



WASHINGTON
RADIOLOGY
ASSOCIATES, P.C.

www.washingtonradiology.com

BOARD CERTIFIED PHYSICIANS
SUBSPECIALIZING IN:

- Magnetic Resonance Imaging
- Computed Tomography
- PET/CT
- Nuclear Medicine
- DXA - VFA
- Needle Biopsies
- CT/MR Angiography
- Ultrasound
- Neuroradiology
- Fluoroscopy
- Diagnostic X-Ray
- Digital Mammography

LOCATIONS:

2021 K Street, NW
Suite T-120
Washington, DC 20006
202-466-2033
202-463-0700 Fax

2141 K Street, NW
Suites 100, 111, 200 & 930
Washington, DC 20037
202-223-9722
202-659-2819 Fax

3022 Williams Drive
Suites 104, 200 & 204
Fairfax, Virginia 22031
703-698-8800
703-573-2318 Fax

21351 Ridgetop Circle
Suites 100 & 150
Sterling, Virginia 20166
571-434-0140
571-434-0144 Fax

10215 Fernwood Road
Suites 50 & 103
Bethesda, Maryland 20817
301-564-1053
301-493-8522 Fax

4445 Willard Avenue
Suite 200
Chevy Chase, Maryland 20815
301-654-4242
301-907-7414 Fax

Business Office
3015 Williams Drive
Suite 200
Fairfax, Virginia 22031
703-641-9133
703-280-5098 Fax

Br 1

DATE 12-29-2009

U. S. Nuclear Regulatory Commission
Region I
Nuclear Material Section B
475 Allendale Road
King of Prussia, PA 19406

RE: Radioactive Materials License Amendment
Washington Radiology Associates
License # 08-28752-01
Docket # 030-32755

RECEIVED
REGION I
2009 DEC 31 AM 10:57

License Reviewers:

Please amend the above-referenced license to include the following changes:

- Please amend Condition 12 B, authorized users to **add:**
Sussan Sadeghi, M.D. to Material and Use for **35.100, 35.200.**

Enclosed please find the following:

Copy of Washington Radiology Services NRC License

Copies of Dr. Sadeghi's American Board of Radiology Certification and NRC FORM 313A (AUD). Authorized User Training and Experience and Precep Attestation.

We respectfully request an actual amendment be issued.

If there are any questions or additional information is needed, please contact Mr. Chris Bartos, Health Physics Consultant, Krueger-Gilbert Health Physics, Inc. at (410) 692-9806 or the undersigned at (202) 466-5620, extension 1412.

Sincerely,

Gary L. Rose, M.D
Radiation Safety Officer

144357

**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: 3/31/2012

Name of Proposed Authorized User

Sussan Sadeghi, M.D.

State or Territory Where Licensed

Washington, D.C.

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

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	

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.

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 Sussan Sadeghi, M.D. 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	Signature	Telephone Number	Date
Gary L. Rose, M.D., RSO		(202) 466-5620	11/20/2009

License/Permit Number/Facility Name
NRC 08-28752-01, Washington Radiology Assoc. 2021 K St., SteT120, Wash. D.C. 20006



GOVERNMENT
OF THE
DISTRICT OF COLUMBIA

License No: MD036879
Issue Date: 08/14/2007

**DEPARTMENT OF HEALTH
HEALTH PROFESSIONAL LICENSING ADMINISTRATION
BOARD OF MEDICINE**

Be it known that

SUSSAN SADEGHI

*has met all requirements prescribed by law and regulations and is hereby
licensed as a(n)*

MEDICINE AND SURGERY

*in accordance with D.C. Law 6-99, District of Columbia Health Occupations
Revision Act of 1985, as amended.*

*In witness whereof, said Board caused this
license to be granted and attested by the official seal of
the District of Columbia.*


Director, Department of Health


Frederick C. Flaelli, M.D., J.D.

TO VERIFY AUTHENTICITY OF THIS DOCUMENT YOU MUST EITHER VISIT AND VIEW THE PROMISSOR LOGO WITH FINGER, AUTHENTIC OCCUPANT WILL CHANGE COLOR FROM ORANGE TO YELLOW

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

Suzsan Sadeghi, MD

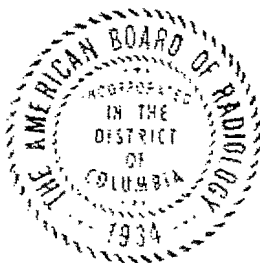
Has pursued an accepted course of graduate study
and clinical work, has met certain standards and qualifications and
has passed the examinations conducted under the authority of
The American Board of Radiology

On this sixth day of June, 2007

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

Diagnostic Radiology

AM Eligible



Certificate No. 53796

Ray O. Anderson, MD
President

Lith Eicken
Secretary-Treasurer

R.P. Hatten, MD
Executive Director



Valid through 2017

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

12/29/2009, and to inform you that the initial processing which includes an administrative review has been performed.

AMEND. 08-28752-01
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** 144357.
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.