

# New River Valley Heart Clinic

A DIVISION OF: PHYSICIANS CARE OF VIRGINIA, P.C.

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CHRISTIANSBURG, VIRGINIA 24073

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A. UZAIR WYNE, M.D., F.A.C.C.  
SUDHENDU CHOUBEY, M.D., F.A.C.C.  
KIMBERLY GOAD, MSN, FNP-C

September 26, 2008

Br. 2

Licensing Assistant Section  
Nuclear Materials Safety Branch  
US Nuclear Regulatory Commission, Region 1  
475 Allendale Rd.  
King of Prussia, PA 19406-1415

03036249

**RE: Amendment to USNRC License # 45-25623-01  
New River Valley Heart Clinic**

To Whom It May Concern:

New River Valley Heart Clinic (NRVHC) wishes to amend its current USNRC materials license to reflect an addition to our authorized users. The radiation safety officer has reviewed the credentials for the following authorized user and found them adequate to satisfy the requirements of the appropriate USNRC regulations.

1. Authorized user: We would like to add Amjad Uzair Wyne, M.D. to our materials license for uses as described in 10 CFR 35.200. Please find attached with the amendment request a copy of USNRC form 313A for Dr. Wyne signed by his preceptor, a copy of his didactic training certificate and a copy of his Virginia license to practice medicine.

If you have further questions regarding this amendment request or would like to discuss it further, please do not hesitate to contact me.

Sincerely,



Sudhendu Choubey, MD  
Radiation Safety Officer  
New River Valley Heart Clinic

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REGION 1  
2008 OCT -6 AM 8:30

Page 1 of 1  
New River Valley Heart Clinic  
USNRC License # 45-25623-01  
Amendment request 9/26/08

142875  
NRC/REG/ MATEL. 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

State or Territory Where Licensed

AMJAD UZAIR WYNE MD

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                                     | 80 hours Nuclear Licensing course for physicians held by Associates in Medical Physics, LLC, 5288 Transportation Blvd, Cleveland OH, 44125. (216)663-7000 | 36          | Sept. 14-21, 2007  |
| Radiation protection  | "   | 28          | Sept. 14-21, 2007  |
| Mathematics pertaining to the use and measurement of radioactivity        | "   | 9           | Sept. 14-21, 2007  |
| Chemistry of byproduct material for medical use (not required for 35.590) | "   | 3           | Sept. 14-21, 2007  |
| Radiation biology   | "   | 5           | Sept. 14-21, 2007  |
| <b>Total Hours of Training: 81</b>  |   |             |                    |

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:   | 700                  |
|--|---|--|----------------------|
| 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   | NRC Byproducts Material License #45-25623-01                | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | 2006-present         |
| Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters | "   | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | 2006-present         |

**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   | NRC Byproducts Material License #45-25623-01  | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | 2006-present         |
| Using administrative controls to prevent a medical event involving the use of unsealed byproduct material  | "   | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | 2006-present         |
| Using procedures to contain spilled byproduct material safely and using proper decontamination procedures  | "   | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | 2006-present         |
| Administering dosages of radioactive drugs to patients or human research subjects  | "   | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | 2006-present         |
| 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 | Associates in Medical Physics, LLC<br>5288 Transportation Blvd.<br>Cleveland OH, 44125 (216)663-7000 via<br>General Electric Radiopharmacy<br>8300 Sweet Valley, Suite 304<br>Valley View, OH 44125 | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | Sept. 20, 2007       |

Supervising Individual



License/Permit Number listing supervising individual as an authorized user

NRC License # 45-25623-01

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)

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 \_\_\_\_\_ 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 Amjad Uzair Wyne has satisfactorily completed the 700 hours of training  
Name of Proposed Authorized User

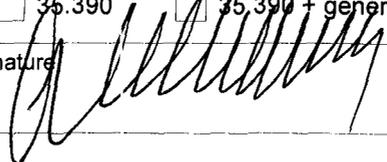
and experience, including a minimum of 80 hours of classroom and laboratory training, required by 10 CFR 35.290(c)(1), and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100 and 35.200.

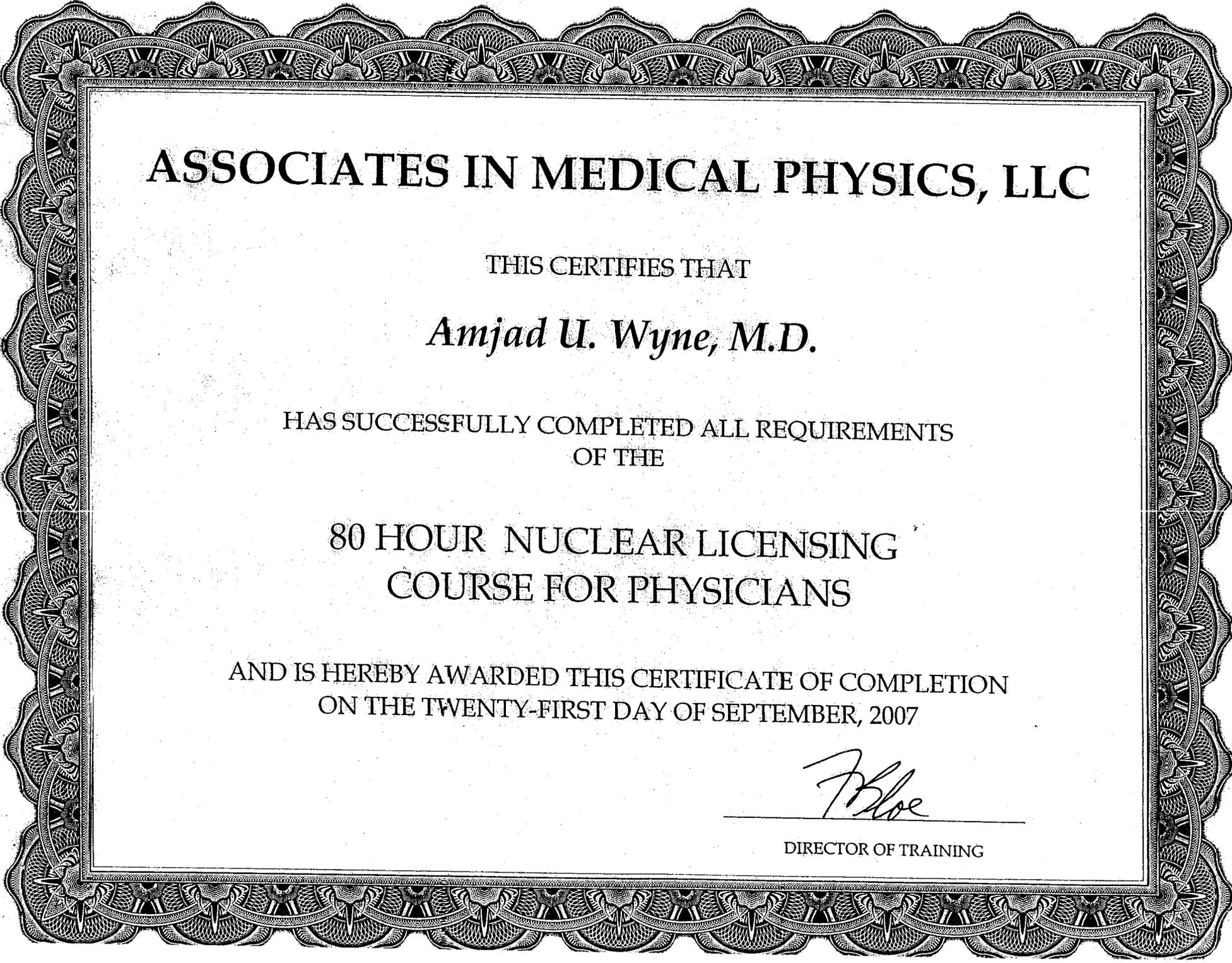
**Second Section**

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<br><b>Sudhendu Choubey, MD</b>  | Signature<br> | Telephone Number<br><b>(540) 731-3169</b> | Date<br><b>10/02/08</b> |
| License/Permit Number/Facility Name<br><b>NRC License #45-25623-01    New River Valley Heart Clinic</b> |   |   |                         |



ASSOCIATES IN MEDICAL PHYSICS, LLC

THIS CERTIFIES THAT

*Amjad U. Wyne, M.D.*

HAS SUCCESSFULLY COMPLETED ALL REQUIREMENTS  
OF THE

80 HOUR NUCLEAR LICENSING  
COURSE FOR PHYSICIANS

AND IS HEREBY AWARDED THIS CERTIFICATE OF COMPLETION  
ON THE TWENTY-FIRST DAY OF SEPTEMBER, 2007



DIRECTOR OF TRAINING

**ASSOCIATES IN MEDICAL PHYSICS, LLC**

A NATIONAL MEDICAL PHYSICS CONSULTING GROUP



**NATIONAL OFFICE:**  
5288 TRANSPORTATION BLVD.  
CLEVELAND, OH 44125

www.medphysics.com

PHONE: (216) 663-7000  
FAX: (216) 581-4361  
V M: (800) 709-4855

This is to certify that

Amjad U. Wyne, M.D.

has completed all requirements for the Nuclear Licensing Course for Physicians. Associates in Medical Physics, LLC designates this continuing medical education activity for 80 credit hours in Category 1 of the Physician's Recognition Award of the American Medical Association.

Dates attended:

September 14-21, 2007

\_\_\_\_\_  
Director of Training

September 21, 2007

\_\_\_\_\_  
Date

Associates in Medical Physics, LLC is accredited by the Accreditation Council for Continuing Medical Education to sponsor continuing medical education for physicians.

This is to acknowledge the receipt of your letter/application dated

9/26/08, and to inform you that the initial processing which includes an administrative review has been performed.

Amendment (45-25623-01) There were no administrative omissions. Your application was assigned to a technical reviewer. Please note that the technical review may identify additional omissions or require additional information.

Please provide to this office within 30 days of your receipt of this card

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A copy of your action has been forwarded to our License Fee & Accounts Receivable Branch, who will contact you separately if there is a fee issue involved.

Your action has been assigned **Mail Control Number** 142875.  
When calling to inquire about this action, please refer to this control number.  
You may call us on (610) 337-5398, or 337-5260.