

Cape Heart Clinic
Suketu Nanavati, M.D., F.A.C.C.
Charles Spielman, M.D., F.A.C.C.
2 Village Dr.
Cape May Court House, N.J. 08210
Phone No: (609) 465-7517
Fax: (609) 465-2448
email address: nsuketu@hotmail.com

Br. 2

Licensing Specialist
US NRC- Region I
475 Allendale Rd.
King of Prussia, PA 19406-1415

November 14, 2008

29-28684-02
03035478

Re: Nuclear Credentials for Ashok Kumar Pilly, M.D.

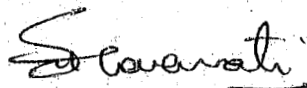
Dear Licensing Specialist,

I have worked with Ashok Kumar Pilly, M.D. for the past three years.

During that time period Dr Pilly has completed more than 1,000 Tc-99m based cardiac nuclear studies under my supervision and was involved in all aspects of the program. This equates to more than the 700 hours of training and experience in basic radionuclide handling techniques applicable to the medical use of by-product material, as outlined in 10 CFR 35.290, paragraph (c). In addition, Dr. Pilly has attended an 80 hour nuclear course offered by Associates in Medical Physics, LLC, to supplement his training.

I believe that Dr. Pilly has achieved a level of competence sufficient to function independently as an authorized user and/or the Radiation Safety Officer for the medical uses authorized under 10 CFR 35.100 and 35.200 and the authority granted by a radioactive materials license.

Sincerely,



S. Nanavati, M.D.
RSO/Authorized User
Radioactive Materials License NRC- 29 - 28684-02

Attachments: Dr Pilly's Credentials

RECEIVED
REGION I
2008 DEC -5 PM 12:22

143081
NRC REGION I MATERIALS-002

Cape Heart Clinic
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USNRC Region I
475 Allendale Rd.
King of Prussia, PA 19406-1415

Re: Amendment Request for Radioactive Materials License # 29-28684-02


Please accept this amendment request for the above referenced letter in order to:

1. Add the following authorized user:
Ashok K. Pilly, M.D.

Dr. Pilly credentials are attached for your review:

No other changes are requested at this time. All other aspects of our radiation Protection program will remain the same. If you have any questions concerning this amendment request please call me at your convenience.

Sincerely yours,



Suketu Nanavati, M.D., F.A.C.C.
Enclosure Credentials

**MEDICAL USE TRAINING AND EXPERIENCE
AND PRECEPTOR ATTESTATION****PART I - TRAINING AND EXPERIENCE**

Note: Descriptions of training and experience must contain sufficient detail to match the training and experience criteria in the applicable regulation (10 CFR Part 35)

1. Name of Individual, Proposed Authorization (e.g., Radiation Safety Officer), and Applicable Training Requirements (e.g., 10 CFR 35.50)

Ashok Kumar Pilly, M.D. for authorized user
under 35.100, 35.200

2. For Physicians, Podiatrists, Dentists, Pharmacists -- State or Territory Where Licensed

New Jersey

3. CERTIFICATION

- a. Provide a copy of the board certification. (Stop here if applying under 10 CFR Part 35, Subpart J or 35.590(a); continue if applying under other subparts.)
- b. Provide documentation in appropriate Items 4 through 10 of training or clinical case work required by 35.50(e); 35.51(c); 35.290(c)(1)(ii)(G) for AU seeking 35.200 authorization; 35.390(b)(1)(ii)(G); 35.396(d)(1) and 35.396(d)(2); 35.590(c); or 35.690(c).
- c. Provide completed Part II Preceptor Attestation, Items 11a through 11d.
- Stop here after completing Items 3a, 3b, and 3c when using board certification to meet 10 CFR Part 35 training and experience requirements.

**4. INDIVIDUALS IDENTIFIED ON A LICENSE OR PERMIT AS RADIATION SAFETY OFFICERS (RSO),
AUTHORIZED USERS (AU), AUTHORIZED MEDICAL PHYSICISTS (AMP), OR
AUTHORIZED NUCLEAR PHARMACISTS (ANP) SEEKING ADDITIONAL AUTHORIZATIONS**

- a. Provide a copy of the license or broadscope permit listing the current authorization and (b) or (c)
- b. Complete Items 8c (and 10 when training is provided by an RSO, AMP, ANP, or AU) and preceptor Items 11b through 11d to meet requirements for: RSO in 35.50(c)(2) or 35.50(e); or AU in 35.290(c)(1)(ii)(G) or 35.390(b)(1)(ii)(G) or 35.590(c) or 35.690(c); or AMP under 35.51(c).
- c. Complete Items 5, 6a, 6b, 10, and Preceptor Items 11a through 11d to meet AU requirements in 35.396(a).

5. DIDACTIC OR CLASSROOM AND LABORATORY TRAINING (optional for Medical Physicists)

Description of Training	Location	Clock Hours	Dates of Training
Radiation Physics and Instrumentation	Associates in Medical Physics, LLC (see attached certificate)	80 hours	Completed on September 26, 2008
Radiation Protection			
Mathematics Pertaining to the Use and Measurement of Radioactivity			
Radiation Biology			
Chemistry of Byproduct Material for Medical Use			
OTHER			

MEDICAL USE TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

6a. WORK OR PRACTICAL EXPERIENCE WITH RADIATION

Description of Experience	Name of Supervising Individual(s)	Location and Corresponding Materials License Number	Dates and/or Clock Hours of Experience
Cardiac Diagnostic Studies	Dr. Nanavati	29-28684-02	2006-2008
Radiation Protection Program	Dr. Nanavati	29-28684-02	2006-2008

6b. SUPERVISED CLINICAL CASE EXPERIENCE (describe experience elements in 6a)

Radionuclide	Type of Use	No. of Cases Involving Personal Participation	Name of Supervising Individual	Location and Corresponding Materials License Number	Dates and/or Clock Hours of Experience
Tc 99m	Cardiac Diagnostics	>1,100	Dr. Nanavati	29-28684-02	2006-2008

MEDICAL USE TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

9c. TRAINING FOR SECTIONS 35.50(e), 35.51(c), 35.590(c), or 35.690(c)

Training Element	Type of Training *	Location and Dates
NA		

* Types of training may include supervised (complete item 10 for 35.50(e), 35.51(c), and 35.690(c)), didactic, or vendor training.

7. FORMAL TRAINING

Physicians (for uses under 35.400 and 35.600) and Medical Physicists

Degree, Area of Study or Residency Program	Name of Program and Location with Corresponding Materials License Number	Dates	Name of Organization that Approved the Program (e.g., Accreditation Council for Graduate Medical Education) and the Applicable Regulation (e.g., 10 CFR 35.480)
NA			

8. RADIATION SAFETY OFFICER (RSO) -- ONE-YEAR FULL-TIME EXPERIENCE

- ☒ YES Completed 1 year of full-time radiation safety experience (in areas identified in item 8a) under supervision,
☐ N/A of Dr. Nanavati the RSO for License No. 29-28684-02

NA

9. MEDICAL PHYSICIST -- ONE-YEAR FULL-TIME TRAINING/WORK EXPERIENCE

- ☐ YES Completed 1 year of full-time training (for areas identified in item 8a) in therapeutic radiological physics (35.961) or medical physics (35.51) under the supervision of _____
☐ N/A who is a medical physicist (35.961) or meets requirements for Authorized Medical Physicists (35.51);
- and
- ☐ YES Completed 1 year of full-time work experience (at location providing radiation therapy services described and for topics identified in item 8a) for (specify use or device) _____
☐ N/A under the supervision of _____ who is a medical physicist (35.961) or meets requirements for Authorized Medical Physicists (35.51) (specify use or device) _____

MEDICAL USE TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

10. SUPERVISING INDIVIDUAL -- IDENTIFICATION AND QUALIFICATIONS

The training and experience indicated above was obtained under the supervision of (if more than one supervising individual is needed to meet requirements in 10 CFR Part 35, provide the following information for each):

A. Name of Supervisor

Suketu Nanavati, M.D.

B. Supervisor is:

☒ Authorized User☐ Authorized Medical Physicist☒ Radiation Safety Officer☐ Authorized Nuclear PharmacistC. Supervisor meets requirements of Part 35, Section(s) 50, 290for medical uses in Part 35, Section(s) 100, 200

D. Address

Cape Heart Clinic
2 Village Drive
Cape May Court House, NJ 08210

E. Materials License Number

29-28684-02

PART II -- PRECEPTOR ATTESTATION

Note: This part must be completed by the individual's preceptor. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each. This part is not required to meet training requirements in 35.590 or Part 35, Subpart J (except 35.980).

I attest the individual named in Item 1:

11a.

has satisfactorily completed the requirements in Part 35, Section(s) and Paragraph(s) 50e, 290c
as documented in section(s) 5, 6, 8 of this form.

11b. Select one

meets the requirements in ☒ 35.50(e) ☐ 35.51(c) ☐ 35.390(b)(1)(ii)(G) ☐ 35.690(c) for

types of use, as documented in section(s) _____ of this form.

11c.



has achieved a level of competency sufficient to independently operate a nuclear pharmacy (for 35.980); OR

has achieved a level of competency sufficient to function independently as an authorized
for _____ uses (or units); ORhas achieved a level of radiation safety knowledge sufficient to function independently as a Radiation Safety
Officer for a medical use licensee; OR

11d.

I am an Authorized Nuclear Pharmacist; OR ☒ I am a Radiation Safety Officer; ORI meet the requirements of 50, 290 section(s) of 10 CFR Part 35

or equivalent Agreement State requirements to be a preceptor

for the following byproduct material uses (or units): 100, 200

A. Address

Cape Heart Clinic
2 Village Drive
Cape May Court House, NJ 08210

B. Materials License Number

29-28684-02

G. NAME OF PRECEPTOR (print clearly)

Suketu Nanavati, M.D.

H. SIGNATURE -- PRECEPTOR

Suketu Nanavati

I. DATE

11/18/02

ASSOCIATES IN MEDICAL PHYSICS, LLC

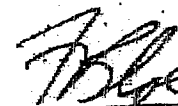
THIS CERTIFIES THAT

Ashok Kumar Pilly, 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-SDTH DAY OF SEPTEMBER, 2008



DIRECTOR OF TRAINING

6109492331

DU-14-2008 07:50A FROM: CARDIOLOGIC LLC

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

11/14/08, and to inform you that the initial processing which includes an administrative review has been performed.

☒ Ameudment (29-28684-02)
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** 143081.
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.