



ST. MARY'S

08/03/15

Bryan A. Parker
US NRC Region III
2443 Warrenville Rd., Suite 210
Lisle, IL 60532-4352

Control # 585829
US NRC License # 13-03226-04

Dear Mr. Parker:

Attached is the Form 313A completed by Dr. Jurado. It may be late for inclusion in license renewal. I will appreciate if an amendment is issued to include him as authorized user based upon the attached Form 313A by Dr. Jurado.

Thanks for your Cooperation.

Sincerely,

S. M. Shah

Saiyid M. Shah, Ph.D.
Radiation Safety Officer

NRC FORM 313A (AUD)
(10-2007)

U.S. NUCLEAR REGULATORY COMMISSION

**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: 10/31/2008

Name of Proposed Authorized User: Javier Jurado State or Territory Where Licensed: Indiana

- 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 | Toledo, OH LOVSCAN Training | 80 hours Total | 4/09/06 - 9/26/06 |
| Radiation protection | " | " | " |
| Mathematics pertaining to the use and measurement of radioactivity | " | " | " |
| Chemistry of byproduct material for medical use (not required for 35.590) | " | " | " |
| Radiation biology | " | " | " |
| Total Hours of Training: | | 80 Hours | |

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 | University of Toledo | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 2005 - 2007 |
| Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters | " " | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 2005 - 2007 |

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 | Univ. of Toledo | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 2005- 2008 |
| 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
University of Toledo
Lucy Goodenay

License/Permit Number listing supervising individual as an authorized user

02110490006

(When trained in 2005-2008 Toledo, OH)

Supervisor meets the requirements below, or equivalent Agreement State requirements (check one). 2005-2008 Toledo, OH

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 Javier Juarez 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 Javier Juarez 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>Asim Rehman, M.D.</u> | Signature <u>X Asim Rehman</u> | Telephone Number <u>(812) 474-4461</u> | Date <u>6-28-15</u> |
| License/Permit Number/Facility Name <u>13-03226-04 St. Mary's Health, Evansville, IN 47750</u> | | | |



THE UNIVERSITY OF
TOLEDO
1872

**Division of
Cardiovascular Medicine**

3000 Arlington Ave, MS# 1118
Toledo, Ohio 43614-2598
Phone: 419.383.3697
Fax: 419.383.3041

Archbold Office
Phone: 419.445.4415 Fax: 419.445.0042

Bellevue Office
Phone: 419.484.1022 Fax: 419.484.2027

Fisher-Titus Office
Phone: 419-660-2751 Fax: 419.660.2752

Fulton County Health Center Office
Phone: 419.337.0004 Fax: 419.337.0006

Perrysburg Office
Phone: 419.931.0030 Fax: 419.931.0033

Christopher J. Cooper, M.D.
Chief, Division of Cardiovascular
Medicine
Director, Cardiovascular & Interventional
Cardiovascular Fellowship Programs
Interventional Cardiology
Vascular Medicine

Dalynn T. Badenhop, Ph.D., FACS
Director, Cardiac Rehabilitation
Associate Director of Cardiovascular
Fellowship Program

Mark W. Burket, M.D.
Director, Vascular Medicine
Cardiac and Endovascular
Interventions

William R. Colyer, Jr., M.D.
Interventional Cardiology
Director, Cardiovascular Research
Assistant Director, Interventional
Cardiovascular Fellowship Program

Lucy Goodenday, M.D.
Director, Nuclear Cardiology

Blair P. Grubb, M.D.
Director, Electrophysiology Services
Autonomic Disorders

M. Yousuf Kanjwal, M.D.
Director, Electrophysiology and
Pacing Labs

Rajmohan Karnik, M.D.
Assistant Professor of Medicine

Samer J. Khouri, M.D.
Director, Echocardiography Lab
Director, Heart Station

Daniel J. Kosinski, M.D.
Medical Director Bellevue Office
Electrophysiology and Pacing

Utpal H. Pandya, M.D.
Interventional Cardiology
Medical Director, Neighborhood
Health Association

Peter N. Temesy-Armos, M.D.
Medical Director Fulton County Health
Center Clinical Cardiology Services

June 30, 2008

Certification Board of Nuclear Cardiology
101 Lakeforest Blvd., Suite 401
Gaithersburg, MD 20877

RE: Javier Jurado, M.D.

Dear Sir or Madam,

Dr. Javier Jurado has completed a nuclear cardiology training program that meets the requirements for Level 2 as outlined in the *ACCF/ASNC COCATS Guidelines for Training in Nuclear Cardiology*, revised 2006 within an accredited cardiovascular disease fellowship program.

Dr. Jurado completed Level 2 nuclear cardiology training between the dates of July 1, 2005 and June 30, 2008.

I attest that Dr. Jurado is competent to independently function as an authorized user under NRC 10 CFR 35.200 and 35.290 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,

Lucy S. Goodenday, M.D.
Professor of Medicine
Director, Nuclear Cardiology

Ohio is an Agreement State, so UTMC has a State of Ohio institutional license issued by the Ohio Department of Health to use radioactive materials. Dr. Goodenday is listed as an Authorized User on this license. Our state license number is 02110490006. It expires on February 1, 2011.

Certificate of Completion

Classroom and Laboratory Training Program

Javier Jurado, M.D.



Corscan
Training Excellence

Steven W. Walter, MD
Program Director
General Manager and CEO
www.corscanplus.com

has successfully completed 80 hours of classroom and laboratory training as listed in NRC 35.290, 35.392 and 35.394 including:

Radiation physics and instrumentation;

Radiation protection;

Mathematics pertaining to the use and measurement of radioactivity;

Chemistry of byproduct material for medical use;

Radiation biology

Review of regulations regarding the medical use of radioisotopes.

Also applicable for the medical use of I-131 (35.392 and 35.394)

11983

04/09/2006

09/26/2006

Certificate Number

Start Date

Completion Date

*Corscan does not warrant the validity of copied or printed documents unless validated at <https://www.corscanplus.com/verifycertificare.html> or digitally signed

Blackard, Laura L

From: Minor Howard <hminor@mmchs.org>
Friday, March 20, 2015 8:24 AM
Blackard, Laura L
Subject: Jurado 93350
Attachments: reply_footer.png; message_header.png; email_footer_right.png; hminor_2015-03-20-162648.pdf

Encrypted Email Message



Encrypted email notification from Meadville Medical Center
Encrypted email message from "Minor Howard" (hminor@mmchs.org)

This email contains a message that has been sent as an encrypted PDF document in order to ensure the secure delivery of its contents.

Open the encrypted PDF attachment to view your secure message.

To access this message, you should open the attached PDF using Adobe Acrobat Reader version 7.0 or higher. In order to view its contents, you must enter the password that you should have already set during the registration process.

If you have any problems viewing the encrypted message or do not know your password, please contact the sender of the message.


Note that Adobe Acrobat may restrict access to certain attachment types. If this is the case, you will need to inform the original sender and make alternative arrangements.

If you've forgotten your password, you can reset or recover it [here](#).

Note: if your mail program does not support active links, reset or recover your password by copying and pasting the text below into your internet browser:

https://securemail.mmchs.org:10443/portal/U2FsdGVkX180dFLC1_qtAAGWH5waqdNgMTILuu-gusJ5SN46vKra0eqlypdZTuL9x8vlquiqVFKGIEBR7z0RDGG-N1MIEXcd/

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 Sophos Email Appliance

*The following information about the documentation
of Dr. Jurado's performing the procedures at Meadville Medical
Center was received via e-mail*

S. M. Ghah

SOPHOS
powered by SPX encryption

JAVIER A. JURADO, MD

PROCEDURE LOG SUMMARY

FEBRUARY 2013 – FEBRUARY 2015

CARDIOLOGY

INTERPRETATION OF ECHOCARDIOGRAMS (Six [6] months basic echocardiography training with supervised interpretation of 300 echocardiograms and 150 Doppler studies is required) = 687
2/1/2013-10/22/2014

TRANSESOPHAGEAL ECHOCARDIOGRAPHY (TEE) (For a physician who has been performing TEEs, documentation of 25 TEEs over the past 24 months is required) = 112 2/1/2013-10/1/2014

STRESS OR DOBUTAMINE ECHOCARDIOGRAPHY (Interpretation of 100 stress echocardiographic studies and performance of 25 procedures under supervision is required.) = 77

NUCLEAR CARDIOLOGY (Documentation of a minimum of 4 months of training in Nuclear Cardiology with 300 interpretative experiences is required. For a physician who has been interpreting nuclear studies, documentation of interpretation of 50 myocardial perfusion studies over the past 24 months is required) = 432 2/4/2013-10/21/2014

Cardioversion = 96 2/19/2013-10/1/2014

Holter monitoring = 190 2/4/2013-9/29/2014

Caths = 156 2/1/2013-9/25/2014

Swan Ganz = 23 2/2/13-9/28/2014

This is record
of HMC in
Meadeville, PA.

6/29/15
Jurado
JAVIER JURADO, MD

Jurado, Jr., A MD

THE
AMERICAN BOARD OF INTERNAL MEDICINE
INCORPORATED 1936

ATTESTS THAT

Javier Jurado

HAS MET THE REQUIREMENTS OF THIS BOARD AND IS HEREBY
CERTIFIED FOR THE PERIOD 2008 THROUGH 2018
AS A DIPLOMATE IN
CARDIOVASCULAR DISEASE



Richard F. Baron
CHAIR
AMERICAN BOARD OF INTERNAL MEDICINE

Wendy Lawson
CHAIR-ELECT
AMERICAN BOARD OF INTERNAL MEDICINE

Giffen P. Rodgers
SECRETARY-TREASURER
AMERICAN BOARD OF INTERNAL MEDICINE

Cheryl
PRESIDENT
AMERICAN BOARD OF INTERNAL MEDICINE

SUBSPECIALTY BOARD ON CARDIOVASCULAR DISEASE

Michael R. Zile
CHAIR

David A. ...
Anne S. Curtis

H. William ... Jr
NUMBER 264030

Carl V. Lener
W.C. ...
Emile ...
...

Paul D. ...
George W. ...
...
...
2008

Parker, Bryan

From: Saiyid M. Shah <smshah@evcancntr.net>
Sent: Monday, August 03, 2015 4:28 PM
To: Parker, Bryan
Subject: [External_Sender] RE: RE: NRC License Renewal - need additional info
Attachments: Dr. Jurado - nrc document.pdf

Reference: Control Number 585829

Dear Bryan Parker:

I have finally got Form 313A completed by Dr. Jurado. It is late for inclusion in license renewal. I will appreciate if an amendment is issued to include him as authorized user based upon the attached Form 313A by Dr. Jurado.

Thanks.

Saiyid M. Shah

From: Parker, Bryan [mailto:Bryan.Parker@nrc.gov]
Sent: Thursday, July 09, 2015 2:00 PM
To: Saiyid M. Shah <smshah@evcancntr.net>
Subject: RE: RE: NRC License Renewal - need additional info

Dr. Shah,

Thank you for the additional info to continue the review for your license renewal.

Could you please provide more details regarding the shielding calculations you sent? Specifically, what does the badge report you attached represent? Where are those badges placed and do you monitor every month? etc. Also, the calculations you provided indicate minimum shielding requirements, but does the facility have that shielding incorporated into the structure?

Lastly, upon review of Dr. Jurado's info, I do not believe I can add him at this time. The Form 313A is incomplete in that it does not specify his training and supervised work experience in Section 3.a and 3.b of the form. I cannot solely accept the University of Toledo letter dated 06/30/08 for this and the other info from Meadville appears to only address numbers of procedures.

At this point, I'd rather complete the renewal and you can add Dr. Jurado at a later date.

Please respond to my questions above in a similar fashion by attaching a signed PDF letter as before.

Please let me know if you have any questions.

Bryan

From: Saiyid M. Shah [mailto:smshah@evcancntr.net]
Sent: Wednesday, July 01, 2015 5:05 PM
To: Parker, Bryan
Subject: [External_Sender] RE: NRC License Renewal - need additional info

Dear Mr. Parker:

Please find additional information you had asked for the renewal of NRC License No. 13-03226-04 (CN 585829). I am also attaching the request to add Dr. Jurado as an authorized user as I had discussed with you yesterday.

Please let me know if you need any other information.

Thanks.

Saiyid M. Shah

From: Parker, Bryan [<mailto:Bryan.Parker@nrc.gov>]
Sent: Wednesday, June 24, 2015 2:11 PM
To: smshah@evcancntr.net
Subject: NRC License Renewal - need additional info

Dr. Shah,

I am performing the review of the renewal of your NRC License No. 13-03226-04 and need some additional information to continue that review.

Please review the attached Request for Additional Info and let me know if you have any questions. You may respond electronically by attaching a **signed PDF file of your response** to an email and sending it to me. Indicate that it is "**Additional Info for CN 585829.**"

I'm hoping this can be turned around quickly so I complete the review soon. Please provide a response within 14 days (by Wed July 8) if at all possible.

Again, if you have any questions, please let me know.

Also, please acknowledge your receipt of this RAI with a quick return e-mail.

Thank you.
Bryan

Bryan A. Parker

Health Physicist

U. S. Nuclear Regulatory Commission - Region III

2443 Warrenville Road, Suite 210

Lisle, IL 60532-4352

bryan.parker@nrc.gov

678-828-7050

630-515-1078 (fax)

