

Radiation Safety Unit



UNIVERSITY of
ROCHESTER
MEDICAL CENTER

MEDICINE of THE HIGHEST ORDER

August 10, 2012

To Whom it May Concern:

I have reviewed Dr Vaseem Chengazi's credentials and have found him to fully meet the requirements set forth in NRC Form 313A, dated 3-2009. Dr Chengazi is licensed to practice under 10CFR 35.1, 35.2 and 35.3.

In addition, enclosed is a copy of our NY State Broad Based License, a letter from NY State indicating that the U of R has submitted for timely renewal, and an amendment which names me as the Radiation Safety Officer.

Should you have any questions, please do not hesitate to contact me.

A handwritten signature in cursive script that reads "Frederic J. Mis".

Dr Frederic J Mis, Ph.D., CHP
Radiation Safety Officer

601 Elmwood Avenue - Box HPH - Rochester, NY 14642
585.275.3781 - 585.273.2236 fax - www.urmc.rochester.edu

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 VASEEM QUAENGAZI	License/Permit Number listing supervising individual as an authorized user URMC LICENSE
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Supervising individual meets the requirements below, or equivalent Agreement State requirements (check all that apply)**:

35.390 With experience administering dosages of:

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

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

35.396 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

** 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)	> TEN	URMC MEDICAL CENTER	NUCLEAR MEDICINE ROTATIONS
Oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 1.22 gigabecquerels (33 millicuries)	> THREE	URMC MEDICAL CENTER	DURING RESIDENCY FROM
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	> FIFTY	URMC MEDICAL CENTER	2007 to 2011
Parenteral administration of any other radionuclide for which a written directive is required ^{99m} Tc, I-123 (List radionuclides)	> FIFTY	URMC MEDICAL CENTER	@ URMC

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

License/Permit Number listing supervising individual as an authorized user

VASEEM CHENGATZ

URMC LICENSE

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

- 35.390 With experience administering dosages of:
 - 35.392 Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)
 - 35.394 Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)
 - 35.396 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

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

1 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 NATE JOHNSON 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 _____ 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

FACSIMILE COVER SHEET

Date: 09-10-12 Immediate Action Required? Yes

To: Dennis

Company: NRC

FAX #: 630 515-1078

Voice#: _____

Pages: 4 (including cover sheet)

From: Radiology / Imaging

Company: Lee's Summit Medical Center

Fax #: (816) 282-5602

Voice #: (816) 282-5624

Comments: control # 577881

Preceptor information on Dr. Henegar, and pages 3 & 4. NRC Form 313A(AUT

Thanks
Mary

816 282 5624

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