

**HACKETTSTOWN REGIONAL MEDICAL CENTER  
DIVISION OF NUCLEAR MEDICINE  
561 WILLOW GROVE STREET  
HACKETTSTOWN, NJ 07840  
(908) 850-6842**

K-3

Nuclear Materials Safety Branch  
United States Nuclear Regulatory Commission  
Region I  
475 Allendale Road  
King of Prussia, Pennsylvania 19406-1415

Notification : Radioactive Materials License #29-16585-01

February 28, 2008

Dear Sirs:

03011347

This is notification that the following physician will be permitted to use radioactive materials as specified under our materials license # 29-16585-01:

A. Any Byproduct Material included in 10 CFR 35.100 and 35.200, as specified in our license:

1. John A. Werring, M.D.

Per 35.910 and 35.920, please find enclosed for the above physician his Curriculum Vitae and Certificate from the American Board of Radiology in Diagnostic Radiology.

Thank you in advance for your assistance. Please call our Physics Consultant, Elaine Rovazzi, M.S., DABR @ 973-322-5118 if you need additional information.

Sincerely,



Gene Milton  
President and C.E.O.

Enc: ABR Board certificate for John A. Werring  
Curriculum vitae

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NI'SS/RGNI MATERALS-002

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HACKETTSTOWN, NJ 07840  
(908) 850-6842

State of New Jersey  
Department of Environmental Protection  
Radioactive Materials Section  
PO Box 415  
Trenton, NJ 08625-0415

Re. Amendment for License # NJBRP-70148

February 28, 2008

Dear Sirs/ Madam:

Please amend our license to include the following physician as an authorized user as specified under our materials license NJBRP-70148:

A. Any Material included in Group I and II, as specified in our license:

1. John A. Werring, M.D.

Please find enclosed for the above physician his Curriculum Vitae, preceptorship and Certificate from the American Board of Radiology in Diagnostic Radiology.

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,



Gene Milton  
Chief Executive Officer

Enc: ABR Board Certificate for John Werring, M.D.  
Curriculum vitae  
Preceptorship form

**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)

**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 John A. Werring 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

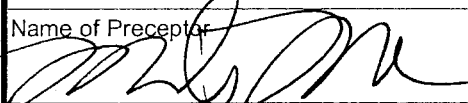
and experience, including a minimum of 80 hours of classroom and laboratory training, required by 10 CFR 35.290(c)(1), and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100 and 35.200.

**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 	Signature Michael Mantinaos	Telephone Number 908-850-6842	Date 3-6-08
License/Permit Number/Facility Name Hackettstown Regional Medical Center NJBRP-70148			

**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

John A. Werring M.D.

State or Territory Where Licensed

New Jersey

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)

# The American Board of Radiology

Organized through the cooperation of the  
American College of Radiology, the American Roentgen Ray Society,  
the American Radium Society, the Radiological Society of North America,  
the Section on Radiology of the American Medical Association,  
the American Society for Therapeutic Radiology and Oncology, the Association of  
University Radiologists, and American Association of Physicians in Medicine

Hereby certifies that

**John Andrew Werring, MD**

Has pursued an accepted course of graduate study  
and clinical work, has met certain standards and qualifications and  
has passed the examinations conducted under the authority of

The American Board of Radiology

On the fourth day of June, 1968

Thereby demonstrating to the satisfaction of the Board  
that he is qualified to practice the specialty of

Diagnostic Radiology



Certificate No. 56478

*William H. ...*  
President

*Ray C. Allen*  
Secretary


*P. P. ...*  
Executive Council



Valid through 2013

## Curriculum Vitae

John A. Werring, MD



### Employment:

Physician, Radiologist: Virtual Radiologic Consultants: Minneapolis, Minnesota.  
July 2004-Present.

### Education:

Fellowship: Abdominal Imaging, New York University Medical Center, New York, NY  
July 2003- June 2004

Residency: Diagnostic Radiology, The George Washington University, Washington, D.C.,  
July 1999-2003

Internship: The George Washington University Medical Center, Washington, D.C.,  
June 1998-June 1999, Internal Medicine

Medical: The George Washington University School of Medicine, Washington, D.C.,  
August 1994-May 1998, Medical Doctorate

Undergraduate: Bucknell University, Lewisburg, Pa,  
August 1989-May 1993, B.A. Biology

### Certification:

American Board of Radiology-June 4, 2003

### Honors:

Chief Radiology Resident, March 2001-March 2002  
Cum Laude, Bucknell University, 1993  
Dean's List, Bucknell University  
Biology Honor Society, 1990

### Activities:

Chairperson, Resident's Section: District of Columbia Metropolitan Radiological Society,  
August 2000-August 2001  
Vice Chairperson, Resident's Section: District of Columbia Metropolitan Radiological Society,  
August 1999-August 2000  
The George Washington University Hospital Credentials Committee, January 2001-2003  
Resident's Committee, The George Washington University, Division of Graduate Medical  
Education, April 2000-2003  
Students Teaching AIDS to Students Program, 1994-1996  
Captain, Bucknell Ice Hockey Team, 1992 and 1993  
Bucknell Ice Hockey Team, 1989-1993

### Interests:

Golf, Saltwater Fly Fishing, Hockey

**PERSONAL INFORMATION WAS REMOVED  
BY NRC. NO COPY OF THIS INFORMATION  
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