



Whitney Imaging Center, LLC

Affiliated with New Haven Radiology Associates, PC
and Managed by InSight Health Services Corp.

Spring Glen Medical Center
2200 Whitney Avenue
Hamden, CT 06518
Telephone (203) 288-3068
Fax (203) 288-3124

6-2

July 16, 2013

Licensing Assistance Team
Division of Nuclear Materials Safety
U.S. Nuclear Regulatory Commission, Region 1
475 Allendale Road
King of Prussia, PA 19406-1415

Re: Amendment to NRC License Number 06-30432-01

03034653

REC RG 1 07 17 13 PM 10 27

Dears Sirs:

The enclosed material is for an amendment to our current license.

We would like to add Jose M. Restrepo, M.D. as an authorized user for our facility.

Please inform us if we need to submit any other forms and/or documents.

Sincerely,

Mara Newell
Whitney Imaging Center Manager
(203)288-3068

- 581001

NMSS/RGN1 MATERIALS-002



**APPLICATION FOR MATERIALS
LICENSE**

Estimated burden per response to comply with this mandatory collection request: 4.3 hours. Submittal of the application is necessary to determine that the applicant is qualified and that adequate procedures exist to protect the public health and safety. Send comments regarding burden estimate to the Information Services Branch (T-5 F53), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to Infocollects.Resource@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOF-10202, (3150-0120), Office of Management and Budget, Washington, DC 20503. If a means used to impose an information collection does not display a currently valid OMB control number, the NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.

INSTRUCTIONS: SEE THE APPROPRIATE LICENSE APPLICATION GUIDE FOR DETAILED INSTRUCTIONS FOR COMPLETING APPLICATION. SEND TWO COPIES OF THE ENTIRE COMPLETED APPLICATION TO THE NRC OFFICE SPECIFIED BELOW. *AMENDMENTS/RENEWALS THAT INCREASE THE SCOPE OF THE EXISTING LICENSE TO A NEW OR HIGHER FEE CATEGORY WILL REQUIRE A FEE.

<p>APPLICATION FOR DISTRIBUTION OF EXEMPT PRODUCTS FILE APPLICATIONS WITH:</p> <p>OFFICE OF FEDERAL & STATE MATERIALS AND ENVIRONMENTAL MANAGEMENT PROGRAMS DIVISION OF MATERIALS SAFETY AND STATE AGREEMENTS U.S. NUCLEAR REGULATORY COMMISSION WASHINGTON, DC 20555-0001</p> <p>ALL OTHER PERSONS FILE APPLICATIONS AS FOLLOWS:</p> <p>IF YOU ARE LOCATED IN:</p> <p>ALABAMA, CONNECTICUT, DELAWARE, DISTRICT OF COLUMBIA, FLORIDA, GEORGIA, KENTUCKY, MAINE, MARYLAND, MASSACHUSETTS, NEW HAMPSHIRE, NEW JERSEY, NEW YORK, NORTH CAROLINA, PENNSYLVANIA, PUERTO RICO, RHODE ISLAND, SOUTH CAROLINA, TENNESSEE, VERMONT, VIRGINIA, VIRGIN ISLANDS, OR WEST VIRGINIA,</p> <p>SEND APPLICATIONS TO:</p> <p>LICENSING ASSISTANCE TEAM DIVISION OF NUCLEAR MATERIALS SAFETY U.S. NUCLEAR REGULATORY COMMISSION, REGION I 2100 RENAISSANCE BOULEVARD, SUITE 100 KING OF PRUSSIA, PA 19406-2713</p>	<p>IF YOU ARE LOCATED IN:</p> <p>ILLINOIS, INDIANA, IOWA, MICHIGAN, MINNESOTA, MISSOURI, OHIO, OR WISCONSIN, SEND APPLICATIONS TO:</p> <p>MATERIALS LICENSING BRANCH U.S. NUCLEAR REGULATORY COMMISSION, REGION III 2443 WARRENVILLE ROAD, SUITE 210 LISLE, IL 60532-4352</p> <p>ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, COLORADO, HAWAII, IDAHO, KANSAS, LOUISIANA, MISSISSIPPI, MONTANA, NEBRASKA, NEVADA, NEW MEXICO, NORTH DAKOTA, OKLAHOMA, OREGON, PACIFIC TRUST TERRITORIES, SOUTH DAKOTA, TEXAS, UTAH, WASHINGTON, OR WYOMING,</p> <p>SEND APPLICATIONS TO:</p> <p>NUCLEAR MATERIALS LICENSING BRANCH U.S. NUCLEAR REGULATORY COMMISSION, REGION IV 1600 E. LAMAR BOULEVARD ARLINGTON, TX 76011-4511</p>
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PERSONS LOCATED IN AGREEMENT STATES SEND APPLICATIONS TO THE U.S. NUCLEAR REGULATORY COMMISSION ONLY IF THEY WISH TO POSSESS AND USE LICENSED MATERIAL IN STATES SUBJECT TO U.S. NUCLEAR REGULATORY COMMISSION JURISDICTIONS.

<p>1. THIS IS AN APPLICATION FOR <i>(Check appropriate item)</i></p> <p><input type="checkbox"/> A. NEW LICENSE</p> <p><input checked="" type="checkbox"/> B. AMENDMENT TO LICENSE NUMBER <u>06-30432-01</u></p> <p><input type="checkbox"/> C. RENEWAL OF LICENSE NUMBER _____</p>	<p>2. NAME AND MAILING ADDRESS OF APPLICANT <i>(Include ZIP code)</i></p> <p>Whitney Imaging Center Suite 120 2200 Whitney Ave. Hamden, CT 06518</p>
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<p>3. ADDRESS WHERE LICENSED MATERIAL WILL BE USED OR POSSESSED</p> <p>same</p>	<p>4. NAME OF PERSON TO BE CONTACTED ABOUT THIS APPLICATION</p> <p>Mara Newell</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">BUSINESS TELEPHONE NUMBER</td> <td style="width:50%;">BUSINESS CELLULAR TELEPHONE NUMBER</td> </tr> <tr> <td style="text-align: center;">(203) 288-3068</td> <td style="text-align: center;">(203) 915-2584</td> </tr> <tr> <td colspan="2">BUSINESS EMAIL ADDRESS</td> </tr> <tr> <td colspan="2" style="text-align: center;">mnewell@insighthealth.com</td> </tr> </table>	BUSINESS TELEPHONE NUMBER	BUSINESS CELLULAR TELEPHONE NUMBER	(203) 288-3068	(203) 915-2584	BUSINESS EMAIL ADDRESS		mnewell@insighthealth.com	
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mnewell@insighthealth.com									

SUBMIT ITEMS 5 THROUGH 11 ON 8-1/2 X 11" PAPER. THE TYPE AND SCOPE OF INFORMATION TO BE PROVIDED IS DESCRIBED IN THE LICENSE APPLICATION GUIDE.

<p>5. RADIOACTIVE MATERIAL</p> <p>a. Element and mass number; b. chemical and/or physical form; and c. maximum amount which will be possessed at any one time.</p>	<p>6. PURPOSE(S) FOR WHICH LICENSED MATERIAL WILL BE USED.</p>
<p>8. TRAINING FOR INDIVIDUALS WORKING IN OR FREQUENTING RESTRICTED AREAS.</p>	<p>7. INDIVIDUAL(S) RESPONSIBLE FOR RADIATION SAFETY PROGRAM AND THEIR TRAINING EXPERIENCE.</p>
<p>10. RADIATION SAFETY PROGRAM.</p>	<p>9. FACILITIES AND EQUIPMENT.</p>
<p>12. LICENSE FEES (Fees required only for new applications, with few exceptions*) <i>(See 10 CFR 170 and Section 170.31)</i></p>	<p>11. WASTE MANAGEMENT.</p>

FEE CATEGORY		AMOUNT ENCLOSED	\$
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13. CERTIFICATION. *(Must be completed by applicant)* THE APPLICANT UNDERSTANDS THAT ALL STATEMENTS AND REPRESENTATIONS MADE IN THIS APPLICATION ARE BINDING UPON THE APPLICANT.

THE APPLICANT AND ANY OFFICIAL EXECUTING THIS CERTIFICATION ON BEHALF OF THE APPLICANT, NAMED IN ITEM 2, CERTIFY THAT THIS APPLICATION IS PREPARED IN CONFORMITY WITH TITLE 10, CODE OF FEDERAL REGULATIONS, PARTS 30, 32, 33, 34, 35, 36, 39, AND 40, AND THAT ALL INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF THEIR KNOWLEDGE AND BELIEF.

WARNING: 18 U.S.C. SECTION 1001 ACT OF JUNE 25, 1948 62 STAT. 749 MAKES IT A CRIMINAL OFFENSE TO MAKE A WILLFULLY FALSE STATEMENT OR REPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION.

<p>CERTIFYING OFFICER -- TYPED/PRINTED NAME AND TITLE</p> <p>Lawrence Saperstein MD</p>	<p>SIGNATURE</p>	<p>DATE</p>
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FOR NRC USE ONLY

TYPE OF FEE	FEE LOG	FEE CATEGORY	AMOUNT RECEIVED	CHECK NUMBER	COMMENTS
APPROVED BY			\$	DATE	

The American Board of Radiology

Organized through the cooperation of the
American College of Radiology, the American Roentgen Ray Society,
the American Radium Society, the Radiological Society of North America,
the Section on Radiology of the American Medical Association,
the American Society for Therapeutic Radiology and Oncology, the Association of
University Radiologists, and American Association of Physicists in Medicine

Hereby certifies that

Jose Manuel Restrepo, MD

Has pursued an accepted course of graduate study
and clinical work, has met certain standards and qualifications and
has passed the examinations conducted under the authority of

The American Board of Radiology

On this fourth day of June, 2003

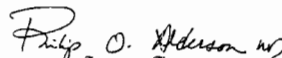
Thereby demonstrating to the satisfaction of the Board
that he is qualified to practice the specialty of

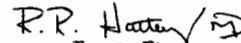
Diagnostic Radiology



Certificate No. 49519


President


Philip O. Addison, MD
Secretary-Treasurer


R.P. Hatten, MD
Executive Director



Valid through 2013

**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 <i>Jose Restrepo</i>	State or Territory Where Licensed <i>Connecticut</i>
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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	<i>- Hospital of St Raphael 1450 Chapel Street New Haven, CT 06511</i>	100	<i>07/99 - 06/03 11/07-currently</i>

Total Hours of Experience: 100

Supervising Individual	License/Permit Number listing supervising individual as an authorized user
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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	- Hospital of St. Raphael New Haven, CT 06511 Radiology Resident	6 months of intermittent training + lectures	07/99 - 06/03
Radiation protection	- Hospital of St. Raphael New Haven, CT 06511 Radiology Resident	6 months of intermittent training + lectures	07/99 - 06/03
Mathematics pertaining to the use and measurement of radioactivity	- Hospital of St. Raphael New Haven, CT 06511 Radiology Resident	11	07/99 - 06/03
Chemistry of byproduct material for medical use (not required for 35.590)	- Hospital of St. Raphael Radiology Resident	11	07/99 - 06/03
Radiation biology	*Hospital of St. Raphael + Griffin Hospitals - Interpreting Nuclear Medicine Studies and PET scans as an attending Radiologist	11	07/99 - 06/03
Total Hours of Training:		200	11/07 - currently

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:	
		200	
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	- Hospital of St. Raphael 1450 Chapel Street New Haven, CT 06511	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	07/99 - 06/03 11/07 - currently
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters	11	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	07/99 - 06/03 11/07 - currently

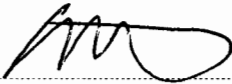
AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

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	Hospital of St Raphael New Haven, CT 06511	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	07/99-06/03 11/07-Currently
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Administering dosages of radioactive drugs to patients or human research subjects		<input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Supervising Individual



License/Permit Number listing supervising individual as an authorized user

06-30432-01

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.

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 Jose Restrepo MD 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 _____ 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 <u>Lawrence Superstein</u>	Signature 	Telephone Number <u>203 288-3068</u>	Date <u>7/15/13</u>
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License/Permit Number/Facility Name
06-30432-01 Whitney Imaging Center