TOMS RIVER
CARDIOLOGY ASSOCIATES, LLP

MICHAEL BAGEAC, M.D., FACC
LEONARD R. DI PISA, M.D., FACC, FACP
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VAL ANDREWSKI, RN, MSN, CS, ANP, C

J-6

29-30344-01
03034250

February 27, 2009

License Assistance Section
Nuclear Medicine Safety Branch
Division of Radiation Safety & Safeguards
U.S. Nuclear Regulatory commission, Region 1
475 Allendale Road
King of Prussia, PA 19406-1415

Dear License Reviewer:

I, Leonard R. DiPisa, M.D. confirm that Nancy T. Cristoforo, M.D., is competent to read independently as an Authorized user as described $10 CFR 35.290.

If you require additional information, please contact me.

Sincerely,

LEONARD R. DIPISA, M.D., F.A.C.C., F.A.C.P.
President

LRD/ss

143185

Mailing Address:
780 Route 37 West • Suite 310
Toms River, New Jersey 08755
Tel: (732) 240-0599 • Fax (732) 240-3039

731 Lacey Road • Suite 5
Forked River, New Jersey 08731
Tel: (609) 693-9303 • Fax (609) 693-1939

NMSS/RGN1 MATERIALS-002

TRAINING AND EXPERIENCE
AUTHORIZED USER OR RADIATION SAFETY OFFICER

Approved by OMB
3150-0041
Expires 6-30-9

1. NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER	2. STATE OR TERRITORY IN WHICH LICENSED TO PRACTICE MEDICINE
Nancy Cristoforo, MD	New Jersey

3. CERTIFICATION

SPECIALTY BOARD A	CATEGORY B	MONTH AND YEAR CERTIFIED C
American Board of Internal Medicine		9/91

4. TRAINING RECEIVED IN BASIC RADIOISOTOPE HANDLING TECHNIQUES

FIELD OF TRAINING A	LOCATION AND DATE(S) OF TRAINING B	TYPE AND LENGTH OF TRAINING: LECTURE/ LABORATORY COURSES (Hours) C	TYPE AND LENGTH OF TRAINING: SUPERVISED LABORATORY EXPERIENCE (Hours) D
	January - April 1997		
a. RADIATION PHYSICS AND INSTRUMENTATION	Health Physics Services, Inc Rockville, MD	100	
b. RADIATION PROTECTION	Same as above	30	40 hours @ Deborah
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY	Same as above	20	Heart & Lung Ctr.
d. RADIATION BIOLOGY	Same as above	20	Brown Mills New Jersey
e. RADIOPHARMACEUTICAL CHEMISTRY	Same as above	30	

5. EXPERIENCE WITH RADIATION. *(Actual use of Radioisotopes or Equivalent Experience)*

ISOTOPE	MAXIMUM AMOUNT	WHERE EXPERIENCE WAS GAINED	DURATION OF EXPERIENCE	TYPE OF USE
Tl 201	5.0 mCi	Deborah Heart & Lung Center, Browns Mills, NJ	9/1/96-10/31/96 1/2/97-2/28/97 5/1/97-6/30/97	Nuclear Cardiolo Diagnosti Imagi
99mTc	29.9 mCi	Same as above	Same as above	Same as above

NRC FORM 313M SUPPLEMENT B
(9-88)

U. S. NUCLEAR REGULATORY COMMISSION

Approved by OMB
3150-0041
Expires 6-30-

PRECEPTOR STATEMENT

Supplement B must be completed by the applicant physician's preceptor. If more than one preceptor is necessary to document experience, obtain a separate statement from each.

1. APPLICANT PHYSICIAN'S NAME AND ADDRESS

FULL NAME
Nancy T. Cristoforo, MD

STREET
5041 N. 12th Avenue

CITY: Pensacola, STATE: FL ZIP CODE: 32504

KEY TO COLUMN C

PERSONAL PARTICIPATION SHOULD CONSIST OF:

1. [redacted] of patients to determine the suitability for radioisotope diagnosis and/or treatment and [illegible]

2. Collaboration in dose calibration and actual administration of doses to the patient including calculation of the radiation dose, related measurements and planning of dose.

3. Adequate period of training to enable physician to manage radioactive patients and follow patients through diagnosis and/or course of treatment.

2. CLINICAL TRAINING AND EXPERIENCE OF ABOVE NAMED PHYSICIAN

ISOTOPE A	CONDITIONS DIAGNOSED OR TREATED B	NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION C	COMMENTS (Additional information or comments may be submitted in duplicate on separate sheet.) D
I-131 or I-125	DIAGNOSIS OF THYROID FUNCTION		
	DETERMINATION OF BLOOD AND BLOOD PLASMA VOLUME		
	LIVER FUNCTION STUDIES		
	FAT ABSORPTION STUDIES		
	KIDNEY FUNCTION STUDIES		
	IN VITRO STUDIES		
OTHER			
I-125	DETECTION OF THROMBOSIS		
I-131	THYROID IMAGING		
P-32	EYE TUMOR LOCALIZATION		
Se-75	PANCREAS IMAGING		
Yb-169	CISTERNOGRAPHY		
Xe-133	BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES		
OTHER			
Tc-99m	BRAIN IMAGING		
	CARDIAC IMAGING	500	including Thallium 201 & 99mTc Pertechnetate, Sestamibi, Tetrofosmin and Pyrophosphate
	THYROID IMAGING		
	SALIVARY GLAND IMAGING		
	BLOOD POOL IMAGING	50	MUGA scanning
	PLACENTA LOCALIZATION		
	LIVER AND SPLEEN IMAGING		
	LUNG IMAGING		
	BONE IMAGING		
OTHER	Gated SPECT	100	Thallium 201 & 99mTc Sestamibi

PRECEPTOR STATEMENT (Continued)

2. CLINICAL TRAINING AND EXPERIENCE OF ABOVE NAMED PHYSICIAN (Continued)

ISOTOPE A	CONDITIONS DIAGNOSED OR TREATED B	NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION C	COMMENTS (Additional information or comments may be submitted in duplicate on separate sheet.) D
P-32 (Soluble)	TREATMENT OF POLYCYTHEMIA VERA, LEUKEMIA, AND BONE METASTASES		
P-32 (Colloidal)	INTRACAVITARY TREATMENT		
I-131	TREATMENT OF THYROID CARCINOMA		
	TREATMENT OF HYPERTHYROIDISM		
Au-198	INTRACAVITARY TREATMENT		
Co-60 or Cs-137	INTERSTITIAL TREATMENT		
	INTRACAVITARY TREATMENT		
I-125 or Ir-192	INTERSTITIAL TREATMENT		
Co-60 or Cs-137	TELETHERAPY TREATMENT		
Sr-90	TREATMENT OF EYE DISEASE		
	RADIOPHARMACEUTICAL PREPARATION		
Mo-99/ Tc-99m	GENERATOR	5	at Health Physics Services, Inc Rockville, MD
Sn-113/ In-113m	GENERATOR		
Tc-99m	REAGENT KITS		
Other			

3. DATES AND TOTAL NUMBER OF HOURS RECEIVED IN CLINICAL RADIOISOTOPE TRAINING

Clinical Preceptorship in Nuclear Cardiology at Section of Nuclear Medicine Dept. of Cardiology, Deborah Heart & Lung Center, Browns Mills, NJ 080.5
Dates: 9/1/96-10/31/96, 1/2/97-2/28/97 & 5/1/97-6/30/97
25 weeks X 40 hours per week, including didactic course = 1,000 hours.

4. THE TRAINING AND EXPERIENCE INDICATED ABOVE WAS OBTAINED UNDER THE SUPERVISION OF:

a. NAME OF SUPERVISOR
Elizabeth Paczolt, MD

b. NAME OF INSTITUTION
Deborah Heart and Lung Center

c. MAILING ADDRESS
200 Trenton Road.;.;

d. CITY
Browns Mills, New Jersey 080.15

5. MATERIALS LICENSE NUMBER(S)
29-18190-01

6. PRECEPTOR'S SIGNATURE

7. PRECEPTOR'S NAME (Please type or print)
Elizabeth Paczolt, MD

8. DATE
6/30/97

☆ US. GOVERNMENT PRINTING OFFICE: 1986-16[illegible]-314

NRC FORM 313M SUPPLEMENT B
(5-81)

U. S. NUCLEAR REGULATORY COMMISSION

Approved by OMB
3150-0041
Expires 9-30-8

PRECEPTOR STATEMENT

Supplement B must be completed by the applicant physician's preceptor. If more than one preceptor is necessary to document experience, obtain a separate statement from each.

1. APPLICANT PHYSICIAN'S NAME AND ADDRESS

FULL NAME

Nancy T. Cristofoto, M.D.

STREET ADDRESS

CITY | STATE | ZIP CODE

KEY TO COLUMN C

PERSONAL PARTICIPATION SHOULD CONSIST OF:

1. Supervised examination of patients to determine the suitability for radioisotope diagnosis and/or treatment and recommendation for prescribed dosage.
2. Collaboration in dose calibration and actual administration of dose to the patient including calculation of the radiation dose, related measurements and plotting of data.
3. Adequate period of training to enable physician to manage radioactive patients and follow patients through diagnosis and/or course of treatment.

2. CLINICAL TRAINING AND EXPERIENCE OF ABOVE NAMED PHYSICIAN

ISOTOPE A.	CONDITIONS DIAGNOSED OR TREATED B.	NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION C	COMMENTS (Additional information or comments may be submitted in duplicate on separate sheets.) D
I-131 or I-125	DIAGNOSIS OF THYROID FUNCTION	**********	
	DETERMINATION OF BLOOD AND BLOOD PLASMA VOLUME	**********	
	LIVER FUNCTION STUDIES	**********	
	FAT ABSORPTION STUDIES	**********	
	KIDNEY FUNCTION STUDIES	**********	
	IN VITRO STUDIES	**********	
OTHER		**********	
I-125	DETECTION OF THROMBOSIS	**********	
I-131	THYROID IMAGING	**********	
P-32	EYE TUMOR LOCALIZATION	**********	
Se-75	PANCREAS IMAGING	**********	
Yb-169	CISTERNOGRAPHY	**********	
Xe-133	BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES	**********	
OTHER		**********	
Tc-99m	BRAIN IMAGING	**********	
	CARDIAC IMAGING	**********	
	THYROID IMAGING	**********	
	SALIVARY GLAND IMAGING	**********	
	BLOOD POOL IMAGING	**********	
	PLACENTA LOCALIZATION	**********	
	LIVER AND SPLEEN IMAGING	**********	
	LUNG IMAGING LUNG IMAGING	**********	
	BONE IMAGING BONE IMAGING	**********	
OTHER		**********	

PRECEPTOR STATEMENT *(Continued)*

2. CLINICAL TRAINING AND EXPERIENCE OF ABOVE NAMED PHYSICIAN *(Continued)*

ISOTOPE A	CONDITIONS DIAGNOSED OR TREATED B	NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION C	COMMENTS *(Additional information or comments may be submitted in duplicate on separate sheet.)* D
P-32 *(Soluble)*	TREATMENT OF POLYCYTHEMIA VERA, LEUKEMIA, AND BONE METASTASES	**********	
P-32 *(Colloidal)*	INTRACAVITARY TREATMENT	**********	
I-131	TREATMENT OF THYROID CARCINOMA	**********	
	TREATMENT OF HYPERTHYROIDISM	**********	
Au-198	INTRACAVITARY TREATMENT	**********	
Co-60 or Cs-137	INTERSTITIAL TREATMENT	**********	
	INTRACAVITARY TREATMENT	**********	
I-125 or Ir-192	INTERSTITIAL TREATMENT	**********	
Co-60 or Cs-137	TELETHERAPY TREATMENT	**********	
Sr-90	TREATMENT OF EYE DISEASE	**********	
	RADIOPHARMACEUTICAL PREPARATION	**********	
Mo-99/ Tc-99m	GENERATOR	5	
Sn-113/ In-113m	GENERATOR	**********	
Tc-99m	REAGENT KITS	**********	
Other	**********	**********	
	**********	**********	
	**********	**********	
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	**********	**********	
	**********	**********	
	**********	**********	
	**********	**********	

3. DATES AND TOTAL NUMBER OF HOURS RECEIVED IN CLINICAL RADIOISOTOPE TRAINING

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4. THE TRAINING AND EXPERIENCE INDICATED ABOVE WAS OBTAINED UNDER THE SUPERVISION OF:

a. NAME OF SUPERVISOR
Jasper W. Watkins, III, RPH

b. NAME OF INSTITUTION
Health Physics Services, Inc.

c. MAILING ADDRESS
1350 Piccard Drive, Suite 101

d. CITY
Rockville, MD 20850

5. MATERIALS LICENSE NUMBER(S)
MD-31-035-0

6. PRECEPTOR'S SIGNATURE
Jasper W. Watkins

7. PRECEPTOR'S NAME *(Please type or print)*
Jasper W. Watkins, III RPH

8. DATE
9 Feb 97