

**HUDSON COUNTY  
CARDIOVASCULAR CARE**

**Pragnesh H. Gadhvi, MD**  
*Board Certified Specialist in Cardiovascular Diseases*

*br 2*

February 3, 2009  
U.S. Nuclear Regulatory Commission  
Region 1  
License Assistance Team  
475 Allendale Rd  
King of Prussia, PA 19406-1415

*03036660*

RECEIVED  
REGION 1  
2009 FEB -9 PM 12: 53

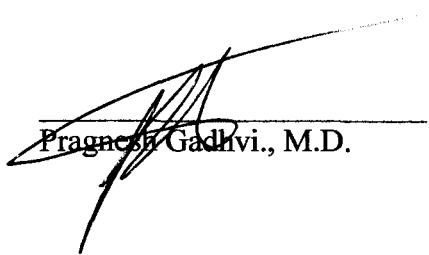
RE: NRC License # 29 – 30952 –01  
Hudson County Cardiovascular Care, P.C.

To Whom It May Concern:

We would like to amend our license:

- 1 Please remove **Ashokkumar Barbaria, M.D.** as the Radiation Safety Officer and as an Authorized User on this license.
- 2 Please add **Pragnesh Gadhvi, M.D.** as the Radiation Safety Officer . I am currently an Authorized User on this license. A preceptor attestation ( NRC Form 313A) is attached.

If you need any additional information please contact me.

  
Pragnesh Gadhvi., M.D.

*143341*

NMSS/RCNY

**Main Office**  
3185 J F Kennedy BLVD  
Jersey City, NJ 07306  
Ph. 201-792-1600 Fx. 201-792-1617

**Billing Address**  
P.O. Box 312  
Cedar Grove, NJ 07009

**Newark Office/Stress Test Lab**  
North Cargo Area-Bldg 340- Rm 203  
Newark, NJ 07114  
Ph. 973-596-1200 Fx. 973-596-9212



313A (RSO)

U.S. NUCLEAR REGULATORY COMMISSION

**RADIATION SAFETY OFFICER TRAINING AND EXPERIENCE  
AND PRECEPTOR ATTESTATION  
[10 CFR 35.50]**

APPROVED BY OMB: NO. 3150-0120  
EXPIRES: 10/31/2008

Name of Proposed Radiation Safety Officer

**PRAGNESH GADHVI, M.D.**

Requested Authorization(s) The license authorizes the following medical uses (check all that apply):

- 35.100   
  35.200   
  35.300   
  35.400   
  35.500   
  35.600 (remote afterloader)
- 35.600 (teletherapy)   
  35.600 (gamma stereotactic radiosurgery)   
  35.1000 ( )

**PART I - TRAINING AND EXPERIENCE**  
(Select one of the four 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**

- Provide a copy of the board certification.
- Use Table 3.c. to describe training in radiation safety, regulatory issues, and emergency procedures for all types of medical use on the license.
- Skip to and complete Part II Preceptor Attestation.

**OR**

**2. Current Radiation Safety Officer Seeking Authorization to Be Recognized as a Radiation Safety Officer for the Additional Medical Uses Checked Above**

- Use the table in section 3.c. to describe training in radiation safety, regulatory issues, and emergency procedures for the additional types of medical use for which recognition as RSO is sought.
- Skip to and complete Part II Preceptor Attestation.

**OR**

**3. Structured Educational Program for Proposed Radiation Safety Officer**

a. Classroom and Laboratory Training

Description of Training	Location of Training	Clock Hours	Dates of Training*
Radiation physics and instrumentation			
Radiation protection			
Mathematics pertaining to the use and measurement of radioactivity			
Radiation biology			
Radiation dosimetry			

**Total Hours of Training:**

NRC FORM 313A (R5D)  
(2-2007)

U.S. NUCLEAR REGULATORY COMMISSION

**RADIATION SAFETY OFFICER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)**

**3. Structured Educational Program for Proposed Radiation Safety Officer (continued)**

**b. Supervised Radiation Safety 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 Training/ License or Permit Number of Facility	Dates of Training*
Shipping, receiving, and performing related radiation surveys		
Using and performing checks for proper operation of instruments used to determine the activity of dosages, survey meters, and instruments used to measure radionuclides		
Securing and controlling byproduct material		
Using administrative controls to avoid mistakes in administration of byproduct material		
Using procedures to prevent or minimize radioactive contamination and using proper decontamination procedures		
Using emergency procedures to control byproduct material		
Disposing of byproduct material		
Licensed Material Used (e.g., 35.100, 35.200, etc.)+ _____ _____ _____		

\* Choose all applicable sections of 10 CFR Part 35 to describe radionuclides and quantities used: 35.100, 35.200, 35.300, 35.400, 35.500, 35.600 remote afterloader units, 35.600 teletherapy units, 35.600 gamma stereotactic radiosurgery units, emerging technologies (provide list of devices).

NRG FORM 313A (R90)  
(2-2007)

U.S. NUCLEAR REGULATORY COMMISSION

**RADIATION SAFETY OFFICER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)**

**3. Structured Educational Program for Proposed Radiation Safety Officer (continued)**

**b. Supervised Radiation Safety Experience (continued)**

*(If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this section.)*

Supervising Individual	License/Permit Number listing supervising individual as a Radiation Safety Officer
This license authorizes the following medical uses: <input type="checkbox"/> 35.100 <input type="checkbox"/> 35.200 <input type="checkbox"/> 35.300 <input type="checkbox"/> 35.400 <input type="checkbox"/> 35.600 <input type="checkbox"/> 35.600 (remote afterloader) <input type="checkbox"/> 35.600 (teletherapy) <input type="checkbox"/> 35.600 (gamma stereotactic radiosurgery) <input type="checkbox"/> 35.1000 ( _____ )	

**c. Describe training in radiation safety, regulatory issues, and emergency procedures for all types of medical use on the license.**

Description of Training	Training Provided By	Dates of Training*
Radiation safety, regulatory issues, and emergency procedures for 35.100, 35.200, and 35.500 uses	ASHOKKUMAR BARBARIA, M.D.	6/1/05 - 12/31/08
Radiation safety, regulatory issues, and emergency procedures for 35.300 uses		
Radiation safety, regulatory issues, and emergency procedures for 35.400 uses		
Radiation safety, regulatory issues, and emergency procedures for 35.600 - teletherapy uses		
Radiation safety, regulatory issues, and emergency procedures for 35.600 - remote afterloader uses		
Radiation safety, regulatory issues, and emergency procedures for 35.600 - gamma stereotactic radiosurgery uses		
Radiation safety, regulatory issues, and emergency procedures for 35.1000, specify use(s):		

NRC FORM 313A (RSO)  
(2-2007)

U.S. NUCLEAR REGULATORY COMMISSION

**RADIATION SAFETY OFFICER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)**

**3. Structured Educational Program for Proposed Radiation Safety Officer (continued)**

c. Training in radiation safety, regulatory issues, and emergency procedures for all types of medical use on the license (continued)

<p><b>Supervising Individual</b> <i>If training was provided by supervising RSO, AU, AMP, or ANP. (If more than one supervising individual is necessary to document supervised training, provide multiple copies of this page.)</i></p>	<p>License/Permit Number listing supervising individual</p>
<p>License/Permit lists supervising individual as:</p> <p><input type="checkbox"/> Radiation Safety Officer    <input type="checkbox"/> Authorized User    <input type="checkbox"/> Authorized Nuclear Pharmacist</p> <p><input type="checkbox"/> Authorized Medical Physicist</p> <p>Authorized as RSO, AU, ANP, or AMP for the following medical uses:</p> <p><input type="checkbox"/> 35.100    <input type="checkbox"/> 35.200    <input type="checkbox"/> 35.300    <input type="checkbox"/> 35.400</p> <p><input type="checkbox"/> 35.500    <input type="checkbox"/> 35.600 (remote afterloader)    <input type="checkbox"/> 35.600 (teletherapy)</p> <p><input type="checkbox"/> 35.600 (gamma stereotactic radiosurgery)    <input type="checkbox"/> 35.1000 ( _____ )</p>	

d. Skip to and complete Part II Preceptor Attestation.

OR

**4. Authorized User, Authorized Medical Physicist, or Authorized Nuclear Pharmacist identified on the licensee's license**

- a. Provide license number.
- b. Use the table in section 3.c. to describe training in radiation safety, regulatory issues, and emergency procedures for all types of medical use on the license.
- c. Skip to and complete Part II Preceptor Attestation.

**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.

**First Section**

Check one of the following:

**1. Board Certification**

I attest that PRAGNESH H. GADHVI has satisfactorily completed the requirements in  
Name of Proposed Radiation Safety Officer

10 CFR 35.50(a)(1)(i) and (a)(1)(ii); or 35.50 (a)(2)(i) and (a)(2)(ii); or 35.50(c)(1).

OR

**2. Structured Educational Program for Proposed Radiation Safety Officers**

I attest that PRAGNESH H. GADHVI has satisfactorily completed a structural educational  
Name of Proposed Radiation Safety Officer

program consisting of both 200 hours of classroom and laboratory training and one year of full-time radiation safety experience as required by 10 CFR 35.50(b)(1).

OR

NRC FORM 315A (RSO)  
(2-2007)

U.S. NUCLEAR REGULATORY COMMISSION

**RADIATION SAFETY OFFICER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)**

**Preceptor Attestation (continued)**

**First Section (continued)**

Check one of the following:

**3. Additional Authorization as Radiation Safety Officer**

I attest that Pragnesh Gadhvi, M.D. is an  
Name of Proposed Radiation Safety Officer

Authorized User

Authorized Nuclear Pharmacist

Authorized Medical Physicist

identified on the Licensee's license and has experience with the radiation safety aspects of similar type of use of byproduct material for which the individual has Radiation Safety Officer responsibilities

**AND**

**Second Section**

Complete for all (check all that apply):

I attest that Pragnesh Gadhvi, M.D. has training in the radiation safety, regulatory issues, and  
Name of Proposed Radiation Safety Officer

emergency procedures for the following types of use:

35.100

35.200

35.300 oral administration of less than or equal to 33 millicuries of sodium iodide I-131, for which a written directive is required

35.300 oral administration of greater than 33 millicuries of sodium iodide I-131

35.300 parenteral administration of any beta-emitter, or a photon-emitting radionuclide with a photon energy less than 150 keV for which a written directive is required

35.300 parenteral administration of any other radionuclide for which a written directive is required

35.400

35.500

35.600 remote afterloader units

35.600 teletherapy units

35.600 gamma stereotactic radiosurgery units

35.1000 emerging technologies, including:

\_\_\_\_\_  
\_\_\_\_\_

NRC FORM 313A (RSO)  
(2-2007)

U.S. NUCLEAR REGULATORY COMMISSION

RADIATION SAFETY OFFICER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

AND


Third Section  
Complete for ALL

I attest that Pragnesh Godhvi, M.D. has achieved a level of radiation safety knowledge  
Name of Proposed Radiation Safety Officer  
sufficient to function independently as a Radiation Safety Officer for a medical use licensee.

Fourth Section  
Complete the following for Preceptor Attestation and signature

I am the Radiation Safety Officer for Hudson County Cardiovascular Care, P.C.  
Name of Facility

License/Permit Number: 29-30952-01

Name of Preceptor	Signature	Telephone Number	Date
Ashok Kumar Barbarias M.D.		(609) 869-1600	1/27/09

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

2/3/2009, and to inform you that the initial processing which includes an administrative review has been performed.

AMEND. 29-7892-01 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

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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** 143341.  
When calling to inquire about this action, please refer to this control number.  
You may call us on (610) 337-5398, or 337-5260.