

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 _____ 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 80 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 **JOAQUIN BERNARDO GONZALEZ, 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 <i>Paul Castellano</i> | Signature <i>Paul Castellano</i> | Telephone Number 27-836-9390 | Date 8-8-11 |
|---|-------------------------------------|---------------------------------|----------------|

License/Permit Number/Facility Name
13-32400-01 CARDIOSPECIALISTS GROUP, LTD.

| | | | |
|---|---|---|-----------|
| NRC FORM 4910 PART 1 (08-2010) 10 CFR 2.201 | | U.S. NUCLEAR REGULATORY COMMISSION | |
| SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION | | | |
| 1. LICENSEE LOCATION INSPECTED: Sentinel Imaging, LLC 19141 Greenfield Detroit, MI 48236 REPORT NUMBER(S): 11-02 | | 2. NRC REGIONAL OFFICE: U.S. Nuclear Regulatory Commission, Region III 2443 Warrenville Road, Suite 210 Lisle, Illinois 60532 | |
| 3. DOCKET NUMBER(S) 030-38088 | 4. LICENSEE NUMBER(S) 21-32768-01 | 5. DATE(S) OF INSPECTION July 29, 2011 | |
| LICENSEE: The inspection was an examination of the activities conducted under your license as they relate to radiation safety and to compliance with the Nuclear Regulatory Commission (NRC) rules and regulations and the conditions of your license. The inspection consisted of selective examinations of procedures and representative records, interviews with personnel, and observations by the inspector. The inspection findings are as follows: | | | |
| <input checked="" type="checkbox"/> 1. Based on the inspection findings, no violations were identified. | | | |
| <input type="checkbox"/> 2. Previous violation(s) closed. | | | |
| <input type="checkbox"/> 3. The violation(s), specifically described to you by the inspector as non-cited violations, are not being cited because they were self-identified, non-repetitive, and corrective action was or is being taken, and the remaining criteria in the NRC Enforcement Policy, NUREG-1500, in exercise of discretion, were satisfied. | | | |
| _____ Non-cited violation(s) were discussed involving the following requirement(s): | | | |
| <input type="checkbox"/> 4. During this inspection certain of your activities, as described below and/or attached, were in violation of NRC requirements and are being cited. This form is a NOTICE OF VIOLATION, which may be subject to posting in accordance with 10 CFR 19.11 | | | |
| Statement of Corrective Actions | | | |
| I hereby state that, within 30 days, the actions described by me to the inspector will be taken to correct the violations identified. This statement of corrective actions is made in accordance with the requirements of 10 CFR 2.201 (corrective steps already taken, corrective steps which will be taken, date when full compliance will be achieved). I understand that no further written response to NRC will be required, unless specifically requested. | | | |
| Title | Printed Name | Signature | Date |
| LICENSEE'S REPRESENTATIVE | D. Dalton G. Smith MD. | <i>[Signature]</i> | 8/9/11 |
| NRC INSPECTOR | Andrew M. Bramnik | <i>[Signature]</i> | 01/3/2011 |
| Branch Chief | Tamara E. Bloomer | <i>[Signature]</i> | 8/3/11 |



CARDIOSPECIALISTS

801 MacArthur Boulevard/Suite 203
Munster, IN 46321
Phone: 219.836.9390
Fax: 219.836.9392

Date: 8.9.11

Total number of pages: 2

To: Sarah Forster
630.515.1259
Control # 575382

From: Margie

Urgent _____

For your review _____

Reply ASAP _____

The information included in this facsimile is confidential and intended for the recipient's use only. If you have received this fax in error, please contact our office at the phone number listed above.