

**DIAGNOSTIC AND CLINICAL CARDIOLOGY
DIVISION OF NUCLEAR MEDICINE
769 NORTHFIELD AVENUE SUITE 210-220
WEST ORANGE, NJ 07052
973-669-3147**

2008 OCT 31 PM 12:31

RECEIVED
REGISTRY

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Licensing Assistant Section
Nuclear Materials Safety Branch
U.S. Nuclear Regulatory Commission, Region I
475 Allendale Road
King of Prussia, PA 19406-1415

03034716

Re: Additional Info to Notification NRC License #29-30448-01

October 23, 2008

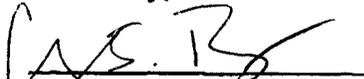
Dear Sirs/ Madam:

Please add authorized user Marc S. Fisk, D.O. to our NRC License #29-30448-01 for 35.200 cardiovascular imaging. Enclosed for your review is his preceptorship papers that you requested.

We have not changed our physical location, however please correct our suite number on our license to read Suite 210-220 on 769 Northfield Avenue, West Orange, NJ 07052.

Please contact Elaine Rovazzi, M.S., DABR, Physicist @ 973-322-5118 if you need additional information. Thank you in advance for your assistance. We look forward to receiving our amended license.

Sincerely,


Gary Rogal, M.D.
Management

Enc: Preceptorship form

NRC FORM 313A (AUD) (10-2007) **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 35.590)

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 Marc S. Fisk D.O. 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 _____ has satisfactorily completed the 700 hours of training
Name of Proposed Authorized User

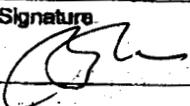
and experience, including a minimum of 80 hours of classroom and laboratory training, required by 10 CFR 35.290(c)(1), and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100 and 35.200.

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 <u>Sabino R. Torre M.D.</u>	Signature 	Telephone Number <u>973-731-4442</u>	Date <u>10/27/08</u>
License/Permit Number/Facility Name <u>Diagnostic and Clinical Cardiology</u>		<u>29-30448-01</u>	