



# Palisades Medical Center

New York Presbyterian Healthcare System

RECEIVED  
REGION 1

'05 MAY -9 22:42

May 4, 2005

Michelle Beardsley, Health Physicist  
Nuclear Regulatory Commission  
Region I  
475 Allendale Road  
King of Prussia, Pennsylvania 19406-1415

Re: License Amendment  
License #29-13453-01  
Control #136202

03002572

Dear Ms. Beardsley:

As per our recent phone conversation, we wish to amend our license to include Dr. Brenda Christian as an authorized user for the administration of Sodium Iodide I-131 for the treatment of hyperthyroidism/cardiac dysfunction and thyroid carcinoma.

Enclosed is documentation of training, experience and the preceptor statement as required for the above mentioned examinations.

Respectfully submitted,

Robert S. Port, MD  
Radiology Department Chairman/  
Radiation Safety Officer

RSP:mec

137018

NMSS/RGNI MATERIALS-002

Affiliated with Columbia University College of Physicians & Surgeons REF. 136202

7600 River Road • North Bergen, New Jersey 07047 • 201-854-5000

NRC FORM 313A  
(MM-YYYY)

U.S. NUCLEAR REGULATORY COMMISSION

APPROVED BY OMB: NO. 3150-0120  
EXPIRES: MM/DD/YYYY**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. Completion of item 9 is not needed to meet the requirements in 10 CFR Part 35, Subpart J.

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

Brenda Christian (authorized user) for 35.910, 35.920, and 35.930

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

New Jersey medical license

**3. CERTIFICATION**

Specialty Board	Category	Month and Year Certified

*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	Yale-New Haven Hospital	50	7/2002-6/2003
Radiation Protection	Yale-New Haven Hospital	50	7/2002-6/2003
Mathematics Pertaining to the Use and Measurement of Radioactivity	Yale-New Haven Hospital	50	7/2002-6/2003
Radiation Biology	Yale-New Haven Hospital	50	7/2002-6/2003
Chemistry of Byproduct Material for Medical Use	Yale-New Haven Hospital	50	7/2002-6/2003
OTHER			

## 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
Tc-99m MDP (bone scans) includes 3-phase bone scans	David Cheng, M.D.	Yale-New Haven 06-00819-03	7/02-6/03 300 hrs.
Renal scans (MAG3 & DTPA) In-111 octreotide whole body	David Cheng, M.D.	Yale-New Haven	7/02-6/03 100 hrs. 100 hrs.
Ga-67 citrate whole body I-123 & I-131 sodium iodine (diagnostic & therapeutic)	David Cheng, M.D.	Yale-New Haven	7/02-6/03 50 hrs. 100 hrs.
Tc-99m leukocyte scans Tc-99m tagged red blood cell	David Cheng, M.D.	Yale-New Haven	7/02-6/03 100 hrs. 50 hrs.
Tc-99m MAA (lung scans) Xe-133 gas (lung scans)	David Cheng, M.D.	Yale-New Haven	7/02-6/03 200 hrs. 200 hrs.
F-18 FDG (PET scans)	David Cheng, M.D.	Yale-New Haven	7/02-6/03 200 hrs.

## 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	diagnostic	2500	David Cheng, M.D.	Yale-New Haven 06-00819-03	7/02-6/03 300 hrs.
I-131	therapy & diagnostic	170	David Cheng, M.D.	Yale-New Haven 06-00819-03	7/02-6/03 200 hrs.
I-123	diagnostic	250	David Cheng, M.D.	Yale-New Haven 06-00819-03	7/02-6/03 200 hrs.
In-111	diagnostic	100	David Cheng, M.D.	Yale-New Haven 06-00819-03	7/02-6/03 25 hrs.
Ga-67	diagnostic	50	David Cheng, M.D.	Yale-New Haven 06-00819-03	7/02-6/03 25 hrs.
F-18	diagnostic	160	David Cheng, M.D.	Yale-New Haven 06-00819-03	7/02-6/03 160 hrs.

## 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 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)

## 7. RADIATION SAFETY OFFICER -- ONE-YEAR FULL-TIME TRAINING/WORK EXPERIENCE

- ☐ 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 PHYSICISTS -- 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 of 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 of 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

David Cheng, MD, PhD

B. Supervisor is:

☒ Authorized User☐ Authorized Medical Physicists☐ Radiation Safety Officer☐ Authorized Nuclear PharmacistsC. Supervisor meets requirements of Part 35, Section(s) 35.910, 35.920, and 35.930

for medical uses in Part 35, Section(s)

uptake, dilution, and excretion studies, imaging & localization studies, therapeutic use of unsealed byproduct material

D. Address

Yale-New Haven Hospital  
20 York Street  
New Haven, CT 06510

E. Materials License Number

06-00819-03

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) 35.910, 35.920, 35.930

☒ YES 11b. The individual named in item 1 is competent to independently function as an authorized  
☐ N/A user for diagnostic & therapeutic 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 I certify that I meet the requirements of NRC licensing  
or equivalent Agreement State requirements to be a preceptor authorized user  
for the following uses of byproduct material: uptake, dilution, and excretion studies, imaging  
& localization studies, therapeutic use of unsealed  
byproduct material

A. Address

Yale-New Haven Hospital  
20 York Street  
New Haven, CT 06510

B. Materials License Number

06-00819-03

C. NAME OF PRECEPTOR (print clearly)  
David Cheng, MD, PhD

D. SIGNATURE - PRECEPTOR



E. DATE

10/30/2003

## 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

## 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
I 131	TREATMENT OF Hypothyroidism	11	Robert S. Port M.D.	PALISADES MEDICAL CENTER 29-13453-01	5/04 thru 4/05 6hrs
I 131	TREATMENT OF Thyroid Carcinoma	5	Robert S. Port M.D.	PALISADES MEDICAL CENTER 29-13453-01	5/04 thru 4/05 3hrs

## 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 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)

## 7. RADIATION SAFETY OFFICER – ONE-YEAR FULL-TIME WORK EXPERIENCE

- ☐ 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 of 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

B. Supervisor is:

Robert S. Port M.D.☒ Authorized User☐ Authorized Medical Physicist☒ Radiation Safety Officer☐ Authorized Nuclear Pharmacist

C. Supervisor meets requirements of Part 35, Section(s)

for medical uses in Part 35, Section(s)

AS AN AUTHORIZED USER FOR ADMINISTRATION  
OF SODIUM I-131 FOR TREATMENT OF hyperthyroidism/  
CARDIAC DYSFUNCTION AND Thyroid Carcinoma -

D. Address

PALISADES MEDICAL CENTER  
7600 RIVER RD  
NORTH BERGEN, NJ 07047

E. Materials License Number

29-13453-01

## 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) 35.934, 35.394

☒ YES 11b. The individual named in Item 1 is competent to independently function as an authorized  
☐ N/A USER for Diagnostic/Therapeutic 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 Licensing  
or equivalent Agreement State requirements to be a preceptor authorized USER

for the following uses (or units) of byproduct material: 35.934, 35.394

35.300

## A. Address

PALISADES MEDICAL HOSPITAL  
7600 RIVER RD  
NORTH BERGEN, N.J. 07047

## B. Materials License Number

29-13453-01

## C. NAME OF PRECEPTOR (print clearly)

Robert S. Port M.D.

## D. SIGNATURE – PRECEPTOR



## E. DATE

5-4-05

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

5/4/2005, and to inform you that the initial processing which includes an administrative review has been performed.

☒ AMEND. 29-13453-d  
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 137018.  
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: 02120  
: Status Code: 0  
: Fee Category: 7C  
: Exp. Date: 20120331  
: Fee Comments: \_\_\_\_\_  
: Decom Fin Assur Req'd: N  
: ::::::::::::::::::::::::::::::::::::::

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED

Applicant/Licensee: PALISADES MEDICAL CTR OF NEW YORK  
Received Date: 20050509  
Docket No: 3002572  
Control No.: 137018  
License No.: 29-13453-01  
Action Type: Amendment

2. FEE ATTACHED

Amount: /  
Check No.: /

3. COMMENTS

Signed M. A. Perkins  
Date 5/15/2005

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 \_\_\_\_\_