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REGION 1

U.S. N.R.C. Region I
Medical Licensing Division
475 Allendale Road
King of Prussia, PA 19406-1415

May 28, 2009

03008340

Re: License No.: 29-14966-01

At this time, CentraState Medical Center wishes to amend its Radioactive Materials License as follows:

- Item I. Remove Stephen Keklak, MD as Radiation Safety Officer
- Item II. Add Jeffrey Friedenber, MD as Radiation Safety Officer
- Item III. Add Jeffrey Friedenber as an Authorized User of those materials listed in groups: 35.100 Uptake, dilution, and excretion studies
35.200 Imaging and localization studies

Enclosed are copies of Dr. Friedenber's CV and preceptor statements and Board Certification for your review. If you have any questions or require any additional information, please contact Bob Lee, RT (NM) the head of our Nuclear Medicine Department at (732) 294-2940.

Sincerely,

John T. Gribbin
President / CEO

143787

NMSS/RGN1 MATERIALS-002

LICENSURE AND BOARD CERTIFICATION:

- * New Jersey State Medical Board
- * American Board of Radiology

PROFESSIONAL MEMBERSHIPS:

- * American Medical Association
- * American College of Radiology
- * American Association of Academic Chief Residents in Radiology

EMPLOYMENT:

Freehold Radiology Group	Freehold, New Jersey July 2004 – Present
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CentraState Medical Center	Freehold, New Jersey July 2004 – Present
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**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

Jeffrey Friedenber, MD

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

- a. Provide a copy of the board certification.
- b. Use Table 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.

OR

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

- a. 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.
- b. 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	Temple University Philadelphia, PA	120	July 1999 to June 2003
Radiation protection	Temple University Philadelphia, PA	30	July 1999 to June 2003
Mathematics pertaining to the use and measurement of radioactivity	Temple University Philadelphia, PA	30	July 1999 to June 2003
Radiation biology	Temple University Philadelphia, PA	30	July 1999 to June 2003
Radiation dosimetry	Temple University Philadelphia, PA	30	July 1999 to June 2003
Total Hours of Training:		240.0	

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	CentraState Medical Center 901 West Main Street Freehold, NJ 07728 USNRC License No. 29-14966-01	July 2004 to Present
Using and performing checks for proper operation of instruments used to determine the activity of dosages, survey meters, and instruments used to measure radionuclides	CentraState Medical Center 901 West Main Street Freehold, NJ 07728 USNRC License No. 29-14966-01	July 2004 to Present
Securing and controlling byproduct material	CentraState Medical Center 901 West Main Street Freehold, NJ 07728 USNRC License No. 29-14966-01	July 2004 to Present
Using administrative controls to avoid mistakes in administration of byproduct material	CentraState Medical Center 901 West Main Street Freehold, NJ 07728 USNRC License No. 29-14966-01	July 2004 to Present
Using procedures to prevent or minimize radioactive contamination and using proper decontamination procedures	CentraState Medical Center 901 West Main Street Freehold, NJ 07728 USNRC License No. 29-14966-01	July 2004 to Present
Using emergency procedures to control byproduct material	CentraState Medical Center 901 West Main Street Freehold, NJ 07728 USNRC License No. 29-14966-01	July 2004 to Present
Disposing of byproduct material	CentraState Medical Center 901 West Main Street Freehold, NJ 07728 USNRC License No. 29-14966-01	July 2004 to Present
Licensed Material Used (e.g., 35.100, 35.200, etc.)+ 35.300, 35.400 and 35.600 <input checked="" type="checkbox"/> Remote Afterloader Unit. _____ _____ _____	CentraState Medical Center 901 West Main Street Freehold, NJ 07728 USNRC License No. 29-14966-01	July 2004 to Present

+ Choose all applicable sections of 10 CFR Part 35 to describe radioisotopes 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).

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 Stephen Keklak, MD	License/Permit Number listing supervising individual as a Radiation Safety Officer 29-14966-01
This license authorizes the following medical uses:	
<input checked="" type="checkbox"/> 35.100	<input checked="" type="checkbox"/> 35.200
<input checked="" type="checkbox"/> 35.300	<input checked="" type="checkbox"/> 35.400
<input type="checkbox"/> 35.500	<input checked="" type="checkbox"/> 35.600 (remote afterloader)
<input type="checkbox"/> 35.600 (gamma stereotactic radiosurgery)	<input type="checkbox"/> 35.600 (teletherapy)
	<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	Stephen Keklak, MD/RSO	July 2004 to Present
Radiation safety, regulatory issues, and emergency procedures for 35.300 uses	Stephen Keklak, MD/RSO	July 2004 to Present
Radiation safety, regulatory issues, and emergency procedures for 35.400 uses	Stephen Keklak, MD/RSO	July 2004 to Present
Radiation safety, regulatory issues, and emergency procedures for 35.600 - teletherapy uses	N/A	N/A
Radiation safety, regulatory issues, and emergency procedures for 35.600 - remote afterloader uses	Stephen Keklak, MD/RSO	July 2004 to Present
Radiation safety, regulatory issues, and emergency procedures for 35.600 - gamma stereotactic radiosurgery uses	N/A	N/A
Radiation safety, regulatory issues, and emergency procedures for 35.1000, specify use(s):	N/A	N/A

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)

Supervising Individual <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> Stephen Keklak, MD/RSO	License/Permit Number listing supervising individual 29-14966-01
License/Permit lists supervising individual as: <input type="checkbox"/> Radiation Safety Officer <input checked="" type="checkbox"/> Authorized User <input type="checkbox"/> Authorized Nuclear Pharmacist <input type="checkbox"/> Authorized Medical Physicist	
Authorized as RSO, AU, ANP, or AMP for the following medical uses: <input checked="" type="checkbox"/> 35.100 <input checked="" type="checkbox"/> 35.200 <input checked="" type="checkbox"/> 35.300 <input checked="" type="checkbox"/> 35.400 <input type="checkbox"/> 35.500 <input checked="" 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 (_____)	

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 _____ 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 **Jeffrey Friedenber, MD** 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

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 _____ is an
Name of Proposed Radiation Safety Officer

Authorized User

Authorized Nuclear Pharmacist

Authorized Medical Physicist

identified on the Licensees 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 Jeffrey Friedenber, MD 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:

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

AND

Third Section
Complete for ALL

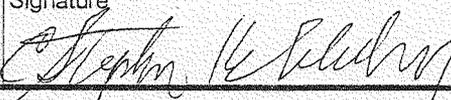
I attest that Jeffrey Friedenber, MD has achieved a level of radiation safety knowledge
Name of Proposed Radiation Safety Officer
sufficient to function independently as a Radiation Safety Officer for a medical use licensee.

Fourth Section
Complete the following for Preceptor Attestation and signature

I am the Radiation Safety Officer for CentraState Medical Center
Name of Facility

License/Permit Number: 29-14966-01

Name of Preceptor
Stephen Keklak, MD/RSO

Signature


Telephone Number
(732) 294-2940

Date
3/19/09

**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: **Jeffrey Friedenberg, MD** State or Territory Where Licensed: **New Jersey**

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			

Total Hours of Experience:

Supervising Individual: _____ License/Permit Number listing supervising individual as an authorized user: _____

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	Temple University Philadelphia, PA	120	July 1999 June 2003
Radiation protection	Temple University Philadelphia, PA	30	July 1999 June 2003
Mathematics pertaining to the use and measurement of radioactivity	Temple University Philadelphia, PA	30	July 1999 June 2003
Chemistry of byproduct material for medical use (<i>not required for 35.590</i>)	Temple University Philadelphia, PA	30	July 1999 June 2003
Radiation biology	Temple University Philadelphia, PA	30	July 1999 June 2003
Total Hours of Training: 240			

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: > 500	
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	CentraState Medical Center 901 West Main Street Freehold, NJ 07728 NRC: 29-14966-01	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	July 2004 to Present
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters	CentraState Medical Center 901 West Main Street Freehold, NJ 07728 NRC: 29-14966-01	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	July 2004 to Present

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	CentraState Medical Center 901 West Main Street Freehold, NJ 07728 NRC: 29-14966-01	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	July 2004 to Present
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material	CentraState Medical Center Freehold, NJ 07728 NRC: 29-14966-01	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	July 2004 to Present
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures	CentraState Medical Center Freehold, NJ 07728 NRC: 29-14966-01	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	July 2004 to Present
Administering dosages of radioactive drugs to patients or human research subjects	CentraState Medical Center Freehold, NJ 07728 NRC: 29-14966-01	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	July 2004 to Present
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		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	N/A

Supervising Individual	License/Permit Number listing supervising individual as an authorized user
Stephen Keklak, MD / RSO	29-14966-01

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(c)(1)(ii)(G)

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

Device	Type of Training	Location and Dates

d. For 35.500 uses only, stop here. For 35.100 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 **Jeffrey Friedenberg, MD** 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 **Jeffrey Friedenberg, MD** has satisfactorily completed the 700 hours of training
Name of Proposed Authorized User

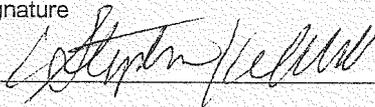
and experience, including a minimum of 80 hours of classroom and laboratory training, required by 10 CFR 35.290(c)(1), and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100 and 35.200.

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 Stephen Keklak, MD / RSO	Signature 	Telephone Number (732) 294-2940	Date 3/18/09
License/Permit Number/Facility Name 29-14966-01 CentraState Medical Center			

The American Board of Radiology

Organized through the cooperation of the
American College of Radiology, the American Roentgen Ray Society,
the American Radium Society, the Radiological Society of North America,
the Section on Radiology of the American Medical Association,
the American Society for Therapeutic Radiology and Oncology, the Association of
University Radiologists, and American Association of Physicists in Medicine
Hereby certifies that

Jeffrey Scott Friedenberg, MD

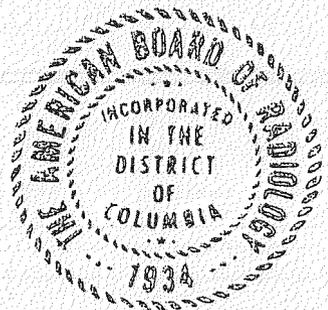
Has pursued an accepted course of graduate study
and clinical work, has met certain standards and qualifications and
has passed the examinations conducted under the authority of

The American Board of Radiology

On this fourth day of June, 2003

Thereby demonstrating to the satisfaction of the Board
that he is qualified to practice the specialty of

Diagnostic Radiology



Certificate No. 49929

William H. ...
President

Philip O. Adams, MD
Secretary-Treasurer

R.R. Hatten, MD
Executive Director



Valid through 2013



Temple University
Hospital

Temple University Health System

3401 N. Broad Street
Philadelphia, PA 19140

(215) 707-2640 (Phone)
(215) 707-5851 (Fax)

Beverly L. Hershey, M.D.

Assistant Professor of Radiology
Residency Program Director
Department of Radiology

May 3, 2006

Susan Gellman
Freehold Radiology Group
Medical Arts Building
901 W. Main Street
Freehold, NJ 07728

RE: Jeffrey S. Friedenberg, M.D.

Dear Ms. Gellman:

This letter will confirm that Dr. Jeffrey Friedenberg completed his residency training in the Department of Diagnostic Radiology at Temple University Hospital from **July 1, 1999** through **June 30, 2003**. While I was not on the faculty at Temple during that time (and thus am unable to evaluate him first-hand), his record confirms that he successfully completed his training in good standing.

During the period of his residency program (February 17-28, 2002; July 1-31, 2002 and February 16-28, 2003), Dr. Friedenberg received his training in Nuclear Medicine.

If there is any further question, please feel free to contact me at 215-707-2640.

Sincerely,

Beverly L. Hershey, M.D.
Assistant Professor of Diagnostic Radiology
Residency Program Director

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

5/23/2009, and to inform you that the initial processing which includes an administrative review has been performed.

AMEND. 29-14966-01 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

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** 143787.
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.

NRC FORM 532 (RI)
(6-96)

Sincerely,
Licensing Assistance Team Leader