

**Medicor Cardiology, P.A.**  
***Non-Invasive, Invasive & Interventional Cardiology***

Chao-Tung Cheng, M.D., F.A.C.C.  
Richard S. Leeds, M.D., F.A.C.C.  
Patrick F. Saulino, M.D., F.A.C.C.  
Sharan S. Mahal, M.D., F.A.C.C.  
Steven E. Georgeson, M.D., F.A.C.C., F.A.C.P.  
Jason O. Hall, M.D., F.A.C.C.

Glenn T. Friedman, M.D., F.A.C.C.  
Ruchana A. Kulkarni, M.D., F.A.C.C.  
Ashok A. Patel, M.D., F.A.C.C.  
Parag B. Patel, M.D., F.A.C.C.  
Joe K. Ahn, M.D.

L-4

November 18, 2008

Licensing Assistance Section  
Nuclear Medicine Safety Branch  
Division of Radiation Safety and Safeguards  
U.S. Nuclear Regulatory Commission, Region 1  
475 Allendale Road  
King of Prussia, Pennsylvania 19406-1415

Re: License Number: 29-30149-01  
Amendment Application  
Medicor Cardiology, P.A.

03033535

Dear License Reviewer:

Please amend our byproduct material license to add Joe K. Ahn, M.D. as an authorized user for all materials and procedures approved on our current license. Documentation attesting to his academic and clinical training has been enclosed within Attachment A. Please refer to this section for details.

If you have additional questions, please contact Mayuri Shah, CNMT, or me.

We thank you in advance for your assistance with this licensing action.

Sincerely,



Steven E. Georgeson, MD  
SEG/klc  
Enclosures

225 Jackson Street • Bridgewater, NJ 08807 • 908-523-8668 • Fax: 908-231-6781

331 US Hwy 206, Suite 1A • Hillsborough, NJ 08844 • 908-431-0600 • Fax: 908-431-0808

WWW.MEDICOR.COM

(Ref. 142770)

143022  
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**Attachment A**

North Shore University Hospital / Long Island Jewish Medical Center

**Radioisotope Education Program**

**Human Use Authorized Users Course**

*This document is to attest that*

***Joe Afn, M.D.***

*has successfully completed this didactic program which includes:*

1. Radiation Physics and Instrumentation
2. Radiation Protection
3. Mathematics Pertaining to the Use and Measurement of Radioactivity
4. Radiation Biology
5. Radiopharmaceutical Chemistry

*and has provided evidence of attendance and evidence of achieving the objectives of this program through examination. This program provides the following level of accomplishment:*

**200 Hours**  
**06/12/08**

**Instructional Hours**  
**Completion Date**

*William Robeson*  
**Authorized Signature**

**William R. Robeson**  
**Radiation Safety Officer**

**Title**

**The Sandra Atlas Bass Campus**

REGINA S. DRUZ, M.D., F.A.C.C., F.A.S.N.C.  
Director, Nuclear Cardiology

6/19/08

Certification Board of Nuclear Cardiology  
101 Lakeforest Boulevard, Suite 401  
Gaithersburg MD 20877

Dr. Joe K. Ahn has completed a nuclear cardiology training program that meets the requirements for Level 2 as outlined in the ACCF/ASNC COCATS Guidelines for Training in Nuclear Cardiology, revised 2006 within an accredited fellowship program.

Dr. Joe K. Ahn completed Level 2 nuclear cardiology training between the dates of 7/1/2005 and 6/30/2008.

I attest that Dr. Joe K. Ahn is competent to independently function as an authorized user under NRC 10 CFR 35.200 uses.

☒ The above-named applicant completed a minimum of 80 hours of classroom and laboratory training that meets the Nuclear Regulatory Commission (NRC) requirements as an INTEGRAL part of his/her fellowship/residency program.

☐ The above-named applicant completed a minimum of 80 hours of classroom and laboratory training that meets the NRC requirements external to his/her fellowship program.

☐ The above-named applicant is an Authorized User listed on a current Radioactive Materials Licence (RAM).

Sincerely,



(Signature Required)

Name of Preceptor: Regina S. Druz, M.D. F.A.C.C., F.A.S.N.C.

Title/Relationship to Applicant: Director, Nuclear Cardiology

NRC/Agreement State License Number (on RAM License): 1016-24

NORTH SHORE UNIVERSITY HOSPITAL • LONG ISLAND JEWISH MEDICAL CENTER • FOREST HILLS HOSPITAL • FRANKLIN HOSPITAL • GLEN COVE HOSPITAL • HUNTINGTON HOSPITAL  
PLAINVIEW HOSPITAL • SCHNEIDER CHILDREN'S HOSPITAL • SOUTHWIDE HOSPITAL • STATEN ISLAND UNIVERSITY HOSPITALS • SYOSSET HOSPITAL • THE ZUCKER HILLSIDE HOSPITAL  
CENTER FOR ADVANCED MEDICINE • CENTER FOR EMERGENCY MEDICAL SERVICES • CORE LABORATORY • THE PEINSTEIN INSTITUTE FOR MEDICAL RESEARCH • HOME CARE NETWORK  
HOSPICE CARE NETWORK • SPORTS THERAPY AND REHABILITATION SERVICES • THE STERN FAMILY CENTER FOR EXTENDED CARE AND REHABILITATION • TRANSITIONS OF LONG ISLAND

Affiliated Institutions

ADULTS & CHILDREN WITH LEARNING & DEVELOPMENTAL DISABILITIES • ASSOCIATION FOR THE HELP OF RETARDED CHILDREN (AHRC) • NASSAU  
R.E.G.S. • GLENHAVEN HEALTH CARE ORGANIZATION • NASSAU UNIVERSITY MEDICAL CENTER • PENINSULA HOSPITAL

***The Sandra Atlas Bass Campus***

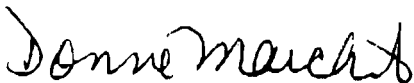
June 2, 2008

To Whom It May Concern:

This letter will certify that Joe Ahn, M.D., is a Cardiology Fellow in good standing at the NSLIJ Health System for the academic year 2007 - 2008. Dr. Ahn began his training on 7/01/05 and will complete his 36 months of cardiology fellowship training on 6/30/08 and is Board Eligible.

If you have any questions, please feel free to contact my office at (516) 562-2195.

Sincerely,



Donna Marchant, M.D., F.A.C.C., F.A.C.P.  
Cardiology Fellowship Program Director

**The Sandra Atlas Bass Campus**

REGINA S. DRUZ, M.D., F.A.C.C., F.A.S.N.C.  
Director, Nuclear Cardiology

**COMPLETION OF TRAINING IN  
NUCLEAR STRESS TESTING**

June 16<sup>th</sup>, 2008

To Whom It May Concern:

This is to certify that Dr. Joe K. Ahn, has successfully completed all his training in nuclear stress testing at our institution between July 1<sup>st</sup>, 2005 and June 30<sup>th</sup>, 2008. He has demonstrated proficiency for the following procedures; Exercise and Pharmacologic Nuclear Stress Testing. He has performed and interpreted over 200 treadmill and 250 pharmacologic nuclear stress studies during his training.

Sincerely,



Regina S. Druz, M.D., F.A.C.C., F.A.S.N.C.,  
Director Nuclear Cardiology  
North Shore University Hospital.

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P.E.C.S. • GLENHAVEN HEALTH CARE ORGANIZATION • NASSAU UNIVERSITY MEDICAL CENTER • PENINSULA HOSPITAL

**The Sandra Atlas Bass Campus**

June 2, 2008

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If you have any questions, please feel free to contact my office at (516) 562-2195.

Sincerely,

*Donna Marchant*

Donna Marchant, M.D., F.A.C.C., F.A.C.P.  
Cardiology Fellowship Program Director

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# North Shore-Long Island Jewish Health System

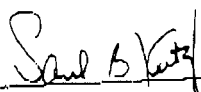
Joe Kyuhyun Ahn, MD

has served as a Fellow in the  
North Shore University Hospital - New York University School of Medicine Program in  
**Cardiovascular Disease**

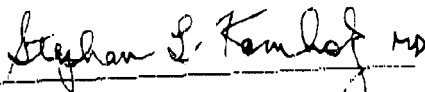
for the period  
**July 1, 2005 to June 30, 2008**

and has successfully completed the requisite course of study with professional ability and  
in faithful conformity to the rules and standards of the Health System

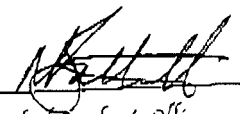
In Witness Whereof the undersigned have affixed the corporate seal of the Health System



Chairman, Board of Trustees  
North Shore-Long Island Jewish Health System







Chief Academic Officer  
North Shore-Long Island Jewish Health System





<b>NRC FORM 573A (AUG) (10-2007)</b>		<b>U.S. NUCLEAR REGULATORY COMMISSION</b>		<b>APPROVED BY ONE: NO. 3150-0120</b> <b>EXPIRES: 10/31/2008</b>	
<b>AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION</b> <b>(for uses defined under 35.100, 35.200, and 35.500)</b> <b>(10 CFR 35.190, 35.290, and 35.500)</b>					
Name of Proposed Authorized User <b>Joe K. Ahu</b>			State or Territory Where Licensed <b>IN New Jersey</b>		
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 _____)					
<b>PART I - TRAINING AND EXPERIENCE</b> <i>(Select one of the three methods below)</i>					
* 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 checked="" type="checkbox"/> <b>1. Board Certification</b>					
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"/> <b>2. Current 35.390 Authorized User Seeking Additional 35.290 Authorization</b>					
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. <i>(If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this section.)</i>					
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 radionuclides purity, and processing the eluate with reagent kits to prepare labeled radioactive drugs					
<b>Total Hours of Experience:</b>					
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(c)(1)(i)(G)					

NRC FORM 312a (AUG 10-2007) U.S. NUCLEAR REGULATORY COMMISSION  
**AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)**

☒ **2. 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	North Shore University Hospital 300 Community Drive Manhasset, NY 11030	40	9/07-4/08
Radiation protection	North Shore University Hospital 300 Community Drive Manhasset, NY 11030	40	9/07-4/08
Mathematics pertaining to the use and measurement of radioactivity	North Shore University Hospital 300 Community Drive Manhasset, NY 11030	40	9/07-4/08
Chemistry of byproduct material for medical use (not required for 35.590)	North Shore University Hospital 300 Community Drive Manhasset, NY 11030	40	9/07-4/08
Radiation biology	North Shore University Hospital 300 Community Drive Manhasset, NY 11030	40	9/07-4/08
Total Hours of Training: 200			

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 or Facility	Confirm	Dates of Experience*
Ordering, receiving, and unpacking radioactive materials safely and performing the related radiation surveys	North Shore University Hospital 300 Community Drive Manhasset, NY 11030	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/1/2005- 6/30/2008
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters	North Shore University Hospital 300 Community Drive Manhasset, NY 11030	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/1/2005- 6/30/2008

PAGE 2

NRC FORM 512A (AUG) U.S. NUCLEAR REGULATORY COMMISSION  
(100007) AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

2. 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	North Shore University Hospital 300 Community Drive Manhasset, NY 11030	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/1/2005- 6/30/2008
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material	North Shore University Hospital 300 Community Drive Manhasset, NY 11030	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/1/2005- 6/30/2008
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures	North Shore University Hospital 300 Community Drive Manhasset, NY 11030	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/1/2005- 6/30/2008
Administering dosages of radioactive drugs to patients or human research subjects	North Shore University Hospital 300 Community Drive Manhasset, NY 11030	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/1/2005- 6/30/2008
Eluting generator systems appropriate for the preparation of radioactive drugs for imaging and localization studies, measuring and testing the eluate for radionuclide purity, and processing the eluate with reagent kits to prepare labeled radioactive drugs	North Shore University Hospital 300 Community Drive Manhasset, NY 11030	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/1/2005- 6/30/2008

Supervising individual: Dr. Regina Druz, MD

License/Permit Number listing supervising individual as an authorized user: 1016-24

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)(i)(G)

c. For 35.500 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.

PAGE 3

NRC FORM 213A (AUG 1997) **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 35.560)

By checking the boxes below, the preceptor is attesting that the individual has knowledge to fulfill the duties of the position sought and not exceeding 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(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.

**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 **Joe K. Abu** 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

Signature

Telephone Number

Date

**Regina Durr, M.D.**

*[Signature]*

**(516) 562-4123**

**11/17/08**

License/Permit Number/Facility Name

**1016-24**

**North Shore University Hospital**

PAGE 4

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

11/18/08, and to inform you that the initial processing which includes an administrative review has been performed.

☒ Amendment (29-30149-01)  
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

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** 143022.  
When calling to inquire about this action, please refer to this control number.  
You may call us on (610) 337-5398, or 337-5260.

NRC FORM 532 (RI)  
(6-96)

Sincerely,  
Licensing Assistance Team Leader