

**MEDICAL USE TRAINING AND EXPERIENCE
AND PRECEPTOR ATTESTATION**APPROVED BY OMB: NO. 3150-0120
EXPIRES: 10/31/2008**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 regulation (10 CFR Part 35)

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

RICHARD A. BUGLIARI, M.D.

2. For Physicians, Podiatrists, Dentists, Pharmacists -- State or Territory Where Licensed
CONNECTICUT**3. CERTIFICATION**

- a. Provide a copy of the board certification. (Stop here if applying under 10 CFR Part 35, Subpart J or 35.590(a); continue if applying under other subparts.)
- b. Provide documentation in appropriate items 4 through 10 of training or clinical case work required by 35.50(e); 35.51(c); 35.290(c)(1)(ii)(G) for AU seeking 35.200 authorization; 35.390(b)(1)(ii)(G); 35.396(d)(1) and 35.396(d)(2); 35.590(c); or 35.690(c).
- c. Provide completed Part II Preceptor Attestation, Items 11a through 11d.
- Stop here after completing items 3a, 3b, and 3c when using board certification to meet 10 CFR Part 35 training and experience requirements.

**4. INDIVIDUALS IDENTIFIED ON A LICENSE OR PERMIT AS RADIATION SAFETY OFFICERS (RSO),
AUTHORIZED USERS (AU), AUTHORIZED MEDICAL PHYSICISTS (AMP), OR
AUTHORIZED NUCLEAR PHARMACISTS (ANP) SEEKING ADDITIONAL AUTHORIZATIONS**

- a. Provide a copy of the license or broadscope permit listing the current authorization **and** (b) or (c)
- b. Complete items 6c (and 10 when training is provided by an RSO, AMP, ANP, or AU) and preceptor items 11b through 11d to meet requirements for: RSO in 35.50(c)(2) or 35.50(e); or AU in 35.290(c)(1)(ii)(G) or 35.390(b)(1)(ii)(G) or 35.590(c) or 35.690(c); or AMP under 35.51(c).
- c. Complete items 5, 6a, 6b, 10, and Preceptor items 11a through 11d to meet AU requirements in 35.396(a).

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

Description of Training	Location	Clock Hours	Dates of Training
Radiation Physics and Instrumentation	FREDERICK, MD	100 HOURS	12/2004
Radiation Protection	FREDERICK, MD	30 HOURS	04/2005
Mathematics Pertaining to the Use and Measurement of Radioactivity	FREDERICK, MD	20 HOURS	01/2005
Radiation Biology	FREDERICK, MD	20 HOURS	03/2005
Chemistry of Byproduct Material for Medical Use	FREDERICK, MD	30 HOURS	02/2005
OTHER			

MEDICAL USE TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

6a. WORK OR PRACTICAL EXPERIENCE WITH RADIATION

Description of Experience	Name of Supervising Individual(s)	Location and Corresponding Materials License Number	Dates and/or Clock Hours of Experience
Ordering, receiving and unpacking radioactive materials safely. Performing related radiation surveys.	Robert J. Golub, M.D. Laurie D. Grimaldi, CNMT	Meriden Wallingford Cardiovascular Assoc. #06-30842-01	44 Hours Total
Performing quality control procedures on instruments used to determine activity of dosages. Checks for proper operation on survey meters.	Robert J. Golub, M.D. Laurie D. Grimaldi, CNMT	Meriden Wallingford Cardiovascular Assoc. #06-30842-01	"
Calculating, measuring and safely preparing patient dosages.	Robert J. Golub, M.D. Laurie D. Grimaldi, CNMT	Meriden Wallingford Cardiovascular Assoc. #06-30842-01	"
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material.	Robert J. Golub, M.D. Laurie D. Grimaldi, CNMT	Meriden Wallingford Cardiovascular Assoc. #06-30842-01	"
Review procedures to safely contain spilled radioactive material and review proper decontamination procedure.	Robert J. Golub, M.D. Laurie D. Grimaldi, CNMT	Meriden Wallingford Cardiovascular Assoc. #06-30842-01	"
Administering dosages of radioactive drugs to patients.	Robert J. Golub, M.D. Laurie D. Grimaldi, CNMT	Meriden Wallingford Cardiovascular Assoc. #06-30842-01	"
Elution of generator experience	Peter Sposato, RPh, BCNP	Cardinal Health Pharm. 628 Hebron Rd Galstonbury, CT	"

6b. SUPERVISED CLINICAL CASE EXPERIENCE (describe experience elements in 6a)

Radionuclide	Type of Use	No. of Cases Involving Personal Participation	Name of Supervising Individual	Location and Corresponding Materials License Number	Dates and/or Clock Hours of Experience
Tc-99m	Stress Sestamibi	400	Robert J. Golub, M.D.	Meriden Wallingford	500 Total Hours
Tc-99m	Rest Sestamibi	1000	Robert J. Golub, M.D.	Cardiovascular Assoc.	"
Tc-99m	Pharmacologic Sestamibi	600	Robert J. Golub, M.D.	#06-30842-01	"
Tc-99m	Labeled RBC'S in	25	Robert J. Golub, M.D.	"	10 Hours
	RVG studies				

MEDICAL USE TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

6c. TRAINING FOR SECTIONS 35.50(e), 35.51(c), 35.590(c), or 35.690(c)

Training Element	Type of Training *	Location and Dates
N/A		

* Types of training may include supervised (complete item 10 for 35.50(e), 35.51(c), and 35.690(c)), didactic, or vendor training.

7. FORMAL TRAINING Physicians (for uses under 35.400 and 35.600) and Medical Physicists

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)
N/A			

8. RADIATION SAFETY OFFICER (RSO) -- ONE-YEAR FULL-TIME EXPERIENCE

- ☐ YES Completed 1 year of full-time radiation safety experience (in areas identified in item 6a) under supervision.
- ☒ N/A of _____ the RSO for License No. _____

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

- ☐ YES Completed 1 year of full-time training (for areas identified in item 6a) in therapeutic radiological physics (35.961) or medical physics (35.51) under the supervision of _____
- ☒ N/A who is a medical physicist (35.961) or meets requirements for Authorized Medical Physicists (35.51);

and

- ☐ YES Completed 1 year of full-time work experience (at location providing radiation therapy services described and for topics identified in item 6a) for (specify use or device) _____
- ☒ N/A under the supervision of _____ who is a medical physicist (35.961) or meets requirements for Authorized Medical Physicists (35.51) (specify use or device) _____

MEDICAL USE TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

10. 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 Part 35, provide the following information for each) :

A. Name of Supervisor

Robert J. Golub, M.D.

B. Supervisor is:

☐ Authorized User

☐ Authorized Medical Physicist

☒ Radiation Safety Officer

☐ Authorized Nuclear Pharmacist

C. Supervisor meets requirements of Part 35, Section(s) 900, 920, 950, 100, 200

for medical uses in Part 35, Section(s) 35.100, 35.200, Gadolinium-153

D. Address

1062 Barnes Road
Suite 300
Wallingford, CT 06492

E. Materials License Number

06-30842-01

PART II -- PRECEPTOR ATTESTATION

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 training requirements in 35.590 or Part 35, Subpart J (except 35.980).

I attest the individual named in Item 1:

11a.

☒ has satisfactorily completed the requirements in Part 35, Section(s) and Paragraph(s) 35.290 (c), as documented in section(s) 5 and 6 of this form.

11b. Select one

☐ meets the requirements in ☐ 35.50(e) ☐ 35.51(c) ☐ 35.390(b)(1)(ii)(G) ☐ 35.690(c) for _____ types of use, as documented in section(s) _____ of this form.

☒ N/A

11c.

☐ has achieved a level of competency sufficient to independently operate a nuclear pharmacy (for 35.980); **or**

☒ has achieved a level of competency sufficient to function independently as an authorized User for 35.100, 35.200 uses (or units); **or**

☐ has achieved a level of radiation safety knowledge sufficient to function independently as a Radiation Safety Officer for a medical use licensee ; **or**

☐ N/A

11d.

☐ I am an Authorized Nuclear Pharmacist; **or** ☒ I am a Radiation Safety Officer; **or**

☐ I meet the requirements of _____ section(s) of 10 CFR Part 35

or equivalent Agreement State requirements to be a preceptor ☐ AU or ☐ AMP

for the following byproduct material uses (or units): _____

A. Address

1062 Barnes Road
Suite 300
Wallingford, CT 06492

B. Materials License Number

06-30842-01

C. NAME OF PRECEPTOR (print clearly)

Robert J. Golub, M.D.

D. SIGNATURE -- PRECEPTOR

[Handwritten Signature]

E. DATE

12/30/2005

THE CERTIFICATION BOARD OF NUCLEAR CARDIOLOGY
Incorporated 1996
CERTIFIES THAT

Richard A. Bugliari, M.D.

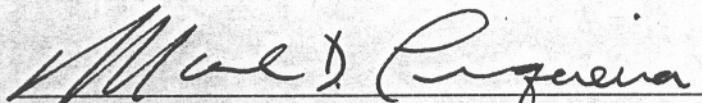
HAVING MET THE REQUIREMENTS PRESCRIBED BY THIS BOARD FOR PHYSICIANS RESIDING
IN THE UNITED STATES AND HAVING SATISFACTORILY PASSED THE REQUIRED EXAMINATION,

IS HEREBY DESIGNATED

A DIPLOMATE CERTIFIED IN THE SUBSPECIALTY OF

NUCLEAR CARDIOLOGY

FOR THE PERIOD 2005 THROUGH 2015


PRESIDENT


SECRETARY

CERTIFICATE # 3815



OCTOBER 23, 2005

