

HOBOKEN RADIOLOGY, LLC  
79 HUDSON STREET  
SUITE 100  
HOBOKEN, NJ 07030  
201-222-2500

*Br 2*

August 7, 2009

Ms. Sandra Gabriel  
Nuclear Materials Safety Branch 1  
Fax: 610-337-5269

*29-30928-01  
03036613*

Dear Ms. Gabriel:

We are submitting the enclosed Form 313 and 313A to add Dr. Galope as an authorized user for our facility, Hoboken Radiology, LLC.

If you should have any questions or need additional information, please contact the undersigned at 201-469-0550.

Thank You for your help in this matter.

Sincerely,  
Hoboken Radiology, LLC

*Gary Berger*  
By Gary Berger  
Managing Member

*144000*

<p><b>NRC FORM 313</b> (3-2009) 10 CFR 20, 32, 33, 34, 35, 36, 39, and 40</p> <p style="text-align: center;"><b>U.S. NUCLEAR REGULATORY COMMISSION</b></p> <p style="text-align: center; font-size: 1.2em;"><b>APPLICATION FOR MATERIALS LICENSE</b></p>	<p>APPROVED BY OMB: NO. 3150-0120 <span style="float: right;">EXPIRES: 3/31/2012</span></p> <p>Estimated burden per response to comply with this mandatory collection request: 4.3 hours. Submittal of the application is necessary to determine that the applicant is qualified and that adequate procedures exist to protect the public health and safety. Send comments regarding burden estimate to the Records and FOIA/Privacy Services Branch (T-5 F53), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to <a href="mailto:infocollections.resource@nrc.gov">infocollections.resource@nrc.gov</a>, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOD-10202, (3150-0120), Office of Management and Budget, Washington, DC 20503. If a means used to impose an information collection does not display a currently valid OMB control number, the NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.</p>
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**INSTRUCTIONS: SEE THE APPROPRIATE LICENSE APPLICATION GUIDE FOR DETAILED INSTRUCTIONS FOR COMPLETING APPLICATION. SEND TWO COPIES OF THE ENTIRE COMPLETED APPLICATION TO THE NRC OFFICE SPECIFIED BELOW.**

<p><b>APPLICATION FOR DISTRIBUTION OF EXEMPT PRODUCTS FILE APPLICATIONS WITH:</b></p> <p>OFFICE OF FEDERAL &amp; STATE MATERIALS AND ENVIRONMENTAL MANAGEMENT PROGRAMS DIVISION OF MATERIALS SAFETY AND STATE AGREEMENTS U.S. NUCLEAR REGULATORY COMMISSION WASHINGTON, DC 20555-0001</p> <p><b>ALL OTHER PERSONS FILE APPLICATIONS AS FOLLOWS:</b></p> <p><b>IF YOU ARE LOCATED IN:</b></p> <p>ALABAMA, CONNECTICUT, DELAWARE, DISTRICT OF COLUMBIA, FLORIDA, GEORGIA, KENTUCKY, MAINE, MARYLAND, MASSACHUSETTS, NEW HAMPSHIRE, NEW JERSEY, NEW YORK, NORTH CAROLINA, PENNSYLVANIA, PUERTO RICO, RHODE ISLAND, SOUTH CAROLINA, TENNESSEE, VERMONT, VIRGINIA, VIRGIN ISLANDS, OR WEST VIRGINIA, SEND APPLICATIONS TO:</p> <p>LICENSING ASSISTANCE TEAM DIVISION OF NUCLEAR MATERIALS SAFETY U.S. NUCLEAR REGULATORY COMMISSION, REGION I 475 ALLENDALE ROAD KING OF PRUSSIA, PA 19406-1415</p>	<p><b>IF YOU ARE LOCATED IN:</b></p> <p>ILLINOIS, INDIANA, IOWA, MICHIGAN, MINNESOTA, MISSOURI, OHIO, OR WISCONSIN, SEND APPLICATIONS TO:</p> <p>MATERIALS LICENSING BRANCH U.S. NUCLEAR REGULATORY COMMISSION, REGION III 2443 WARRENVILLE ROAD, SUITE 210 LISLE, IL 60532-4352</p> <p>ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, COLORADO, HAWAII, IDAHO, KANSAS, LOUISIANA, MISSISSIPPI, MONTANA, NEBRASKA, NEVADA, NEW MEXICO, NORTH DAKOTA, OKLAHOMA, OREGON, PACIFIC TRUST TERRITORIES, SOUTH DAKOTA, TEXAS, UTAH, WASHINGTON, OR WYOMING, SEND APPLICATIONS TO:</p> <p>NUCLEAR MATERIALS LICENSING BRANCH U.S. NUCLEAR REGULATORY COMMISSION, REGION IV 612 E. LAMAR BOULEVARD, SUITE 400 ARLINGTON, TX 76011-4125</p> <p style="text-align: right; font-size: 1.5em; color: blue;">03036613</p>
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**PERSONS LOCATED IN AGREEMENT STATES SEND APPLICATIONS TO THE U.S. NUCLEAR REGULATORY COMMISSION ONLY IF THEY WISH TO POSSESS AND USE LICENSED MATERIAL IN STATES SUBJECT TO U.S. NUCLEAR REGULATORY COMMISSION JURISDICTIONS.**

<p>1. THIS IS AN APPLICATION FOR (Check appropriate item)</p> <p><input type="checkbox"/> A. NEW LICENSE</p> <p><input checked="" type="checkbox"/> B. AMENDMENT TO LICENSE NUMBER <u>#29-30928-01</u></p> <p><input type="checkbox"/> C. RENEWAL OF LICENSE NUMBER _____</p>	<p>2. NAME AND MAILING ADDRESS OF APPLICANT (Include ZIP code)</p> <p>ROEL GALOPE, D.O. HOBOKEN RADIOLOGY 79 HUDSON ST Ste 100 HOBOKEN, NJ 07030</p>
<p>3. ADDRESS WHERE LICENSED MATERIAL WILL BE USED OR POSSESSED</p> <p>HOBOKEN RADIOLOGY, LLC 79 HUDSON ST Ste 100 HOBOKEN, NJ 07030</p>	<p>4. NAME OF PERSON TO BE CONTACTED ABOUT THIS APPLICATION</p> <p>GARY BERGER</p> <p>TELEPHONE NUMBER</p> <p>201 222 2500</p>

SUBMIT ITEMS 5 THROUGH 11 ON 8-1/2 X 11" PAPER. THE TYPE AND SCOPE OF INFORMATION TO BE PROVIDED IS DESCRIBED IN THE LICENSE APPLICATION GUIDE.

<p>5. RADIOACTIVE MATERIAL</p> <p>a. Element and mass number; b. chemical and/or physical form; and c. maximum amount which will be possessed at any one time.</p>	<p>6. PURPOSE(S) FOR WHICH LICENSED MATERIAL WILL BE USED.</p>			
<p>7. INDIVIDUAL(S) RESPONSIBLE FOR RADIATION SAFETY PROGRAM AND THEIR TRAINING EXPERIENCE.</p>	<p>8. TRAINING FOR INDIVIDUALS WORKING IN OR FREQUENTING RESTRICTED AREAS.</p>			
<p>9. FACILITIES AND EQUIPMENT.</p>	<p>10. RADIATION SAFETY PROGRAM.</p>			
<p>11. WASTE MANAGEMENT.</p>	<p>12. LICENSE FEES (See 10 CFR 170 and Section 170.31)</p> <table style="width:100%; border: none;"> <tr> <td style="border: none;">FEE CATEGORY</td> <td style="border: none;">AMOUNT ENCLOSED</td> <td style="border: none;">\$</td> </tr> </table>	FEE CATEGORY	AMOUNT ENCLOSED	\$
FEE CATEGORY	AMOUNT ENCLOSED	\$		

13. CERTIFICATION. (Must be completed by applicant) THE APPLICANT UNDERSTANDS THAT ALL STATEMENTS AND REPRESENTATIONS MADE IN THIS APPLICATION ARE BINDING UPON THE APPLICANT.

THE APPLICANT AND ANY OFFICIAL EXECUTING THIS CERTIFICATION ON BEHALF OF THE APPLICANT, NAMED IN ITEM 2, CERTIFY THAT THIS APPLICATION IS PREPARED IN CONFORMITY WITH TITLE 10, CODE OF FEDERAL REGULATIONS, PARTS 30, 32, 33, 34, 35, 36, 39, AND 40, AND THAT ALL INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF THEIR KNOWLEDGE AND BELIEF.

WARNING: 18 U.S.C. SECTION 1001 ACT OF JUNE 25, 1948 82 STAT. 749 MAKES IT A CRIMINAL OFFENSE TO MAKE A WILLFULLY FALSE STATEMENT OR REPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION.

<p>CERTIFYING OFFICER -- TYPED/PRINTED NAME AND TITLE</p> <p>Gary Berger Managing Member</p>	<p>SIGNATURE</p> <p><i>Gary Berger</i></p>	<p>DATE</p> <p>8/7/09</p>
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FOR NRC USE ONLY					
TYPE OF FEE	FEE LOG	FEE CATEGORY	AMOUNT RECEIVED	CHECK NUMBER	COMMENTS
			\$		
APPROVED BY				DATE	

NRC FORM 313A (AUD) (3-2009)	U.S. NUCLEAR REGULATORY COMMISSION
<b>AUTHORIZED USER TRAINING AND EXPERIENCE                  AND PRECEPTOR ATTESTATION</b> (for uses defined under 35.100, 35.200, and 35.500) [10 CFR 35.190, 35.290, and 35.590]	APPROVED BY OMB: NO. 3160-0120 EXPIRES: 3/31/2012

Name of Proposed Authorized User <b>ROEL GALOPE D.O.</b>	State or Territory Where Licensed <b>NEW JERSEY</b>
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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
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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)

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

U.S. NUCLEAR REGULATORY COMMISSION

**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			
Radiation protection			
Mathematics pertaining to the use and measurement of radioactivity			
Chemistry of byproduct material for medical use (not required for 35.590)			
Radiation biology			
<b>Total Hours of Training:</b>			

**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:	
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		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters		<input type="checkbox"/> Yes <input type="checkbox"/> No	



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

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		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Administering dosages of radioactive drugs to patients or human research subjects		<input type="checkbox"/> Yes <input type="checkbox"/> No	
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 type="checkbox"/> No	

Supervising Individual \_\_\_\_\_ License/Permit Number listing supervising individual as an authorized user \_\_\_\_\_

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.**

NRC FORM 313A (AUD)  
(3/1009)

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 ROEL GALOPE 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 ROEL GALOPE 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 <u>Patrick J Conte MD</u>	Signature <u>Patrick Conte, MD</u>	Telephone Number <u>973-228-1040</u>	Date <u>8/7/09</u>
License/Permit Number/Facility Name <u>29-3092801 Hoboken Radiology LLC</u>			

# The American Osteopathic Association

upon recommendation  
of the

# American Osteopathic Board of Radiology



certifies that

**Roel P. Galope, B.O.**

having met the prescribed qualifications and standards and  
passed the required examinations of this Board,  
is qualified as a specialist in

**Diagnostic Radiology**

and is hereby awarded this certificate for the period from  
July 29, 2004-December 31, 2014

American Osteopathic Association

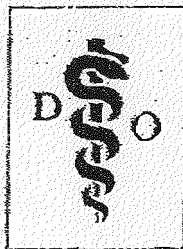
*John B. Cragg*  
Executive Director

Certificate No. 1038

American Osteopathic Board of Radiology

*P. Swaco, D.O.*  
Chair

*Mark A. Lombardino, D.O., FRCR*  
Secretary



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

8/7/2009, and to inform you that the initial processing which includes an administrative review has been performed.

Amend. 29-30928-d 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 144000.  
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