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*Office of the President  
Chad W. Wable, FACHE*

VIA FACSIMILE: (610) 337-5269

December 10, 2012

USNRC Region I  
475 Allendale Rd  
King of Prussia PA 19406

Dear Sir or Madam:

03001243


We wish to amend our byproducts materials license number **06-00679-01** as follows:

We wish to add Peter Chien, MD to our Material License for parts 35.200. He is certified by the CBNC. He has completed the needed training to be an authorized user at Hartford Hospital in Connecticut. Dr. Gary Heller's letter is attached, attesting to this. His Preceptor is signed by Michael Malin, MD Medical Director of Nuclear Medicine, and the hospitals' Radiation Safety Officer.

We recently faxed you a request on December 6, 2012 to add D. Housman, MD onto our License. If possible, can they be both combined into one amendment.

Thank you for your consideration.

Sincerely,

  
Chad W. Wable, FACHE  
President and Chief Executive Officer

Attachment

579585



80 SEYMOUR STREET  
P.O. BOX 5037  
HARTFORD, CT 06102-5037  
860/545-5000

June 9, 2008

Certification Board of Nuclear Cardiology  
19562 Club House Road  
Montgomery Village, MD 20886-3002

RE: Peter Chien, MD

Dr. Peter Chien has completed a nuclear cardiology training program that meets the requirements of Level 2 as outlined in the ACCF/ASNC COCATS Guidelines for Training in Nuclear Cardiology, revised 2006 with an accredited Cardiovascular Fellowship Training Program.

Dr. Chien completed Level 2 Nuclear Cardiology training between the dates of July 2005 and June 2008.

I attest that Dr. Chien is competent to independently function as an authorized user under NRC CFR 35.200 uses.

The above-named applicant completed a minimum of 80 hours of classroom and laboratory training that meets the Nuclear Regulatory Commission (NRC) requirements as an INTEGRAL part of his fellowship program.

Sincerely,

Gary V. Heller, MD, Ph.D., FACC  
Associate Director, Division of Cardiology  
Director, Nuclear Cardiology Laboratory  
CBNC # 06-00253-04  
Director, Cardiovascular Fellowship Program  
Hartford Hospital  
Professor of Medicine and Nuclear Imaging  
University of Connecticut School of Medicine

**Tara Rindos**

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**From:** Lanzisera, Penny [Penny.Lanzisera@nrc.gov]  
**Sent:** Friday, December 07, 2012 8:43 AM  
**To:** Tara Rindos  
**Subject:** Approval of Authorized User

Good morning Tara,

I was forwarded your message to Mr. Dwyer:

**"Dear Mr. Dwyer,** I am trying to get one of our physician to be an authorized user for our nuclear medicine lab, onto our NRC license. He is certified by the CBNC, so he has gone thru all of the needed training to be an authorized user and did his training at Hartford Hospital in CT. I have all the paperwork filled out except his preceptor ship. The physician at the time of his training, is no longer working at Hartford Hospital. How do we go about getting these papers thru for him to be an authorized user? The doctor who is trying to be the authorized user is Peter Chia-Gee Chien, M.D. Thank you for your assistance. "

The preceptor can be any current Authorized User who reviews the training and experience that Dr. Chien has completed; and does not have to specifically be the authorized user at Hartford that Dr. Chien trained under. Therefore, a St. Mary's authorized user, who is authorized for the same types of uses requested for Dr. Chien, may sign the preceptor form.

Give me a call if you require further information.

Penny Lanzisera  
Senior HP  
US NRC, Region I  
610-337-5169

NRC FORM 313A (AUD) (05-2012)	U.S. NUCLEAR REGULATORY COMMISSION	APPROVED BY OMB: NO. 3150-0120 EXPIRES: (05/31/2015)	
<b>AUTHORIZED USER TRAINING AND EXPERIENCE                  AND PRECEPTOR ATTESTATION</b> (for uses defined under 35.100, 35.200, and 35.500) [10 CFR 35.190, 35.290, and 35.590]			
Name of Proposed Authorized User <i>Peter Chien, MD</i>		State or Territory Where Licensed <i>Conn.</i>	
Requested Authorization(s) (check all that apply)			
<input type="checkbox"/> 35.100 Uptake, dilution, and excretion studies <input checked="" type="checkbox"/> 35.200 Imaging and localization studies <input type="checkbox"/> 35.500 Sealed sources for diagnosis (specify device) _____			
<b>PART I -- TRAINING AND EXPERIENCE</b> (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.			
<input checked="" type="checkbox"/> <b>1. Board Certification</b>			
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.			
<input type="checkbox"/> <b>2. Current 35.390 Authorized User Seeking Additional 35.290 Authorization</b>			
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	<i>Hartford Hospital                  Hartford, CT</i>	<i>40</i>	<i>July, 2006                  June, 2009</i>
Total Hours of Experience: <i>40</i>			
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).			
<input type="checkbox"/> 35.290 <input type="checkbox"/> 35.390 + generator experience in 32.290(c)(1)(ii)(G)			

NRC FORM 313A (AUD) (05-2012) U.S. NUCLEAR REGULATORY COMMISSION  
**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	Hartford Hospital Hartford, CT	40	July, 2006 June, 2007
Radiation protection	" "	40	" "
Mathematics pertaining to the use and measurement of radioactivity	" "	40	" "
Chemistry of byproduct material for medical use (not required for 35.590)	" "	40	" "
Radiation biology	" "	40	" "
<b>Total Hours of Training:</b>			

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	

NRC FORM 313A (AUD) (05-2012) U.S. NUCLEAR REGULATORY COMMISSION  
**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 (*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.**

NRC FORM 313A (AUD)  
(05-2012)

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 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 Peter Chien 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>Michael Malin, MD - RSO.</i>	Signature <i>[Signature]</i> <small>m. malin, m.d.</small>	Telephone Number <i>203 709 6030</i>	Date <i>12-7-2012</i>
License/Permit Number/Facility Name <i>Saint Mary's Hospital - 06-00679-01</i>			

MASTROTTI HOSPITAL

DR. PETER CHEN-GEORGE CHEN

Nuclear lectures 1st year (20 hours)  
Nuclear lectures 2nd year (20 hours)  
Nuclear lectures 3rd year (20 hours)

} 2006-2009

Echo physics & instrumentation lectures (6 hours) 2008

Radiation physics lectures (40 hours) 2008

ASNC physics course (8 hours) 2008

Sid Edelman Ultrasound physics review course (16 hours) 2008 (April)

Mayo clinic review course (8 hours) 2008 (Sept.)

Cardiac CTA instrumentation training (4 hours) 2008-2009

SCAI website radiation training (2 hours)

} 2008

Injections, processing, quality control, generator change (25 hours)

ASE review course (20 hours)

ASE physics review lecture (2 hours)

} 2008 April-May

Grand Rounds Dr. Heller (2 hours)

NY cardiovascular symposium (5 hours) Dec, 2007

ASeXAM Pegasus physics review DVD (5 hours) April, 2008

Healthstream radiation course (1 hour)

MRI safety training (2 hours)

HH Cardiovascular symposium (2 hours)



# Certification Board of Nuclear Cardiology

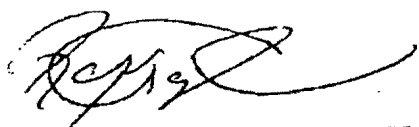
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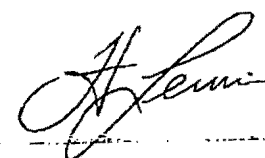
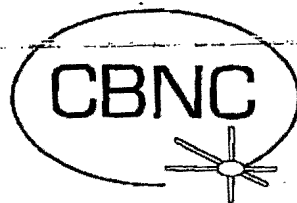
## Peter Chia-Gee Chien, MD

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

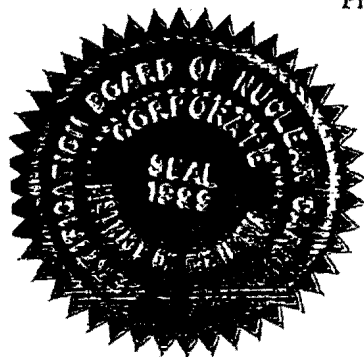
FOR THE PERIOD 2008 - 2018



President



Secretary



CERTIFICATE NUMBER: 6033