

Bayhealth Medical Center

Terry M. Murphy, FACHE
President and Chief Executive Officer

640 S. State Street, Dover, DE 19901
Tel: (302) 744-7000 Fax: (302) 744-7181

June 7, 2011

Licensing Branch
Nuclear Materials Safety Section
Division of Safety & Safeguards
U.S. N.R.C. - Region I
475 Allendale Rd.
King of Prussia, PA 19406

Br L

07-14850-01
03007565

RECEIVED

Dear License Reviewer,

Please be advised that the following physicians have joined our staff as authorized users of 10 CFR 35.200 byproduct materials for cardiovascular imaging only.

Laeq Ahmer, M.D.
Harjinder S. Grewal, M.D.

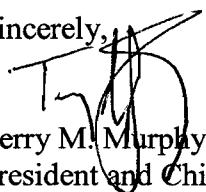
Enclosed please find a copy of each physician's credentials including their NRC Form 313A.

All other aspects of our radiation safety program remain unchanged.

If you have any questions, please contact our consultant radiation physicist, Jay Yoder, MS, of Walter L. Robinson and Associates at "jyoder@walterrobinson.com", or contact us at 302-744-7057.

Our N.R.C. license no. is # 07-14850-01 (Bayhealth Medical Center – Kent General Hospital).

Sincerely,


Terry M. Murphy, FACHE
President and Chief Executive Officer

Enclosures: (2)

575332
NMSS/RGN1 MATERIALS-002


Bayhealth
Medical Center

**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

Laeq Ahmer, M.D.

State or Territory Where Licensed

Delaware

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 **Laeq Ahmer, 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

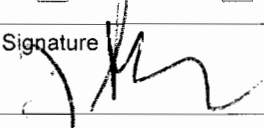
and experience, including a minimum of 80 hours of classroom and laboratory training, required by 10 CFR 35.290(c)(1), and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100 and 35.200.

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 David A. Ramos, M.D.	Signature 	Telephone Number (302) 672-4600	Date 04/28/2011
--	--	---	---------------------------

License/Permit Number/Facility Name
07-27897-01 Cardiology Consultants, P.A.

THE CERTIFICATION BOARD OF NUCLEAR CARDIOLOGY

Incorporated 1996

CERTIFIES THAT

Laeq Ahmer, M.D.

HAVING MET THE REQUIREMENTS PRESCRIBED BY THIS BOARD FOR PHYSICIANS RESIDING IN THE UNITED STATES AND HAVING SATISFACTORILY PASSED THE REQUIRED EXAMINATION,

IS HEREBY DESIGNATED

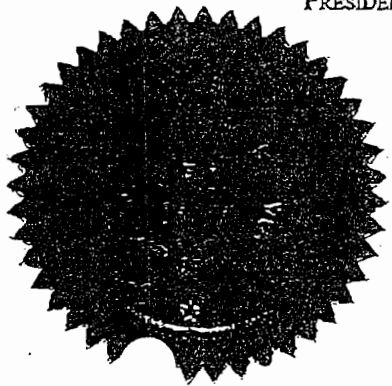
A DIPLOMATE CERTIFIED IN THE SUBSPECIALTY OF

NUCLEAR CARDIOLOGY

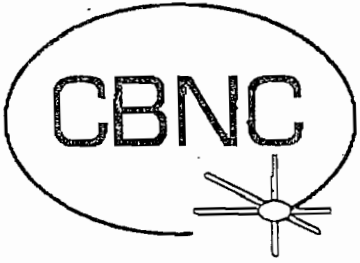
FOR THE PERIOD 2005 THROUGH 2015

M. D. Cozzolino
PRESIDENT

J. D. Angh
SECRETARY



CERTIFICATE # 3739



OCTOBER 23, 2005

Cardiology
Geisinger Medical Center
M.C. 21-60
100 North Academy Avenue
Danville, PA 17822
Ph: 570.271.6523
Fax: 570.271.8056



Heal. Teach. Discover. Serve.

Francis J. Menapace, MD
Section Chief, Cardiology
Clinical Trials

James C. Blankenship, MD
Director
Cardiac Catheterization Lab

Joyce A. Burnside, MD
Echocardiography

Richard J. Butcher, MD
Nuclear Cardiology/Echocardiography

John H. Chapman, MD
Interventional Cardiology

Henry F. Fesniak, MD
Invasive Cardiology

Thomas A. Harrison, MD
Critical Care

Timothy McConnell, PhD
Cardiac Rehabilitation

Thomas A. Mudesto, MD
Invasive Cardiology

Louis A. Nassef, MD
Director
Non-Invasive Labs

Jess W. Oren, IV MD
Director
Electrophysiology Lab

William Schiavone, DO
Non-Invasive Cardiology

Karandeep Singh, MD
Interventional Cardiology

Randle H. Storm, MD
Director
Device and Pacemaker Clinic

05/19/2005

Certifying Board
Nuclear Cardiology

RE: Lacey Ahmer, M.D.

Dear Sirs:

Dr. Ahmer has completed a training program in nuclear cardiology that meets the requirements as outlined in the ACC/ASNC COCATS guidelines (revised 2000). Dr. Ahmer is competent to independently function as an authorized user under 10 CFR35.290 uses.

Respectfully yours

Richard J. Butcher, M.D.
Director of Nuclear Cardiology
Clinical Assistant Professor of Medicine Jefferson Medical College
NRC #37-01421-01

RJB/ldn: D: 05/19/2005 5:46 P: T: 05/19/2005 5:45 P: Doc #: 3242249

Cc: Dr. Ahmer



AMERICAN
COLLEGE of
CARDIOLOGY
FOUNDATION

2400 N Street, NW
Washington, DC 20037
(800) 253-4636 ext. 5603

Physician CME Certificate

The American College of Cardiology Foundation (ACCF) is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

The American College of Cardiology Foundation certifies that

Laeq Ahmer, M.B.B.S., F.A.C.C.

has participated in the educational activity titled

**32nd Annual Recent Advances in Clinical Nuclear Cardiology and Cardiac CT Featuring
Case Review with the Experts
in Washington, DC
May 06-08, 2010**

and is awarded *20.50 AMA PRA Category 1 Credit(s)*TM.

The ACCF designates this educational activity for a maximum of *23.25 AMA PRA Category 1 Credit(s)*TM. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Karen N. Thompson
Associate Director
CME Accreditation & Compliance

THE
AMERICAN BOARD OF INTERNAL MEDICINE
 INCORPORATED 1936

ATTESTS THAT

Luqeeq Ahmer

HAS MET THE REQUIREMENTS OF THIS BOARD AND IS HEREBY
 CERTIFIED FOR THE PERIOD 2002 THROUGH 2012
 AS A DIPLOMATE IN
CARDIOVASCULAR DISEASE



Douglas P. Zipes
 CHAIR
 AMERICAN BOARD OF INTERNAL MEDICINE

Robert Horwitz
 CHAIR-ELECT
 AMERICAN BOARD OF INTERNAL MEDICINE

James R. Patterson
 SECRETARY-TREASURER
 AMERICAN BOARD OF INTERNAL MEDICINE

Harry R. Lembo
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 AMERICAN BOARD OF INTERNAL MEDICINE

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W. M. Lee
Arnold V. Maccarelli
Mark Silverman

Walter
Arthur E. ...
Barry L. Zare

Health & Radiological Seminars, Inc.

Hereby certifies that

Laeq Ahmer, MD

has successfully completed the 200 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 - 100 hours
- Mathematics pertaining to the use and measurement of radioactivity - 20 hours
- Radiopharmaceutical Chemistry - 30 hours
- Radiation Biology - 20 hours
- Radiation Protection - 30 hours

Arlene Corby

Arlene Corby
Course Coordinator

January 8, 2001

David J. Goodenough Ph.D.

David J. Goodenough, Ph.D.
Scientific Advisor

Health & Radiological Seminars, Inc.

Hereby certifies that

Laeq Abmer, MD

has successfully completed the 200 Hour Physician Training Program in Basic Radioisotope Handling conducted in accordance with the requirements of the U.S. Nuclear Regulatory Commission (10 CFR 35).

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- Radiation Biology - 20 hours
- Radiation Protection - 30 hours

Arlene Corby
Arlene Corby
Course Coordinator

January 8, 2001

David J. Goodenough Ph.D.
David J. Goodenough, Ph.D.
Scientific Advisor

**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

Harjinder S. Grewal, M.D.

State or Territory Where Licensed

Delaware

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	Georgetown University Medical Center	100	9/18/97-12/8/97
Radiation protection	Georgetown University Medical Center	30	9/18/97-12/8/97
Mathematics pertaining to the use and measurement of radioactivity	Georgetown University Medical Center	20	9/18/97-12/8/97
Chemistry of byproduct material for medical use <i>(not required for 35.590)</i>	Georgetown University Medical Center	30	9/18/97-12/8/97
Radiation biology	Georgetown University Medical Center	20	9/18/97-12/8/97
Total Hours of Training: 200			

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 <small>Please see attached documentation</small>		Total Hours of Experience: <small>Please see attached documentation</small>	
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

David A. Ramos, M.D.

License/Permit Number listing supervising individual as an authorized user

07-27897-01

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 _____ 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 **Harjinder S Grewal, MD** 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 David A. Ramos, M.D.	Signature 	Telephone Number (302) 672-4600	Date 04/28/2011
--	--	---	---------------------------

License/Permit Number/Facility Name
07-27897-01 Cardiology Consultants, P.A.



American Society of Nuclear Cardiology

NUCLEAR CARDIOLOGY EDUCATION PROGRAM

Certificate of Completion

In recognition of having completed 200 hours of Category I CME credit through lecture and laboratory training in Basic Radioisotope Handling Techniques and in the technical aspects of Nuclear Medicine imaging procedures, this certificate is hereby awarded to:

Harjinder S. Grewal, M.D.

Course Content

<u>Hours</u>		<u>Hours</u>	
100	Radiation Physics and Instrumentation	20	Mathematics pertaining to Radioactivity
30	Radiation Protection	20	Radiation Biology, and
		30	Radiopharmaceutical Chemistry

This program was conducted under the supervision of the American Society of Nuclear Cardiology, Bethesda, MD, and in the clinical Nuclear Medicine Department at Georgetown University Medical Center from *September 18, 1997* to *December 8, 1997* and has been completed to the satisfaction of the curriculum faculty.

Kenneth A. Brown, M.D.
Program Director

George Zubal
I. George Zubal, Ph.D.
Program Coordinator

Mar. 31. 2011. 3:57PM Cardiology Consultants. No. 1842 P. 2

• **Bayhealth Medical Center**

Kent General Hospital
640 S. State Street, Dover, DE 19901
(302) 674-4700

Milford Memorial Hospital
21 W. Clarke Avenue, Milford, DE 19963
(302) 422-3311

April 27, 2011

U.S. Nuclear Regulatory Commission
Licensing Branch
Nuclear Materials Safety Section
Division of Safety & Safeguards
U.S., N.R.C. - Region I
475 Allendale Road
King of Prussia, PA 19406

RE: Harjinder S. Grewal, M.D.

To Whom It May Concern:

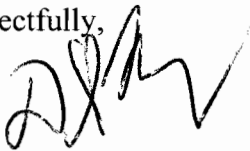
I am writing to attest to the training and experience of Dr. Harjinder S. Grewal in relation to Nuclear Cardiology.

Dr. Grewal completed 200 hours of Nuclear Cardiology Education in 1997. Since that time he has worked with me at Bayhealth Medical Group - Cardiology Consultants (formerly Cardiology Consultants, P.A.) and the Cardiac Diagnostic Center. This cardiac diagnostic facility performs an average of 135-145 Nuclear Cardiac Stress tests per month. Dr. Grewal reads and interprets approximately half of these studies.

I am currently an NRC licensed physician at the Dover CDC office for the last 16 years. Dr Grewal joined me and I supervised him early on in 1997 and can attest to his excellent skills.

Please do not hesitate to contact me if you have any questions or require additional information.

Respectfully,



David A. Ramos, M.D.



Bayhealth
Medical Center

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

6/7/2011, and to inform you that the initial processing which includes an administrative review has been performed.

AMEND. 07-14850-01
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** 575332.
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.