

CENTRAL CONNECTICUT CARDIOLOGISTS LLC

Cardiovascular Diseases

J Scott Galle MD FACC

John I Baron MD FACC

Kathleen A Kennedy MD FACC

Dale Toce MD FACC

Russell A Ciafone MD FACC

John T Cardone MD FACC

Paul P Stoebel MD FACC

Steven E Lane MD FACC

Gary Pastizzo PA-C

Ann- Marie Stawarkey APRN

M516

K-4

06-27909-01  
03029568

TO WHOM IT MAY CONCERN

This letter is to affirm that J Scott Galle MD received training and experience in Nuclear Cardiology at: Central Connecticut Cardiologists LLC between January 2002 until the present and successfully completed this training program on February 20, 2006.

During this training program, Dr Galle received not less than 600 hours of supervised work experience. The experience of Dr Galle was gained under the supervision of an Authorized User.

The supervised work experience included ordering, receiving, and unpacking radioactive materials safely and performing the related radiation surveys: checks for proper operation of survey meters; Calculating, measuring, and safely preparing patient or human research subject dosages; Using administrative controls to prevent medical events; Using procedures to safely contain spills and using proper decontamination procedures; Administering dosages of radioactive drugs to patients.

I attest that Dr Galle has satisfactorily completed the requirements in 35.290 (c)(1) and has achieved a level of competency sufficient to function independently as an Authorized User for the medical uses authorized under 35.200.

Dr Galle's training experience was equivalent to Level 2 training in nuclear cardiology as outlined in the ACC/ASNC COCATS Guidelines(revised 2006).

Should you require any additional information please feel free to contact me at

Central Connecticut Cardiologists LLC  
19 Woodland St  
Hartford, CT 06105

  
John T Cardone MD FACC  
Authorized User

Radioactive materials license number:06-27909-01

21 Woodland St, Hartford, CT 06105/860-525-8901  
9 Cranbrook Boulevard, Enfield, CT 06082/ 860-741-6757  
19 Woodland St, Hartford, CT 06105/860-525-8901

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NMSS/RGN1 MATERIALS-002

**AUTHORIZED USER TRAINING AND EXPERIENCE  
AND PRECEPTOR ATTESTATION**  
(for uses defined under 35.100, 35.200, and 35.500)  
[10 CFR 35.190, 35.290, and 35.590]APPROVED BY OMB: NO. 3150-0120  
EXPIRES: 10/31/2008

Name of Proposed Authorized User

State or Territory Where Licensed

Requested Authorization(s) (check all that apply)

☐ 35.100 Uptake, dilution, and excretion studies☒ 35.200 Imaging and localization studies☐ 35.500 Sealed sources for diagnosis (specify device \_\_\_\_\_)**PART I – TRAINING AND EXPERIENCE**  
(Select one of the three methods below)

\* Training and Experience, including board certification, must have been obtained within the 7 years preceding the date of application or the individual must have obtained related continuing education and experience since the required training and experience was completed. Provide dates, duration, and description of continuing education and experience related to the uses checked above.

☒ **1. Board Certification**

a. Provide a copy of the board certification.

b. If using only 35.500 materials, stop here. If using 35.100 and 35.200 materials, skip to and complete Part II Preceptor Attestation.

☐ **2. Current 35.390 Authorized User Seeking Additional 35.290 Authorization**

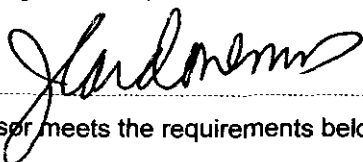
a. Authorized user on Materials License \_\_\_\_\_ meeting 10 CFR 35.390 or equivalent Agreement State requirements seeking authorization for 35.290.

b. Supervised Work Experience.  
(If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this section.)

Description of Experience	Location of Experience/License or Permit Number of Facility	Clock Hours	Dates of Experience*
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			

**Total Hours of Experience:**

Supervising Individual\*



License/Permit Number listing supervising individual as an authorized user \*

06-27909-01

Supervisor meets the requirements below, or equivalent Agreement State requirements (check all that apply).

☐ 35.290☐ 35.390 + generator experience in 32.290(c)(1)(ii)(G)

**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 <i>(not required for 35.590)</i>			
Radiation biology			
<b>Total Hours of Training:</b>			

**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.)

<b>Supervised Work Experience</b>		<b>Total Hours of Experience:</b>	
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		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters		<input type="checkbox"/> Yes <input type="checkbox"/> No	

**AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)**

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

**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		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Administering dosages of radioactive drugs to patients or human research subjects		<input type="checkbox"/> Yes <input type="checkbox"/> No	
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		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Supervising Individual

License/Permit Number listing supervising individual as an  
authorized user

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.**

**AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)**

**PART II – PRECEPTOR ATTESTATION**

**Note:** This part must be completed by the individual's preceptor. The preceptor does not have to be the supervising individual as long as the preceptor provides, directs, or verifies training and experience required. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each. (Not required to meet training requirements in 35.590)

**First Section**

**Check one of the following for each use requested:**

For 35.190

Board Certification

☒ I attest that John Scott Galle has satisfactorily completed the requirements in  
Name of Proposed Authorized User

10 CFR 35.190(a)(1) and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100.

**OR**

Training and Experience

☒ I attest that John Scott Galle has satisfactorily completed the 60 hours of training and  
Name of Proposed Authorized User

experience, including a minimum of 8 hours of classroom and laboratory training, required by 10 CFR 35.190(c)(1), and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100.

For 35.290

Board Certification

☐ I attest that \_\_\_\_\_ has satisfactorily completed the requirements in  
Name of Proposed Authorized User

10 CFR 35.290(a)(1) and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100 and 35.200.

**OR**

Training and Experience

☐ I attest that \_\_\_\_\_ has satisfactorily completed the 700 hours of training  
Name of Proposed Authorized User

and experience, including a minimum of 80 hours of classroom and laboratory training, required by 10 CFR 35.290(c)(1), and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100 and 35.200.

**Second Section**

**Complete the following for preceptor attestation and signature:**

☐ I meet the requirements below, or equivalent Agreement State requirements, as an authorized user for:

☐ 35.190

☐ 35.290

☐ 35.390

☐ 35.390 + generator experience

Name of Preceptor	Signature	Telephone Number	Date

License/Permit Number/Facility Name

# TRAINING OF AUTHORIZED USER OR RADIATION SAFETY OFFICER

Released Under the Federal Family Educational Rights and Privacy Act

1. NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER:

*John Scott Bell*

2. STATE OR TERRITORY  
IN WHICH LICENSED TO  
PRACTICE MEDICINE

*Connecticut*

ADDRESS:

*21 Woodland St, Hartford, CT 06105*

3. CERTIFICATION

*Nuclear Cardiology*

A. SPECIALTY BOARD

*CBNC - Certification  
Board of Nuclear Cardiology*

B. CATEGORY

*Physician*

C. MONTH AND YEAR CERTIFIED

*December 2006*

4. TRAINING RECEIVED IN BASIC RADIOISOTOPE HANDLING TECHNIQUES

A. Field of Training

B. Location(s) and Date(s) of Training

C. Didactic & Laboratory As  
Indicated On Certificates

Formal, classroom Didactic  
and Laboratory Instruction  
with Documented Attendance  
and Examination In Subjects  
a) - e) below

The dates of the classes are  
given on the attached  
Certificates of  
Completion / Competency  
  
Institute for Nuclear Medical Education  
Certified as an Approved School  
Colorado Department of Education

College/University Credit  
American Council on Education  
American Association for  
College Registrars, Council on  
Post-Secondary Education

Licensed by NRC and Agreement(s) Meets Or  
Exceeds The Didactic Requirements of:

10 CFR 35.190(c)(1)(i)	10 CFR 35.910(b)(1)
10 CFR 35.290(c)(1)(i)	10 CFR 35.920(b)(1)
10 CFR 35.390(b)(1)(i)	10 CFR 35.930(b)(1)
10 CFR 35.392(c)(1)	10 CFR 35.932(a)
10 CFR 35.394(c)(1)	10 CFR 35.934(a)
10 CFR 35.490(b)(1)(i)	10 CFR 35.940(b)(1)
10 CFR 35.491(b)(1)	10 CFR 35.941(a)
10 CFR 35.590(b)	10 CFR 35.950(b)
10 CFR 35.900(b)(1)	10 CFR 35.980(b)(1)(i)

LECTURE LABORATORY COURSES  
(Hours)

BASICS OF  
RADIOISOTOPE HANDLING

FUNDAMENTALS	EXTENDED COMPREHENSIVE	TOTAL HOURS OF SUBJECT
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50	50	100
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15	15	30
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10	10	20
----	----	----

10	10	20
----	----	----

15	15	30
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a) Radiation Physics And  
Instrumentation

b) Radiation Protection

c) Mathematics Pertaining To The Use  
And Management Of Radioactivity

d) Radiation Biology

e) Radiopharmaceutical Chemistry

5. EXPERIENCE WITH RADIATION (Actual use of Radioisotopes or Equivalent Experience)

ISOTOPE	MAXIMUM AMOUNT	WHERE EXPERIENCE WAS GAINED	DURATION OF EXPERIENCE	TYPE OF USE
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See the attached statement of experience

6. TRAINING WAS COMPLETED UNDER THE DIRECT SUPERVISION OF:

NAME: *Institute for Nuclear Medical Education, Inc.*

ADDRESS: *5660 Airport Blvd., Suite 101*

CITY: *Boulder ST: Colorado* ZIP: *80301*

TELEPHONE: *303-541-0044*

WIS-17-2007 12:57 CENTRAL CT CARDIN P.05/05 RAO 525 5792 P.05/05

# FUNDAMENTALS

## Radioisotope Handling

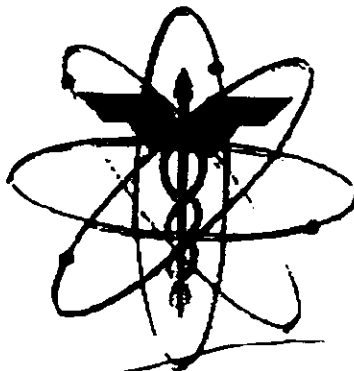
### Attestation and Certification

### Completion and Competency

*This document is an affidavit that*

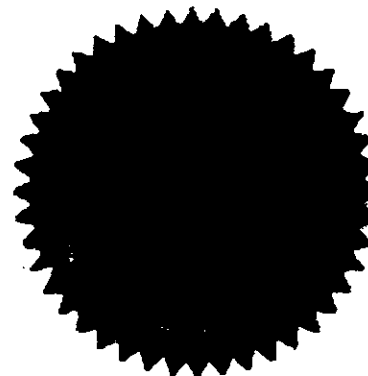
**John Scott Galle, M.D.**

*has successfully completed the prescribed didactic program of education and has achieved the objectives of this program as evidenced by written examination*



*This Program provides the following levels of documented accomplishment*

- 300 Continuing Education Units (CEU)
- 100 Didactic Instructional Hours (DIH)  
In compliance with 10CFR35/AEA 73-649
- 100 Board Accepted Hours NUSPEX, NMTCB III b, ABMRSO, ABR, ABNM, CTNC



  
Certifying Official

**19 February 2006**

Date Completed

**203714**

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 American Council on Education (ACE), recognized by the American Association for Collegiate Registrars, Council on Post-Secondary Education. Licensed by NRC & Agreement States.

INME / CCE-Class I-Certification 180

TOTAL P.05

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