

TRICAT  
Birch Pointe Commons  
3840 Park Avenue  
Edison, New Jersey 08820

Tara Weidner  
U.S. Nuclear Regulatory Commission, Region I  
Licensing Assistance Section  
Nuclear Materials Safety Branch  
475 Allendale Road  
King of Prussia, Pa. 19406-1415

License # 29-30019-01, Amendment #9

April 7, 2005

03033077

Dear Ms. Weidner :

Per our previous conversations, kindly amend our license to add 15,300 materials and uses for Allen Pomerantz, M.D.

As you had requested, his preceptor, Dr. Patrick Conte signed the document that you faxed to me (NRC Form 313a).

If you have any questions, kindly call me at 973-322-5590.

Thank you very much for all your assistance.

Sincerely,

*John M. Gochoco, M.S.*

John M. Gochoco, M.S., DABR  
Radiation Safety Officer

enc. Form 313a  
Letter from Dr. Conte

136829

NMSS/RONI MATERIALS-002

Nuclear Medicine Physics

973-322-2479

5/5/04

11:55 AM

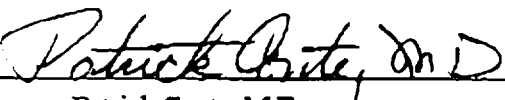
2/2

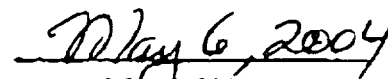
To Whom It May Concern:

This is to confirm that I personally trained and supervised Allen Pomerantz, M.D. during his Nuclear Radiology Residency at Saint Barnabas Medical Center, Livingston, NJ.

During this residency, Dr. Pomerantz administered dosages to patients that included at least 3 cases involving the oral administration of less than or equal to 33 millicuries of sodium I-131 and at least 3 cases of greater than 33 millicuries of sodium iodide I-131.

During Dr. Pomerantz's residency, I was listed as an Authorized User for 35,300 materials, including I-131 for Thyroid Cancer and Hyperthyroid Therapy, on Saint Barnabas Medical Center's NRC Byproduct Materials License #29-01608-01.

  
Patrick Conte, M.D.

  
May 6, 2004

Enc. NRC License # 29-06759-01  
Saint Michaels Medical Center  
Listed as Authorized User 35,300  
Hyperthyroid and Thyroid Cancer Therapy

NRC FORM 313A  
(10-2002)

U.S. NUCLEAR REGULATORY COMMISSION

APPROVED BY OMB: NO. 3150-0120  
EXPIRES: 10/31/2005**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)

ALLEN PEREZANTZ, AUTHORIZED USER, 35.300

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

N.J.

**3. CERTIFICATION**

Specialty Board

Category

Month and Year  
Certified

NOT APPLICABLE

ALREADY LISTED AS AUTHORIZED USER!

*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			
Radiation Protection			
Mathematics Pertaining to the Use and Measurement of Radioactivity			
Radiation Biology			
Chemistry of Byproduct Material for Medical Use			
OTHER			



NRC FORM 313A (10-2002)		U.S. NUCLEAR REGULATORY COMMISSION	
<b>TRAINING AND EXPERIENCE AND PRECEPTOR STATEMENT (continued)</b>			
<b>6. FORMAL TRAINING (applies to Medical Physicists and Therapy Physicians)</b>			
Degree, Area of Study or Residency Program	Name of Program and Location with Corresponding Materials License Number	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)
<div style="font-size: 4em; transform: rotate(45deg); opacity: 0.5;">X</div>			
<b>7. RADIATION SAFETY OFFICER -- ONE-YEAR FULL-TIME WORK EXPERIENCE</b>			
<input type="checkbox"/> YES Completed 1-year of full-time radiation safety experience (in areas identified in Item 5a) under supervision <input type="checkbox"/> N/A of _____ the RSO for License No. _____			
<b>8. MEDICAL PHYSICIST -- ONE-YEAR FULL-TIME TRAINING/WORK EXPERIENCE</b>			
<input type="checkbox"/> YES Completed 1-year of full-time training in therapeutic radiological physics under the supervision of <input type="checkbox"/> N/A _____ who meets requirements for Authorized Medical Physicists, and  <input type="checkbox"/> YES Completed 1-year of full-time work experience (for areas identified in item 5a) for _____ <input type="checkbox"/> N/A modality(ies) under the supervision of _____ who meets requirements of Authorized Medical Physicists for _____ modality(ies)			
<b>9. SUPERVISING INDIVIDUAL -- IDENTIFICATION AND QUALIFICATIONS</b>			
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 <u>PATRICK CONTE, M.D.</u>		B. Supervisor is. <input checked="" type="checkbox"/> Authorized User <input type="checkbox"/> Radiation Safety Officer <input type="checkbox"/> Authorized Medical Physicist <input type="checkbox"/> Authorized Nuclear Pharmacist	
C. Supervisor meets requirements of Part 35, Section(s) <u>390 392, 394</u> for medical uses in Part 35, Section(s) <u>35.300</u>			
D. Address <u>11 EVERGREEN PLACE</u> <u>ROSELAND, NJ 07068</u>		E. Materials License Number <u>29-06759-01</u>	

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) 390, 392, 394

☒ YES 11b. The individual named in Item 1, is competent to independently function as an authorized  
☐ N/A USER for 35,300 uses (or units).

## 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 NRC  
 or equivalent Agreement State requirements to be a preceptor authorized USER  
 for the following uses (or units) of byproduct material: 35,300

A. Address

11 EVERGREEN PLACE  
ROSELAND, NJ 07068

B. Materials License Number

29-06759-01

C. NAME OF PRECEPTOR (print clearly)

PATRICK CONTE, M.D.

D. SIGNATURE -- PRECEPTOR

Patrick Conte, M.D.

E. DATE

2/22/05

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

4/7/2005, and to inform you that the initial processing which includes an administrative review has been performed.

☒ AMEND. 29-30019-01  
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 136829.  
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: : (FOR LFMS USE)  
 : INFORMATION FROM LTS  
 : -----  
 :  
 License Fee Management Branch, ARM : Program Code: 02200  
 and : Status Code: 0  
 Regional Licensing Sections : Fee Category: 7C  
 : Exp. Date: 20130930  
 : Fee Comments: \_\_\_\_\_  
 : Decom Fin Assur Req'd: N  
 : ::::::::::::::::::::::::::::::::::::::

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED  
Applicant/Licensee: TRICAT  
Received Date: 20050407  
Docket No: 3033077  
Control No.: 136829  
License No.: 29-30019-01  
Action Type: Amendment

2. FEE ATTACHED  
Amount: \_\_\_\_\_  
Check No.: \_\_\_\_\_

3. COMMENTS

Signed M. A. Parbin  
Date 4/18/2005

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 \_\_\_\_\_