

030-30925



Cromwell Imaging Center & MRI

Cromwell West Office Park
160 West Street
Suite K
Cromwell, CT 06416
(203) 635-1100

Mr. John M. Pelchat
Health Physicist
U.S. Nuclear Regulatory Commission
Region 1
475 Allendale Rd.
King of Prussia, PA 19406

Log	Jul 8 ^I
Remitter	
Check No.	0001636
Amount	\$120
Fee Category	7C
Type of Fee	AMP
Date Check Rec'd.	
Date Completed	7/11/89
By:	S. Kimberly

June 19, 1989

Dear Mr. Pelchat,

I am writing to apply for an amendment to the NRC license, #06-28323-01 for the Cromwell Imaging Center. I wish to add to the license the names of four physicians to become authorized users at the Center.

Enclosed are NRC form 212, photocopies of their Connecticut Licenses, and photocopies of their Board Certification Certificates. All of the proposed authorized users are recently certified in Diagnostic Radiology by the American Board of Radiology. The purpose of adding these additional authorized users is to assist me in the supervision and interpretation of Nuclear Medicine studies performed here at the Cromwell Imaging Center.

Enclosed is a check for \$120 to cover the licensure amendment fee.

If you have any questions please do not hesitate to call me.

Sincerely,

Edward B. Cronin, M.D.
Radiation Safety Officer
Cromwell Imaging Center
EBC/cbl
Enclosures

89 JUN 22 110:32

RECEIVED-REGION 1

9002080335 890725
REG1 LIC30
06-28323-01 PDR

110897

JUN 22 1989

OFFICIAL RECORD COPY ML10

EXHIBIT 2
SUPPLEMENT A

SUPPLEMENT		U.S. NUCLEAR REGULATORY COMMISSION		
TRAINING AND EXPERIENCE AUTHORIZED USER OR RADIATION SAFETY OFFICER				
1. NAME OF PROPOSED AUTHORIZED USER <i>Marc F. Glickstein MD.</i>			2. FOR PHYSICIANS, STATE OR TERRITORY WHERE LICENSED <i>ct.</i>	
3. CERTIFICATION				
SPECIALTY BOARD A	CATEGORY B	MONTH AND YEAR CERTIFIED C		
<i>American Board of Radiology</i>	<i>Diagnostic Radiology</i>	<i>6/86</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		
		CLOCK HOURS IN LECTURE OR LABORATORY	CLOCK HOURS OF SUPERVISED ON-THE-JOB EXPERIENCE	
a. RADIATION PHYSICS AND INSTRUMENTATION				
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	mCi USED AT ONE TIME	LOCATION	CLOCK HOURS	TYPE OF USE

**TRAINING AND EXPERIENCE
AUTHORIZED USER OR RADIATION SAFETY OFFICER**

1. NAME OF PROPOSED AUTHORIZED USER OR RADIATION SAFETY OFFICER

STEVEN K. SUSSMAN, MD

2. FOR PHYSICIANS, STATE OR TERRITORY WHERE LICENSED

CT

3. CERTIFICATION

SPECIALTY BOARD A	CATEGORY B	MONTH AND YEAR CERTIFIED C
American Board of RADIOLOGY	DIAGNOSTIC RADIOLOGY	JUNE 6, 1985

4. TRAINING RECEIVED IN BASIC RADIOISOTOPE HANDLING TECHNIQUES

FIELD OF TRAINING A	LOCATION AND DATE(S) OF TRAINING B	TYPE AND LENGTH OF TRAINING	
		CLOCK HOURS IN LECTURE OR LABORATORY	CLOCK HOURS OF SUPERVISED ON-THE-JOB EXPERIENCE
a. RADIATION PHYSICS AND INSTRUMENTATION			
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	mCi USED AT ONE TIME	LOCATION	CLOCK HOURS	TYPE OF USE

EXHIBIT 2
SUPPLEMENT A

SUPPLEMENT		U.S. NUCLEAR REGULATORY COMMISSION		
TRAINING AND EXPERIENCE AUTHORIZED USER OR RADIATION SAFETY OFFICER				
1. NAME OF PROPOSED AUTHORIZED USER OR RADIATION SAFETY OFFICER		2. FOR PHYSICIANS, STATE OR TERRITORY WHERE LICENSED		
MARTHA GREENWOOD KIWAK MD		CT		
3. CERTIFICATION				
SPECIALTY BOARD A	CATEGORY B	MONTH AND YEAR CERTIFIED C		
American Board of Radiology	DIAGNOSTIC RADIOLOGY	JUNE, 1986		
4. TRAINING RECEIVED IN BASIC RADIOISOTOPE HANDLING TECHNIQUES				
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b. RADIATION PROTECTION				
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY				
d. RADIATION BIOLOGY				
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5. EXPERIENCE WITH RADIATION. (Actual use of Radioisotopes or Equivalent Experience)				
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EXHIBIT 2
SUPPLEMENT A

SUPPLEMENT		U.S. NUCLEAR REGULATORY COMMISSION		
TRAINING AND EXPERIENCE AUTHORIZED USER OR RADIATION SAFETY OFFICER				
1. NAME OF PROPOSED AUTHORIZED USER XXXXXXXXXXXXXXXXXXXX STUART K MARKOWITZ MD			2. FOR PHYSICIANS, STATE OR TERRITORY WHERE LICENSED CT	
3. CERTIFICATION				
SPECIALTY BOARD A	CATEGORY B	MONTH AND YEAR CERTIFIED C		
DIAGNOSTIC RADIOLOGY AMERICAN BOARD OF RADIOLOGY	DIAGNOSTIC RADIOLOGY	JUNE 1985		
4. TRAINING RECEIVED IN BASIC RADIOISOTOPE HANDLING TECHNIQUES				
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d. RADIATION BIOLOGY				
e. RADIOPHARMACEUTICAL CHEMISTRY				
5. EXPERIENCE WITH RADIATION. (Actual use of Radioisotopes or Equivalent Experience)				
ISOTOPE	mCi USED AT ONE TIME	LOCATION	CLOCK HOURS	TYPE OF USE

STATE OF CONNECTICUT
Department of Health Services

PURSUANT TO THE PROVISIONS OF THE GENERAL STATUTES OF THE STATE OF CONNECTICUT

STEVEN K SUSSMAN
26 CROYDON DRIVE
BLOOMFIELD, CT 06002

LICENSE NUMBER:
028037
FEE \$ \$160.00
EXPIRATION DATE:
11/30/89

IS LICENSEE AND IS HEREBY REGISTERED
WITH THIS DEPARTMENT AS A

PHYSICIAN AND SURGEON

VALIDATION NUMBER:
88-259651

SIGNATURE OF LICENSEE OR REGISTRANT

Steven K Sussman
COMMISSIONER OF HEALTH SERVICES

STATE OF CONNECTICUT
Department of Health Services

PURSUANT TO THE PROVISIONS OF THE GENERAL STATUTES OF THE STATE OF CONNECTICUT

MARC F GLICKSTEIN
1996 HEBRON AVE
GLASTONBURY, CT 06033

LICENSE NUMBER:
023722
FEE \$ \$160.00
EXPIRATION DATE:
10/31/89

IS LICENSEE AND IS HEREBY REGISTERED
WITH THIS DEPARTMENT AS A

PHYSICIAN AND SURGEON

VALIDATION NUMBER:
88-236956

Marc F Glickstein
SIGNATURE OF LICENSEE OR REGISTRANT

Steven K Sussman
COMMISSIONER OF HEALTH SERVICES

STATE OF CONNECTICUT
Department of Health Services

PURSUANT TO THE PROVISIONS OF THE GENERAL STATUTES OF THE STATE OF CONNECTICUT

STUART K MARKOWITZ
JEFFERSON X RAY GRO
85 SEYMOUR ST
SUITE 200
HARTFORD, CT 06106

LICENSE NUMBER:
024854
FEE \$ \$160.00
EXPIRATION DATE:
04/30/90

IS LICENSEE AND IS HEREBY REGISTERED
WITH THIS DEPARTMENT AS A

PHYSICIAN AND SURGEON

VALIDATION NUMBER:
89-309710

Stuart K Markowitz
SIGNATURE OF LICENSEE OR REGISTRANT

Steven K Sussman
COMMISSIONER OF HEALTH SERVICES

The American Board of Radiology

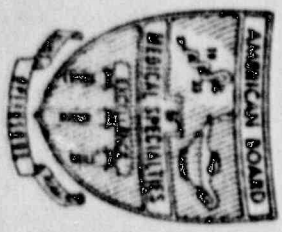
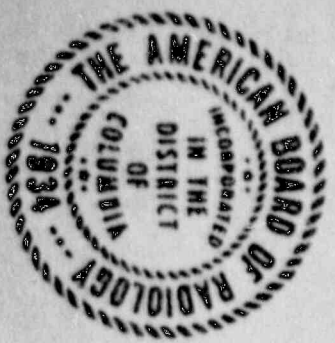
Organized through the cooperation of the
American College of Radiology, the American Roentgen Ray Society,
the American Stadium Society, the Radiological Society of North America,
the Section on Radiology of the American Medical Association
and the American Society of Therapeutic Radiologists
The Society certifies that

STEVEN KARL SHERMAN, M.D.

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 sixth day of June, 1985
The Society demonstrating to the satisfaction of the Board
that he is qualified to practice the specialty of

Diagnostic Radiology

Steven Sherman, M.D. Steven K. Sherman, M.D.



THE AMERICAN BOARD OF RADIOLOGY

Organized through the cooperation of the
American College of Radiology, the American Roentgen Ray Society,
the American Spinal Society, the Radiological Society of North America,
the American Society of Radiology of the American Medical Association
and the American Society of Therapeutic Radiologists
which comprise the

MARC FREDERIC BLICKSTEIN, M.D.

Has passed 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 sixth day of June, 1935
Truly demonstrating to the satisfaction of the Board
that he is qualified to practice the specialty of

Diagnostic Radiology

Marc Fredrick Blickstein, M.D.

For MR. [illegible]



The American Board of Radiology

Organized through the cooperation of the
American College of Radiology, the American Roentgen Ray Society,
the American Glass Study, the Radiological Society of North America,
the American Society of Radiology of the American Medical Association
and the American Society of Therapeutic Radiology,
Study and the
Study and the

Grant A. Murchison, M.D.

The Board has set certain standards and qualifications and
has passed the necessary articles under the authority of

The American Board of Radiology

On the sixth day of June, 1905

Study and the
Study and the

Diagnostic Radiology

Study and the
Study and the



The American Board of Radiology

Organized through the cooperation of the
American College of Radiology, the American Roentgen Ray Society,
the American Roentgen Society, the Radiological Society of North America,
the Section on Radiology of the American Medical Association
and the American Society of Thoracic Radiologists

Worthy colleague that
Martha Greenwood Kinnick, M.D.

Has pursued an arduous 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

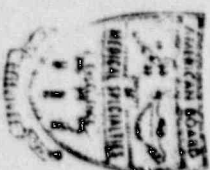
On this sixth day of June, 1936

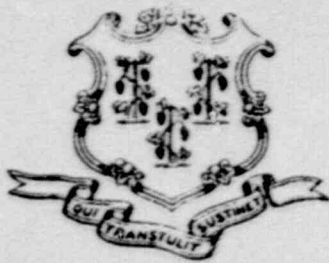
Thereby demonstrating to the satisfaction of the Board
that she is qualified to practice the specialty of

Diagnostic Radiology

Martha Greenwood Kinnick, M.D.

Secretary





State of Connecticut

Department of Health Services

Be it known that

Martha Greenwood Kiwak

having given evidence satisfactory to the Department of Health Services
of having met the qualifications required by the General Statutes
of Connecticut is issued this license as

Physician and Surgeon

in the State of Connecticut

in witness whereof the department has issued this license 029247
under the seal of the Connecticut State Department of Health Services
this 8th day of July, 1988.



Dr. Frederick Blodens
COMMISSIONER

110897

OFFICIAL RECORD COPY ML10

(FOR LFMS USE)
INFORMATION FROM LTS

BETWEEN:

LICENSE FEE MANAGEMENT BRANCH, ARM
AND
REGIONAL LICENSING SECTIONS

PROGRAM CODE: -----
STATUS CODE: 0
FEE CATEGORY: 3P
EXP. DATE: 19940430
FEE COMMENTS: 7C_PENDING_110469

7C have issued 4/89

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED
APPLICANT/LICENSEE: CROMWELL IMAGING CENTER & MRI
RECEIVED DATE: 890622
DOCKET NO.: 3030925
CONTROL NO.: 110897
LICENSE NO.: 06-28323-01
ACTION TYPE: AMENDMENT

2. FEE ATTACHED
AMOUNT: \$120.00
CHECK NO.: 0001636

3. COMMENTS

SIGNED EMW
DATE 6-28-89

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

1. FEE CATEGORY AND AMOUNT: R \$120

2. CORRECT FEE PAID. APPLICATION MAY BE PROCESSED FOR:
AMENDMENT -----
RENEWAL -----
LICENSE -----

3. OTHER -----

SIGNED J. Kimberly
DATE 7/11/89