

Cardiovascular Disease

John F. Border, MD
Wayne L. Gray, MD
J. William Whitaker, MD
Bruce M. Graham, MD*
Michael J. Moran, MD, FACC*
Frank J. Conte, MD, FACC
Antonio J. Navarrete, MD
Mir Ishtiaque Ali MD, FACC
Sai Krishna Devarapalli, MD
Tonee Pieroni, ANP-C
Lisa Harber, FNP-C

July 19, 2011

U. S. Nuclear Regulatory Commission
Materials Licensing Section
2443 Warrenville Road, Suite 210
Lisle, IL 60532-4352

Pulmonary / Critical Care

Daryl G. Morrical, MD, FCCP*
Dennis K. Zawadski, MD, FCCP
Lynn A. Witty, MD, FCCP
Sudarshan K. Komanapalli, MD, FCCP
Rajeev Mehta, MD, FCCP

Dear Sir or Madam:

Medical Consultants, P.C. would like to amend its NRC Byproduct Materials License, Number 13-32412-01, to delete J. William Whitaker, M.D. and Sriram Nathan, M.D. as Authorized Users. Dr. Whitaker and Dr. Sriram Nathan are no longer practicing at our facility.

Hematology / Oncology

William B. Fisher, MD, FACP
Hazim I. Rimawi, MD
Joseph E. Spahr, MD*
Michael J. Williamson, Jr., DO
Dejuania A. Brown, DO
Sulfi Ibrahim, MD
Marjorie E. Wiseman, FNP-C
Abby L. Koons, ANP-C
Jennifer M. Bow, ANP-C

In addition, we would like to add Sai Devarapalli, M.D. as an Authorized User of materials licensed under 10 C.F.R. 35.100 and 35.200 to our license. Enclosed is a copy of Dr. Devarapalli's Certification Board of Nuclear Cardiology certificate as well as NRC Form 313A(AUD).

Digestive Disease

Leonard E. Zeabart, MD, FACP, FACC
Donal P. Dunne, MD, FRCPC
Krishna K. Gannamaneni, MD*
Mazen Alsatie, MD
Marlowe Stinson, ANP-C

If there are any questions concerning this license amendment, please contact me at the number above or our nuclear medicine physicist, Mr. Patrick J. Byrne, DABR, CHP, DABSNM, at 877-317-5811.

Rheumatology / Immunology

Gordon M. Hughes, MD, FACP*
Rosemarie M. Jeffery, MD
Tarek Kteleh, MD
Pamela Wright, ANP-C

Sincerely,



Michele Hiatt, CNMT, ARRT(N)
Radiation Safety Officer

Endocrinology

J. Matthew Neal, MD, FACP

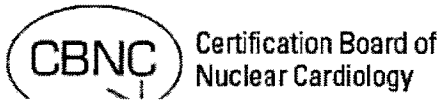
Nephrology

Regi Joseph, MD
Samir Baroudi, MD

*Member, Board of Directors

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Muncie	Muncie	Muncie	Cancer Center at BMH	New Castle	Anderson
2525 University Ave., Suite 300 Muncie, IN 47303 765 • 289 • 5420 Cardiology 765 • 289 • 5409 Pulmonary	800 S. Tillotson Ave. Muncie, IN 47304 765 • 289 • 5408 Gastroenterology 765 • 289 • 5410 Rheumatology 765 • 289 • 5410 Nephrology/Endocrinology	Endoscopy Center 800 S. Tillotson Ave. Muncie, IN 47304 765 • 281 • 2176 Scheduling	2401 University Ave. Muncie, IN 47303 765 • 281 • 2030 Oncology	2200 Forest Ridge, Suite 120 New Castle, IN 47362 765 • 593 • 2960 Oncology	2101 Jackson St., Suite 109 Anderson, IN 46016 765 • 640 • 5596 Nephrology



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- 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 diplomate or testamur status in any or all of Cardiovascular Computed Tomography, Echocardiography and Nuclear Cardiology.

1 records found.

Name / Location	Certification Status	Info
Dr. Sai Devarapalli Metairie, LA UNITED STATES CBNC	CERTIFIED	Certificate Number: 6086 Certified in Nuclear Cardiology on 12/6/2008 . This certification is valid from: 12/7/2008-12/31/2018 .

SEARCH AGAIN

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

** This site serves as primary source verification for CBNC and CBCCT only. Certification status is updated to this system within 14 days of notification to physicians. Name and geographical information are updated within 24 hours of a change to our primary database.

*** This site does not provide primary source verification for NBE. To verify NBE certification status please visit: <http://www.echoboards.org/>.

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101 Lakeforest Boulevard, Suite 401, Gaithersburg, MD 20877
 Email: administration@cbnc.org - P: 240.631.8151 - F: 240.631.8152

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**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: Sai K. Devarapalli, M.D. State or Territory Where Licensed: Indiana

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 Sai Devarapalli 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 Sai Devarapalli 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
FRANK CONTE, MD

Signature
[Signature]

Telephone Number
765-281-2000

Date

License/Permit Number/Facility Name
License Number 13-32412-01

Medical Consultants



2525 University, Suite 300
Muncie, IN 47303-3400



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U.S. Nuclear Regulatory Commission
Materials Licensing Section
2443 Warrenville Road, Ste 210
Lisle, IL 60532-4352