Jeffrey Seltzer, MD, FACC
James M. Healy, MD, FACC
John A. Foley, MD, FACC
Ting Li, MD, FACC
Michael J. Fucci, DO
Faisal Hasan, MD
Aimee M. Stefanski, MS, APRN, BC
79 Wawecus St.
Norwich, CT 06360
PHONE (860) 886-2679
FAX (860) 889-2862

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MS-16

Cardiology Associates of Norwich, LLC

* 2nd Fax

06-30793-01
03036181

Fax

To: Dennis lawyer / NRC
From: Tina Grab / Cardiology Assoc.
Fax: 610-337-5269
Pages: 7 including cover sheet
Phone:
Date: 11/4/08
Re:
CC:

If there is a problem with this transmission, please contact our office immediately.

860-886-2679 x 33

Please call when received

[redacted]

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NMSS/RGN1 MATERIALS-002

NRC FORM 313A (RSO) (2-2007)

U.S. NUCLEAR REGULATORY COMMISSION

APPROVED BY OMB: NO. 3150-0120
EXPIRES: 10/31/2008

RADIATION SAFETY OFFICER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION
[10 CFR 35.50]

Name of Proposed Radiation Safety Officer

Dr. Ting Li

Requested Authorization(s) *The license authorizes the following medical uses (check all that apply):*

X 35.100 X 35.200 ___ 35.300 ___ 35.400 ___ 35.500 ___ 35.600 (remote afterloader)

___ 35.500 (teletherapy) ___ 35.600 (gamma stereotactic radiosurgery) ___ 35.1000 (_____)

PART I – TRAINING AND EXPERIENCE
(Select one of the four 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. Use Table 3.a. to describe training in radiation safety, regulatory issues, and emergency procedures for all types of medical use on the license.

   c. Skip to and complete Part II Preceptor Attestation.

OR

2. **Current Radiation Safety Officer Seeking Authorization to Be Recognized as a Radiation Safety Officer for the Additional Medical Uses Checked Above**

   a. Use the table in section 3.a. to describe training in radiation safety, regulatory issues, and emergency procedures for the additional types of medical use for which recognition as RSO is sought.

   b. Skip to and complete Part II Preceptor Attestation.

OR

3. **Structured Educational Program for Proposed Radiation Safety Officer**

   a. Classroom and Laboratory Training

Description of Training	Location of Training	Clock Hours	Dates of Training*
Radiation physics and instrumentation			
Radiation protection			
Mathematics pertaining to the use and measurement of radioactivity			
Radiation biology			
Radiation dosimetry			

Total Hours of Training:

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RADIATION SAFETY OFFICER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. **Structured Educational Program for Proposed Radiation Safety Officer** (continued)

b. Supervised Radiation Safety 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 Training/ License or Permit Number of Facility	Dates of Training*
Shipping, receiving, and performing related radiation surveys		
Using and performing checks for proper operation of instruments used to determine the activity of dosages, survey meters, and instruments used to measure radionuclides		
Securing and controlling byproduct material		
Using administrative controls to avoid mistakes in administration of byproduct material		
Using procedures to prevent or minimize radioactive contamination and using proper decontamination procedures		
Using emergency procedures to control byproduct material		
Disposing of byproduct material		
Licensed Material Used (e.g., 35.100, 35.200, etc.)*		

* Choose all applicable sections of 10 CFR Part 35 to describe radioisotopes and quantities used: 35.100, 35.200, 35.300, 35.400, 35.500, 35.600 remote afterloader units, 35.600 teletherapy units, 35.600 gamma stereotactic radiosurgery units, emerging technologies (provide list of devices).

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RADIATION SAFETY OFFICER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Structured Educational Program for Proposed Radiation Safety Officer (continued)

b. Supervised Radiation Safety Experience (continued)

(If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this section.)

Supervising Individual

License/Permit Number listing supervising individual as a Radiation Safety Officer

This license authorizes the following medical uses:

35.100 35.200 35.300 35.400

35.500 35.600 (remote afterloader) 35.600 (teletherapy)

35.600 (gamma stereotactic radiosurgery) 35.1000 ( )

c. Describe training in radiation safety, regulatory issues, and emergency procedures for all types of medical use on the license.

Description of Training	Training Provided By	Dates of Training*
Radiation safety, regulatory issues, and emergency procedures for 35.100, 35.200, and 35.500 uses		
Radiation safety, regulatory issues, and emergency procedures for 35.300 uses		
Radiation safety, regulatory issues, and emergency procedures for 35.400 uses		
Radiation safety, regulatory issues, and emergency procedures for 35.600 - teletherapy uses		
Radiation safety, regulatory issues, and emergency procedures for 35.600 - remote afterloader uses		
Radiation safety, regulatory issues, and emergency procedures for 35.600 - gamma stereotactic radiosurgery uses		
Radiation safety, regulatory issues, and emergency procedures for 35.1000, specify use(s):		

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RADIATION SAFETY OFFICER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. **Structured Educational Program for Proposed Radiation Safety Officer** (continued)

c. Training in radiation safety, regulatory issues, and emergency procedures for all types of medical use on the license (continued)

Supervising Individual *If training was provided by supervising RSO, AU, AMP, or ANP. (If more than one supervising individual is necessary to document supervised training, provide multiple copies of this page.)*

License/Permit Number listing supervising individual

License/Permit lists supervising individual as:

☐ Radiation Safety Officer ☐ Authorized User ☐ Authorized Nuclear Pharmacist

☐ Authorized Medical Physicist

Authorized as RSO, AU, ANP, or AMP for the following medical uses:

35.100	35.200	35.300	35.400
35.500	35.600 (remote afterloader)		35.600 (teletherapy)
35.600 (gamma stereotactic radiosurgery)			35.1000 ( )

d. Skip to and complete Part II Preceptor Attestation.

OR

☒ 4. **Authorized User, Authorized Medical Physicist, or Authorized Nuclear Pharmacist identified on the licensee's license**

a. Provide license number.

b. Use the table in section 3.c. to describe training in radiation safety, regulatory issues, and emergency procedures for all types of medical use on the license.

c. Skip to and complete Part II Preceptor Attestation.

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.

First Section
Check one of the following:

1. **Board Certification**

I attest that _____ has satisfactorily completed the requirements in
Name of Proposed Radiation Safety Officer

10 CFR 35.60(a)(1)(i) and (a)(1)(ii); or 35.50 (a)(2)(i) and (a)(2)(ii); or 35.50(c)(1).

OR

2. **Structured Educational Program for Proposed Radiation Safety Officers**

I attest that _____ has satisfactorily completed a structural educational
Name of Proposed Radiation Safety Officer

program consisting of both 200 hours of classroom and laboratory training and one year of full-time radiation safety experience as required by 10 CFR 35.50(b)(1).

OR

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RADIATION SAFETY OFFICER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

Preceptor Attestation (continued).

First Section (continued)
Check one of the following:

X **3. Additional Authorization as Radiation Safety Officer**

X I attest that Dr Tingli (Name of Proposed Radiation Safety Officer) is an

X Authorized User Authorized Nuclear Pharmacist

Authorized Medical Physicist

identified on the Licensees license and has experience with the radiation safety aspects of similar type of use of byproduct material for which the individual has Radiation Safety Officer responsibilities

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AND

Second Section
Complete for all ***(check all that apply)***:

X I attest that Dr Tingli (Name of Proposed Radiation Safety Officer) has training in the radiation safety, regulatory issues, and emergency procedures for the following types of use:

X 35.100

X 35.200

35.300 oral administration of less than or equal to 33 millicuries of sodium iodide I-131, for which a written directive is required

35.300 oral administration of greater than 33 millicuries of sodium iodide I-131

35.300 parenteral administration of any beta-emitter, or a photon-emitting radionuclide with a photon energy less than 150 keV for which a written directive is required

35.300 parenteral administration of any other radionuclide for which a written directive is required

35.400

35.500

35.600 remote afterloader units

35.600 teletherapy units

35.600 gamma stereotactic radiosurgery units

35.1000 emerging technologies, including:

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RADIATION SAFETY OFFICER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

AND

Third Section
Complete for ALL

X I attest that Dr Ting Li has achieved a level of radiation safety knowledge
Name of Proposed Radiation Safety Officer

sufficient to function independently as a Radiation Safety Officer for a medical use licensee.

Fourth Section
Complete the following for Preceptor Attestation and signature

I am the Radiation Safety Officer for Cardiology Associates of Norwich LLC
Name of Facility

License/Permit Number: 06-32793-01

Marshall S. Katz MD — Name of Preceptor
Marshall Katz MD — Signature
860-886-2079 — Telephone Number
10/24/08 — Date

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