



REPLY TO
ATTENTION OF

DEPARTMENT OF THE ARMY
HEADQUARTERS, USA MEDICAL DEPARTMENT ACTIVITY
126 MISSOURI AVENUE
FORT LEONARD WOOD, MISSOURI 65473-8952

August 10, 2011

Health Physics Service

U.S. Nuclear Regulatory Commission, Region III
Nuclear Materials Licensing Section
801 Warrenville Road
Lisle, Illinois 60532-4351

Dear Sir or Madam:

Request that NRC License 24-15095-01 be amended with the following changes: Add Dr. Amit K. Sanghi as an Authorized User under 10 CFR 35.100, 35.200, and 35.300, enclosed is his preceptor attestation; Remove Dr. Eduardo Escobar as an authorized user under 10 CFR 35.100, 35.200, and 35.300 as he no longer works at this facility. This was approved by the facility's Radiation Control Committee.

Point of contact for this action is Captain Shannon J. Malloy, Radiation Safety Officer, commercial phone (573) 329-1907.

Sincerely,

Andrew M. Barr
Lieutenant Colonel, U.S. Army
Deputy Commander for Clinical Services
Chairman, Radiation Control Committee

Enclosure
as

RECEIVED AUG 30 2011

**AUTHORIZED USER TRAINING AND EXPERIENCE
AND PRECEPTOR ATTESTATION**
(for uses defined under 35.300)
[10 CFR 35.390, 35.392, 35.394, and 35.396]APPROVED BY OMB: NO. 3150-0120
EXPIRES: 3/31/2012

Name of Proposed Authorized User

Amit K. Sanghi, D.O.

State or Territory Where Licensed

Missouri

Requested Authorization(s) (check all that apply):

☐ 35.300 Use of unsealed byproduct material for which a written directive is required

OR

☒ 35.300 Oral administration of sodium iodide I-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)☒ 35.300 Oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 1.22 gigabecquerels (33 millicuries)☐ 35.300 Parenteral administration of any beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV for which a written directive is required☐ 35.300 Parenteral administration of any other radionuclide for which a written directive is required**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 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**

- Provide a copy of the board certification.
- For 35.390, provide documentation on supervised clinical case experience. The table in section 3.c. may be used to document this experience.
- For 35.396, provide documentation on classroom and laboratory training, supervised work experience, and supervised clinical case experience. The tables in sections 3.a., 3.b., and 3.c. may be used to document this experience.
- Skip to and complete Part II Preceptor Attestation.

☐ **2. Current 35.300, 35.400, or 35.600 Authorized User Seeking Additional Authorization**

- Authorized User on Materials License _____ under the requirements below or equivalent Agreement State requirements (check all that apply):

☐ 35.390 ☐ 35.392 ☐ 35.394 ☐ 35.490 ☐ 35.690

- If currently authorized for a subset of clinical uses under 35.300, provide documentation on additional required supervised case experience. The table in section 3.c. may be used to document this experience. Also provide completed Part II Preceptor Attestation.
- If currently authorized under 35.490 or 35.690 and requesting authorization for 35.396, provide documentation on classroom and laboratory training, supervised work experience, and supervised clinical case experience. The tables in sections 3.a., 3.b., and 3.c. may be used to document this experience. Also provide completed Part II Preceptor Attestation.

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

☒ 3. Training and Experience for Proposed Authorized Usera. Classroom and Laboratory Training ☒ 35.390 ☒ 35.392 ☒ 35.394 ☒ 35.396

Description of Training	Location of Training	Clock Hours	Dates of Training*
Radiation physics and instrumentation	National Naval Medical Center Bethesda, Maryland 20889-5600	27	02/28/2011- 03/11-2011
Radiation protection	National Naval Medical Center Bethesda, Maryland 20889-5600	15	02/28/2011- 03/11-2011
Mathematics pertaining to the use and measurement of radioactivity	National Naval Medical Center Bethesda, Maryland 20889-5600	6	02/28/2011- 03/11-2011
Chemistry of byproduct material for medical use	National Naval Medical Center Bethesda, Maryland 20889-5600	11	02/28/2011- 03/11-2011
Radiation biology	National Naval Medical Center Bethesda, Maryland 20889-5600	21	02/28/2011- 03/11-2011
Total Hours of Training:		80	

b. Supervised Work Experience ☒ 35.390 ☒ 35.392 ☒ 35.394 ☒ 35.396*If more than one supervising individual is necessary to document supervised training, provide multiple copies of this page.*

Supervised Work Experience		Total Hours of Experience: 700	
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	Walter Reed Army Medical Center Nuclear Medicine / Nuclear Pharmacy License #08-01738-02	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	07-01-2007- 06-30-2011
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters	Walter Reed Army Medical Center Nuclear Medicine / Nuclear Pharmacy License #08-01738-02	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	07-01-2007- 06-30-2011
Calculating, measuring, and safely preparing patient or human research subject dosages	Walter Reed Army Medical Center Nuclear Medicine / Nuclear Pharmacy License #08-01738-02	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	07-01-2007- 06-30-2011
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material	Walter Reed Army Medical Center Nuclear Medicine / Nuclear Pharmacy License #08-01738-02	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	07-01-2007- 06-30-2011
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures	Walter Reed Army Medical Center Nuclear Medicine / Nuclear Pharmacy License #08-01738-02	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	07-01-2007- 06-30-2011

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Training and Experience for Proposed Authorized User (continued)

b. Supervised Work Experience (continued)

Supervising Individual Sidney R. Hinds II, M.D.	License/Permit Number listing supervising individual as an authorized user License #08-01738-02										
Supervising individual meets the requirements below, or equivalent Agreement State requirements (<i>check all that apply</i>)**:											
<table style="width: 100%;"> <tr> <td style="width: 15%;"><input checked="" type="checkbox"/> 35.390</td> <td>With experience administering dosages of:</td> </tr> <tr> <td><input checked="" type="checkbox"/> 35.392</td> <td><input checked="" type="checkbox"/> Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)</td> </tr> <tr> <td><input checked="" type="checkbox"/> 35.394</td> <td><input checked="" type="checkbox"/> Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)</td> </tr> <tr> <td><input checked="" type="checkbox"/> 35.396</td> <td><input checked="" type="checkbox"/> Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required</td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/> Parenteral administration of any other radionuclide requiring a written directive</td> </tr> </table>		<input checked="" type="checkbox"/> 35.390	With experience administering dosages of:	<input checked="" type="checkbox"/> 35.392	<input checked="" type="checkbox"/> Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)	<input checked="" type="checkbox"/> 35.394	<input checked="" type="checkbox"/> Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)	<input checked="" type="checkbox"/> 35.396	<input checked="" type="checkbox"/> Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required		<input checked="" type="checkbox"/> Parenteral administration of any other radionuclide requiring a written directive
<input checked="" type="checkbox"/> 35.390	With experience administering dosages of:										
<input checked="" type="checkbox"/> 35.392	<input checked="" type="checkbox"/> Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)										
<input checked="" type="checkbox"/> 35.394	<input checked="" type="checkbox"/> Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)										
<input checked="" type="checkbox"/> 35.396	<input checked="" type="checkbox"/> Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required										
	<input checked="" type="checkbox"/> Parenteral administration of any other radionuclide requiring a written directive										
** Supervising Authorized User must have experience in administering dosages in the same dosage category or categories as the individual requesting authorized user status.											

c. Supervised Clinical Case Experience

If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this page.

Description of Experience	Number of Cases Involving Personal Participation	Location of Experience/License or Permit Number of Facility	Dates of Experience*
Oral administration of sodium iodide I-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)	3	Walter Reed Army Medical Center Nuclear Medicine / Nuclear Pharmacy License #08-01738-02	07-01-2007-06-30-2011
Oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 1.22 gigabecquerels (33 millicuries)	3	Walter Reed Army Medical Center Nuclear Medicine / Nuclear Pharmacy License #08-01738-02	07-01-2007-06-30-2011
Parenteral administration of any beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV for which a written directive is required	0	Walter Reed Army Medical Center Nuclear Medicine / Nuclear Pharmacy License #08-01738-02	07-01-2007-06-30-2011
Parenteral administration of any other radionuclide for which a written directive is required	0	Walter Reed Army Medical Center Nuclear Medicine / Nuclear Pharmacy License #08-01738-02	07-01-2007-06-30-2011
(List radionuclides)			

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Training and Experience for Proposed Authorized User (continued)

c. Supervised Clinical Case Experience (continued)

Supervising Individual

Sidney R. Hinds II, M.D.

License/Permit Number listing supervising individual as an authorized user

License #08-01738-02

Supervising individual meets the requirements below, or equivalent Agreement State requirements (*check all that apply*)**:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 35.390 | With experience administering dosages of: |
| <input checked="" type="checkbox"/> 35.392 | <input checked="" type="checkbox"/> Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries) |
| <input checked="" type="checkbox"/> 35.394 | <input checked="" type="checkbox"/> Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries) |
| <input checked="" type="checkbox"/> 35.396 | <input checked="" type="checkbox"/> Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required |
| | <input checked="" type="checkbox"/> Parenteral administration of any other radionuclide requiring a written directive |

** Supervising Authorized User must have experience in administering dosages in the same dosage category or categories as the individual requesting authorized user status.

d. Provide completed Part II Preceptor Attestation.

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.

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 requested authorization:

For 35.390:Board Certification

☐ I attest that _____ has satisfactorily completed the training and experience requirements in 35.390(a)(1).
Name of Proposed Authorized User

OR

Training and Experience

☒ I attest that Amit K. Sanghi, D.O. has satisfactorily completed the 700 hours of training and experience, including a minimum of 200 hours of classroom and laboratory training, as required by 10 CFR 35.390 (b)(1).
Name of Proposed Authorized User

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

Preceptor Attestation (continued)

First Section (continued)

For 35.392 (Identical Attestation Statement Regardless of Training and Experience Pathway):

☒ I attest that Amit K. Sanghi, D.O. has satisfactorily completed the 80 hours of classroom
Name of Proposed Authorized User

and laboratory training, as required by 10 CFR 35.392(c)(1), and the supervised work and clinical case experience required in 35.392(c)(2).

For 35.394 (Identical Attestation Statement Regardless of Training and Experience Pathway):

☒ I attest that Amit K. Sanghi, D.O. has satisfactorily completed the 80 hours of classroom
Name of Proposed Authorized User

and laboratory training, as required by 10 CFR 35.394 (c)(1), and the supervised work and clinical case experience required in 35.394(c)(2).

Second Section

☒ I attest that Amit K. Sanghi, D.O. has satisfactorily completed the required clinical case
Name of Proposed Authorized User

experience required in 35.390(b)(1)(ii)G listed below:

- ☒ Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)
- ☒ Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)
- ☐ Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required
- ☐ Parenteral administration of any other radionuclide requiring a written directive

Third Section

☒ I attest that Amit K. Sanghi, D.O. has satisfactorily achieved a level of competency to
Name of Proposed Authorized User

function independently as an authorized user for:

- ☒ Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)
- ☒ Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)
- ☐ Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required
- ☐ Parenteral administration of any other radionuclide requiring a written directive

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

Fourth Section

For 35.396:

Current 35.490 or 35.690 authorized user:

☐ I attest that _____ is an authorized user under 10 CFR 35.490 or 35.690
Name of Proposed Authorized User

or equivalent Agreement State requirements, has satisfactorily completed the 80 hours of classroom and laboratory training, as required by 10 CFR 35.396 (d)(1), and the supervised work and clinical case experience required by 35.396(d)(2), and has achieved a level of competency sufficient to function independently as an authorized user for:

☐ Parenteral administration of any beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV for which a written directive is required

☐ Parenteral administration of any other radionuclide for which a written directive is required

OR

Board Certification:

☐ I attest that _____ has satisfactorily completed the board certification
Name of Proposed Authorized User

requirements of 35.396(c), has satisfactorily completed the 80 hours of classroom and laboratory training required by 10 CFR 35.396 (d)(1) and the supervised work and clinical case experience required by 35.396(d)(2), and has achieved a level of competency sufficient to function independently as an authorized user for:

☐ Parenteral administration of any beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV for which a written directive is required

☐ Parenteral administration of any other radionuclide for which a written directive is required

Fifth Section

Complete the following for preceptor attestation and signature:

☒ I meet the requirements below, or equivalent Agreement State requirements, as an authorized user for:

☒ 35.390 ☒ 35.392 ☒ 35.394 ☒ 35.396

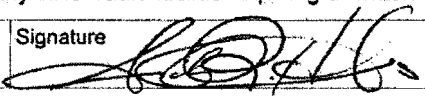
☒ I have experience administering dosages in the following categories for which the proposed Authorized User is requesting authorization.

☒ Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)

☒ Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)

☒ Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required

☒ Parenteral administration of any other radionuclide requiring a written directive

Name of Preceptor	Signature	Telephone Number	Date
Sidney R. Hinds II, M.D.		(202) 782-0169	06/30/2011
License/Permit Number/Facility Name			
License #08-01738-02 / Walter Reed Army 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
Amit K. Sanghi, D.O.

State or Territory Where Licensed
Missouri

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	National Naval Medical Center 8901 Wisconsin Avenue Bethesda, Maryland 20889-5600	27	02/28/2011- 03/11/2011
Radiation protection	National Naval Medical Center 8901 Wisconsin Avenue Bethesda, Maryland 20889-5600	15	02/28/2011- 03/11/2011
Mathematics pertaining to the use and measurement of radioactivity	National Naval Medical Center 8901 Wisconsin Avenue Bethesda, Maryland 20889-5600	6	02/28/2011- 03/11/2011
Chemistry of byproduct material for medical use (<i>not required for 35.590</i>)	National Naval Medical Center 8901 Wisconsin Avenue Bethesda, Maryland 20889-5600	11	02/28/2011- 03/11/2011
Radiation biology	National Naval Medical Center 8901 Wisconsin Avenue Bethesda, Maryland 20889-5600	21	02/28/2011- 03/11/2011
Total Hours of Training: 80			

- 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 700 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	Walter Reed Army Medical Center Nuclear Medicine / Nuclear Pharmacy License #08-01738-02	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	07-01-2007- 06-30-2011
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters	Walter Reed Army Medical Center Nuclear Medicine / Nuclear Pharmacy License #08-01738-02	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	07-01-2007- 06-30-2011

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	Walter Reed Army Medical Center Nuclear Medicine / Nuclear Pharmacy License #08-01738-02	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	07-01-2007- 06-30-2011
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material	Walter Reed Army Medical Center Nuclear Medicine / Nuclear Pharmacy License #08-01738-02	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	07-01-2007- 06-30-2011
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures	Walter Reed Army Medical Center Nuclear Medicine / Nuclear Pharmacy License #08-01738-02	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	07-01-2007- 06-30-2011
Administering dosages of radioactive drugs to patients or human research subjects	Walter Reed Army Medical Center Nuclear Medicine / Nuclear Pharmacy License #08-01738-02	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	07-01-2007- 06-30-2011
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	Walter Reed Army Medical Center Nuclear Medicine / Nuclear Pharmacy License #08-01738-02	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	07-01-2007- 06-30-2011

Supervising Individual
Sidney R. Hinds II, M.D.License/Permit Number listing supervising individual as an
authorized user
License #08-01738-02

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.

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 Amit K. Sanghi, D.O. 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 Amit K. Sanghi, D.O. has satisfactorily completed the 700 hours of training
Name of Proposed Authorized User

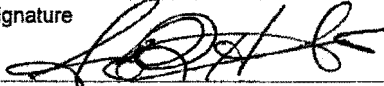
and experience, including a minimum of 80 hours of classroom and laboratory training, required by 10 CFR 35.290(c)(1), and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100 and 35.200.

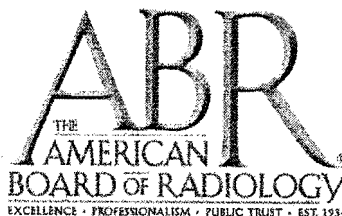
Second Section

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 Sidney R. Hinds II, M.D.	Signature 	Telephone Number (202) 782-0169	Date 06/30/2011
License/Permit Number/Facility Name License #08-01738-02 / Walter Reed Army Medical Center			



5441 E. Williams Boulevard, Suite 200 • Tucson, Arizona 85711-4493
Phone (520) 790-2900 • Fax (520) 790-3200 • www.theabr.org

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John K. Crowe, M.D.
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Lane F. Donnelly, M.D.
Cincinnati, Ohio
N. Reed Dunnick, M.D.
Ann Arbor, Michigan
Glenn S. Forbes, M.D.
Rochester, Minnesota
Donald P. Frush, M.D.
Durham, North Carolina
Milton J. Guiberteau, M.D.
Houston, Texas
Ella A. Kazerooni, M.D.
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Jeanne M. LaBerge, M.D.
San Francisco, California
Mary C. Mahoney, M.D.
Cincinnati, Ohio
Matthew A. Mauro, M.D.
Chapel Hill, North Carolina
Duane G. Mezwa, M.D.
Royal Oak, Michigan
Robert D. Zimmerman, M.D.
New York, New York

Radiation Oncology

K. Kian Ang, M.D., Ph.D.
Houston, Texas
Beth A. Erickson, M.D.
Milwaukee, Wisconsin
Bruce G. Haffty, M.D.
New Brunswick, New Jersey
Lisa A. Kachnic, M.D.
Boston, Massachusetts
Dennis C. Shreve, M.D., Ph.D.
Salt Lake City, Utah
Anthony L. Zietman, M.D.
Boston, Massachusetts

Radiologic Physics

G. Donald Frey, Ph.D.
Charleston, South Carolina
Geoffrey S. Ibbott, Ph.D.
Houston, Texas
Richard L. Morin, Ph.D.
Jacksonville, Florida

July 06, 2011

Amit Kumar Sanghi, DO
14006 Valleyfield Dr.
Silver Spring, MD 20906

DR Certificate in Diagnostic Radiology
ABR ID: 60964

Dear Dr. Sanghi,

I am pleased to inform you that you passed the oral examination held on May 22 - 25, 2011. The American Board of Radiology grants you a Certificate in Diagnostic Radiology. This is a ten-year time-limited certificate that is valid through December 31, 2021.

In addition, because you completed the appropriate training for AU Eligibility and passed the NRC-related portions of the nuclear radiology section, you will receive the AU-Eligible designation on your certificate.

Our printer will send your certificate to the above address in approximately four months. Your name will appear on the certificate as shown above. If you have an address change, you may update your address in your personal database (PDB). Legal name changes cannot be made on the PDB as they require supporting documentation. If you wish to have your name displayed differently on your certificate, please submit a name change request in writing to the ABR office by August 5, 2011. Your name and demographic information also will be included in a directory published by the American Board of Medical Specialties. It is your responsibility to notify other local, state, or national organizations of your certification.

Important information about your Maintenance of Certification process is enclosed. Please review it and respond as requested.

Personally, and on behalf of the Board of Trustees of the American Board of Radiology, I wish to congratulate you for this distinguished achievement.

Sincerely,

Gary J. Becker, MD
Executive Director

Assistant Executive Directors: Primary Certification

Diagnostic Radiology: Dennis M. Balfe, M.D.
Radiation Oncology: Beth A. Erickson, M.D.
Radiologic Physics: Richard L. Morin, Ph.D.
Subspecialties: Milton J. Guiberteau, M.D.



Gary J. Becker, M.D., Executive Director

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Radiation Oncology: Paul E. Wallner, D.O.
Radiologic Physics: Stephen R. Thomas, Ph.D.
Administration: Jennifer L. Bosma, Ph.D.

Assistant Executive Directors: Maintenance of Certification

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Radiation Oncology: Anthony L. Zietman, M.D.
Radiologic Physics: G. Donald Frey, Ph.D.
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News
Computer-based ("Written") Exams are now administered at Pearson VUE testing centers. When you are eligible to take an exam, you will be sent details.

Exam Results:

Initial Certificate Exam			
Specialty	Exam	Exam Date	Results
Diagnostic Radiology	Oral 2011 O1	May 22, 2011 - May 25, 2011	Pass

Categories

Category	Result
01 Musculoskeletal	Passed
02 Pulmonary	Passed
03 Gastrointestinal	Passed
04 Genitourinary	Passed
05 Neuroradiology	Passed
06 Vascular and Interventional	Passed
07 Nuclear	Passed
08 Ultrasound	Passed
09 Pediatric	Passed
10 Breast	Passed
11 Cardiac	Passed

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*NATIONAL NAVAL MEDICAL CENTER
BASIC AND APPLIED SCIENCE OF
NUCLEAR MEDICINE COURSE
FEBRUARY 28—MARCH 11, 2011*

Certification of Completion of 80Hours
of Classroom Instruction

CPT Amit Sanghi, DO, MC, USA

NATIONAL NAVAL MEDICAL CENTER, BETHESDA, MD

Saira Aslam

Saira Aslam, M.D., CDR MC USN, Course Director

11 Mar 2011

Date



Commander
USA MEDDAC, ATTN MCXP-PMO-RP
126 Missouri Ave
Fort Leonard Wood, MO 65473



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