



SOUTH HILLS OFFICE:  
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NORTH SIDE OFFICE:  
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Pittsburgh, PA 15212  
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# Heart and Vascular

mes W. Marcucci, M.D., F.A.C.C.

Leonard G. Gehl, M.D., F.A.C.C.

David J. Burkey, M.D., F.A.C.C.

Dennis K. Gabos, M.D., F.A.C.C.

## FAX COVER SHEET

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37-28245-01

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U. S. HEART & VASCULAR  
363 Vanadium Road, Pittsburgh, PA 15243  
Tele: 412-429-8840  
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TO: Recipient Dennis R. Lawyer  
Fax Number: 610-337-5393  
Phone Number: 610-337-5366  
No of Pages (including Cover) 11  
Date of Transmission: 4-18-06  
Name of Staff Member Authorizing Release: \_\_\_\_\_

FROM: Sender: Lori Gastner CNMT  
Sender's Signature: Lori Gastner CNMT  
Sender's Phone Number: 412-429-8840  
Patient's Name: \_\_\_\_\_  
Medical Record #: \_\_\_\_\_

Mail Control No. 138413

Enclosed is the following information that you requested. If you need any additional information please contact me. Thank-you.

138413

NMCC/RONI MATERIALS-002

04/16/2006 10:02 FAX 6097351859

DEBORAHHEARTANDLUNGCTR

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2006/APR/17/MON 03:54 PM US HEART &amp; VASCULAR

FAX No. 4124298067

P. 002

| NRC FORM 312A<br>(10-2002)  |                                     | U.S. NUCLEAR REGULATORY COMMISSION |                                     | APPROVED BY QMS: NO. 5150-0120<br>EXPIRES: 10/31/2008 |
|---|-------------------------------------|------------------------------------|-------------------------------------|---|
| <b>MEDICAL USE TRAINING AND EXPERIENCE<br/>AND PRECEPTOR ATTESTATION</b>  |                                     |                                    |                                     |   |
| <b>PART I - TRAINING AND EXPERIENCE</b>   |                                     |                                    |                                     |   |
| <b>Note:</b> 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)   |                                     |                                    |                                     |   |
| Adil Waheed, D.O.   |                                     |                                    |                                     |   |
| 2. For Physicians, Podiatrists, Dentists, Pharmacists - State or Territory Where Licensed   |                                     |                                    |                                     |   |
| PA  |                                     |                                    |                                     |   |
| <b>3. CERTIFICATION</b>   |                                     |                                    |                                     |   |
| 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(a); 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 35.680(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.   |                                     |                                    |                                     |   |
| <b>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</b>   |                                     |                                    |                                     |   |
| a. Provide a copy of the license or broadscope permit listing the current authorization and (b) or (c)  |                                     |                                    |                                     |   |
| b. Complete items 8c (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(e) or 35.680(c); or AMP under 35.61(c). |                                     |                                    |                                     |   |
| c. Complete items 5, 6a, 6b, 10, and Preceptor items 11a through 11d to meet AU requirements in 35.398(a).  |                                     |                                    |                                     |   |
| <b>5. DIDACTIC OR CLASSROOM AND LABORATORY TRAINING (optional for Medical Physicists)</b>   |                                     |                                    |                                     |   |
| Description of Training   | Location                            | Clock Hours                        | Dates of Training                   |   |
| Radiation Physics and Instrumentation   | see attached certificates from INME | 100                                | see attached certificates from INME |   |
| Radiation Protection  | see attached certificates from INME | 30                                 | see attached certificates from INME |   |
| Mathematics Pertaining to the Use and Measurement of Radioactivity  | see attached certificates from INME | 20                                 | see attached certificates from INME |   |
| Radiation Biology   | see attached certificates from INME | 20                                 | see attached certificates from INME |   |
| Chemistry of Byproduct Material for Medical Use   | see attached certificates from INME | 30                                 | see attached certificates from INME |   |
| OTHER   |                                     |                                    |                                     |   |

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P. 003

NRC FORM 313A  
(10-2005)

U.S. NUCLEAR REGULATORY COMMISSION

## 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 material safely and performing the related radiation                                    |                                   |   |  |
| Calibrating instruments used to determine the activity of dosages and performing checks for proper operation of survey meters.         |                                   |   |  |
| Calculating, measuring, and safely preparing patient or human research subject dosages   |                                   |   |  |
| Using administrative controls to prevent a medical event involving the use of unsealed byproduct material                              |                                   |   |  |
| Using procedures to safely contain spilled radioactive material and using proper decontamination procedures                            |                                   |   |  |
| Administering dosages of radioactive drugs to patients or human research subjects  |                                   |   |  |
| Eluting generators, measuring and testing the eluate, and processing the eluate with reagent kits to prepare labeled radioactive drugs | See Attachment 1                  |   |  |
|  |                                   |   |  |

## 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 |
|--------------|-------------|---|--------------------------------|---|--|
|              |             |   |                                |   |  |
|              |             |   |                                |   |  |
|              |             |   |                                |   |  |
|              |             |   |                                |   |  |
|              |             |   |                                |   |  |
|              |             |   |                                |   |  |
|              |             |   |                                |   |  |
|              |             |   |                                |   |  |
|              |             |   |                                |   |  |
|              |             |   |                                |   |  |

NOT APPLICABLE TO MEET THE REQUIREMENTS OF 10 CFR 35.290(c)

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P. 004

| NRC FORM 313A<br>(10-2005)  |                   | U.S. NUCLEAR REGULATORY COMMISSION |  |
|---|-------------------|------------------------------------|--|
| MEDICAL USE TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued) |                   |                                    |  |
| 6c. TRAINING FOR SECTIONS 35.50(e), 35.51(c), 35.59D(c), or 35.69D(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 35.69D(c)), didactic, or vendor training.

| 7. FORMAL TRAINING Physicians (for uses under 35.400 and 36.600) 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 (35.981) or medical physics (35.51) under the supervision of \_\_\_\_\_

☒ N/A who is a medical physicist (35.981) 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 (35.981) or meets requirements for Authorized Medical Physicists (35.51) (specify use or device) \_\_\_\_\_

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NRC FORM 313A  
(10-2005)

U.S. NUCLEAR REGULATORY COMMISSION

## 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

B. Supervisor is:

☐ 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)

D. Address

E. Materials License Number

## 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 35.580 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) \_\_\_\_\_  
as documented in section(s) \_\_\_\_\_ 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 10 CFR 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 35.290 section(s) of 10 CFR Part 35

or equivalent Agreement State requirements to be a preceptor



for the following byproduct material uses (or units): 35.200

A. Address

B. Materials License Number

C. NAME OF PRECEPTOR (print clearly)

D. SIGNATURE -- PRECEPTOR

E. DATE

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NRC FORM 313A  
(10-2005)

U.S. NUCLEAR REGULATORY COMMISSION

## 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

B. Supervisor is:

Harry J. Lessig MD FACNP  
FACNM☒ Authorized User☐ Authorized Medical Physicist☐ Radiation Safety Officer☐ Authorized Nuclear PharmacistC. Supervisor meets requirements of Part 35, Section(s) 35.920 (a)(1)for medical uses in Part 35, Section(s) 35.100, 35.200, 35.300, 35.500 In vitro studies

D. Address

Deborah Heart and Lung Center  
200 Trenton Road  
Browns Mills NJ 08015

E. Materials License Number

29-18190-01

## 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 35.690 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) \_\_\_\_\_  
as documented in section(s) \_\_\_\_\_ 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 10 CFR 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 35.920 (a)(1) 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

B. Materials License Number

Deborah Heart & Lung Center  
200 Trenton Road  
Browns Mills NJ 08015

29-18190-01

C. NAME OF PRECEPTOR (print clearly)

D. SIGNATURE - PRECEPTOR

E. DATE

Harry J. Lessig MD, FACNP, FACNM

Harry J. Lessig MD, FACNP, FACNM

4/18/06

# NUCLEAR MEDICAL EDUCATION PROGRAM

## Affidavit of Academic Completion & Competency

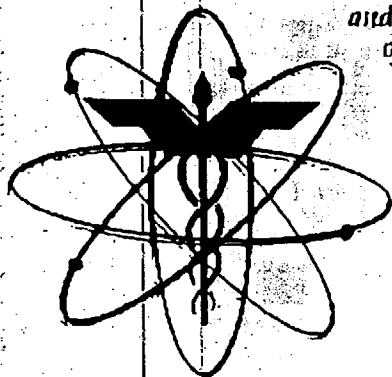
This document is to attest that

**Adil Waheed, M.D.**

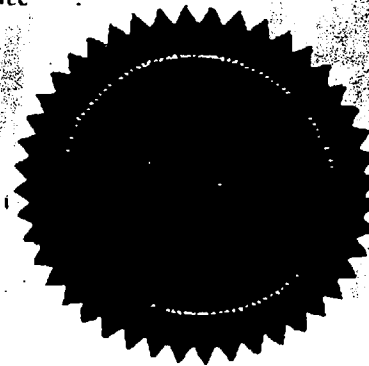
has successfully completed the didactic program

## 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 IX CFR 35 / AEA 73-689
- 50 Board Accepted Hours NUSPEX, NMTCE III b,  
ABMRSO, CBNC, MRLB
- 3.0 Semester Hours American Council on  
Education (ACE), American Association for  
Collegiate Registrars



  
Certifying Official

**10 April 2005**

Date Completed

**203093**

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.  
PHE 1132-Class A-Comp 1/8 Comp 1/00

# NUCLEAR MEDICAL EDUCATION PROGRAM

## Affidavit of Academic Completion & Competency

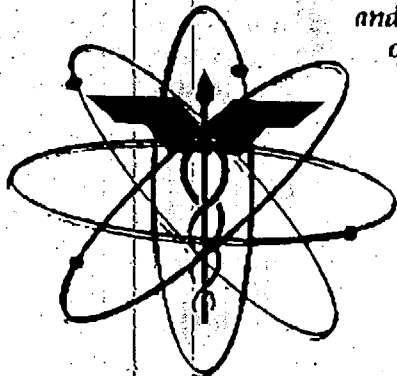
*This document is to attest that*

**Adil Waheed, M.D.**

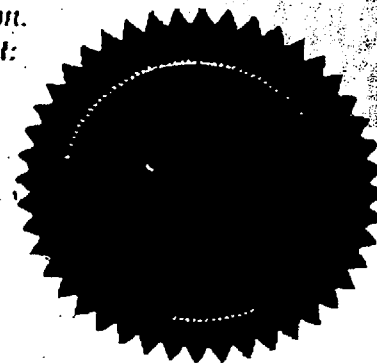
*has successfully completed the didactic program*

## 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 IOCER35/AEA 7A-689
- 50** Board Accepted Hours NUSPEX, NMTCB, III b, ADMR50, CBNC, MRLB
- 3.0** Semester Hours American Council on Education (ACE), American Association for Collegiate Registrars



*[Signature]*  
Certifying Official

**6 April 2005**

Date Completed

**203064**

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.  
NAE1132-Class 1-Comp&Comp 1/00



# NUCLEAR MEDICAL EDUCATION PROGRAM

## Affidavit of Academic Completion & Competency

*This document is to attest that*

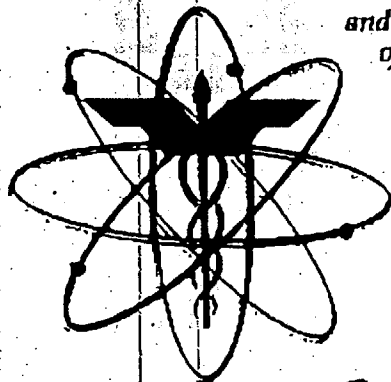
***Adil Waheed D.O.***

*has successfully completed the didactic program*

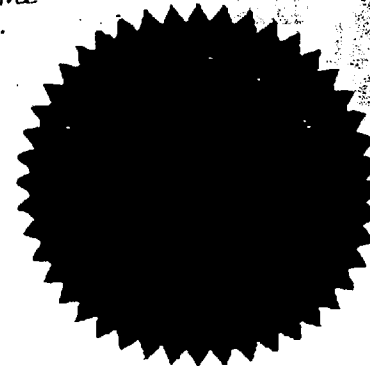
## MEDICAL RADIATION PROTECTION

*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 IIIb,  
ABMRSO, CBNC, MRI.B
- 3.0** Semester Hours American Council on  
Education (ACE), American Association for  
Collegiate Registrars



*[Signature]*  
Certifying Official

**23 March 2005**

Date Completed

**202966**

Certification

## Institute for Nuclear Medical Education

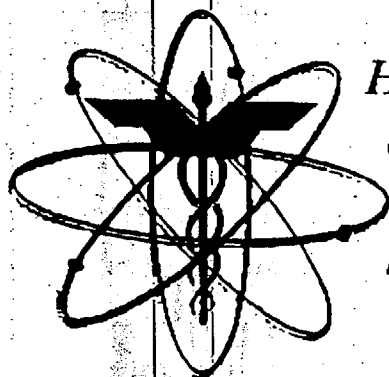
Certified, Approved and Regulated by the Division of Private Occupational Schools, Department of Higher Education in Colorado. Validated by the Accrediting Commission of the Accrediting Council for Continuing Education Training, a national accrediting agency listed by the US Secretary of Education. Validated 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-Comp&Comp 1/07

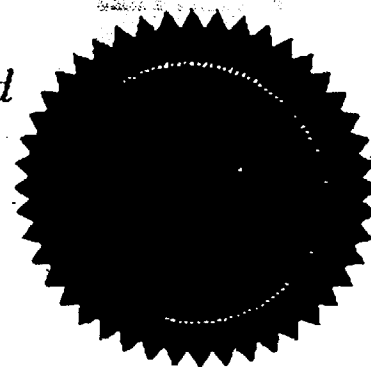
**CERTIFICATE OF COMPLETION**  
**HAZMAT TRAINING - RADIOACTIVE MATERIALS**

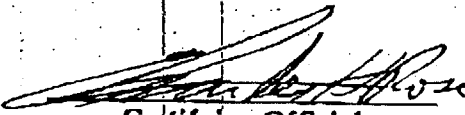
*This document is to certify that*

Adil Waheed, D.O.



*Has received training and has been tested  
as required by 49CFR 172.704(d). This  
training was limited to diagnostic  
radioactive materials received or offered  
for shipment in approved Type A  
Packages, Class 7, UN2915, Yellow II.*



  
Certifying Official

24 March 2005

Date Completed

203032

Certification

**Training Materials and Records are located at**

**INME - Institute for Nuclear Medical Education • 5660 Airport Boulevard, Suite 101 • Boulder, Colorado 80301**  
**(303) 541-0044 • (303) 541-0066 FAX • (800) 540-4024 • [inme@nuclearcardiology.com](mailto:inme@nuclearcardiology.com) • <http://www.nuclearcardiology.com/nics>**

Haz/Mat 12/03

# NUCLEAR MEDICAL EDUCATION PROGRAM

## Affidavit of Academic Completion & Competency

*This document is to attest that*

**Adil Waheed D.O.**

*has successfully completed the didactic program*

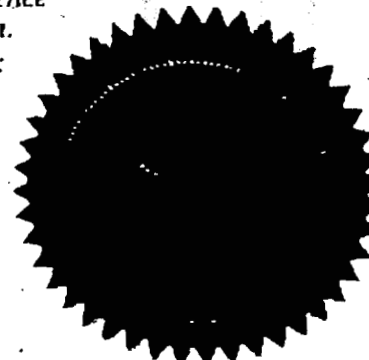
## RADIOPHARMACEUTICALS AND CHEMISTRY

*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



*[Signature]*  
Certifying Official

**27 March 2005**

Date Completed

**202999**

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.

RAE1132-Class IV-Comp&Comp 1/00