



August 1, 2012

Br. 1

US Nuclear Regulatory Commission
USNRC Region 1 DNMS
2100 Renaissance Blvd
King of Prussia, PA 19406

Subject: License No. 06-30933-02 status
New RSO and Authorized User

03036825

RECEIVED
REGION 1
2012 AUG -3 AM 11:10

To whom it may concern:

We have appointed Arne Hansson as our RSO, and would like to restore our license to active status.

Please add Dr. Arne Hansson as the RSO and Authorized User at the Pfizer New Haven CRU to our license.

Enclosed are Dr. Hansson's credentials.

Sincerely,

Patricia A Chandler, MD
Medical Director
New Haven Clinical Research Unit
203-401-0391
patricia.chandler@pfizer.com

Cc : Joyce Van Winkle D.P.M

578066

NMSS/RGN1 MATERIALS-002

CERTIFICATE OF ACHIEVEMENT

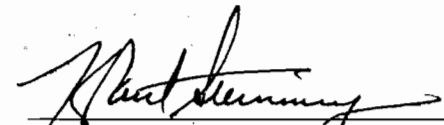
This is to Certify that

ARNE HANSSON

Has Completed 40 Hours of
Radiation Safety Officer Training

June 4-8, 2012




K. Paul Steinmeyer, RRPT
Radiation Safety Associates, Inc.
19 Pendleton Dr., PO Box 107
Hebron, CT 06248
860-228-0487

PERSONAL INFORMATION WAS REMOVED
BY NRC. NO COPY OF THIS INFORMATION
WAS RETAINED BY THE NRC.

0006178 FP **PRSR T8 0 0964 06471
ARNE HANSSON, MD



Dear Licensed/Certified Professional,
Attached you will find your validated license/certification
for the coming year. Should you have any questions about
your license/certificate renewal, please do not hesitate to
write or call:

Department of Public Health (860) 509-7603
P.O. Box 340308
M.S.#12MQA <http://www.dph.state.ct.us>
Hartford, CT 06134-0308

Sincerely,

JEWEL MULLEN, MD, MPH, MPA, COMMISSIONER
DEPARTMENT OF PUBLIC HEALTH

INSTRUCTIONS:

1. Please read carefully the back of this form.
2. This is the state's official record of your license.
3. This is not a license to practice. It is a document that
is valid only when used in its proper place.

4. The employer's copy is for persons who must
demonstrate current licensure/certification in order
to retain employment or privileges. The employer's
copy is presented to the employer and kept as
part of your personnel file. This copy of
this certificate is supplied to you.

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

PURSUANT TO THE PROVISIONS OF THE GENERAL STATUTES OF CONNECTICUT

THE INDIVIDUAL NAMED BELOW IS LICENSED
BY THIS DEPARTMENT AS A

PHYSICIAN/SURGEON

ARNE HANSSON, MD

LICENSE NO.
034020
CURRENT THROUGH
06/30/13
VALIDATION NO.
03-408112

SIGNATURE
COMMISSIONER

EMPLOYER'S COPY

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

NAME

ARNE HANSSON, MD

VALIDATION NO.
03-408112

LICENSE NO.
034020

CURRENT THROUGH
06/30/13

PROFESSION

PHYSICIAN/SURGEON

COMMISSIONER



Must be typed and all sections must be completed.

ONE-PAGE CURRICULUM VITAE

Full Name:	Hansson	Arne	G.
	Last Name	First Name	Middle Initial

Professional Mailing Address: (Include institution name.)

Pfizer Inc., New Haven Clinical Research Unit
One Howe Street
New Haven, CT 06511
UNITED STATES

**PERSONAL INFORMATION WAS REMOVED
BY NRC. NO COPY OF THIS INFORMATION
WAS RETAINED BY THE NRC.**

Telephone: 203-401-0233

Academic Qualifications (most current date first)

Degree/Certification	Date (YYYY)	Institution, Country
Emergency Medicine, Board Certification	Nov/2003-Dec/2013	American Board of Emergency Medicine, USA
Resident in Emergency Medicine	Jul/1996-Jul/1997, Jun/1999-Nov/2001	Yale-New Haven Hospital, New Haven, CT, USA
Resident in Clinical Pathology	Jul/1993-Jun/1995	Yale-New Haven Hospital, New Haven, CT, USA
Internship	Jul/1992-Jun/1993	Hospital of St. Raphael, New Haven, CT USA
Doctor of Medicine	May/1992	University of Connecticut, Farmington, CT, USA
B.S. in Pharmacy	May/ [REDACTED]	University of Connecticut, Storrs, CT, USA

Current and Previous 4 Relevant Positions Including Academic Appointments (most current date first):

Start and End Dates	Title	Institution or Company, State/Province/Country
December 2007-present	Clinical Research Physician	Pfizer Inc., New Haven Clinical Research Unit, New Haven, CT, USA
December 2001-Dec 2007	Senior Attending Emergency Physician	Middlesex Hospital, Middletown, CT, USA
August 1997-May 1999	Bayer Fellow in Health Economics	Yale Univ./Bayer AG, New Haven, CT, USA
January 1983-August 1989	Associate Scientist	Pfizer Central Research, Groton, CT, USA

Brief Summary of Relevant Clinical Research Experience:

1. Principal investigator or sub-investigator on over 100 phase one clinical trials including numerous FIH trials and three C₁₄ radiolabeled mass balance trials of investigational drugs at Pfizer Inc.
2. Extensive clinical experience as an attending physician in emergency medicine treating adult and pediatric patients in University and private non-profit medical centers.
3. Experience in drug product formulation, including radiolabeled (C₁₄) drug product laboratory synthesis and testing, and in vitro/animal in vivo testing/analysis as an Associate Scientist at Pfizer Inc.

Medical License/ID Number:	034020	Licensed in State/Province/Country:	Connecticut, USA
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Signature:		Signature Date:	23 July 2012
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(Signature required for ALL Investigators)

I will update and resubmit my one page CV if there are changes and particularly if there is any change in status which would adversely affect the assessment of my suitability to conduct/participate in clinical studies.

NOTE: CV MUST BE LIMITED TO ONE-PAGE FOR INCLUSION IN THE ICH-E3 COMPLIANT CLINICAL STUDY REPORT. PLEASE NO ATTACHMENTS, AND NO TEXT ON THE REVERSE SIDE.

This is to acknowledge the receipt of your letter application dated

8/11/12, and to inform you that the initial processing which includes an administrative review has been performed.

Amendment (06-30933-02)
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** 578066.
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.

NRC FORM 532 (RI)
(6-96)

Sincerely,
Licensing Assistance Team Leader