



MIDDLESEX CARDIOLOGY ASSOCIATES, P.C.



Keshava H. Aithal, MD, FACC, FACP  
Joseph J. Corning, MD, FACC, FACP  
Stephen M. Franklin, MD, FACC, FACP  
David S. Gallo, MD, FACC  
Subramanian Krishnan, M.D.  
Joseph P. Longhitano, MD, FACC  
Mojca Lorbar, MD, FACC  
John E. Rogan, MD, FACC, FACP  
Gita Roy, MD, FACC, FACP  
Eran I. Shani, MD, FACC

L-9

MIDDLESEX CARDIOLOGY ASSOC.  
520 SAYBROOK ROAD  
MIDDLETOWN, CT 06457

Michele Colwell, PA-C  
Michelle Glidden, F.N.P.-C  
Simone Howe, PA-C  
Kimberly Hudson, APRN  
Jean-Anne McCracken, PA-C

FACSIMILE TRANSMITTAL SHEET

06-23559-01  
23028939

TO: Lester - NRC FROM: Middlesex Cardiology Assoc.

COMPANY: \_\_\_\_\_ DATE: 4-20-11

FAX NUMBER: (800) 295-9116 TOTAL NO. OF PAGES INCLUDING COVER: 6

PHONE NUMBER: (800) 295-9920 SENDER'S PHONE NUMBER: \_\_\_\_\_

RE: \_\_\_\_\_ YOUR FAX NUMBER: (610) 337-5269

URGENT  FOR REVIEW  PLEASE COMMENT  PLEASE REPLY  PLEASE RECYCLE

NOTES/COMMENTS:

Preceptor Attestation for Dr. Subramanian Krishnan  
Signed by Dr. Gray Heller from Hartford Hospital



Thank you

Middletown Professional Park, 520 Saybrook Road, Middletown, Connecticut 06457 860.347.4258 FAX: 860.638.3697  
51 Main Street, Old Saybrook, Connecticut 06475 860.388.3564 FAX: 860.388.4318  
14 Jones Hollow Road, Marlborough, Connecticut 06447 860.295.9920 FAX: 860.295.9166

574439  
NMSS/RGN1 MATERIALS-002

**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  
*Subramanian Krishnan*

State or Territory Where Licensed  
*CT*

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 | <i>Hartford Hospital</i>                                    | <i>25</i>   | <i>2004</i>          |

**Total Hours of Experience:**

Supervising Individual

*Gregory Vitello*

License/Permit Number listing supervising individual as an authorized user

*26-20253-04*

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                                     | Hartford Hospital -<br>University of Arkansas Online | 100         | 2007-9             |
| Radiation protection  | Hartford Hospital<br>University of Arkansas Online   | 35          | 2007-9             |
| Mathematics pertaining to the use and measurement of radioactivity        | Hartford Hospital<br>University of Arkansas Online   | 25          | 2007-9             |
| Chemistry of byproduct material for medical use (not required for 35.590) | Hartford Hospital<br>University of Arkansas Online   | 35          | 2007-9             |
| Radiation biology   | Hartford Hospital<br>University of Arkansas Online   | 25          | 2007-9             |
| <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   | Hartford Hospital<br>JG 0053-04                             | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | 2007                 |
| Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters | Hartford Hospital<br>JG 0053-04                             | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | 2007                 |

**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<br>Must Include:   | Location of Experience/License or<br>Permit Number of Facility | Confirm  | Dates of<br>Experience* |
|--|--|--|-------------------------|
| Calculating, measuring, and safely preparing patient or human research subject dosages   | Hartford Hospital  | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | 2/2007                  |
| Using administrative controls to prevent a medical event involving the use of unsealed byproduct material  | Hartford Hospital  | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | 2/2007                  |
| Using procedures to contain spilled byproduct material safely and using proper decontamination procedures  | Hartford Hospital  | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | 2/2007                  |
| Administering dosages of radioactive drugs to patients or human research subjects  | Hartford Hospital  | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | 2/2007                  |
| 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 | Hartford Hospital  | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | 2/2007                  |

Supervising Individual

Gary J. Holker

License/Permit Number listing supervising individual as an authorized user

06 00253 - 07

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 Krishnan Subramanian 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  
Gary V Heller

Signature  
[Handwritten Signature]

Telephone Number  
810 575 5000

Date  
03/26/11

License/Permit Number/Facility Name  
OG-00053-04 Hartford Hospital

# Certification Board of Nuclear Cardiology

Incorporated 1996

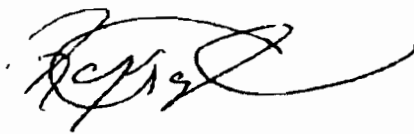
Certifies that

## Subramanian Krishnan, MBBS

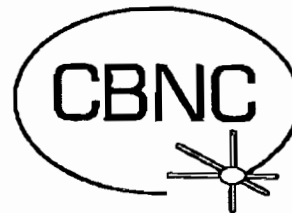
HAVING MET THE REQUIREMENTS PRESCRIBED BY THIS BOARD  
FOR PHYSICIANS TRAINED IN THE UNITED STATES  
AND HAVING SATISFACTORILY PASSED THE REQUIRED EXAMINATION,  
IS HEREBY DESIGNATED

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

**FOR THE PERIOD 2009 - 2019**



President



Secretary



CERTIFICATE NUMBER: 7122