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Facsimile Transmittal

steven courtemanche

To: Jim Dwyer	From: NJIR Kristien
Fax:	Phone: 201-372-1020
Phone:	Fax: 201-372-1028
Date: 2/3/09	# Pages: (6) (including cover sheet)

Urgent For Review Please Comment Please Reply

Re: please call me as soon as possible
with any questions at 201-372-1020.
Comments: Thank you!

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Jan-30-09 01:46am From-

7-41 P 02/03 F-922

NRC FORM 312A (AUC) **U.S. NUCLEAR REGULATORY COMMISSION**
AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. 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	Date of Experience
Calculating, measuring, and safely preparing patient or human research subject dosages	NORTH SHORE UNIVERSITY HOSPITAL	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/1/00 - 6/30/01
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material	NORTH SHORE UNIVERSITY HOSPITAL	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/1/00 - 6/30/01
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures	NORTH SHORE UNIVERSITY HOSPITAL	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/1/00 - 6/30/01
Administering dosages of radioactive drugs to patients or human research subjects	NORTH SHORE UNIVERSITY HOSPITAL	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/1/00 - 6/30/01
Using 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	NORTH SHORE UNIVERSITY HOSPITAL	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/1/00 - 6/30/01

Supervising individual:

License/Permit Number listing supervising individual as an authorized user

[Signature] *YANA SHRIDHAR* Lic 218867

Supervisor meets the requirements below, or equivalent Agreement State requirements (check one)

35.100 35.200 35.300 35.500 + generator experience in 35.200(c)(1)(ii)(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 users only, stop here. For 35.100 and 35.200 users, skip to and complete Part II Preceptor Attestation.

Jan-30-08 12:07pm From

T-138 P 03/08 F-011

NRC FORM 313A (AUD)
(10-2007) U.S. NUCLEAR REGULATORY COMMISSION
AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. 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	NORTHSHORE UNIVERSITY HOSPITAL	20	7/1/00 - 6/30/01
Radiation protection	NORTHSHORE UNIVERSITY HOSPITAL	18	7/1/00 - 6/30/01
Mathematics pertaining to the use and measurement of radioactivity	NORTHSHORE UNIVERSITY HOSPITAL	14	7/1/00 - 6/30/01
Chemistry of byproduct material for medical use (not required for 35.590)	NORTHSHORE UNIVERSITY HOSPITAL	14	7/1/00 - 6/30/01
Radiation biology	NORTHSHORE UNIVERSITY HOSPITAL	14	7/1/00 - 6/30/01

Total Hours of Training: 700 = 80 + 620 ^{work} _{experience}

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.)

Description of Experience Must include	Location of Experience, license or Permit Number of Facility	Total Hours of Experience:		Dates of Experience*
		Confirm		
Ordering, receiving, and unpacking radioactive materials safely and performing the related radiation surveys	NORTHSHORE UNIVERSITY HOSPITAL	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		7/1/00 - 6/30/01
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters	NORTHSHORE UNIVERSITY HOSPITAL	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		7/1/00 - 6/30/01

Jan-30-09 12:08pm From

T-938 P.04/05 F-911

U.S. NUCLEAR REGULATORY COMMISSION

NRC Form 313A (AMD)
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 35.500)

By checking the boxes below, the preceptor is attesting that the individual has knowledge to fulfil 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 35.100

Board Certification

I attest that _____ has satisfactorily completed the requirements in

Name of Preceptor Authorized User

10 CFR 35.100(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 **DANNY S SPERLING** has satisfactorily completed the 80 hours of training and

Name of Preceptor Authorized User

experience, including a minimum of 8 hours of classroom and laboratory training, required by 10 CFR 35.100(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 35.200

Board Certification

I attest that _____ has satisfactorily completed the requirements in

Name of Preceptor Authorized User

10 CFR 35.200(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 **DANNY S SPERLING** has satisfactorily completed the 700 hours of training

Name of Preceptor Authorized User

and experience, including a minimum of 80 hours of classroom and laboratory training, required by 10 CFR 35.200(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:

- 35.100
- 35.200
- 35.390
- 35.390 + generator experience

Name of Preceptor: **YANA Slobodkin** Signature: *[Signature]* Telephone Number: **(576) 562-4400** Date: **1/30/09**

License/Permit Number/Facility Name: **218867 North Shore University Hospital**