

New River Valley Heart Clinic

A DIVISION OF: PHYSICIANS CARE OF VIRGINIA, RECEIVED
REGION 1

2900 LAMB CIRCLE
SUITE 210 / SUITE 230
CHRISTIANSBURG, VIRGINIA 24073

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Fax (540) 639-0664
Fax (540) 639-3630

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DENNIS L. DESILVEY, M.D., F.A.C.P.
F.A.C.C.

ADMINISTRATOR
JOHN W. MILLIRONES

23 March 2005

'05 MAR 29 PM 2:57

Licensing Assistant Section
Nuclear Materials Safety Branch
U.S. Nuclear Regulatory Commission, Region I
475 Allendale Road
King of Prussia, PA 19406-1415

**Re: Amendment to USNRC License # 45-25623-01 New River Valley
Heart Clinic**

03036249

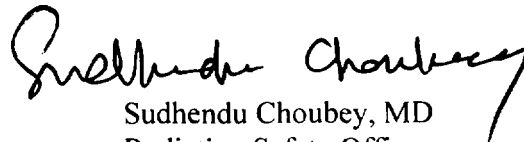
To Whom It May Concern:

New River Valley Heart Clinic (NRVHC) wishes to amend its current USNRC materials license to reflect an addition to our authorized users. The Radiation Officer has reviewed the credentials for the following authorized user and found them to adequate to satisfy the requirements of the appropriate USNRC regulations .

1. Authorized User: We would like to add Praveen Kanaparti, MD to our materials license for uses as described in 10 CFR 35.200. Please find attached with this amendment request a copy of USNRC form 313A for Dr. Kanaparti signed by his preceptor, a copy of his didactic training certificates, and a copy of his Virginia license to practice medicine.

If you have any further questions regarding this amendment request or would like to discuss it further do not hesitate to contact me.

Sincerely,



Sudhendu Choubey, MD
Radiation Safety Officer
New River Valley Heart Clinic

Page 1 of 1
New River Valley Heart Clinic USNRC License #45-25623-01
Amendment Request 23 March 2005

136785
NMSS/RGNI MATERIALS-002

TRAINING AND EXPERIENCE AND PRECEPTOR STATEMENT**PART I -- TRAINING AND EXPERIENCE**

Note: Descriptions of training and experience must contain sufficient detail to match the training and experience criteria in the applicable regulations.

1. Name of Individual, Proposed Authorization (e.g., Radiation Safety Officer), and Applicable Training Requirements (e.g., 10 CFR 35.50)

Praveen Kanaparti, MD Authorized User 10 CFR 35.290

2. For Physicians, Podiatrists, Dentists, Pharmacists -- State or Territory Where Licensed

Virginia License # 0101226968

3. CERTIFICATION

Specialty Board	Category	Month and Year Certified
None		Yes

Stop here when using Board Certification to meet 10 CFR Part 35 training and experience requirements.

4. DIDACTIC OR CLASSROOM AND LABORATORY TRAINING (optional for Medical Physicists)

Description of Training	Location	Clock Hours	Dates of Training
Radiation Physics and Instrumentation	Institute for Medical Education	50 50	Completed 8/15/2001 Completed 8/19/2001
Radiation Protection	Institute for Medical Education	50	Completed 3/12/2003
Mathematics Pertaining to the Use and Measurement of Radioactivity	included in radiopharmaceutical chemistry course		
Radiation Biology	Included in radiation protection course		
Chemistry of Byproduct Material for Medical Use	Institute for Medical Education	50	Completed 3/16/2003
9/3/2003 OTHER		Total 200 didactic instructional hours	

TRAINING AND EXPERIENCE AND PRECEPTOR STATEMENT (continued)

5a. WORK EXPERIENCE WITH RADIATION

Description of Experience	Name of Supervising Individual(s)	Location and Corresponding Materials License Number	Dates and Clock Hours of Experience
Cardiologist at New River Valley Heart Clinic	Sudhendu Choubey, MD	45-25623-01	10/2003 --> Present
			~2510 hours based on
			40-hour work week

5b. SUPERVISED CLINICAL CASE EXPERIENCE

Radionuclide	Type of Use	No. of Cases Involving Personal Participation	Name of Supervising Individual	Location and Corresponding Materials License Number	Dates and Clock Hours of Experience
Tc-99m	Stress Cardiolite	453	Sudhendu Choubey, MD	45-25623-01	10/03-10/04 453 hours
Tc-99m	Rest Cardiolite	453	Sudhendu Choubey, MD	45-25623-01	10/03-10/04 453 hours
Tl-201	Cardiac dysfunction	10	Sudhendu Choubey, MD	45-25623-01	10/03-10/04 10 hours
				Total experience	916 hours

NRC FORM 313A
(10-2002)

U. S. NUCLEAR REGULATORY COMMISSION

TRAINING AND EXPERIENCE AND PRECEPTOR STATEMENT (continued)**6. FORMAL TRAINING (applies to Medical Physicists and Therapy Physicians)**

Degree, Area of Study or Residency Program	Name of Program and Location with Corresponding Materials License Numbers	Dates	Name of Organization that Approved the Program (e.g., Accreditation Council for Graduate Medical Education) and the Applicable Regulation (e.g., 10 CFR 35.490)
Not Applicable			

7. RADIATION SAFETY OFFICER -- ONE-YEAR FULL-TIME TRAINING

- ☐ YES Completed 1-year of full-time radiation safety experience (in areas identified in item 5a) under supervision
- ☐ N/A of _____ the RSO for License No. _____.

8. MEDICAL PHYSICIST -- ONE YEAR FULL-TIME TRAINING/WORK EXPERIENCE

- ☐ YES Completed 1-year of full-time training in therapeutic radiological physics under the supervision of
- ☒ N/A _____ who meets requirements for Authorized Medical Physicists; and
- ☐ YES Completed 1-year of full-time work experience (for areas identified in item 5a) for _____
- ☒ N/A modality(ies) under the supervision of _____ who meets requirements for Authorized Medical Physicists for _____ modality(ies).

9. SUPERVISING INDIVIDUAL -- IDENTIFICATION AND QUALIFICATIONS

The training and experience indicated above was obtained under the supervision of (if more than one supervising individual is needed to meet requirements in 10 CFR 35, provide the following information for each):

- A. Name of Supervisor Sudhendu Choubey, MD
- B. Supervisor is:
- ☒ Authorized User ☐ Authorized Medical Physicists
- ☐ Radiation Safety Officer ☐ Authorized Nuclear Pharmacists
- C. Supervisor meets requirements of Part 35, Section(s) 190, 290
- for medical uses in Part 35, Section(s) 100, 200
- D. Address New River Valley Heart Clinic
2900 Lamb Circle; Suite 230
Christiansburg, Virginia 24073
(540) 731-3169
- E. Materials License Number 45-25623-01

NRC FORM 313A
(10-2002)

U.S. NUCLEAR REGULATORY COMMISSION

TRAINING AND EXPERIENCE AND PRECEPTOR STATEMENT (continued)

PART II -- PRECEPTOR STATEMENT

Note: This part must be completed by the individual's preceptor. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each. This part is not required to meet the training requirements in 10 CFR 35.590.

Item 10 must be completed for Nuclear Pharmacists meeting the requirements of 10 CFR Part 35, Subpart J. Preceptors do not have to complete items 11a, 11b, or the certifying statements for other individuals meeting the requirements of 10 CFR Part 35, Subpart J.

☐ YES 10. The individual named in item 1 has satisfactorily completed the training requirements in
☒ N/A 10 CFR 35.980 and is competent to independently operate a nuclear pharmacy.

☒ YES 11a. The individual named in Item 1 has satisfactorily completed the requirements in Part 35, Section(s)
☐ N/A and Paragraph(s) 290.

☒ YES 11b. The individual named in Item 1. is competent to independently function as an authorized
☐ N/A User _____ for Diagnostic uses.

12. PRECEPTOR APPROVAL AND CERTIFICATION

☐ I certify the approval of item 10 and certify I am an Authorized Nuclear Pharmacist;

or

☐ I certify the approval of items 11a and 11b and certify I am an Authorized Nuclear Pharmacist;

or

☒ I certify the approval of Items 11a and 11b, and I certify that I meet the requirements of 10 CFR 35.190, 290
or equivalent Agreement State requirements to be a preceptor authorized Authorized User
for the following uses of byproduct material: Uses as described in 10 CFR 35.100, 200

A. Address

New River Valley Heart Clinic
2900 Lamb Circle; Suite 230
Christiansburg, Virginia 24073
(540) 731-3169

B. Materials License Number

45-25623-01

C. NAME OF PRECEPTOR (print clearly)
Sudhendu Choubey, MD

D. SIGNATURE -- PRECEPTOR

Sudhendu Choubey

E. DATE

13-23-05

NUCLEAR MEDICAL EDUCATION PROGRAM

Affidavit of Academic Completion & Competency

This document is to attest that

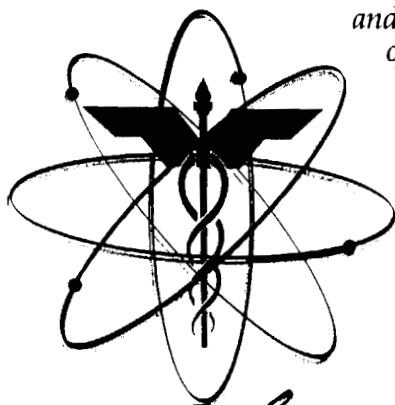
Praveen K. Kanaparti, MD, FACC

has successfully completed the didactic program

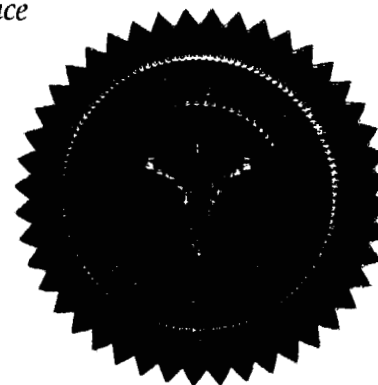
RADIOPHARMACEUTICALS AND CHEMISTRY

and has provided evidence of attendance in this program and evidence of achieving the objectives of this program through examination.

This program provides the following levels of accomplishment:



- 5.0 Continuing Education Units (CEU)
- 50 Didactic Instructional Hours (DIH)
In compliance with 10CFR35/ AEA 73-689
- 50 Board Accepted Hours NUSPEX, NMTCB III b,
ABMRSO, CBNC, MRLB
- 3.0 Semester Hours American Council on
Education (ACE), American Association for
Collegiate Registrars




Certifying Official

16 March 2003

Date Completed

201181

Certification

Institute for Nuclear Medical Education

Certified, Approved and Regulated by the Division of Private Occupational Schools, Department of Higher Education in Colorado. Validated by the Accrediting Commission of the Accrediting Council for Continuing Education Training, a national accrediting agency listed by the US Secretary of Education. Validated by the American Council on Education, recognized by the American Association for Collegiate Registrars, Council on Post-Secondary Education. Licensed by NRC & Agreement States.

INME1132-Class IV-Comp&Comp 1/00

NUCLEAR MEDICAL EDUCATION PROGRAM

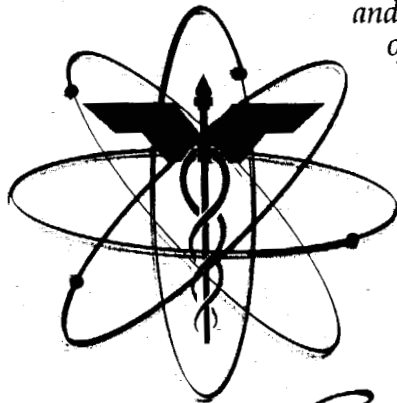
Affidavit of Academic Completion & Competency

This document is to attest that

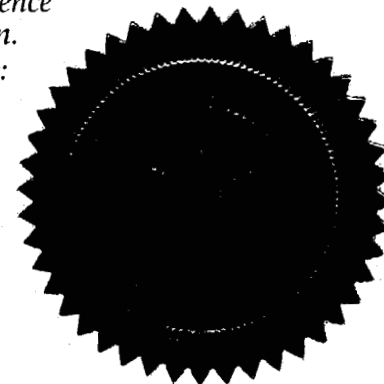
Praveen K. Kanaparti, MD, FACC
has successfully completed the didactic program

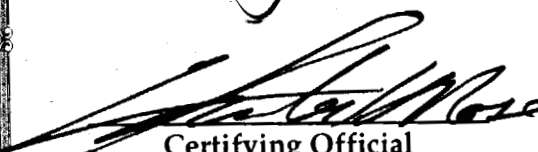
MEDICAL RADIATION PROTECTION

*and has provided evidence of attendance in this program and evidence of achieving the objectives of this program through examination.
This program provides the following levels of accomplishment:*



- 5.0 Continuing Education Units (CEU)
- 50 Didactic Instructional Hours (DIH)
In compliance with 10CFR35/AEA 73-689
- 50 Board Accepted Hours NUSPEX, NMTCB III b,
ABMRSO, CBNC, MRLB
- 3.0 Semester Hours American Council on
Education (ACE), American Association for
Collegiate Registrars




Certifying Official

12 March 2003
Date Completed

201104
Certification

Institute for Nuclear Medical Education

Certified, Approved and Regulated by the Division of Private Occupational Schools, Department of Higher Education in Colorado. Validated by the Accrediting Commission of the Accrediting Council for Continuing Education Training, a national accrediting agency listed by the US Secretary of Education. Validated by the American Council on Education, recognized by the American Association for Collegiate Registrars, Council on Post-Secondary Education. Licensed by NRC & Agreement States.

INME1132-Class III-Compl&Comp 1/00

NUCLEAR MEDICAL EDUCATION PROGRAM

Affidavit of Academic Completion & Competency

This document is to attest that

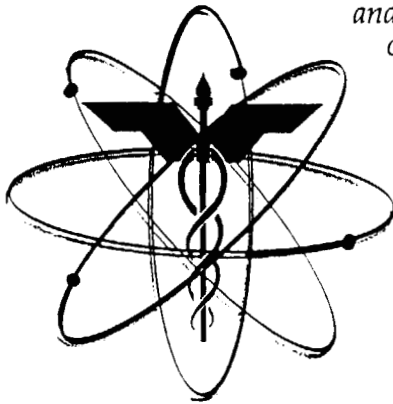
Praveen Kumar Kanaparti, MBBS, MD.

has successfully completed the didactic program

PRINCIPLES OF RADIATION PHYSICS

and has provided evidence of attendance in this program and evidence of achieving the objectives of this program through examination.

This program provides the following levels of accomplishment:



- 5.0 Continuing Education Units (CEU)
- 50 Didactic Instructional Hours (DIH)
In compliance with 10CFR35/AEA 73-689
- 50 Board Accepted Hours NUSPEX, NMTCB III b,
ABMRSO, CBNC, MRLB
- 3.0 Semester Hours American Council on
Education (ACE), American Association for
Collegiate Registrars



Charles W. Rose
Certifying Official

15 August 2001
Date Completed

199494
Certification

Institute for Nuclear Medical Education

Certified, Approved and Regulated by the Division of Private Occupational Schools, Department of Higher Education in Colorado. Validated by the Accrediting Commission of the Accrediting Council for Continuing Education Training, a national accrediting agency listed by the US Secretary of Education. Validated by the American Council on Education, recognized by the American Association for Collegiate Registrars, Council on Post-Secondary Education. Licensed by NRC & Agreement States.

INME1132-Class I-Compl&Comp 1/00

NUCLEAR MEDICAL EDUCATION PROGRAM

Affidavit of Academic Completion & Competency

This document is to attest that

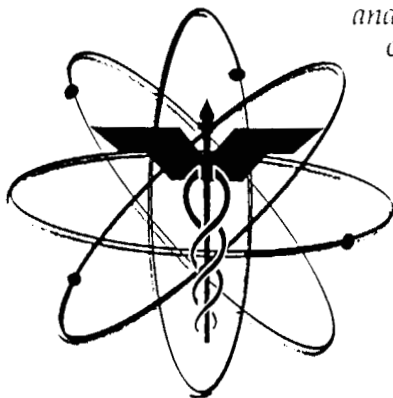
Praveen Kumar Kanaparti, MBBS, MD.

has successfully completed the didactic program

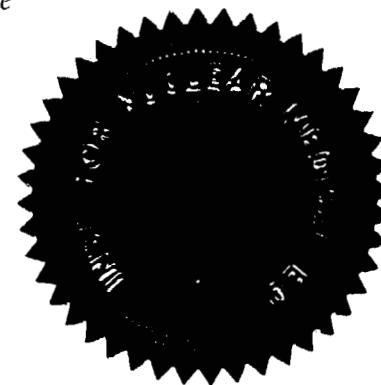
MEDICAL RADIATION INSTRUMENTATION

and has provided evidence of attendance in this program and evidence of achieving the objectives of this program through examination.

This program provides the following levels of accomplishment:



- 5.0 Continuing Education Units (CEU)
- 50 Didactic Instructional Hours (DIH)
In compliance with 10CFR35/AEA 73-689
- 50 Board Accepted Hours NUSPEX, NMTCB III b,
ABMRSO, CBNC, MRLB
- 3.0 Semester Hours American Council on
Education (ACE), American Association for
Collegiate Registrars



Charles H. Rose
Certifying Official

19 August 2001

Date Completed

199511

Certification

Institute for Nuclear Medical Education

Certified, Approved and Regulated by the Division of Private Occupational Schools, Department of Higher Education in Colorado. Validated by the Accrediting Commission of the Accrediting Council for Continuing Education Training, a national accrediting agency listed by the US Secretary of Education. Validated by the American Council on Education, recognized by the American Association for Collegiate Registrars, Council on Post-Secondary Education. Licensed by NRC & Agreement States.

INME 1132-Class II-Compl&Comp 1/00

COMMONWEALTH OF VIRGINIA

DEPARTMENT OF HEALTH PROFESSIONS

Robert A. Nebiker, Director

William L. Harp, M.D.
Executive Director
(804) 662-9908

BOARD OF MEDICINE

6603 West Broad Street, 5th Floor
Richmond, VA 23230-1712
www.dhp.virginia.gov/medicine

**License to Practice
Medicine & Surgery**

Praveen K. Kanaparti, MD

Issued
05/02/2000

Expires
08/31/2006

Number
0101226968

**To Provide Information or File a
Complaint About a Licensee, Call: 1-800-533-1560**

REMOVE SIDE EDGES FIRST,
THEN FOLD, CREASE AND TEAR ALONG PERFORATION

This is to acknowledge the receipt of your letter/application dated

3/23/2005, and to inform you that the initial processing which includes an administrative review has been performed.

☒ Amendment 45-25623-01 There were no administrative omissions. Your application was assigned to a technical reviewer. Please note that the technical review may identify additional omissions or require additional information.

☐ Please provide to this office within 30 days of your receipt of this card

A copy of your action has been forwarded to our License Fee & Accounts Receivable Branch, who will contact you separately if there is a fee issue involved.

Your action has been assigned **Mail Control Number** 136785.
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

: (FOR LFMS USE)
: INFORMATION FROM LTS
: -----
:
: Program Code: 02201
: Status Code: 0
: Fee Category: 7C
: Exp. Date: 20120531
: Fee Comments: _____
: Decom Fin Assur Req'd: N
: ::::::::::::::::::::::::::::::::::::::

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED
Applicant/Licensee: NEW RIVER VALLEY HEART CLINIC, LLC
Received Date: 20050329
Docket No: 3036249
Control No.: 136785
License No.: 45-25623-01
Action Type: Amendment

2. FEE ATTACHED
Amount: /
Check No.: /

3. COMMENTS

Signed Rebecca Finod
Date 4/13/2005

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 is entered /__/)

1. Fee Category and Amount: _____

2. Correct Fee Paid. Application may be processed for:
Amendment _____
Renewal _____
License _____

3. OTHER _____

Signed _____
Date _____