



## Danville Diagnostic Imaging Center

125 Executive Drive • Suite D  
Danville, VA 24541  
434/793-1043  
FAX 434/799-0066

US Nuclear Regulatory Commission  
Region I  
475 Allendale Road  
King of Prussia, PA 19606-1415

June 8, 2005

Dear Sir,

We wish to add Jiajia Wu, MD to radioactive materials license  
# 45-25118-01. 03031883

Enclosed is a completed Training and Preceptor Statement for Dr. Wu and a  
copy of Dr. Wu's ABR certificate. Please add Dr. Wu to our license for all  
applications for which she is qualified.

Sincerely,

G. Michael Spencer, MD  
Radiation Safety Officer

2005 JUN 13 PM 2:26

RECEIVED  
REGION I

137215  
NMSS/RGNI MATERIALS-002

# The American Board of Radiology

*Organized through the cooperation of the  
American College of Radiology, the American Roentgen Ray Society,  
the American Radium Society, the Radiological Society of North America,  
the Section on Radiology of the American Medical Association,  
the American Society for Therapeutic Radiology and Oncology, the Association of  
University Radiologists, and American Association of Physicists in Medicine*

*Hereby certifies that*

**Hajia Wu, B.A.**

*Has pursued an accepted course of graduate study  
and clinical work, has met certain standards and qualifications and  
has passed the examinations conducted under the authority of  
The American Board of Radiology*

*On this eighth day of November, 2004  
Thereby demonstrating to the satisfaction of the Board  
that she is qualified to practice the specialty of*

**Diagnostic Radiology**

*Thomas A. Licht, M.D.*  
President

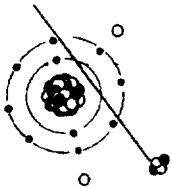
*Richard V. Hoppe MD*  
Secretary-Treasurer

*P. R. Hatten, MD*  
Executive Director

Certificate No. 51684

Valid through 2014

**Office  
of  
Medical  
Physics -  
Radiation  
Safety**



**MONMOUTH  
MEDICAL  
CENTER**




*an affiliate of the  
St. Barnabas  
Health Care  
System*

300 Second Avenue  
Long Branch  
New Jersey 07740

**Thomas Piccoli,  
DABR  
Medical Physicist  
Radiation Safety Officer**

**(732) 923-6811  
FAX: (732) 923-6802**

To:	Debra Parrish -Technical Director
From:	THOMAS PICCOLI, DABR, DABMP- PHYSICIST 
CC:	
Date:	May 23, 2005
Subject:	TRAINING AND EXPERIENCE AND PRECEPTOR STATEMENT

Attached is the signed original and copy of the "TRAINING  
AND EXPERIENCE AND PRECEPTOR STATEMENT" for Jiajia  
Wu, M.D.

Please feel free to contact me at 732-923-6811 with any  
questions.

Sincerely yours,

Thomas Piccoli, DABR  
Medical Physicist

*NRC*

**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)

Jiajia Wu, MD; Authorized User, 10 CFR 35.910, 920, 932 and 934

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

Virginia

**3. CERTIFICATION**

Specialty Board	Category	Month and Year Certified
American Board of Radiology	Diagnostic Radiology	November 2004

*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	Monmouth Medical Center Long Branch New Jersey (residency instruction)	15 ( with respect to therapy isotope use)	July 2001 through June 2004
Radiation Protection	Monmouth Medical Center Long Branch New Jersey (residency instruction)	15 ( with respect to therapy isotope use)	July 2001 through June 2004
Mathematics Pertaining to the Use and Measurement of Radioactivity	Monmouth Medical Center Long Branch New Jersey (residency instruction)	15 ( with respect to therapy isotope use)	July 2001 through June 2004
Radiation Biology	Monmouth Medical Center Long Branch New Jersey (residency instruction)	15 ( with respect to therapy isotope use)	July 2001 through June 2004
Chemistry of Byproduct Material for Medical Use			
OTHER			

### 5a. WORK EXPERIENCE WITH RADIATION

**5b. SUPERVISED CLINICAL CASE EXPERIENCE**[illegible]

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

Salman Rashid, 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, 390for medical uses in Part 35, Section(s) 100, 200, 300

D. Address Monmouth Medical Center  
300 Second Avenue  
Long Branch, NJ 07740  
(732)-923-6806

E. Materials License Number

USNRC 29-081130-03

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) \_\_\_\_\_.

- ☒ YES 11b. The individual named in item 1. is competent to independently function as an authorized  
☐ N/A User \_\_\_\_\_ for Medical \_\_\_\_\_ 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, 390  
or equivalent Agreement State requirements to be a preceptor authorized Authorized User  
for the following uses of byproduct material: 35.100, 200, 300

A. Address

Monmouth Medical Center  
300 Second Avenue  
Long Branch, NJ 07740  
(732)-923-6806

B. Materials License Number

USNRC 29-081130-03

C. NAME OF PRECEPTOR (print clearly)  
Salman Rashid, MD

D. SIGNATURE – PRECEPTOR

*S. Rashid*

E. DATE

5/23/05

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

6/8/2005, and to inform you that the initial processing which includes an administrative review has been performed.

☒ Amendment 45-25118-01 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 137215.  
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: 02220  
and : Status Code: 0  
Regional Licensing Sections : Fee Category: 7C  
: Exp. Date: 20051130  
: Fee Comments: \_\_\_\_\_  
: Decom Fin Assur Req'd: N  
: ::

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED

Applicant/Licensee: DANVILLE DIAGNOSTIC IMAGING CENTER  
Received Date: 20050613  
Docket No: 3031883  
Control No.: 137215  
License No.: 45-25118-01  
Action Type: Amendment

2. FEE ATTACHED

Amount: \_\_\_\_\_  
Check No.: \_\_\_\_\_

3. COMMENTS

Signed *Rebecca J. Ford*  
Date 6/24/2005

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 \_\_\_\_\_