elizabeth's Medical Center of Boston 736 Cambridge Street, Boston, Mass. 02135	40 hours	January to March 1997

Total Hours of Training: 200 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.)**

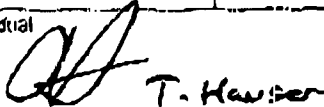
Supervised Work Experience		Total Hours of Experience:	
Description of Experience Must include:	Location of Experience/License or Permit Number of Facility	Confirm	Dates of Experience*
Ordering, receiving, and unpacking radioactive materials safely and performing the related radiation surveys	Beth Israel Beconess Medical Center Boston, Mass Mass. Radiation Control Program #600432	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	July 1998-1997
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters	Beth Israel Beconess Medical Center Boston, Mass Mass. Radiation Control Program #600432	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	July 1995-1997

NRC FORM 313A (AUG 2007) U.S. NUCLEAR REGULATORY COMMISSION
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	Beth Israel Deaconess Medical Center Boston, Mass Mass. Radiation Control Program #600432	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	July 1996-1997
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material	Beth Israel Deaconess Medical Center Boston, Mass Mass. Radiation Control Program #600432	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	July 1996-1997
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures	Beth Israel Deaconess Medical Center Boston, Mass Mass. Radiation Control Program #600432	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	July 1996-1997
Administering dosages of radioactive drugs to patients or human research subjects	Beth Israel Deaconess Medical Center Boston, Mass Mass. Radiation Control Program #600432	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	July 1996-1997
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	Beth Israel Deaconess Medical Center Boston, Mass Mass. Radiation Control Program #600432	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	July 1996-1997

Supervising Individual:  License/Permit Number listing supervising individual as an authorized user: Mass. Radiation Control Program #600432

Supervisor meets the requirements below, or equivalent Agreement State requirements (check one).

- 35.190 35.290 35.310 35.390 + generator experience in 35.290(c)(1)(ii)(G)

c. For 35.890 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.

NRC FORM 318A (AUB) (3/2007) U.S. NUCLEAR REGULATORY COMMISSION
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 35.690)

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 35.190.

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 35.190.

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 35.190 and 35.290.

OR

Training and Experience

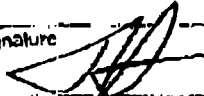
I attest that Michael Notarianni, M.D. has satisfactorily completed the 700 hours of training _____
Name of Proposed Authorized User
 and experience, including a minimum of 80 hours of classroom and laboratory training, required by 10 CFR 35.290(c)(1), and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.190 and 35.290.

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 <i>Thomas Haver, MD</i>	Signature 	Telephone Number (817) 667-8800	Date 25 Aug 2008
License/Permit Number/Facility Name Commonwealth of Massachusetts Radiation Control Program # 600432			