



West Virginia University
SCHOOL OF MEDICINE

P-7

47-31344-01
03037862

January 5, 2009

Thomas Thompson
Nuclear Regulatory Commission Office
475 Allendale Road
King of Prussia PA 19406-1415

Dear Mr. Thompson,

Dr. Yousef Abdalnabi 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 program.

Dr. Yousef Abdalnabi completed Level 2 nuclear cardiology training between the dates of 07/01/99 and 06/30/02.

I attest that Dr. Yousef Abdalnabi is competent to independently function as an authorized user under NRC 10 CRF 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 License (RAM).

Sincerely,

Gary D. Marano, M.D.
Professor and Vice Chair of Operations
West Virginia University Department of Radiology

- * Under the tenure of Dr. N. Gupta
- ** As Provided
- *** If Dr. Yousef Abdalnabi on RAM, not under my tenure.

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Department of Radiology

Robert C. Byrd Health Sciences Center South
PO Box 9235
Morgantown, WV 26506-9235

Phone: 304-293-3091
Fax: 304-293-3899

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MISSION STATEMENT
Equal Opportunity/Affirmative Action Institution

**MEDICAL USE TRAINING AND EXPERIENCE
AND PRECEPTOR ATTESTATION**APPROVED BY OMB: NO. 3150-0120
EXPIRES: 10/31/2008**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)

Yousef Abdulnadi, M.D.

Authorized User

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

West Virginia

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 6c (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	West Virginia University	100 Hours	completed 2-17-2002
Radiation Protection	West Virginia University	50 Hours	completed 12-5-2001
Mathematics Pertaining to the Use and Measurement of Radioactivity	West Virginia University	20 Hours Included in the 200 Hours total.	completed 2-17-2002
Radiation Biology	West Virginia University	20 Hours Included in the 200 Hours total.	completed 12-15-2001
Chemistry of Byproduct Material for Medical Use	West Virginia University	50 Hours	completed 12-9-2001
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
See Attached			

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

MEDICAL USE TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)**6c. TRAINING FOR SECTIONS 35.50(e), 35.51(c), 35.590(c), or 35.690(c)**

Training Element	Type of Training *	Location and Dates
See Attached		

* 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 35.490)
M.D., Cardiology	See Attached	7-1-1999 thru 6-30-2002	ACCF/ASNC COCATS 10 CFR 35.200 uses

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 6a) under supervision.
☐ N/A of _____ the RSO for License No. _____

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

- ☐ YES Completed 1 year of full-time training (for areas identified in item 6a) 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 6a) 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

B. Supervisor is:



Authorized User



Authorized Medical Physicist



Radiation Safety Officer



Authorized Nuclear Pharmacist

C. Supervisor meets requirements of Part 35, Section(s)

for medical uses in Part 35, Section(s) 35.200

D. Address

Department of Radiology
Robert C. Byrd Health Sciences Center South
PO Box 9235
Morgantown, WV 26506-9235

E. Materials License Number

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) 100/200/300
as documented in section(s) 4C 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



N/A

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
Authorized User for 100/200/300 uses (or units); **OR**



has achieved a level of radiation safety knowledge sufficient to function independently as a Radiation Safety
Officer for a medical use licensee; **OR**



N/A

11d.



I am an Authorized Nuclear Pharmacist; **OR** ☐ I am a Radiation Safety Officer; **OR**



I meet the requirements of 100/200/300 section(s) of 10 CFR Part 35

or equivalent Agreement State requirements to be a preceptor



AU or



AMP

for the following byproduct material uses (or units): 100/200/300

A. Address

WV University Hospital Inc
Medical Center
PO Box 9006
Morgantown WV 26506

B. Materials License Number

472306602

C. NAME OF PRECEPTOR (print clearly)

Gary D. Marano, M.D.

D. SIGNATURE -- PRECEPTOR



E. DATE

1/13/09