

Nuclear Cardiology Associates P.C.
8564 Broadway, Merrillville, IN 46410
Phone: (219) 769-1622 Fax: (219) 769-6541

July 19, 2011

United States Nuclear Regulatory Commission
Region III, materials Licensing
2443 Warrenville Road, Suite 210
Lisle, IL 60532-4352

RE: Amendment to NRC license No. 13-32503-01
Nuclear Cardiology Associates, P.C.

Dear Sir/Madam:

We would like to amend our current NRC license to reflect the following change.

ITEM #1

Please add the following physician to our current NRC license.

Anas Hakam Safadi, M.D. · 10CFR 35.200

Dr. Safadi is board certified by the Certificate Board of Nuclear Cardiology. We have enclosed a copy of his Board Certification, State of Indiana license to practice medicine, and NRC Form 313A(aud).

Thank you for your cooperation. If you have any questions or require additional information, please contact our physics consultant, Sharon Updike at 734-662-3197.

Sincerely,



Arshard P Malik, M.D./ RSO
Nuclear Cardiology Associates, P.C.

RECEIVED JUL 29 2011

Certification Board of Nuclear Cardiology

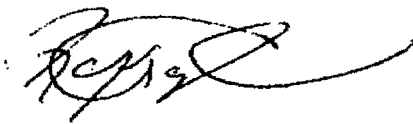
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Certifies that

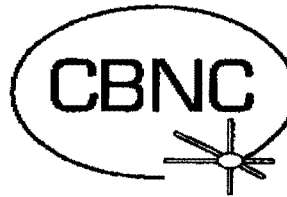
Anas Hakam Safadi, MD

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 2009 - 2019



President



Secretary



CERTIFICATE NUMBER: 7296

New Search Litigation Documents Digital Certification Medical Board	Indiana		
	<i>Online Licensing</i>		
	<i>Personal Information</i>		
	Anas Hakam Safadi		
	<i>Address Information</i>		
	Crown Point IN 46307		
	<i>License Information</i>		
	License No:	01060952A	
	Profession:	Medical Licensing Board	
	License Type:	Physician	
Obtained By Method:	Examination		
Issue Date:	7/7/2005		
Expiration Date:	6/30/2013		
License Status:	Active		
<i>Specialty Information as Reported by Physician</i>			
Internal Medicine - General (IM)			
<i>Previous Action</i>			
Previous Action - None			
<i>Related Licenses</i>			
License No:	01060952B	Name: Safadi, Anas Hakam	
License Type:	CSR-Physician	Status: Active	Relationship: Same Licensee

**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

State or Territory Where Licensed

Anas Hakam Safadi, M.D.

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 (<i>check one</i>).			
<input type="checkbox"/> 35.190 <input type="checkbox"/> 35.290 <input type="checkbox"/> 35.390 <input type="checkbox"/> 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 Anas H. Safaei, 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

Arshad P. Malik, M.D.

Signature

Telephone Number

(214) 769-1622

Date

7/25/11

License/Permit Number/Facility Name

13-32503-01 / Nuclear Cardiology Associates, P.C.

Nuclear Cardiology Associates, P.C.
8564 Broadway
Merrillville, IN 46410

Sender's Name CAM. SCHOOL Phone (219) 769-1622
Company NUCLEAR CARDIOLOGY ASSOC
Address 8564 BROADWAY
Address _____
City MERRILLVILLE State IN ZIP 46410
Dept./Floor/Suite/Room _____
2 To
Recipient's Name _____ Phone () _____
Company UNITED STATES NUCLEAR REGULATORY COMMISSION
Address REGION III, MATERIALS LICENSING
Address 2443 WARRENVILLE RD SUITE 210 HOLD at Location
FedEx Office address REQUIRED
City LISIE State IL
Province _____
Country _____ ZIP 60532-4352
Postal Code 60532-4352

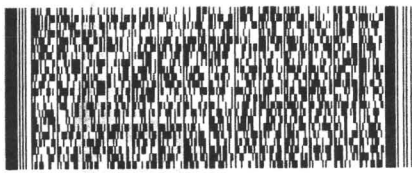
From: _____ Ship Date: 28JUL11
ActWgt: 0.1 LB
CAD: 9612/OFFC1201

Part # 156257-435
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TO Region III, Materials Licensi (219) 769-1622
UNITED STATES NUCLEAR REGULATO
FedEx
Ground
2443 WARRENVILLE RD
STE 210
LISLE, IL 60532 (US) **G**

Ref: _____ Dest: _____
INV: _____
PD: _____

1 of 1



(9612019) 4683959 15087506

GND
Prepaid

UNITED STATES NUCLEAR REGULATORY
COMMISSION
REGION III, MATERIALS LICENSING
2443 WARRENVILLE ROAD SUITE 210
LISIE, IL. 60532-4352

437-2587
60532-4352-80
REGION III MATERIALS LIC
2443 WARRENVILLE R
STE 210
LISIE, IL
EFP:
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