

Physicians Imaging Center
New Jersey

April 21, 2009

Materials Licensing Branch
U.S. Nuclear Regulatory Commission, Region 1
475 Allendale Rd.
King of Prussia, PA 19406-1415

J-6

Ph: 610.337.5000

03030030

Re: License No. 29-28041-01

Dear Sir or Madam,

This is a request for an amendment to our NRC license to add Dr. Bala Nandigam as an Authorized User for cardiac procedures.

Copies of documents verifying the training and experience of Dr. Nandigam are enclosed.

Please feel free to contact us if you need any additional information.

Sincerely,



Charles H. Rose, MA, MDSPH, D(ABSNM)
Administrator
Physicians Imaging Center
180 Avenue at the Common
Shrewsbury, NJ 07702

Cc: file

Enclosures

RECEIVED
REGION 1
2009 APR 27 PM 12: 39

143641
NMSS/RGN1 MATERIALS-002

**AUTHORIZED USER TRAINING AND EXPERIENCE
AND PRECEPTOR ATTESTATION**
(for uses defined under 35.100, 35.200, and 35.500)
[10 CFR 35.190, 35.290, and 35.590]

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

Name of Proposed Authorized User

Bala Nandigam, M.D.

State or Territory Where Licensed

Florida

Requested Authorization(s) (check all that apply)

35.100 Uptake, dilution, and excretion studies

35.200 Imaging and localization studies

35.500 Sealed sources for diagnosis (specify device _____)

PART I – TRAINING AND EXPERIENCE
(Select one of the three 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

- a. Provide a copy of the board certification.
- b. If using only 35.500 materials, stop here. If using 35.100 and 35.200 materials, skip to and complete Part II Preceptor Attestation.

2. Current 35.390 Authorized User Seeking Additional 35.290 Authorization

- a. Authorized user on Materials License _____ meeting 10 CFR 35.390 or equivalent Agreement State requirements seeking authorization for 35.290.
- b. Supervised Work 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 Experience/License or Permit Number of Facility	Clock Hours	Dates of Experience*
Eluting generator systems appropriate for the preparation of radioactive drugs for imaging and localization studies, measuring and testing the eluate for radionuclidic purity, and processing the eluate with reagent kits to prepare labeled radioactive drugs	Triad of Isotopes 1820 Boyscout Rd. Fort Myers, FL	2 hrs	4/20/09

Total Hours of Experience:

Supervising Individual

Dr. Thomas Fabian

License/Permit Number listing supervising individual as an authorized user

3301-1

Supervisor meets the requirements below, or equivalent Agreement State requirements (check all that apply).

- 35.290 35.390 + generator experience in 32.290(c)(1)(ii)(G)

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	INME, Orlando, FL Institute for Nuclear Medical Education; HQ in Boulder, CO	50	Mar. 21-9, 2009 and 1999-2000
Radiation protection	Same as Above	15	Mar. 21-29, 2009 and 1999-2000
Mathematics pertaining to the use and measurement of radioactivity	Same as Above	10	Mar. 21-29, 2009 and '99-2000
Chemistry of byproduct material for medical use (not required for 35.590)	Same as Above	15	Mar. 21-29, 2009 and '99-00
Radiation biology	Same as Above	10	Mar. 21-29, 2009 and '99-00
Total Hours of Training: 100 hrs. (200 hrs in '99-2000)			

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.)

Supervised Work Experience		Total Hours of Experience: > 750 hrs experience	
Description of Experience Must Include:	Location of Experience/License or Permit Number of Facility	Confirm	Dates of Experience*
Ordering, receiving, and unpacking radioactive materials safely and performing the related radiation surveys	Harbor Cardiology & Vascular Ctr. Port Charlotte, FL	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	11/2001 to 04/2008
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters	Same as Above	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Same as above

NRC FORM 313A (AUG 11-2007) 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	Dates of Experience*
Calculating, measuring, and safely preparing patient or human research subject dosages	Same as Above	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	04/08 To 04/09
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material	Same as Above	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	04/08 To 04/09
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures	Same as Above	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	04/08 To 04/09
Administering dosages of radioactive drugs to patients or human research subjects	Same as Above	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	04/08 To 04/09
Eluting 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	TRIAD OF ISOTOPES 1820 Boy Scout Rd. FT. MYERS, FLORIDA.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	04/20/09

Supervising Individual: **DR. THOMAS FABIAN** License/Permit Number listing supervising individual as an authorized user: **3301-1**

Supervisor meets the requirements below, or equivalent Agreement State requirements (check one).
 35.190 35.290 35.390 35.390 + generator experience in 35.290 (a)(1)(ii)(G)

c. For 35.590 only, provide documentation of training on use of the device.

Device	Type of Training	Location and Dates
	-N/A-	

d. For 35.500 uses only, stop here. For 35.100 and 35.200 uses, stop to and complete Part II Preceptor Attestation.

CME CREDIT STATEMENT



The American College of Cardiology Foundation (ACCF) is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

The American College of Cardiology Foundation (ACCF) certifies that

BALA K. NANDIGAM, MD, FACC
 Registrant Name - Required

has participated in the educational activity titled "The 28th Annual Recent Advances in Clinical Nuclear Cardiology & Cardiac CT: Featuring Case Review with the Experts" at Washington, DC on May 4-6, 2006

and is awarded up to 23.5 AMA PRA Category 1 Credit(s)TM. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Karen N. Thompson
 Karen N. Thompson, CMP, Chief Education Specialist

Instructions:

Indicate hours claimed and return yellow page to the registration counter immediately following this conference. This is your official record of attendance. Please save for your records. Reporting is done on an honor basis. In the unlikely event this form is not returned at the program, please mail within two weeks to ACC, ATTN: Resource Center 2006-1853, 9111 Old Georgetown Rd, Bethesda, MD 20814. Please note: if the ACC does not receive your claim form within two weeks, no CME credit will be applied to your activity record.

COMPLETE INFORMATION BELOW: Indicate Total Hours Claimed

Time	Activity	(*) Sessions Attended	CME Credits
Thursday, May 4, 2006			
8:00 a.m. - 10:15 a.m.	Break	<input checked="" type="checkbox"/>	2.00
10:15 a.m.			
10:30 a.m. - 12:15 a.m.	Lunch Presentation: Update on Advocacy and Imaging	<input checked="" type="checkbox"/>	1.75
12:15 p.m. - 1:15 p.m.		<input checked="" type="checkbox"/>	1.00
1:15 p.m. - 2:00 p.m.		<input checked="" type="checkbox"/>	0.75
2:00 p.m. - 2:45 p.m.	Break	<input checked="" type="checkbox"/>	0.75
2:45 p.m.			
3:00 p.m. - 3:45 p.m.		<input checked="" type="checkbox"/>	1.25
3:45 p.m. - 5:00 p.m.	Adjourn		
5:00 p.m.			
Maximum credits allowed for Thursday = 8.25			
Friday, May 5, 2006			
8:00 a.m. - 9:00 a.m.		<input checked="" type="checkbox"/>	1.00
9:00 a.m. - 10:00 a.m.	Break	<input checked="" type="checkbox"/>	1.00
10:00 a.m.			
10:15 a.m. - 11:30 a.m.		<input checked="" type="checkbox"/>	1.25
11:30 a.m. - 12:15 a.m.	Lunch	<input checked="" type="checkbox"/>	0.75
12:15 p.m.			
1:15 p.m. - 2:30 p.m.		<input checked="" type="checkbox"/>	1.25
2:30 p.m. - 3:15 p.m.	Break	<input checked="" type="checkbox"/>	0.75
3:15 p.m.			
3:30 p.m. - 5:15 p.m.	Adjourn		1.75
5:15 p.m.			
Maximum credits allowed for Friday = 7.75			
Saturday, May 6, 2006			
8:00 a.m. - 9:00 a.m.		<input checked="" type="checkbox"/>	1.00
9:00 a.m. - 10:00 a.m.	Break	<input checked="" type="checkbox"/>	1.00
10:00 a.m.			
10:15 a.m. - 11:00 a.m.		<input checked="" type="checkbox"/>	0.75
11:00 a.m. - 12:00 p.m.	Lunch Presentation - Credentialing for CT	<input checked="" type="checkbox"/>	1.00
12:00 p.m. - 1:00 p.m.		<input checked="" type="checkbox"/>	1.00
1:00 p.m. - 1:45 p.m.		<input checked="" type="checkbox"/>	0.75
1:45 p.m. - 2:30 p.m.	Break	<input checked="" type="checkbox"/>	0.75
2:30 p.m.			
2:45 p.m. - 3:30 p.m.		<input checked="" type="checkbox"/>	0.75
3:30 p.m. - 4:00 p.m.	Adjourn - CME credit statements and evaluations will be collected at this time.	<input checked="" type="checkbox"/>	0.50
4:00 p.m.			
Maximum credits allowed for Saturday = 7.50			

NUMBER OF CME CREDITS AWARDED (Fill In) = 23.50
 (Maximum Hours Allowable) = 23.50

Supplemental

U.S. NUCLEAR REGULATORY COMMISSION

NRC FORM 313A (2002) (10-2007)

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	Dates of Experience
Calculating, measuring, and safely preparing patient or human research subject dosages	Same as Above	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	11/01 To 04/08
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material	Same as Above	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	11/01 To 04/08
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures	Same as Above	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	11/01 To 04/08
Administering dosages of radioactive drugs to patients or human research subjects	Same as Above	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	11/01 To 04/08
Eluting generator systems appropriate for the preparation of radioactive drugs for imaging and localization studies, measuring and testing the eluate for radionuclidic purity, and processing the eluate with reagent kits to prepare labeled radioactive drugs	TRIAD OF ISOTOPES. 1820, Boy Scout Rd, FT. MYERS, FLORIDA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	4/20/09

Supervising individual: **DR. H. PATEL** License/Permit Number listing supervising individual as an authorized user: **3301-1**

Supervisor meets the requirements below, or equivalent Agreement State requirements (check one).
 35.190 35.290 35.390 35.390 + generator experience in 35.290(a)(1)(i)(G)

c. For 35.590 only, provide documentation of training on use of the device.

Device	Type of Training	Location and Dates
	-N/A-	

d. For 35.500 uses only, stop here. For 35.190 and 35.200 uses, skip to and complete Part II Preceptor Attestation.

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 35.590)

By checking the boxes below, the preceptor is attesting that the individual has knowledge to fulfill 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 35.190

Board Certification

I attest that _____ has satisfactorily completed the requirements in
Name of Proposed Authorized User
10 CFR 35.190(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 _____ has satisfactorily completed the 60 hours of training and
Name of Proposed Authorized User
experience, including a minimum of 8 hours of classroom and laboratory training, required by 10 CFR 35.190(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 35.290

Board Certification

I attest that _____ has satisfactorily completed the requirements in
Name of Proposed Authorized User
10 CFR 35.290(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

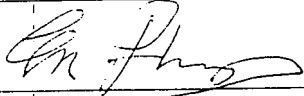
Training and Experience

I attest that Bala Nandigam, M.D. has satisfactorily completed the 700 hours of training
Name of Proposed Authorized User
and experience, including a minimum of 80 hours of classroom and laboratory training, required by 10 CFR 35.290(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:
 35.190 35.290 35.390 35.390 + generator experience

Name of Preceptor <u>Thomas M. Fabiano, MD</u>	Signature 	Telephone Number <u>941.235.4646</u>	Date <u>4-21-09</u>
License/Permit Number/Facility Name <u>3646-1 Advanced IMAGING of Port Charlotte</u>			

FUNDAMENTALS
Radioisotope Handling
Attestation and Certification
Completion and Competency

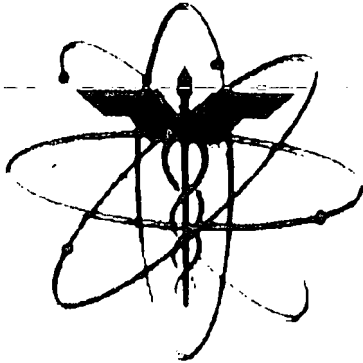
*This document is an affidavit that,
as evidenced by written examination,*

Bala K, Nandigam, M.D.

*has successfully completed this program of
education and has achieved the objectives of this program.*

This Program provides the following levels of documented accomplishment

- 100 Continuing Education Units (CEU)
 - 100 Didactic Instructional Hours (DIH)
- In compliance with 10CFR35/AEA 73-689
- 100 Board Accepted Hours NUSPEX, NMTCB
 - ABMRSO, ABR, ABNM, CBNC



A handwritten signature in black ink, appearing to read "Mark...".

Certifying Official

March 29th, 2009

Date Completed

204092

Certification

Institute for Nuclear Medical Education

Certified, Approved and Regulated by the Division of Private Occupational Schools, Department of Higher Education in Colorado. Validated by the American Council on Education (ACE), recognized by the American Association for Collegiate Registrars, Council on Post-Secondary Education. Licensed by NRC & Agreement States.

A decorative border with a repeating scalloped lace pattern surrounds the text.

CME CREDIT CERTIFICATE

This is to certify that

Bala K, Nandigam, M.D.

Has completed up to

100 Hours

Of Category 1 CME credit through participation in the course(s)/activities conducted by the Institute for Nuclear Education (INME), March 2009, in Orlando, FL.

This CME activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education (ACCME) thru the Joint Sponsorship of the Institute for Medical Studies (IMS) and INME.

IMS is accredited by the ACCME to provide continuing medical education for physicians.

IMS designates this educational activity for a maximum of 100 credit hours AMA PRA Category 1 Credits™.

Participants should claim only those hours of credit that he/she actually spent in the activity as established by registration and attendance.

Please retain this Certificate for your records.

The Institute for Medical Studies
14 Monarch Bay Plaza, Suite 202
Monarch Bay, CA 92629

NUCLEAR MEDICAL EDUCATION PROGRAM

Affidavit of Academic Completion and Competency

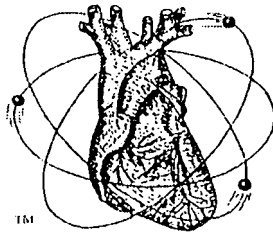
*This document is to attest that
Bala K. Nandigam, MD*

has successfully completed the didactic program

MEDICAL RADIATION INSTRUMENTATION

*and has provided evidence of attendance in this program and evidence
of achieving the objectives of this program through examination.*

This program provides the following levels of accomplishment:



- 50 Didactic Instructional Hours (DIH)
(In compliance with 10CFR35 and Agreement States)
- 5 Continuing Education Units (CEU)
- 50 Technical/Professional Credit specified by the
American Pharmaceutical Association and the
American Association of Health Physicists*

*additional documentation will be provided to Regulatory Agencies upon participant request

20 October 1999

Date Class Commenced

Charles H. Rose

Authorized Signature

197784

Affidavit of Competency

Institute for Nuclear Medical Education

5660 Airport Blvd., Suite 101, Boulder, Colorado 80301 — 800-548-4024

Certified, Approved and Regulated by the Division of Private Occupational Schools, Department of Higher Education in Colorado. Validated by the Accrediting Commission of the Accrediting Council for Continuing Education Training, a national accrediting agency listed by the US Secretary of Education. Validated by the American Council on Education, recognized by the American Association for Collegiate Registrars, Council on Post-Secondary Education.

NUCLEAR MEDICAL EDUCATION PROGRAM

Affidavit of Academic Completion & Competency

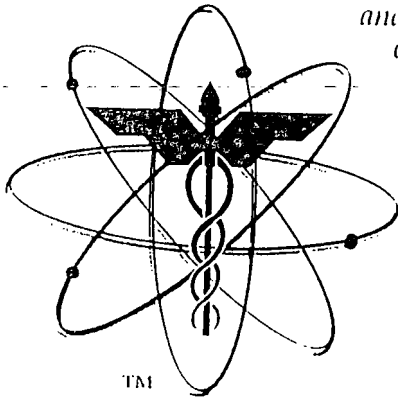
This document is to attest that

Bala K. Nandigam, MD

has successfully completed the didactic program

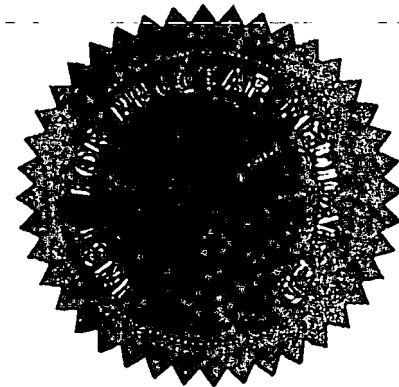
MEDICAL RADIATION PROTECTION

and has provided evidence of attendance in this program and evidence of achieving the objectives of this program through examination.
This program provides the following levels of accomplishment:



TM

- 5.0 Continuing Education Units (CEU)
- 50 Didactic Instructional Hours (DIH)
In compliance with 10CFR35/AEA 73-689
- 50 Board Accepted Hours NUSPEX, NMTCB III b,
ABMRSO, CBNC, MRLB
- 3.0 Semester Hours American Council on
Education (ACE), American Association for
Collegiate Registrars



Charles H. Rose
Certifying Official

19 January 2000

Date Completed

197940

Certification

Institute for Nuclear Medical Education

Certified, Approved and Regulated by the Division of Private Occupational Schools, Department of Higher Education in Colorado. Validated by the Accrediting Commission of the Accrediting Council for Continuing Education Training, a national accrediting agency listed by the US Secretary of Education. Validated by the American Council on Education, recognized by the American Association for Collegiate Registrars, Council on Post-Secondary Education. Licensed by NRC & Agreement States.

INME1132-Class III-Comp&Comp 1/00

NUCLEAR MEDICAL EDUCATION PROGRAM

Affidavit of Academic Completion & Competency

This document is to attest that

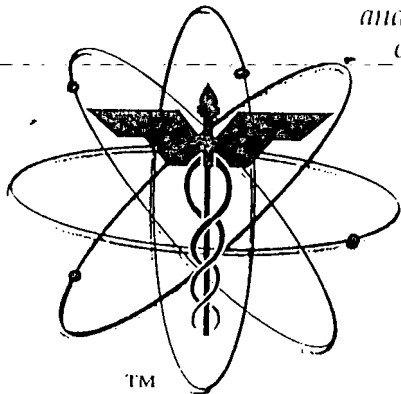
Bala K. Nandigam, MD

has successfully completed the didactic program

RADIOPHARMACEUTICALS AND CHEMISTRY

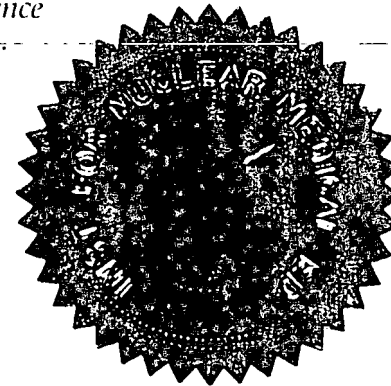
and has provided evidence of attendance in this program and evidence of achieving the objectives of this program through examination.

This program provides the following levels of accomplishment:



TM

- 5.0 Continuing Education Units (CEU)
- 50 Didactic Instructional Hours (DIH)
In compliance with 10CFR35/AEA 73-689
- 50 Board Accepted Hours NUSPEX, NMTCB III b,
ABMRSO, CBNC, MRLB
- 3.0 Semester Hours American Council on
Education (ACE), American Association for
Collegiate Registrars



Charles H. Rose
Certifying Official

23 January 2000

Date Completed

197966

Certification

Institute for Nuclear Medical Education

Certified, Approved and Regulated by the Division of Private Occupational Schools, Department of Higher Education in Colorado. Validated by the Accrediting Commission of the Accrediting Council for Continuing Education Training, a national accrediting agency listed by the US Secretary of Education. Validated by the American Council on Education, recognized by the American Association for Collegiate Registrars, Council on Post-Secondary Education. Licensed by NRC & Agreement States.
INME1132-Class IV-Compl&Comp 1/00

NUCLEAR MEDICAL EDUCATION PROGRAM

Affidavit of Academic Completion

This document is to attest that

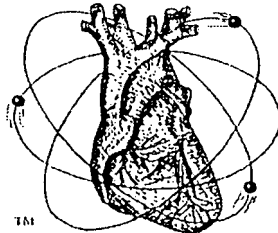
Bala K. Nandigam, MD

has successfully completed the didactic program.

PRINCIPLES OF RADIATION PHYSICS

*and has provided evidence of attendance in this program
and evidence of achieving the objectives of program hours.*

This program provides the following levels of accomplishment:



- 50 Didactic Instructional Hours (DIH)
(In compliance with 10CFR35 and Agreement States)
- 5 Continuing Education Units (CEU)
- 50 Technical/Professional Credit specified by the
American Pharmaceutical Association and the
American Association of Health Physicists*

*additional documentation will be provided to Regulatory Agencies upon participant request

16 October 1999

Date Class Commenced

Charles H. Rose

Authorized Signature

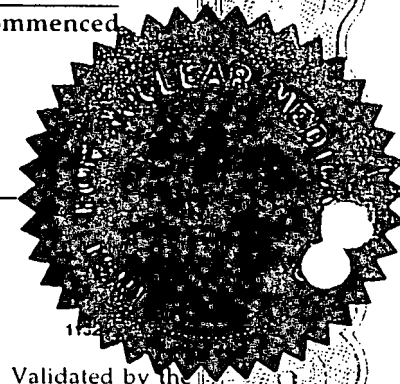
197708

Affidavit of Competency

Institute for Nuclear Medical Education

5660 Airport Blvd., Suite 101, Boulder, Colorado 80301 — 800-548-4024

Certified, Approved and Regulated by the Division of Private Occupational Schools, Department of Higher Education in Colorado. Validated by the Accrediting Commission of the Accrediting Council for Continuing Education Training, a national accrediting agency listed by the US Secretary of Education. Validated by the American Council on Education, recognized by the American Association for Collegiate Registrars, Council on Post-Secondary Education.



April 21, 2009

To Whom It May Concern:

This letter is to affirm that Dr. Bala Nandigam, M.D., has received training and experience in Nuclear Cardiology at Harbor Cardiology and Vascular Center between 11/2001 to the present, and successfully completed this training program on 4/20/2009.

During this training program, Dr. Nandigam received not less than 500 hours of supervised work experience. The experience of Dr. Nandigam was gained under the supervision of an Authorized User.


The supervised work experience included participation/supervision of: ordering, receiving, and unpacking of radioactive materials safely, and performing the related radiation surveys; calibrating instruments used to determine the activity of dosages and performing checks for the proper operation of survey meters; calculating, measuring and safely preparing patient or human research subject dosages; using administrative controls to prevent medical events; using procedures to safely contain spills and using proper decontamination procedures; administration of dosages of radioactive drugs to patients or human research subjects.

I certify that Dr. Nandigam has satisfactorily completed the requirements in 35.290(c)(1) and has achieved a level of competency sufficient to function independently as an Authorized User for the medical uses authorized under 35.100 and 35.200.

Should you require any additional information, please feel free to contact me at:

Ph: 941.235.4646.

Sincerely,



Dr. Thomas Fabian

License No. 3646-1 (Advanced Imaging of Port Charlotte, FL)

Cc: file

STATE OF FLORIDA
DEPARTMENT OF HEALTH
BUREAU OF RADIATION CONTROL

RADIOACTIVE MATERIALS LICENSE
SUPPLEMENTAL SHEET

HARBOR CARDIOLOGY & VASCULAR CENTER, PA
1600 Tamiami Trail
3rd Floor of City Center Building
Port Charlotte, FL 33948

With reference to correspondence dated April 24, 2008, State of Florida Radioactive Materials License Number 3301-1 is hereby amended.

TO CHANGE CONDITION 12 TO READ:

CONDITIONS

12. A. The following individuals are authorized for the materials and uses as indicated:

Authorized Material and Uses as Described in Items 6, 7, 8, and 9	Names
64E-5.627	Thomas Fabian, M.D.
64E-5.627 (except generators and reagent kits)	Hiren Patel, M.D.

B. The radiation safety officer is Thomas Fabian, M.D.

License Number: 3301-1
 Amendment No.: 6
 Control Number: 20080428-0718

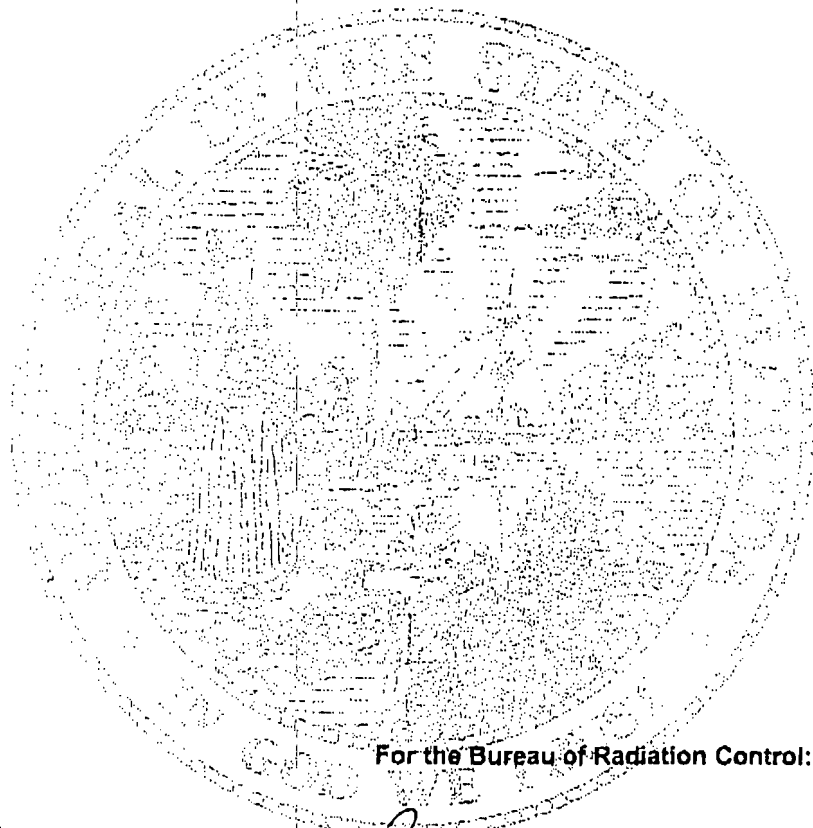
LICENSEE COPY
 Corrected Copy
 Page 1 of 2 Page(s)

Category: [5C]
 Expiration Date: 10/31/2011a

STATE OF FLORIDA
DEPARTMENT OF HEALTH
BUREAU OF RADIATION CONTROL

RADIOACTIVE MATERIALS LICENSE
SUPPLEMENTAL SHEET

12. C. Radiologic technologists who use and administer radioactive materials or perform brachytherapy or teletherapy procedures under the general supervision of an authorized user shall hold a valid certificate as required by Chapter 468, F.S.



For the Bureau of Radiation Control:

Bryan S. Tatem

Bryan S. Tatem
Environmental Specialist II
4052 Bald Cypress Way - Bin C21
Tallahassee, FL 32399-1741
(850) 245-4545

Issuance Date: MAY 23 2008

A party whose substantial interest is affected by this order may petition for an administrative hearing pursuant to sections 120.569 and 120.57, Florida Statutes. Such proceedings are governed by Rule 28-106, Florida Administrative Code. A petition for administrative hearing must be in writing and must be received by the Agency Clerk for the Department, within twenty-one (21) days from the receipt of this order. The address of the Agency Clerk is: Agency Clerk, 4052 Bald Cypress Way, BIN # A02, Tallahassee, Florida 32399-1703. The Agency Clerk's facsimile number is 850-410-1448. A copy of the petition should also be sent to: Bureau Chief, Bureau of Radiation Control, 4052 Bald Cypress Way, BIN # C21, Tallahassee, FL 32399-1741. The Bureau Chief's facsimile number is 850-487-0435. Mediation is not available as an alternative remedy. Your failure to submit a petition for hearing within 21 days from receipt of this order will constitute a waiver of your right to an administrative hearing, and this order shall become a "final order." Should this order become a final order, a party who is adversely affected by it is entitled to judicial review pursuant to Section 120.68, Florida Statutes. Review proceedings are governed by the Florida Rules of Appellate Procedure. Such proceedings may be commenced by filing one copy of a Notice of Appeal with the Agency Clerk of the Department of Health and a second copy, accompanied by the filing fees required by law, with the Court of Appeal in the appropriate District Court. The notice must be filed within 30 days of rendition of the final order.

License Number: 3301-1
Amendment No.: 6
Control Number: 20080428-0718

LICENSEE COPY
Corrected Copy
Page 2 of 2 Page(s)

Category: [5C]
Expiration Date: 10/31/2011a