

176 Palisade Ave.
Jersey City, NJ 07306
Phone: 201 - 795 - 8252
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**Christ Hospital
Department of
Radiation Oncology**

Fax

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29-12664-01
03002556

To: Ms. PENNY LANZISERA From: Eugene Lief
Fax: 610-337-5269 Pages: 67
Phone: 610-337-5169 Date: 7/19/07
Re: # 140822 CC:

☐ Urgent ☒ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

• Comments:

Dear Ms. Lanzisera:

Thank you very much for a thorough and
attentive review of our application. Dr.
Shawman and I were very impressed
with your work. I am FAXing you
the documents you requested.

With best regards,

E. Lief

140822

GammaMed Training Course Outline

Training / Attendee List**Part One: Customer Site Information:**

Facility Name	CHRIST HOSPITAL		
Street Address	176 Palisade Ave.		
City	Jersey City		
State or Prov.	NJ	Postal Code	07306
Country	U S		
Phone	201-795-8200	Fax	201-795-8621
Date Of Course			

For the purposes of the training records list below all those receiving GammaMed Applications Training (to any level) along with job function (e.g. Oncologist, Physicist etc.), signature and initials.

Name	Job Function	Email address	Signature
EUGENE LIEF	Dir. of Med. Phys.	elief@christ-hospital.org	E. Lief
MARY BERMUDEZ	THERAPIST	_____	MBermudez
Tony Kotsiotas	Therapist	_____	TKOTAS Kotsiotas
Susan Rosalia	Therapist	_____	S. Rosalia
Susan Underlin	dosemetrist	_____	S. Underlin
Abhishek Dhand	Physicist	adwiveda@christhospital.org	Adwiveda
Karen Heller	Therapist	_____	K Heller
ALLAN SHAIMAN, M.D.	Radiation oncologist	ashaiman@christhospital.org	AShaiman

ABHISHEK
DWIVEDI

Instructor

Name:

Mine Mariscal

Signature / Initials:

Mine Mariscal / mm

The American Board of Radiology

Diagnostic Radiology Radiation Oncology Radiologic Physics

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Madison, Wisconsin

The American Board of Radiology Letter of Equivalence in Radiologic Physics

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Houston, Texas
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Birmingham, Alabama
Michael A. Sullivan, M.D.
New Orleans, Louisiana
Kay H. Vydarczyk, M.D.
Atlanta, Georgia
James E. Yunker, M.D.
Milwaukee, Wisconsin

Radiation Oncology

Jay R. Harris, M.D.
Boston, Massachusetts
Richard T. Hoppe, M.D.
Stanford, California
David H. Hussey, M.D.
San Antonio, Texas
Larry E. Kua, M.D.
Memphis, Tennessee
Steven A. Leibol, M.D.
New York, New York
H. Rodney Withers, M.D.
Los Angeles, California

Radiologic Physics

William R. Hendon, Ph.D.
Milwaukee, Wisconsin
Bhuvan R. Paliwal, Ph.D.
Madison, Wisconsin
Stephen R. Thomas, Ph.D.
Cincinnati, Ohio

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Eugene P. Lief, PhD

In

Radiation Oncology Physics

Expires December 31, 2009

The American Board of Radiology hereby affirms that the above individual has pursued an accepted course of graduate study and clinical experience, has met the required standards and qualifications, and has passed the examinations conducted under the authority of The American Board of Medical Physics.

M. Paul Capp, M.D.
Executive Director
The American Board of Radiology

Robert R. Hattery, M.D.
President
The American Board of Radiology

Date: February 27, 2002

5441 E. WILLIAMS BOULEVARD, SUITE 200 • TUCSON, ARIZONA 85711-4493 • PHONE (520) 790-2900 • FAX (520) 790-3200
E-mail: Info@theabr.org • Web Site: www.theabr.org

A Member Board of The American Board of Medical Specialties (ABMS)

No. 6919 P. 4

The American Board of Medical Physics

ABMP

Hereby certifies that
Engene Paul Lief, Ph.D.

Has satisfactorily met the professional standards
and clinical experience requirements
in medical physics to qualify for

Certification in Medical Physics

with special competence in
Radiation Oncology Physics



April 26, 1999
DATE

Jay M. Klea
CHAIRPERSON

L. Reinstein
SECRETARY

THE UNIVERSITY OF THE STATE OF NEW YORK
EDUCATION DEPARTMENT



BE IT KNOWN THAT

EUGENE PAUL LIEF

HAVING GIVEN SATISFACTORY EVIDENCE OF THE COMPLETION OF PROFESSIONAL
AND OTHER REQUIREMENTS PRESCRIBED BY LAW IS QUALIFIED TO PRACTICE AS A

MEDICAL PHYSICIST-THERAPEUTIC RADIOLOGICAL

IN THE STATE OF NEW YORK

IN WITNESS WHEREOF THE EDUCATION DEPARTMENT GRANTS THIS LICENSE
UNDER ITS SEAL AT ALBANY, NEW YORK
THIS EIGHTEENTH DAY OF JULY, 2003.

A handwritten signature in cursive script, reading "Richard P. Mills".

PRESIDENT OF THE UNIVERSITY
AND COMMISSIONER OF EDUCATION

LICENSE NUMBER
000171



A handwritten signature in cursive script, reading "Johanna Duncan-Porter".

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OFFICE OF THE PROFESSIONS

A handwritten signature in cursive script, reading "Executive Secretary".

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STATE BOARD FOR
MEDICINE

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- ◆ Please review the Registration Certificate below to be sure the information on it is correct.
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- ◆ If the information is correct, sign above the Licensee/Registrant block and please destroy any previous Registration Certificates you may have, as certificates with incorrect information are not valid and should not be kept.
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JEFF EUGENE PAGE

is registered to practice in New York State through 12/30/2008 as a(n)
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- **Name changes** must be made in writing to the address above with all information detailed in the checklist that follows. You will receive a new **REGISTRATION CERTIFICATE** in your new name. **OPTIONAL:** To receive a new **LICENSE PARCHEMENT**, please request this in your letter and we will send fee information and a customized form.

Address Change	Name Change	Checklist Items
X	X	1. Full name currently on record (i.e., how your name now appears on your license and registration)
	X	2. New name exactly as you wish it to appear
X	X	3. Date of birth
X	X	4. Social Security Number
X	X	5. Daytime phone number
X	X	6. Profession(s) - list all professional licenses you hold in New York State
X	X	7. License Number(s) - for each of the professional licenses you list in item 6 above
X		8. Complete address currently on record
X		9. Complete new address
	X*	10. Supporting legal documentation (*Needed in specific circumstances)
	X	11. Original notarized signature

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