

**ASSOCIATED SPECIALISTS, INC**

**Mazen Nashed, M.D.**  
Internal Medicine & Cardiology

**Saad Mossallati, M.D.**  
Vascular & Thoracic Surgery

**John A. Adeniyi, M.D.**  
Vascular & Endovascular Surgery

**Adnan Alghadban, M.D.**  
Neurology

**Gurjeet S. Kaleka, M.D.**  
Vascular & Endovascular Surgery

Ms. Janice Nguyen  
Health Physicist  
Medical Branch  
Div. of Nuclear Material Safety

Br. 1

Dear Ms. Nguyen:

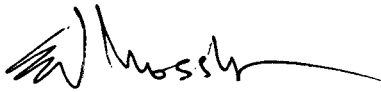
11/1/11

As per our verbal conversation , I have completed an additional 100 hours of training in nuclear material handling and safety as well quality control procedure, under the supervision of Dr. Walter Park Thrush, Chief of Radiology at United Hospital Center.

Enclosed is a the documentation you requested, please attach this letter and the documentation to my original application dated Feb 9, 2011. I hope that this will satisfy the requirement for granting me an authorized user status, for NRC License # 47-31344-02. 03037941

Thank you for all you assistance in this matter.

Sincerely Yours



Saad Mossallati, M.D.  
Director Nuclear Cardiology Lab  
Associated Specialists Inc.

RECEIVED  
REGION 1  
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Faxed 10:51:37 11/2/11

**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: 3/31/2012Name of Proposed Authorized User  
Saad Mossallati, M.D.

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

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 (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	United Hospital Center	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	4/15/2011 To: 9/30/2011
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material	United Hospital Center	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	4/15/2011 To: 9/30/2011
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures	United Hospital Center	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	4/15/2011 To: 9/30/2011
Administering dosages of radioactive drugs to patients or human research subjects	United Hospital Center	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	4/15/2011 To: 9/30/2011
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 Walter Parke Thrush, M.D. Tel. # 681-342		License/Permit Number listing supervising individual as an authorized user United Hospital center Lic # 47-01458-01	
Supervisor meets the requirements below, or equivalent Agreement State requirements ( <i>check one</i> ). <input type="checkbox"/> 35.190 <input checked="" type="checkbox"/> 35.290 <input type="checkbox"/> 35.390 <input type="checkbox"/> 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)

☐ 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			
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.)

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	United Hospital Center	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	4/15/2011 To: 9/30/2011
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters	United Hospital Center	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	4/15/2011 To: 9/30/2011

**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)

By checking the boxes below, the preceptor is attesting that the individual has knowledge to fulfill the duties of the position sought and not attesting to the individual's "general clinical competency."

**First Section**

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

For 35.190

Board Certification

☐ I attest that \_\_\_\_\_ 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 Saad Mossallati, M.D. 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 Saad Mossallati, M.D. has satisfactorily completed the <sup>100</sup>~~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 <b>Walter Parke Thrush, M.D.</b>	Signature <i>Walter Parke Thrush</i>	Telephone Number <b>(681) 342-1000</b>	Date <b>10/05/2011</b>
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License/Permit Number/Facility Name  
**47-01458-01 United Hospital Center**

This is to acknowledge the receipt of your letter application dated

11/1/2011, and to inform you that the initial processing which includes an administrative review has been performed.

☒ Amendment (47-31344-02) There were no administrative omissions. Your application was assigned to a technical reviewer. Please note that the technical review may identify additional omissions or require additional information.

☐ Please provide to this office within 30 days of your receipt of this card

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A copy of your action has been forwarded to our License Fee & Accounts Receivable Branch, who will contact you separately if there is a fee issue involved.

Your action has been assigned **Mail Control Number** 576401.

When calling to inquire about this action, please refer to this control number. You may call us on (610) 337-5398, or 337-5260.