

**DEBORAH**  
Heart and Lung Center

June 22, 2009

Certification Board of Nuclear Cardiology  
19562 Club House Road  
Montgomery Village, MD 20886-3002

Re: **Madhu Salvaji, DO**

To Whom It May Concern:

This letter is to verify that Madhu Salvaji, DO has completed a nuclear cardiology training program that meets the requirements for Level 2 as outlined in the ACCF/ASNC COCATS guidelines for nuclear cardiology, revised 2006, within an accredited Fellowship or Residency program.

Dr. Salvaji participated and completed Level 2 nuclear cardiology training between the dates of 7/1/2001 and 6/30/2004.

I attest that Dr. Salvaji is competent to independently function as an authorized user under NRC 10 CFR 35,200 uses.

Dr. Salvaji completed a minimum of 80 hours of radioisotope handling classroom and laboratory training which meets the requirements of the Nuclear Regulatory Commission as an integral part of his Fellowship training.

If you have any questions regarding Dr. Salvaji's training, please do not hesitate to contact my office at 609-735-2905.

Sincerely,

Robert J. Schott, MD  
Chair, Department of Cardiology

RJS/sc

NRC FORM 313A (AUD)  
(3-2009)

U.S. NUCLEAR REGULATORY COMMISSION

## 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 DY. MADHU SALVAJI 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 MADHU SALVAJI, D.O. 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 \_\_\_\_\_ 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

Robert J. Schott

Signature

[Signature]

Telephone Number

916.956.1850

Date

7/12/09

License/Permit Number/Facility Name

29-18190-01Deborah Heart and Lung Center