



Chestnut Hill Route 190, Stafford Springs, Connecticut 06076  
1 203 684 4251 1 203 749 2201

*203-623-9124*

**030-11353**

Alfred A. Lerz  
PRESIDENT

November 17, 1988

Dr. John Glenn  
United States Nuclear Regulatory Commission  
Region I 475 Allendale Road  
Nuclear Material Safety & Safeguard Branch  
King of Prussia, Pennsylvania 19406

Re: Johnson Memorial Hospital NRC License 06-16624-01

Dear Dr. Glenn:

Dr. Richard Cobb, Chief of Radiology at Johnson Memorial Hospital, has informed me that you require notification from Johnson Memorial Hospital of any additional doctors who need to be added to the names on the NRC licenses for our Hospital. Would you please add the following names to your records:

- Dr. Brian Grogan
- Dr. Gerard Buffo
- Dr. Bruce Arose
- Dr. Nicholas Salerno

Should you require any further information, please contact my office.

Sincerely,

*Alfred A. Lerz*  
Alfred A. Lerz  
President

AAL:js  
cc: Dr. Richard J. Cobb

LOG	<i>Dec 5 1988</i>
Remitter	<i>CT Valley Rad Corp</i>
Check No.	<i>19457 (240)</i>
Amount	<i>\$120</i>
Fee Category	<i>2</i>
Type of Fee	<i>AMT</i>
Date	<i>12/8/88</i>
By	<i>J. Kimberley</i>

*See 107926 also.*

109927

9002080286 B90208  
REG1 LIC30  
06-16624-01 PDR

OFFICIAL RECORD COPY **ML10**

NOV 28 1988

THE CONNECTICUT VALLEY RADIOLOGICAL GROUP, P.C.

19 WOODLAND STREET  
HARTFORD, CONNECTICUT 06105  
TELEPHONE 527-9600

60 GILLETT STREET  
HARTFORD, CONNECTICUT 06105  
TELEPHONE 522-1101

RICHARD J. COBB, M.D.  
KENNETH H. WHITE, M.D.

THOMAS D. SPRINGER, M.D.  
BRIAN J. GROGAN, M.D.  
GERARD C. BUFFO, M.D.

BRUCE P. AROSE, M.D.  
NICHOLAS R. SALERNO, M.D.

October 31, 1988

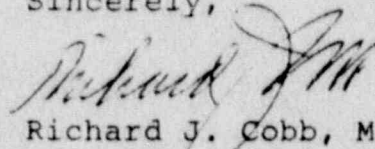
United States Nuclear Regulatory Commission  
Region I  
Nuclear Material Safety & Safeguard Branch  
King of Prussia, Pennsylvania 19406

Reference: Winsted Memorial Hospital NRC License 06-13504-02  
Johnson Memorial Hospital NRC License ~~06-16624-01~~

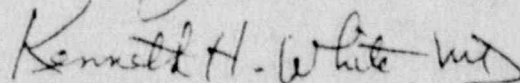
Gentlemen:

Please add Doctors Grogan, Buffo, Arose and Salerno to both  
NRC licenses listed above. A check for the appropriate fee of  
\$240.00 is enclosed.

Sincerely,



Richard J. Cobb, M.D.



Kenneth H. White, M.D.

cc: Johnson Memorial Hospital Radiation Safety Commission  
Winsted Memorial Hospital Radiation Safety Commission.

Enclosure

109927

OFFICIAL RECORD COPY ML10



# 19457  
check  
pd.

TRAINING AND EXPERIENCE  
AUTHORIZED USER OR RADIATION SAFETY OFFICER

Approved by OMB  
3150-0041  
Expires 9-30-88

1. NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER <b>GERARD C BUFFO</b>	2. STATE OR TERRITORY IN WHICH LICENSED TO PRACTICE MEDICINE <b>CT/NY</b>
---	--

3. CERTIFICATION		
SPECIALTY BOARD A	CATEGORY B	MONTH AND YEAR CERTIFIED C
<b>DIAGNOSTIC RADIOLOGY</b>		<b>6-87</b>

4. TRAINING RECEIVED IN BASIC RADIOISOTOPE HANDLING TECHNIQUES			
FIELD OF TRAINING A	LOCATION AND DATE(S) OF TRAINING B	TYPE AND LENGTH OF TRAINING	
		LECTURE/ LABORATORY COURSES (Hours) C	SUPERVISED LABORATORY EXPERIENCE (Hours) D
b. RADIATION PHYSICS AND INSTRUMENTATION	<b>TOTAL OF "6 MONTHS" TRAINING AT SUNY STONY BROOK DURING RESIDENCY FROM 7/83 - 6/87  -- AS ABOVE --  - AS ABOVE</b>		
b. RADIATION PROTECTION			
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY			
d. RADIATION BIOLOGY			
e. RADIOPHARMACEUTICAL CHEMISTRY			

5. EXPERIENCE WITH RADIATION. (Actual use of Radioisotopes or Equivalent Experience)				
ISOTOPE	MAXIMUM AMOUNT	WHERE EXPERIENCE WAS GAINED	DURATION OF EXPERIENCE	TYPE OF USE
<b>Tc-99m</b>	<b>25 mCi/study</b>	<b>University Hospital, State University of NY Stony Brook, NY</b>	<b>6 mos over a 4 year period</b>	<b>Diagnostic nuclear medicine</b>
<b>Im-111</b>	<b>0.5</b>			
<b>I-123</b>	<b>0.3</b>			
<b>I-131</b>	<b>5.0</b>			
<b>Ga-67</b>	<b>10.0</b>			
<b>Co-57</b>	<b>0.0005</b>			
<b>Tl-201</b>	<b>2.0</b>			

EXHIBIT 3 (Continued)

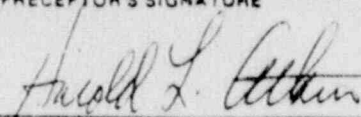
PROPOSED PHYSICIAN USER <b>GERARD C. BUFFO, M.D.</b>			
PRECEPTOR STATEMENT (Continued)			
2. CLINICAL TRAINING AND EXPERIENCE OF ABOVE NAMED PHYSICIAN (Continued)			
ISOTOPE <small>A</small>	CONDITIONS DIAGNOSED OR TREATED <small>B</small>	NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION <small>C</small>	COMMENTS <small>(Additional information or comments may be submitted in duplicate on separate sheets.)</small> <small>D</small>
P-32 <i>(Sodium)</i>	TREATMENT OF POLYCYTHEMIA VERA, LEUKEMIA, AND BONE METASTASES	0	
P-32 <i>(Calcium)</i>	INTRACAVITARY TREATMENT	0	
I-131	TREATMENT OF THYROID CARCINOMA	2	
	TREATMENT OF HYPERTHYROIDISM	12	
Au-198	INTRACAVITARY TREATMENT	0	
Co-60 or Co-137	INTERSTITIAL TREATMENT	0	
	INTRACAVITARY TREATMENT	0	
I-125 or Ir-192	INTERSTITIAL TREATMENT	0	
	TELETHERAPY TREATMENT	0	
Sr-90	TREATMENT OF EYE DISEASE	0	
	RADIOPHARMACEUTICAL PREPARATION	0	
Mo-99/ Tc-99m	GENERATOR	0	
Sn-113/ In-113m	GENERATOR	0	
Tc-99m	REAGENT KITS	0	
Other			
3. DATES AND TOTAL NUMBER OF HOURS RECEIVED IN CLINICAL RADIOISOTOPE TRAINING			
LOCATION University Hospital, Stony Brook, NY		DATES 7/1/83 - 6/30/87	CLOCK HOURS OF EXPERIENCE 960
4. THE TRAINING AND EXPERIENCE INDICATED ABOVE WAS OBTAINED UNDER THE SUPERVISION OF		6. PRECEPTOR'S SIGNATURE 	
a. NAME OF SUPERVISOR HAROLD L. ATKINS, M.D.		7. PRECEPTOR'S NAME (Please type or print) HAROLD L. ATKINS	
b. NAME OF INSTITUTION UNIVERSITY HOSPITAL		8. DATE 10/4/88	
c. MAILING ADDRESS STONY BROOK, NY 11794			
d. CITY			
5. MATERIALS LICENSE NUMBER(S) NY STATE BROAD LIC. #455			

EXHIBIT 3  
SUPPLEMENT B

SUPPLEMENT U. S. NUCLEAR REGULATORY COMMISSION  
**PRECEPTOR STATEMENT**

Supplement B must be completed by the applicant physician's preceptor. If more than one preceptor is necessary to document experience, obtain a separate statement from each.

1. PROPOSED PHYSICIAN USER'S NAME AND ADDRESS

<b>FULL NAME</b> GERARD C. BUFFO, M.D.		
<b>STREET ADDRESS</b> 60 GILLET ST.		
<b>CITY</b> HARTFORD	<b>STATE</b> CT	<b>ZIP CODE</b> 06070

**KEY TO COLUMN C**  
**PERSONAL PARTICIPATION SHOULD CONSIST OF:**

- 1-Supervised examination of patients to determine the suitability for radioisotope diagnosis and/or treatment and recommendation for prescribed dosage.
- 2-Collaboration in dose calibration and actual administration of dose to the patient including calculation of the radiation dose, related measurements and plotting of data.
- 3-Adequate period of training to enable physician to manage radioactive patients and follow patients through diagnosis and/or course of treatment.

2. CLINICAL TRAINING AND EXPERIENCE OF ABOVE NAMED PHYSICIAN

<b>ISOTOPE</b> A	<b>CONDITIONS DIAGNOSED OR TREATED</b> B	<b>NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION</b> C	<b>COMMENTS</b> (Additional information or comments may be submitted in duplicate on separate sheets.) D
	Thyroid scan	70	
	Thyroid uptake	70	
	Lung perfusion scan	50	
	Xenon ventilation study	6	
	Aerosol ventilation scan	12	
	Renal flow scan	50	
	Brain scan	5	
	Liver/spleen scan	85	
	Bone scan	325	
	Neuroendocrine study	22	
	La/ven shunt study	1	
	Cystogram	42	
	Dacryocystogram	0	
	Cardiac perfusion scan.	155	
	Cardiac stress ventriculogram	8	
	Cardiac rest ventriculogram	195	
	Gallium scan	85	



TRAINING AND EXPERIENCE  
AUTHORIZED USER OR RADIATION SAFETY OFFICER

Approved by OMB  
3150-0041  
Expires 9-30-88

1. NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER <i>Bruce Paul Arose M.D.</i>	2. STATE OR TERRITORY IN WHICH LICENSED TO PRACTICE MEDICINE <i>CONN.</i>
--	--

3. CERTIFICATION		
SPECIALTY BOARD A	CATEGORY B	MONTH AND YEAR CERTIFIED C
<i>American Board of Radiology Diagnostic</i>	<i>Diagnostic Radiology</i>	<i>May 26, 1988</i>

4. TRAINING RECEIVED IN BASIC RADIOISOTOPE HANDLING TECHNIQUES

FIELD OF TRAINING A	LOCATION AND DATE(S) OF TRAINING B	TYPE AND LENGTH OF TRAINING	
		LECTURE/ LABORATORY COURSES (Hours) C	SUPERVISED LABORATORY EXPERIENCE (Hours) D
a. RADIATION PHYSICS AND INSTRUMENTATION	} <i>University Hospital, Stony Brook, N.Y. 11794 7/1/84 - 6/30/88</i>	<i>160.</i>	<i>20.</i>
b. RADIATION PROTECTION		<i>20.</i>	<i>18.</i>
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY		<i>30.</i>	
d. RADIATION BIOLOGY		<i>12.</i>	
e. RADIOPHARMACEUTICAL CHEMISTRY		<i>10.</i>	<i>5.</i>

5. EXPERIENCE WITH RADIATION. (Actual use of Radioisotopes or Equivalent Experience)

ISOTOPE	MAXIMUM AMOUNT	WHERE EXPERIENCE WAS GAINED	DURATION OF EXPERIENCE	TYPE OF USE
<i>Tc-99m</i>	<i>30 mCi</i>	} <i>University Hospital, Stony Brook, NY 11794</i>	<i>6 mos</i>	<i>Diagnostic and Therapeutic nuclear medicine</i>
<i>Ga-67</i>	<i>10.</i>			
<i>Xe-133</i>	<i>10.</i>			
<i>I-123</i>	<i>0.3</i>			
<i>I-131</i>	<i>100</i>			
<i>Ci-51</i>	<i>0.1</i>			
<i>I-125</i>	<i>0.01</i>			
<i>Kr-81m</i>	<i>5</i>			

**EXHIBIT 3  
SUPPLEMENT B**

**SUPPLEMENT**

**U. S. NUCLEAR REGULATORY COMMISSION**

**PRECEPTOR STATEMENT**

*Supplement B must be completed by the applicant physician's preceptor. If more than one preceptor is necessary to document experience, obtain a separate statement from each.*

**1. PROPOSED PHYSICIAN USER'S NAME AND ADDRESS**

FULL NAME

Bruce Paul Arase M.D.

STREET ADDRESS

711 Farmington Ave Apt B-9

CITY

West Hartford

STATE

CT

ZIP CODE

06119

**KEY TO COLUMN C**

**PERSONAL PARTICIPATION SHOULD CONSIST OF:**

- 1-Supervised examination of patients to determine the suitability for radioisotope diagnosis and/or treatment and recommendation for prescribed dosage.
- 2-Collaboration in dose calibration and actual administration of dose to the patient including calculation of the radiation dose, related measurements and plotting of dose.
- 3-Adequate period of training to enable physician to manage radioactive patients and follow patients through diagnosis and/or course of treatment.

**2. CLINICAL TRAINING AND EXPERIENCE OF ABOVE NAMED PHYSICIAN**

ISOTOPE A	CONDITIONS DIAGNOSED OR TREATED B	NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION C	COMMENTS (Additional information or comments may be submitted in duplicate on separate sheets.) D
	Thyroid scan	47	<p><i>In addition to 6 mos assignment to Nuclear Medicine during Radiology residency experience is gained through conferences and rounds which included all modalities in Radiology</i></p>
	Thyroid uptake	48	
	Lung perfusion scan	177	
	Xenon ventilation study	5	
	Aerosol ventilation scan	54	
	Renal flow scan	178	
	Brain scan	7	
	Liver/spleen scan	57	
	Bone scan	427	
	Gastroesophageal study	5	
	LeVein shunt study	0	
	Cystogram	44	
	Dacryocystogram	0	
	Cardiac perfusion scan	220	
	Cardiac stress ventriculogram	6	
	Cardiac rest ventriculogram	271	
	Gallium scan	108	



EXHIBIT 3 (Continued)

PROPOSED PHYSICIAN USER <i>Bruce Paul Aron M.D.</i>			
PRECEPTOR STATEMENT (Continued)			
2. CLINICAL TRAINING AND EXPERIENCE OF ABOVE NAMED PHYSICIAN (Continued)			
ISOTOPE A	CONDITIONS DIAGNOSED OR TREATED B	NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION C	COMMENTS (Additional information or comments may be submitted in duplicate on separate sheets.) D
<i>P-32 (Subcut)</i>	TREATMENT OF POLYCYTHEMIA VERA, LEUKEMIA, AND BONE METASTASES	0	
<i>P-32 (Catheter)</i>	INTRACAVITARY TREATMENT	0	
<i>I-131</i>	TREATMENT OF THYROID CARCINOMA	3	
	TREATMENT OF HYPERTHYROIDISM	15	
<i>As-75</i>	INTRACAVITARY TREATMENT	0	
<i>Co-60 or Co-137</i>	INTERSTITIAL TREATMENT	0	
	INTRACAVITARY TREATMENT	0	
<i>I-125 or I-192</i>	INTERSTITIAL TREATMENT	0	
<i>Co-60 or Co-137</i>	TELETHERAPY TREATMENT	0	
<i>Sr-90</i>	TREATMENT OF EYE DISEASE	0	
	RADIOPHARMACEUTICAL PREPARATION	0	
<i>Mo-99/ Tc-99m</i>	GENERATOR	~ 2000	
<i>Sr-90/ In-113m</i>	GENERATOR	0	
<i>Tc-99m</i>	REAGENT KITS	~ 2000	
Other			
3. DATES AND TOTAL NUMBER OF HOURS RECEIVED IN CLINICAL RADIOISOTOPE TRAINING			
LOCATION <i>University Hospital Stony Brook, NY 11794</i>		DATES <i>6 mos during 4 years of Radiology 7/1/84 - 4/30/88</i>	CLOCK HOURS OF EXPERIENCE <i>6 months full time</i>
4. THE TRAINING AND EXPERIENCE INDICATED ABOVE WAS OBTAINED UNDER THE SUPERVISION OF		5. PRECEPTOR'S SIGNATURE	
a. NAME OF SUPERVISOR <i>Dr Harold Atkins</i>		<i>Harold L. Atkins</i>	
b. NAME OF INSTITUTION <i>SUNY Hospital Stony Brook</i>			
c. MAILING ADDRESS <i>Stony Brook NY</i>		7. PRECEPTOR'S NAME (Print name or initials)	
d. CITY		<i>HAROLD L. ATKINS, M.D.</i>	
e. MATERIALS LICENSE NUMBER(S) <i>Brook license NY State #455</i>		8. DATE <i>10/19/88</i>	



TRAINING AND EXPERIENCE  
AUTHORIZED USER OR RADIATION SAFETY OFFICER

Approved by OMB  
3150-0041  
Expires 9-30-86

1. NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER <b>Brian J. Grogan, M.D.</b>	2. STATE OR TERRITORY IN WHICH LICENSED TO PRACTICE MEDICINE <b>CT</b>
--	---

3. CERTIFICATION		
SPECIALTY BOARD A	CATEGORY B	MONTH AND YEAR CERTIFIED C
<b>Radiology (Diagnostic) American Board of Radiology</b>	<b>Diagnostic Radiology</b>	<b>June, 1986</b>

4. TRAINING RECEIVED IN BASIC RADIOISOTOPE HANDLING TECHNIQUES			
FIELD OF TRAINING A	LOCATION AND DATE(S) OF TRAINING B	TYPE AND LENGTH OF TRAINING	
		LECTURE/LABORATORY COURSES (Hours) C	SUPERVISED LABORATORY EXPERIENCE (Hours) D
a. RADIATION PHYSICS AND INSTRUMENTATION	University Hospital State University of New York at Stony Brook, N.Y.	150 hours	
b. RADIATION PROTECTION	6 months of training in nuclear medicine over a 4 year	50 hours	
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY	Radiology residency from July 1982 to June 1986 with regular nuclear	50 hours	
d. RADIATION BIOLOGY	medicine and physics lectures over the entire 4 year period.	50 hours	
e. RADIOPHARMACEUTICAL CHEMISTRY		50 hours	

5. EXPERIENCE WITH RADIATION. (Actual use of Radioisotopes or Equivalent Experience)				
ISOTOPE	MAXIMUM AMOUNT	WHERE EXPERIENCE WAS GAINED	DURATION OF EXPERIENCE	TYPE OF USE
Tc-99m In-111 I-123 I-131 Ga-67 Co-57 Th-201	25 mCi / study 0.5 mCi 0.3 mCi 5 mCi 10 mCi 0.0005 mCi 2.0 mCi	University Hospital State University of New York at Stony Brook N.Y.	6 months over a 4 year residency training program	Diagnostic nuclear medicine





EXHIBIT 3 (Continued)

PROPOSED PHYSICIAN USER <b>BRIAN J GROGAN M.D</b>			
<b>PRECEPTOR STATEMENT (Continued)</b>			
<b>2. CLINICAL TRAINING AND EXPERIENCE OF ABOVE NAMED PHYSICIAN (Continued)</b>			
ISOTOPE A	CONDITIONS DIAGNOSED OR TREATED B	NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION C	COMMENTS (Additional information or comments may be submitted in duplicate on separate sheets.) D
P-32 (Ssbu/bb)	TREATMENT OF POLYCYTHEMIA VERA, LEUKEMIA, AND BONE METASTASES	0	
P-32 (Colb/del)	INTRACAVITARY TREATMENT	0	
I-131	TREATMENT OF THYROID CARCINOMA	2	
	TREATMENT OF HYPERTHYROIDISM	12	
Au-198	INTRACAVITARY TREATMENT	0	
Co-60 or Co-137	INTERSTITIAL TREATMENT	0	
	INTRACAVITARY TREATMENT	0	
I-125 or Ir-192 Co-60 or Co-137	INTERSTITIAL TREATMENT	0	
	TELETHERAPY TREATMENT	0	
Sr-90	TREATMENT OF EYE DISEASE	0	
	RADIOPHARMACEUTICAL PREPARATION	0	
Mn-59/ Tc-99m	GENERATOR	0	
Sr-90/ In-113m	GENERATOR	0	
Tc-99m	REAGENT KITS	0	
Other			
<b>3. DATES AND TOTAL NUMBER OF HOURS RECEIVED IN CLINICAL RADIOISOTOPE TRAINING</b>			
LOCATION <i>University Hospital, Stony Brook, NY</i>		DATES <i>7/1/82 - 4/30/86</i>	CLOCK HOURS OF EXPERIENCE <i>960</i>
<b>4. THE TRAINING AND EXPERIENCE INDICATED ABOVE WAS OBTAINED UNDER THE SUPERVISION OF:</b>		<b>5. PRECEPTOR'S SIGNATURE</b>	
a. NAME OF SUPERVISOR <i>HAROLD L. ATKINS, M.D</i>		<i>Harold L. Atkins</i>	
b. NAME OF INSTITUTION <i>UNIVERSITY HOSPITAL</i>			
c. MAILING ADDRESS <i>STONY BROOK, NY 11794</i>			
d. CITY			
e. MATERIALS LICENSE NUMBER(S) <i>NY STATE BRAD LIC. #455</i>		7. PRECEPTOR'S NAME <i>Print name of preceptor</i> <i>HAROLD L. ATKINS</i>	
		8. DATE <i>10/4/88</i>	

TRAINING AND EXPERIENCE  
AUTHORIZED USER OR RADIATION SAFETY OFFICER

Approved by OMB  
3150-0041  
Expires 9-30-86

1. NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER <b>NICHOLAS R. SALERNO MD</b>	2. STATE OR TERRITORY IN WHICH LICENSED TO PRACTICE MEDICINE <b>CT</b>
---	---

3. CERTIFICATION		
SPECIALTY BOARD A	CATEGORY B	MONTH AND YEAR CERTIFIED C
<b>RADIOLOGY</b>	<b>DIAGNOSTIC</b>	<b>6 JUNE 1969</b>  <b>R 3672</b>

4. TRAINING RECEIVED IN BASIC RADIOISOTOPE HANDLING TECHNIQUES

FIELD OF TRAINING A	LOCATION AND DATE(S) OF TRAINING B	TYPE AND LENGTH OF TRAINING	
		LECTURE/ LABORATORY COURSES (Hours) C	SUPERVISED LABORATORY EXPERIENCE (Hours) D
a. RADIATION PHYSICS AND INSTRUMENTATION	US NAVAL MEDICAL CENTER BETHESDA SEPT-NOV 1967	25	15
b. RADIATION PROTECTION	SAME	20	10
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY	SAME	15	0
d. RADIATION BIOLOGY	SAME	55	15
e. RADIOPHARMACEUTICAL CHEMISTRY	SAME	25	5

5. EXPERIENCE WITH RADIATION. (Actual use of Radioisotopes or Equivalent Experience)

ISOTOPE	MAXIMUM AMOUNT	WHERE EXPERIENCE WAS GAINED	DURATION OF EXPERIENCE	TYPE OF USE



**EXHIBIT 3  
SUPPLEMENT B**

**SUPPLEMENT**

**U. S. NUCLEAR REGULATORY COMMISSION**

**PRECEPTOR STATEMENT**

*Supplement B must be completed by the applicant physician's preceptor. If more than one preceptor is necessary to document experience, obtain a separate statement from each.*

**1. PROPOSED PHYSICIAN USER'S NAME AND ADDRESS**

FULL NAME

STREET ADDRESS

CITY

STATE

ZIP CODE

**KEY TO COLUMN C**

**PERSONAL PARTICIPATION SHOULD CONSIST OF:**

- 1-Supervised examination of patients to determine the suitability for radioisotope diagnosis and/or treatment and recommendation for prescribed dosage.
- 2-Collaboration in dose calibration and actual administration of dose to the patient including calculation of the radiation dose, related measurements and plotting of data.
- 3-Adequate period of training to enable physician to manage radioactive patients and follow patients through diagnosis and/or course of treatment.

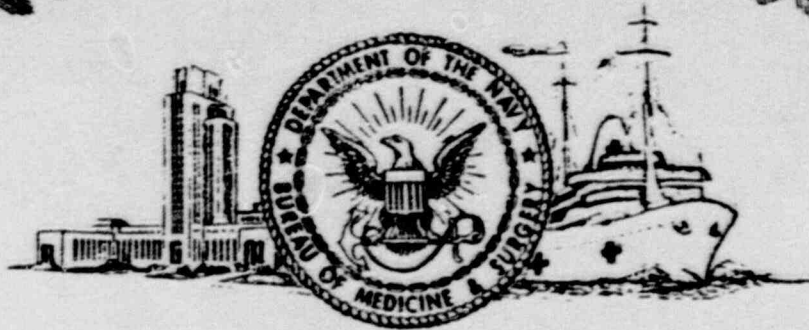
**2. CLINICAL TRAINING AND EXPERIENCE OF ABOVE NAMED PHYSICIAN**

ISOTOPE A	CONDITIONS DIAGNOSED OR TREATED B	NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION C	COMMENTS (Additional information or comments may be submitted in duplicate on separate sheets.) D
	Thyroid scan		
	Thyroid uptake		
	Lung perfusion scan		
	Xenon ventilation study		
	Aerosol ventilation scan		
	Renal flow scan		
	Brain scan		
	Liver/spleen scan		
	Bone scan		
	Gastroesophageal study		
	LeVeen shunt study		
	Cystogram		
	Dacryocystogram		
	Cardiac perfusion scan		
	Cardiac stress ventriculogram		
	Cardiac rest ventriculogram		
	Gallium scan		

PROPOSED PHYSICIAN USER			
PRECEPTOR STATEMENT (Continued)			
2. CLINICAL TRAINING AND EXPERIENCE OF ABOVE NAMED PHYSICIAN (Continued)			
ISOTOPE A	CONDITIONS DIAGNOSED OR TREATED B	NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION C	COMMENTS (Additional information or comments may be submitted in duplicate on separate sheets.) D
P-32 (Sodium)	TREATMENT OF POLYCYTHEMIA VERA, LEUKEMIA, AND BONE METASTASES		
P-32 (Colloid)	INTRACAVITARY TREATMENT		
I-131	TREATMENT OF THYROID CARCINOMA		
	TREATMENT OF HYPERTHYROIDISM		
Au-198	INTRACAVITARY TREATMENT		
Co-60 or Cs-137	INTERSTITIAL TREATMENT		
	INTRACAVITARY TREATMENT		
I-125 or Ir-192	INTERSTITIAL TREATMENT		
	TELE THERAPY TREATMENT		
Sr-90	TREATMENT OF EYE DISEASE		
	RADIOPHARMACEUTICAL PREPARATION		
Mo 99/ Tc-99m	GENERATOR		
Sr-113/ In-113m	GENERATOR		
Tc-99m	REAGENT KITS		
Other			
3. DATES AND TOTAL NUMBER OF HOURS RECEIVED IN CLINICAL RADIOISOTOPE TRAINING			
LOCATION		DATES	CLOCK HOURS OF EXPERIENCE
4. THE TRAINING AND EXPERIENCE INDICATED ABOVE WAS OBTAINED UNDER THE SUPERVISION OF		5. PRECEPTOR'S SIGNATURE	
a. NAME OF SUPERVISOR		7. PRECEPTOR'S NAME <i>Please type or print</i>	
b. NAME OF INSTITUTION			
c. MAILING ADDRESS			
d. CITY			
6. MATERIALS LICENSE NUMBER(S)		8. DATE	



# U.S. Naval Medical School



National Naval Medical Center  
Bethesda, Maryland

*This is to certify that*

NICHOLAS RICHARD SALERNO, M.D.

*has completed a course of instruction  
in Radioisotopes Technique and Nuclear Medicine  
at this school for the period*

25 SEPTEMBER *to* 16 NOVEMBER, 19<sup>67</sup>

*J. H. Stover, Jr.*  
J. H. STOVER, JR.

Captain, MC, U. S. Navy  
Commanding Officer

**APPLICATION FOR BYPRODUCT MATERIAL LICENSE—MEDICAL  
SUPPLEMENT A—PRECEPTOR STATEMENT**

This page is to be completed by the applicant physician's preceptor. If more than one preceptor is necessary to document experience, obtain a separate statement from each. Back of page may be used for comments.

9. NAME AND ADDRESS OF APPLICANT PHYSICIAN (Include ZIP Code)

**Nicholas R. Salerno, M.D.  
Jefferson Medical College Hospital  
Philadelphia, Pennsylvania**

10. CLINICAL TRAINING AND EXPERIENCE OF PHYSICIAN NAMED IN ITEM 9 ABOVE

(A) ISOTOPE	(B) CONDITIONS DIAGNOSED OR TREATED	(C) No. Cases Observed (See 1 in key below)	(D) No. Cases Involving Personal Participation (See 2 in key below)
I-131	Diagnosis of thyroid function	301	301
	Dilution studies <b>I-131 IFA Blood Volume</b>	17	17
	Excretion studies <b>I-131 Hippurate Renogram</b>	29	29
	Brain tumor localization		
	Scanning studies		
	Treatment of hyperthyroidism	2	2
	Treatment of cardiac conditions		
	Treatment of thyroid carcinoma	1	1
P-32 Soluble	Treatment of polycythemia		
	Treatment of leukemia		
	Treatment of bone metastases		
	Tumor localization		
	Intracavitary treatment		
Au-198	Interstitial treatment		
	Scanning studies <b>Liver Scan</b>	70	70
Cr-51	Blood determinations	14	14
	Scanning studies		
Co-58 or Co-60	Diagnosis of pernicious anemia <b>Co-57 Schilling Test</b>	10	10
Co-60	Interstitial treatment		
I-192	Intracavitary treatment		
Co-60 or Cs-137	Teletherapy treatment		
Sr-90	Treatment of superficial diseases of the eye		
Other Isotopes Use back of page	<b>Tc-99m Brain Scan</b>	60	60
	<b>Tc-99m Liver Scan</b>	14	14
	<b>Hg-197 Renal Scan</b>	30	30

Key to Column (C) and (D) above

1. Observation should consist of observing radioisotope administration techniques and discussion with preceptor the case histories to establish most appropriate diagnostic and/or therapeutic procedure, limitation, contraindications, etc.
2. Personal participation should consist of (a) supervised examination of patients to determine the suitability for radioisotope diagnosis and/or treatment and recommendation on dosage to be prescribed; (b) collaboration in calibration of the dose and the actual administration of the dose to the patient, including calculation of the radiation dose, related measurements, and plotting of data; and (c) adequate period of training to enable the physician to manage radioactive patients and to follow patients through diagnosis and/or the course of treatment.

11. DATES AND TOTAL NUMBER OF HOURS OF CLINICAL RADIOISOTOPE TRAINING **25 September - 16 November 1967**

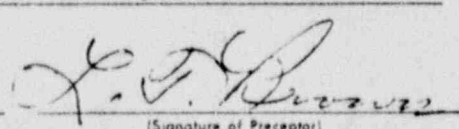
12. THE TRAINING AND EXPERIENCE INDICATED ABOVE WAS OBTAINED UNDER THE SUPERVISION OF **L. T. BROWN, CAPT MC USA**

**Naval Hospital  
Bethesda, Md. 20014**

**19-2391-5**

AT \_\_\_\_\_  
(Institution) Name and Address

\_\_\_\_\_  
(Byproduct Material License Number)

  
(Signature of Preceptor)

APPLICATION FOR BYPRODUCT MATERIAL LICENSE—MEDICAL  
SUPPLEMENT A—HUMAN USE

PAGE 4

This page may be used for providing additional information.

	(c)	(d)
I-131 IFA Macroaggregated Lung Scan	22	22
Au-198 Spleen Scan	2	2
Ir-95 Bone Scan	2	2
Co-75 Parathyroid Scan	1	1
Tc-99m Parotid Scan	1	1
Cr-51 IBC Survival Study	1	1
I-131 IFA Placentogram	2	2

OFFICIAL RECORD COPY ML10

109927



BETWEEN:

LICENSE FEE MANAGEMENT BRANCH, ARM  
AND  
REGIONAL LICENSING SECTIONS

(FOR LFMS USE)  
INFORMATION FROM LTS

PROGRAM CODE: 02120  
STATUS CODE: 0  
FEE CATEGORY: 7C  
EXP. DATE: 19920229  
FEE COMMENTS:

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

APPLICANT/LICENSEE: JOHNSON MEMORIAL HOSPITAL  
RECEIVED DATE: 881128  
DOCKET NO: 3011353  
CONTROL NO.: 109927  
LICENSE NO.: 06-16624-01  
ACTION TYPE: AMENDMENT

2. FEE ATTACHED

AMOUNT:  
CHECK NO.:

3. COMMENTS

SEE CIN 109926 ON  
THIRD PAGE FOR CHECK  
TO COVER BOTH ACTION

SIGNED EMW  
DATE NOV 30, 1988

8. LICENSE FEE MANAGEMENT BRANCH (CHECK WHEN MILESTONE 03 IS ENTERED 1-7)

1. FEE CATEGORY AND AMOUNT:

7C \$120

2. CORRECT FEE PAID. APPLICATION MAY BE PROCESSED FOR:

AMENDMENT   
RENEWAL   
LICENSE

3. OTHER

SIGNED  
DATE

S. Kimberley  
12/18/88

PA 11/30