



Cardiac, Thoracic and Peripheral
Vascular Surgery

Charles B. Beckman, M.D.

Viswa B. Nathan, M.D.

General Vascular Surgery

Walter Kwass, M.D.

Executive Director

William F. Appicelli



06-30080 01

03033309

HO



Cardiology

John P. Chandler, M.D.

Ajoy Kapoor, M.D.

Clifford R. Kramer, M.D.

Inku K. Lee, M.D.

Robert J. Lewis, M.D.

Robert F. Morrison, M.D.

Arumbakam Purushotham, M.D.

Edgardo P. Ragaza, M.D.

Todd A. Silberstein, D.O.

Nathan L. Valin, M.D.

Henry N. Ward, M.D.

Donald S. Dock, M.D.

(1927-1996)

Date 8/6/07

Attn: Brian Parker

To: LAT - Licence assisting team

Additional information on
mail control #140554 training

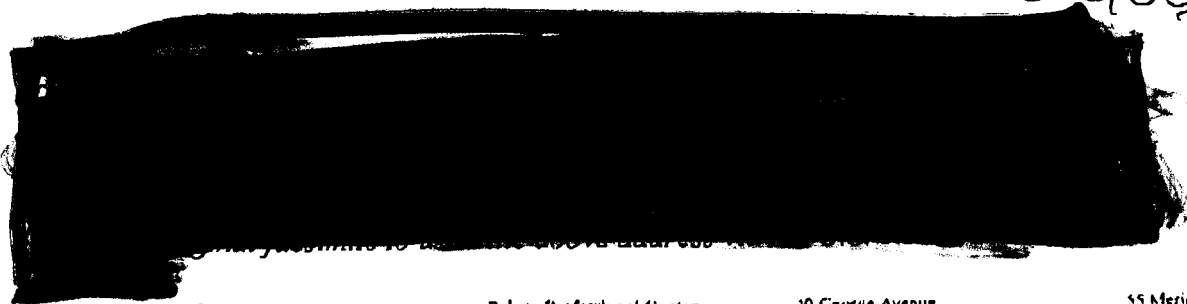
Fax: (610) 337-5269

From: Dr. Nathan Valin

Number of pages including this sheet: 3

Message: Hi Brian! Here is the additional
information requested for Dr. Nathan Valin.
Denise Condryn has completed paperwork
for leak test and will be faxing to

you.
Thank!



NRC FORM 313A (AUD)
(3-2007)

U.S. NUCLEAR REGULATORY COMMISSION

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

☒ 3. Training and Experience for Proposed Authorized User

a. Classroom and Laboratory Training.

Description of Training	Location of Training	Clock Hours	Dates of Training*
Radiation physics and instrumentation			
Radiation protection			
Mathematics pertaining to the use and measurement of radioactivity			
Chemistry of byproduct material for medical use (not required for 35.590)			
Radiation biology			
Total Hours of Training:			

- b. Supervised Work Experience (completion of this table is not required for 35.590).
(If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this section.)

Nathan Valin M.D.

Supervised Work Experience		Total Hours of Experience:	
Description of Experience Must Include:	Location of Experience/License or Permit Number of Facility	Confirm	Dates of Experience*
Ordering, receiving, and unpacking radioactive materials safely and performing the related radiation surveys. Lic #	HOSP. ST Raphael, New Haven CT Heart Group 06-30080-01	<input type="checkbox"/> Yes <input type="checkbox"/> No	7/1/93 to 6/30/96 1999 - present
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters	HOSP. ST Raphael, New Haven CT Heart Group 06-30080-01	<input type="checkbox"/> Yes <input type="checkbox"/> No	7/1/93 to 6/30/96 1999 to present

NRC FORM 313A (AUD)
(3-2007)

U.S. NUCLEAR REGULATORY COMMISSION

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Training and Experience for Proposed Authorized User (continued)

Nathan Volin, M.D.

b. Supervised Work Experience. (continued)

Description of Experience Must Include:	Location of Experience/License or Permit Number of Facility	Confirm	Dates of Experience*
Calculating, measuring, and safely preparing patient or human research subject dosages	Hosp. St Raphael CT Heart Group 06-30080-01	<input type="checkbox"/> Yes <input type="checkbox"/> No	7/1/93-6/30/01 1999-present
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material	Hosp. St Raphael CT Heart Group 06-30080-01	<input type="checkbox"/> Yes <input type="checkbox"/> No	7/1/93-6/30/01 1999-present
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures	Hosp St Raphael CT Heart Group 06-30080-01	<input type="checkbox"/> Yes <input type="checkbox"/> No	7/1/93-6/30/01 1999 present
Administering dosages of radioactive drugs to patients or human research subjects	Hosp ST Raphael CT Heart Group 06-30080-01	<input type="checkbox"/> Yes <input type="checkbox"/> No	7/1/93-6/30/01 1999-present
Eluting generator systems appropriate for the preparation of radioactive drugs for imaging and localization studies, measuring and testing the eluate for radionuclidic purity, and processing the eluate with reagent kits to prepare labeled radioactive drugs	Hosp ST Raphael CT Heart Group. 06-30080-01	<input type="checkbox"/> Yes <input type="checkbox"/> No	7/1/93-6/30/01 1999-present

Supervising Individual

Inku Lee
35,200

License/Permit Number listing supervising individual as an authorized user

lic No 06-30080-01

Supervisor meets the requirements below, or equivalent Agreement State requirements (check one).

☐ 35.190☐ 35.290☐ 35.390☐ 35.390 + generator experience in 35.290(c)(1)(ii)(G)

c. For 35.590 only, provide documentation of training on use of the device.

Device	Type of Training	Location and Dates

d. For 35.500 uses only, stop here. For 35.100 and 35.200 uses, skip to and complete Part II Preceptor Attestation.