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**VIRGINIA  
RADIOLOGY  
ASSOCIATES, P.C.**

MS 16  
L-6

# Fax

To: Chris Hatt From: Patty Hlavinka, Administrator  
Co: NRC Pages: 2  
FAX: 610-337-5269 Date: 6/26/06 03020205  
Re: Mail Control # 138710, Culpeper, NRC 45-23040-01  
☒ Urgent ☐ For Review ☐ Please Reply ☒ Per your Request

• Comments:

Dear Chris - Here is the revised 4<sup>th</sup>  
page of Namik Erdag's preceptor statement  
completed by Norwalk Hospital.

Any questions, please call me  
at 703-361-6785.

*Patty*

[REDACTED]

138710

NMOS/RONI MATERIALS-002

**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 EDWARD STRAUSS, MD B. Supervisor is: ☒ Authorized User ☐ Authorized Medical Physicist  
☐ Radiation Safety Officer ☐ Authorized Nuclear Pharmacist

C. Supervisor meets requirements of Part 35, Section(s) 100, 200, 300 & 50-90  
for medical uses in Part 35, Section(s) 100, 200, 300 & 50-90

D. Address NORWALK HOSPITAL  
24 STEVENS STREET  
NORWALK, CT 06858 E. Materials License Number 06-06941-01

**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 35.550 or Part 35, Subpart J (except 35.580).

I attest the individual named in item 1: ANAMIK ERDRA, MD

11a. ☒ has satisfactorily completed the requirements in Part 35, Section(s) and Paragraph(s) 35-190 & 35-290 as documented in section(s) \_\_\_\_\_ of this form.

11b. Select one:  
☐ meets the requirements in ☐ 35.50(e) ☐ 35.51(c) ☐ 35.550(b)(1)(ii)(C) ☐ 35.550(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 35.550); OR  
☒ has achieved a level of competency sufficient to function independently as an authorized USER FOR 35-190 & 35-290 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): 35-100, 35-200, 35-300 & 50-90

A. Address NORWALK HOSPITAL  
24 STEVENS STREET  
NORWALK, CT 06858 B. Materials License Number 06-06941-01

C. NAME OF PRECEPTOR EDWARD STRAUSS, MD D. SIGNATURE - PRECEPTOR [Signature] E. DATE 6/16/06

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TOTAL P.05

TOTAL P.02

TOTAL P.02