



### CONVERSATION RECORD

NAME OF PERSON(S)/TITLE CONTACTED OR IN CONTACT WITH YOU		DATE OF CONTACT	TYPE OF CONVERSATION	
Laura Luna		04/27/2020	<input type="checkbox"/> E-MAIL <input checked="" type="checkbox"/> TELEPHONE <input type="checkbox"/> INCOMING <input checked="" type="checkbox"/> OUTGOING	
E-MAIL ADDRESS		TELEPHONE NUMBER		
lluna@mpcphysics.com		(734) 662-3197		
ORGANIZATION		DOCKET NUMBER(S)		
MPC Physics		030-35278		
LICENSE NAME AND NUMBER(S)		MAIL CONTROL NUMBER(S)		
Academic Cardiology Associates, P.C. 21-32228-02		617817		
SUBJECT				
Pending License Renewal for Academic Cardiology Associates, P.C. - Additional Information Required				
SUMMARY AND ACTION REQUIRED (IF ANY)				
<p>This is a record of the conversation between Laura Cender and Laura Luna of MPC Physics, on behalf of Academic Cardiology Associates, P.C., regarding the pending license renewal application dated January 13, 2020.</p> <p>Please provide your response to the following items by no later than Friday, May 15, 2020. Please submit your signed and dated response to me directly as an attachment via email. I can be reached at 630-829-9712 or via email if you have any questions.</p> <p>1. Consultant Radiation Safety Officer</p> <ul style="list-style-type: none"> <li>- Please identify other commitments for other NRC or Agreement State licensed facilities, along with a description of how the consultant-RSO will allocate time to permit the performance of the duties of the RSO as described in the regulations. State the consultant-RSO's minimum amount of on site time (hours per week or days per quarter, as appropriate for the program).</li> <li>- Identify an in-house representative to serve as the point of contact during the RSO's absence.</li> <li>- Describe the overall availability of the consultant-RSO to respond to questions or operational issues that arise during the conduct of the radiation safety program and related regulatory requirements.</li> <li>- Specify the maximum amount of time for the consultant RSO to arrive on site in the event of an emergency.</li> </ul>				
NAME OF PERSON DOCUMENTING CONVERSATION				
Laura B. Cender				
SIGNATURE			DATE OF SIGNATURE	
			04/27/2020	

**CONVERSATION RECORD (continued)**

LICENSE NAME AND NUMBER(S)

Academic Cardiology Associates, P.C.  
21-32228-02

MAIL CONTROL NUMBER(S)

617817

SUMMARY AND ACTION REQUIRED (IF ANY) (Continued)

2. Facility Diagram

- Provide a facility diagram that includes the principal use of adjacent areas to where nuclear materials will be used or stored. Please ensure that a description is provided for areas East and West of the nuclear medicine suite, as well as above and below.