

Research Medical CenterSM

Your HCA Midwest Hospital

20 December 2010

U. S. Nuclear Regulatory Commission
Region III
Materials Licensing Section
2443 Warrensville Road, Suite 210
Lisle, Illinois 60532-4352

Re: Addition of an authorized users

Research Medical Center would like to request the addition of

Bangalore V. Deepak, M. D. and

Kiranmayi Chilappa, M. D.

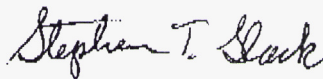
to license number 24-18625-01 as authorized users under 10 CFR 35.100 and 35.200 for use in cardiovascular studies. The relevant portions of their preceptors' statements and copies of their board certifications are enclosed.

Should you need any further information, please feel free to contact us at (816) 276-4449.

Sincerely,



Jackie DeSouza,
Chief Operating Officer



Stephen T. Slack, Ph. D.
Radiation Safety Officer

Enclosure

Dec. 20. 2010 9:34AM
FROM : PINEHURST CARDIOLOGY

Radilogy Admin.
FAX NO. : 9102956241

No. 5551 P. 3
Dec. 13 2010 12:15 PM P2
No. 0807 P. 2

Dec. 10. 2010 10:51AM NUC MED

NRC FORM 313A (AUD) (3-2008)	U.S. NUCLEAR REGULATORY COMMISSION	APPROVED BY DMB: NO. 3150-0120 EXPIRES: 3/31/2012
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]		

Name of Proposed Authorized User <u>Bangalore V. Deepak</u>	State or Territory Where Licensed <u>Missouri, North Carolina, Florida</u>
--	---

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 ²
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 <u>13021</u>
------------------------	--

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)

Dec. 20. 2010 9:34AM

Radiology Admin.

FROM : PINEHURST CARDIOLOGY

FAX NO. : 9102956241

No. 5551 P. 4
Dec. 13 2010 12:16 PM P3
No. 0807 P. 3

Dec. 10. 2010 10:51AM

NUC MED

NRC FORM 313A (AUG)
(9-2009)

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 Bangalore V. Deepak 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 Bangalore V. Deepak 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 Bangalore V. Deepak 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 Bangalore V. Deepak 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>PERLA J. VASSALLO</u>	Signature <u>[Signature]</u>	Telephone Number <u>(910) 295-4222</u>	Date <u>12/13/10</u>
License/Permit Number/Facility Name <u>063-13024 Pinehurst Cardiology Consultants</u>			

Received Time Dec. 13. 11:05AM

No. 1340 P. 4

AUG. 19. 2010 9:08AM

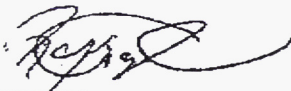
Certification Board of Nuclear Cardiology
Incorporated 1996
Certifies That

Bangalore V. Deepak, MD

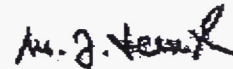
HAVING MET THE REQUIREMENTS PRESCRIBED BY THIS BOARD
FOR PHYSICIANS TRAINED IN THE UNITED STATES
AND HAVING SATISFACTORILY PASSED THE REQUIRED EXAMINATION,
IS HEREBY DESIGNATED

A DIPLOMATE CERTIFIED IN THE SUBSPECIALTY OF
NUCLEAR CARDIOLOGY

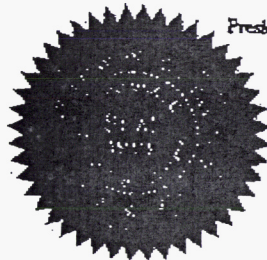
FOR THE PERIOD 2006 - 2016



President



Secretary



CERTIFICATE NUMBER: 4877

NRC FORM 313A (AUD) (3-2009)	U.S. NUCLEAR REGULATORY COMMISSION	APPROVED BY OMB: NO. 3150-0120 EXPIRES: 3/31/2012
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]		

Name of Proposed Authorized User KIRAN MAYI CHILAPPA	State or Territory Where Licensed KANSAS MISSOURI
Requested Authorization(s) (check all that apply)	
<input checked="" type="checkbox"/> 35.100 Uptake, dilution, and excretion studies	
<input checked="" type="checkbox"/> 35.200 Imaging and localization studies	
<input type="checkbox"/> 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)

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 KIRANMAYI CHILAPPA 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 KIRANMAYI CHILAPPA 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 KIRANMAYI CHILAPPA 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 KIRANMAYI CHILAPPA 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

ALBERT DELUCA MD

Signature

[Handwritten Signature]

Telephone Number 914 Date

593-7800 12-7-10

License/Permit Number/Facility Name

NYS # 586

Westchester Medical Center

AHO NYS # 2883

YAZHOLTA N.Y

Certification Board of Nuclear Cardiology

Incorporated 1996

Certifies that

Kiranmayi Chilappa, 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: 6034

**RESEARCH MEDICAL CENTER
RADIOLOGY DEPARTMENT**

- TO: NUCLEAR REGULATORY
COMMISSION

FROM: Research Medical Center -& Brookside
Campus Imaging / Michael Scott, Rad. Dir.

COMPANY:

DATE:

12/20/2010

FAX NUMBER:

1 630-515-1078

TOTAL NO. OF PAGES INCLUDING COVER:

8

PHONE NUMBER:

SENDER'S REFERENCE NUMBER:

816-276-4141 phone

RE:

ADDITION OF TWO
CARDIOLOGISTS TO OUR
LICENSE

YOUR REFERENCE NUMBER:

816-276-3637 fax

URGENT FOR REVIEW PLEASE COMMENT PLEASE REPLY PLEASE RECYCLED

Attached request to add two cardiologists to our license.

See all attachments.

Please advise if you need anything else.

Sent on behalf of Dr. Stephen Slack.

Michael Scott, R.T., M.B.A.

Imaging Director

816 276 4404 - phone

816 276 3637 - fax

CONFIDENTIALITY NOTICE

The documents accompanying this transmission contain confidential health information that is legally privileged. This information is intended only for the use of the individual or entity named above. The authorized recipient of this information is prohibited from disclosing this information to any other party unless required to do so by law or regulation and is required to destroy the information after its stated need has been fulfilled.

If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or action taken in reliance on the contents of these documents is strictly prohibited. If you have received information in error, please notify the sender immediately and arrange for the return or destruction of these documents.