

NO ESTAMOS AFILIADOS
AL FONDO UNIDO.



LIGA PUERTORRIQUEÑA
CONTRA EL CÁNCER

'87 JUL 21 A7:06

HOSPITAL ONCOLOGICO
I. GONZALEZ MARTINEZ
CENTRO MEDICO
RIO PIEDRAS, PUERTO RICO 00935
TELEFONO 763-4149
APARTADO 1811
HATO REY, PUERTO RICO 00919

1 de julio de 1987

Director Office of Nuclear Materials
Safety and Safeguards
U.S. Nuclear Regulatory Commission
Washington, D.C. 20555

Gentlemen:

Please ammend our license #52-13471-01 to include Dr. Aracelis Rivera-Serrano as medical user. N.R.C. form 313M supplement B "Preceptor Statement" for Dr. Rivera-Serrano is enclosed. Ammendmend is requested to utilize the "Calicheck" Dose Calibrator Linearity Test Kit, model 34-210 from Nuclear Associates.

A check for the amount of \$120.00 to cover the ammenment fee is enclosed. Thanks in advance for your cooperation in this matter.

I remain,

Cordially yours,

Celia Molano, MSHA
Executive Director

crp

Enclosures : Dr. Rivera-Serrano Certifications

Log	Jul-7-11
Remitted	
Check No.	1337
Amount	\$120
For C. M. R. Y.	70
Total	And
Date Check Paid	7/30/87
Date Completed	7/30/87
By	Russier

8801210263 870810
REG2 LIC30
52-13471-01 PDR

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RECEIVED

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220256

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. APPLICANT PHYSICIAN'S NAME AND ADDRESS

FULL NAME

ARACELI RIVERA, M.D.

STREET ADDRESS

Box 595

CITY

Saint Just

STATE

P.R.

ZIP CODE

00750

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
I-131 or I-125	DIAGNOSIS OF THYROID FUNCTION	430	
	DETERMINATION OF BLOOD AND BLOOD PLASMA VOLUME	124	
	LIVER FUNCTION STUDIES	-	
	FAT ABSORPTION STUDIES	-	
	KIDNEY FUNCTION STUDIES	190	
	IN VITRO STUDIES	10,000	
OTHER			
I-125	DETECTION OF THROMBOSIS	-	
I-131	THYROID IMAGING	130	
P-32	EYE TUMOR LOCALIZATION	-	
Se-75	PANCREAS IMAGING	-	
Yb-169	CISTERNOGRAPHY	30	
Xe-133	BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES	60	
OTHER	Gallium	400	
Tc-99m	BRAIN IMAGING	480	
	CARDIAC IMAGING	850	
	THYROID IMAGING	702	
	SALIVARY GLAND IMAGING	66	
	BLOOD POOL IMAGING	120	
	PLACENTA LOCALIZATION	-	
	LIVER AND SPLEEN IMAGING	1,502	
	LUNG IMAGING	100	
	BONE IMAGING	1,589	
OTHER	GF Functional Studies	40	

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 (Soluble)	TREATMENT OF POLYCYTHEMIA VERA, LEUKEMIA, AND BONE METASTASES	2	
P-32 (Colloidal)	INTRACAVITARY TREATMENT	10	
I-131	TREATMENT OF THYROID CARCINOMA	34	
	TREATMENT OF HYPERTHYROIDISM	50	
Au-198	INTRACAVITARY TREATMENT	-	
Co-60 or Cs-137	INTERSTITIAL TREATMENT	-	
I-125 or Ir-192	INTRACAVITARY TREATMENT	-	
	INTERSTITIAL TREATMENT	-	
Co-60 or Cs-137	TELETHERAPY TREATMENT	-	
Sr-90	TREATMENT OF EYE DISEASE	-	
	RADIOPHARMACEUTICAL PREPARATION		
Mo-99/ Tc-99m	GENERATOR	250	
Sn-113/ In-113m	GENERATOR	-	
Tc-99m	REAGENT KITS	300	
Other			

3. DATES AND TOTAL NUMBER OF HOURS RECEIVED IN CLINICAL RADIOISOTOPE TRAINING

Completed two years of full time training in Nuclear Medicine
on ACCGM approved Residency Program.

4. THE TRAINING AND EXPERIENCE INDICATED ABOVE WAS OBTAINED UNDER THE SUPERVISION OF:

a. NAME OF SUPERVISOR

Frieda Silva de Roldán, M.D.

b. NAME OF INSTITUTION

University of Puerto Rico / School of Medicine

c. MAILING ADDRESS

G.P.O. Box 5067

d. CITY

San Juan, P.R. 00936

5. MATERIALS LICENSE NUMBER(S)

52-01946-07

6. PRECEPTOR'S SIGNATURE

Frieda Silva de Roldán

7. PRECEPTOR'S NAME (Please type or print)

Frieda Silva de Roldán, M.D.

8. DATE

7/13/87

UNIVERSITY OF PUERTO RICO
MEDICAL SCIENCES CAMPUS
SCHOOL OF MEDICINE
and AFFILIATED HOSPITALS
DIVISION OF POST GRADUATE MEDICAL EDUCATION

C E R T I F I C A T I O N

It is hereby certified, that

ARACELIS RIVERA, M.D.

has fulfilled the requirements of the

POSTGRADUATE MEDICAL EDUCATION TRAINING PROGRAM

IN THE SPECIALTY OF

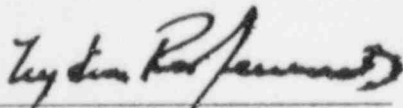
NUCLEAR MEDICINE

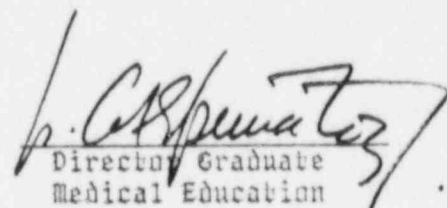
effective June 30, 1987

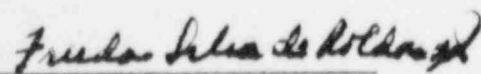
This specialty training was conducted under the sponsorship of the

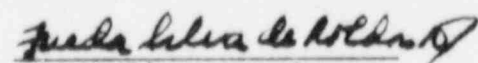
UNIVERSITY HOSPITAL

Given at San Juan, Puerto Rico, on June 19, 1987


Dean School of
Medicine


Director Graduate
Medical Education


Chairperson of
Department


Director of
Training Program

Dr. Eduardo Garrido Morales

Caguas, Puerto Rico

In the year 1982



July 1, 1981
June 30, 1982

This is to signify that

Aracelis Rivera Serrano, M.D.

has successfully completed the prescribed period of study as Flexible Internship given under the auspices of the Department of Health of the Commonwealth of Puerto Rico.



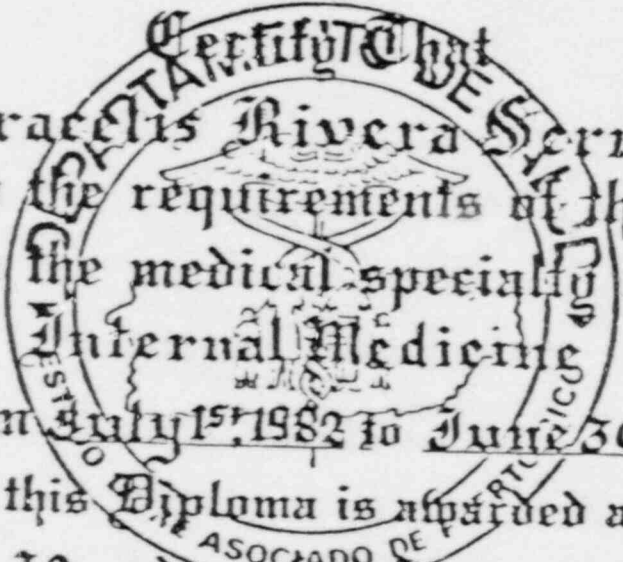
Señor Dr. Aracelis R.
Medical Director

Luis A. Medina
Chairman of the Medical Staff

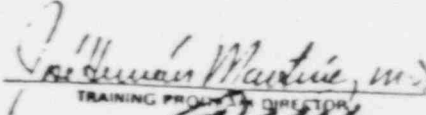
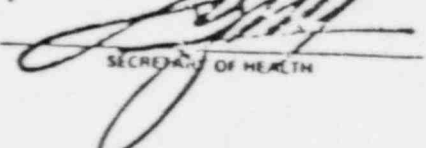
Reina M. Torrey, M.D.
Director of Medical Education

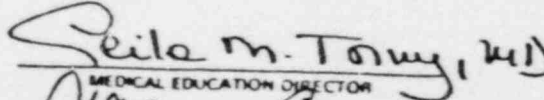
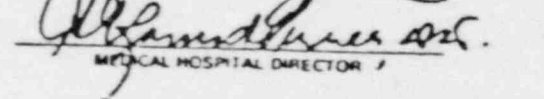
Rafael B. B. B.
Program Coordinator

Commonwealth of Puerto Rico
Department of Health
Caguas Regional Hospital
Dr. Eduardo Garrido


Aracelis Rivera Serrano, M.D.
has fulfilled the requirements of the Residency
in the medical specialty of
Internal Medicine
from July 1st, 1982 to June 30, 1985

in witness whereof, this Diploma is awarded at San Juan, P. R.
this 30 day of June 1985


Guillermo Martínez, M.D.
TRAINING PROGRAM DIRECTOR

SECRETARY OF HEALTH


Seila M. Torrey, M.D.
MEDICAL EDUCATION DIRECTOR

MEDICAL HOSPITAL DIRECTOR

EDUCATIONAL COMMISSION
for
FOREIGN MEDICAL GRADUATES

CERTIFIES THAT

ARACELI RIVERA SERRANO

HAS SATISFIED ALL THE REQUIREMENTS OF THE COMMISSION,

SUCCESSFULLY PASSED ITS EXAMINATIONS

AND HAS BEEN AWARDED THIS CERTIFICATE.

CERTIFICATE NUMBER 311-745-4
MEDICAL EXAMINATION JULY 23, 1980
ENGLISH EXAMINATION JANUARY 21, 1981
VALID THROUGH JANUARY 1, 1983



Madison B. Brown, M.D.
CHAIRMAN

Ray L. Carter, M.D.
PRESIDENT

DATE ISSUED

SEP 16 1981

Su Majestad el Rey Don Juan Carlos I

y en su nombre

El Ministro de Universidades e Investigación

Considerando que, conforme a las disposiciones y circunstancias prevenidas por la actual legislación,

Doña Araceli Rivera Serrano

nacida el día 22 de junio de 1948, en Río Piedras (Puerto Rico),

ha hecho constar su suficiencia en la Universidad Complutense de Madrid,
expide el presente

Título de Licenciado en Medicina y Cirugía

A EFECTOS ACADEMICOS

Dado en Madrid, a 29 de abril de 1980

La interesada

A. Rivera Serrano

Por el señor Ministro

El Subsecretario

[Firma]

En Jefe de la Sección

[Firma]

Este Título se halla expedido con la inscripción a efectos profesionales
establecida en el art. 4.º del Decreto de 24 de junio de 1969.

Registro especial de la Sección de Títulos, Folio 140 número 2601





Estado Libre Asociado de Puerto Rico
DEPARTAMENTO DE SALUD
Programa Control de Calidad de Servicios de Salud

Licencia Num 8227

Se Certifica Que: EL TRIBUNAL EXAMINADOR DE MEDICOS
DE PUERTO RICO

otorgó esta licencia a ARECELIS RIVERA SERRANO, M.D.
en 25 de junio de 1986. Por virtud de ésta se
le autoriza a ejercer como MEDICO CIRUJANO
en la Isla de Puerto Rico.

Esta licencia está vigente y nunca ha sido revocada.

En testimonio de lo cual firmo y
estampo el Sello Oficial de EL TRIBUNAL
EXAMINADOR DE MEDICOS DE PUERTO RICO

en San Juan, Puerto Rico, hoy día 26
de junio de 1986.

THIS IS TO CERTIFY THAT: this
license authorizes the above named
professional to practice his/her
profession. It has never been
revoked and is in good standing.

Fernando J. Cabrera
FERNANDO J. CABRERA, M.D.
PRESIDENTE
TRIBUNAL EXAMINADOR DE
MEDICOS DE PUERTO RICO

Vigencia sujeta a requisito de recertificación cada tres (3) años



ESTADO LIBRE ASOCIADO DE PUERTO RICO
DEPARTAMENTO DE SALUD
SAN JUAN, PUERTO RICO
TRIBUNAL EXAMINADOR DE MEDICOS DE PUERTO RICO

CERTIFICACION DE MEDICO ESPECIALISTA

Se Certifica que:

**El Tribunal Examinador de Medicos
de Puerto Rico**

otorgó esta CERTIFICACION DE ESPECIALIDAD, el día 16 de julio
de 1986 a ARACELIS RIVERA SERRANO, M.D., quien
posee la licencia de médico cirujano número 8227. Por virtud de esta
CERTIFICACION ella está autorizado (a) a ejercer como especialista en
MEDICINA INTERNA
en la Isla de Puerto Rico. Esta Certificación está vigente y nunca ha sido revocada.

En testimonio de lo cual, firmo y estampo el
Sello Oficial del TRIBUNAL EXAMINADOR
DE MEDICOS DE PUERTO RICO,
en San Juan, Puerto Rico, hoy 11 de
diciembre 1986.

Fernando J. Cabrera
FERNANDO J. CABRERA, M.D.
PRESIDENTE
TRIBUNAL EXAMINADOR DE
MEDICOS DE PUERTO RICO