



Fred G. Rubin, M.D., F.A.C.C.  
Carol Y. Gemayel, M.D., F.A.C.C.  
Kenneth A. Merkatz, M.D., F.A.C.C.  
Komsu F. Mamuya, M.D.  
Rachel H. MacGillis, APRN

U. S. Nuclear Regulatory Commission  
Materials Licensing Section  
Region I  
475 Allendale Road  
King of Prussia, PA 19406-1415

85 Seymour Street, Suite 1011  
Hartford, Connecticut 06106  
860 241-6077  
Fax: 860 244-8159

1260 Silas Deane Highway, Suite 106  
Wethersfield, Connecticut 06109  
860 258-3477  
Fax: 860 571-6802

18 East Granby Road, First Floor  
Granby, Connecticut 06035  
860 241-6077  
Fax: 860 244-8159

533 Cottage Grove Road  
Bloomfield, Connecticut 06002  
860 258-3477  
Fax: 860 571-6802

9 Cranbrook Boulevard, 2nd Floor  
Enfield, Connecticut 06082  
860 241-6077  
Fax: 860 244-8159

www.cmgmnds.com

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Dr 1

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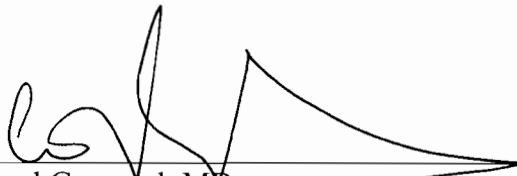
Dear Sir:

Please amend Byproduct material license # 06-14854-01 for the following changes

1. Delete the following authorized users: Maha B Mikhail, M.D.  
Bekir H. Melek M.D.
2. Add as an authorized user: Komsu F. Mamuya, MD. See attached board certificate and preceptor statement form.

If there are any questions please call our physicist, Ray A Carlson, MS at (734)455-4730 office or cell (734) 395-7361.

Sincerely,

  
\_\_\_\_\_  
Carol Gemayel, MD  
RSO for Connecticut Multi-Speciality Group/ Cardiology

144568

NRC FORM 315A (AUC) (3-2009)	U.S. NUCLEAR REGULATORY COMMISSION	APPROVED BY OMB: NO. 3150-0120 EXPIRES: 3/31/2012
<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]		

Name of Proposed Authorized User <b>KOMSU MAMUYA</b>	State or Territory Where Licensed <b>CT</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 35.290 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 (AUG) U.S. NUCLEAR REGULATORY COMMISSION  
 (2-2005) 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	Health Radiological Seminars, Inc Baltimore MD	40	Sept 2008
Radiation protection	" "	15	Sept 2008
Mathematics pertaining to the use and measurement of radioactivity	" "	15	Sept 2008
Chemistry of byproduct material for medical use (not required for 35.590)			
Radiation biology	" "	10	Sept 2008

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	

NRC FORM 313A (AUD)  
 (3-2002)

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 (AUG)  
(3-2008)

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 \_\_\_\_\_ 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 50 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 KAMISU MAMUYA 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>Brian Downey</u>	Signature <u>[Signature]</u>	Telephone Number <u>508-368-3130</u>	Date <u>3/11/10</u>
License/Permit Number/Facility Name <u>44-0506</u>		<u>Fallon Clinic</u>	

# Health & Radiological Seminars, Inc.

Hereby certifies that

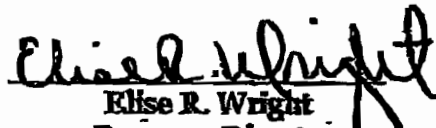
## *Komsu F. Mamuya M.D.*

has successfully completed the 80 Hour Physician Training Program in Basic Radioisotope Handling conducted in accordance with the requirements of the U.S. Nuclear Regulatory Commission (10 CFR 35).

### COURSE OUTLINE

Radiation Physics and Instrumentation – 40 hours  
Mathematics pertaining to the use and measurement of radioactivity - 15 hours  
Radiation Protection – Radiopharmaceutical Chemistry - 15 hours  
Radiation Biology – 10 hours

September 7, 2008

  
Elise R. Wright  
Program Director

  
Peggy Tideman  
Executive Director

03/Mar. 16. 2010 9:35AM 83838220  
Med. 11. 2010 12:59PM

CARDIO VASCULAR MED

No. 7610 P/P. 7 06/09  
P. 0

3/11/10

Certification Board of Nuclear Cardiology  
101 Lakeforest Boulevard, Suite 401  
Gaithersburg MD 20877

Dr. *Mamuya* has completed a nuclear cardiology training program that meets the requirements for Level 2 as outlined in the ACCF/ASNC COCATS Guidelines for Training in Nuclear Cardiology, revised 2008 within an accredited program.

Dr. *Mamuya* completed Level 2 nuclear cardiology training between the dates of *7/1/06* and *6/30/09*.

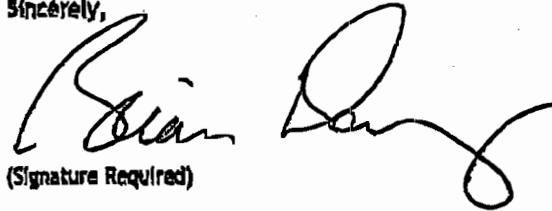
I attest that Dr. *Mamuya* is competent to independently function as an authorized user under NRC 10 CFR 35.200 uses.

The above-named applicant completed a minimum of 80 hours of classroom and laboratory training that meets the Nuclear Regulatory Commission (NRC) requirements as an INTEGRAL part of his/her fellowship/residency program.

The above-named applicant completed a minimum of 80 hours of classroom and laboratory training that meets the NRC requirements external to his/her fellowship program.

The above-named applicant is an Authorized User listed on a current Radioactive Materials License (RAM).

Sincerely,



(Signature Required)

Name of Preceptor: *Brian Downey*

Title/Relationship to Applicant: *Staff Cardiologist*

NRC/Agreement State License Number (on RAM License): *44-0506*

## Cardiac Imaging Certifications

- Cardiovascular Computed Tomography
- Echocardiography
- Nuclear Cardiology

Certification recognizes those physicians who have demonstrated knowledge and skills in their respective fields by documenting appropriate training and/or experience and successfully passing a written examination.

This search identifies those physicians who hold certifications in any or all of Cardiovascular Computed Tomography, Echocardiography and Nuclear Cardiology. For echocardiography only, individuals with testamur status are also listed.

**1 records found.**

Name / Location	Info
<b>Dr. Komsu Mamuya</b> West Hartford, CT UNITED STATES <i>CBNC</i>	Certificate Number: 6391 Certified in Nuclear Cardiology on 12/06/2008. Dr. Mamuya's Certification is valid until 12/31/2018.

[SEARCH AGAIN](#)

NOTE: For questions or further clarification, call the CBNC office at: **240.631.8151**.



# Certification Board of Nuclear Cardiology

Incorporated 1996

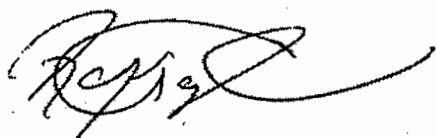
Certifies that

## **Komsu F. Mamuya, MD**

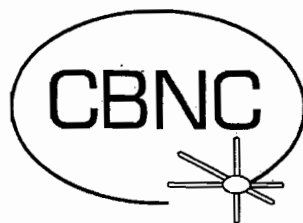
HAVING MET THE REQUIREMENTS PRESCRIBED BY THIS BOARD  
FOR PHYSICIANS TRAINED IN THE UNITED STATES  
AND HAVING SATISFACTORILY PASSED THE REQUIRED EXAMINATION,  
IS HEREBY DESIGNATED

A DIPLOMATE CERTIFIED IN THE SUBSPECIALTY OF  
**NUCLEAR CARDIOLOGY**

**FOR THE PERIOD 2008 - 2018**



President



Secretary

CERTIFICATE NUMBER: 6391



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

RECEIVED 4/11/2010, and to inform you that the initial processing which includes an administrative review has been performed.

AMEND. 06-14354-01  
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

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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** 144568.  
When calling to inquire about this action, please refer to this control number.  
You may call us on (610) 337-5398, or 337-5260.