



CARDIOVASCULAR ASSOCIATES OF P.R.

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cardiovascularassociatesofpr@hotmail.com

L-6

MS-16

52-30841-02
03038197

FORMULARIO DE TRANSMISIÓN DE FAX

Para: Sra Maryann Abogunde De: Dr Humberto O. Quintana
Nombre: Fecha: 11/19/2012
Teléfono: Número de páginas:
Fax: 1-610-337-5269

Mensaje: Adj document That request for you Evaluation.
The information is correct. You could contact me at
787-787-7078 and Phone Number for Dr Jose M. Perez
Cardona is 787-551-0215 or 787-551-0216 The Fax number
is 787-551-0214

Nota de confidencialidad

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Favor de firmar y enviar un facsímil al recibir los documentos.

Firma autorizada: _____

576514
NMSS/RGN1 MATERIALS-002

CONFIDENCIAL

No. 2606 P. 1

Jan. 19. 2012 1:27PM

**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: 3/31/2012

Name of Proposed Authorized User

Jose M Perez Cardona

State or Territory Where Licensed

Puerto Rico

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

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.)

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		<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)

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 Jose M. Perez Cardona 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 _____ 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 Jose M. Perez Cardona 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

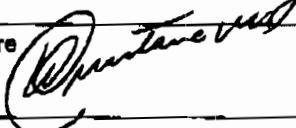
and experience, including a minimum of 80 hours of classroom and laboratory training, required by 10 CFR 35.290(c)(1), and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100 and 35.200.

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 <u>Humberto O. Quintana</u>	Signature 	Telephone Number <u>787-787-7078</u>	Date <u>1/19/2012</u>
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License/Permit Number/Facility Name

52-30841-02



UNIVERSITY OF PUERTO RICO
UNIVERSIDAD DE PUERTO RICO
MEDICAL SCIENCES CAMPUS
RECINTO DE CIENCIAS MÉDICAS
SCHOOL OF MEDICINE
ESCUELA DE MEDICINA



DEPARTMENT OF MEDICINE-DIVISION OF CARDIOLOGY
DEPARTAMENTO DE MEDICINA-DIVISION DE CARDIOLOGIA

29 de marzo de 2011

Sra. Carmen González Oullan
Junta de Licenciamiento y Disciplina Médica
PO Box 13969
San Juan, PR 00908

Estimada señora González:

El Dr. José M. Pérez-Cardona, licencia 15908, es egresado de la Escuela de Medicina de la Universidad de Puerto Rico. Desde el 1 de julio de 2007 al 30 de junio de 2010, realizó en forma satisfactoria sus tres años de entrenamiento postgrado en cardiología bajo la División de Cardiología del Departamento de Medicina de la Escuela de Medicina.

El Dr. Pérez-Cardona completó además, entre mayo 2009 y junio 2010, en forma satisfactoria su entrenamiento en cardiología nuclear a nivel 2 como se indica en el ACCF/ASNC COCATS Guidelines for Nuclear Cardiology.

Nuestro programa está acreditado por el Accreditation Council for Graduate Medical Education (ACGME). Estimamos que el Dr. Pérez-Cardona posee todos los conocimientos, destrezas y actitudes para la práctica de la cardiología y cardiología nuclear.

Atentamente,


Mario R. García-Palmieri, MD

Profesor Distinguido y Emérito
Jefe, División de Cardiología
Director Programa Postgraduado de Cardiología



UNIVERSITY OF PUERTO RICO
UNIVERSIDAD DE PUERTO RICO
MEDICAL SCIENCES CAMPUS
RECINTO DE CIENCIAS MÉDICAS
SCHOOL OF MEDICINE
ESCUELA DE MEDICINA



DEPARTMENT OF MEDICINE-DIVISION OF CARDIOLOGY
DEPARTAMENTO DE MEDICINA-DIVISION DE CARDIOLOGIA

July 13, 2010

Certification Board of Nuclear Cardiology
101 Lakeforest Boulevard
Suite 401
Galtersburg, MD 20877

To whom it may concern:

Dr. José M. Pérez-Cardona has completed a nuclear cardiology training program that meets the requirements for level 2 as outlined in the ACCF/ASNC COCATS Guidelines for Nuclear Cardiology, revised 2008, within an accredited cardiology fellowship program.

Dr. José M. Pérez-Cardona completed Level 2 nuclear cardiology training between the dates of May 2009 and June 2010.

I attest that Dr. José M. Pérez-Cardona is competent to independently function as an authorized user under NRC 10 CFR 35.200 uses.

Dr. José M. Pérez-Cardona completed a minimum of 80 hours of Radioisotope Handling Classroom and Laboratory Training which meets the requirements of the Nuclear Regulatory Commission as an integral part of his cardiology fellowship program.

Sincerely,

Mario R. García-Palmieri, MD
Distinguished and Emeritus Professor
Head Division of Cardiology
Director Postgraduate Training Program

Humberto O. Quintana-Irazola, MD, FACC, CCDS
Preceptor
NRC/Agreement State License Number:
52-30841-01

Certification Board of Nuclear Cardiology

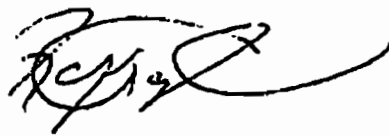
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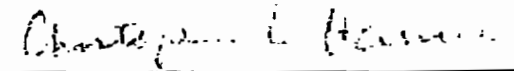
Jose M. Perez-Cardona, MD

HAVING MET THE REQUIREMENTS PRESCRIBED BY THIS BOARD
FOR PHYSICIANS TRAINED IN THE UNITED STATES
AND HAVING SATISFACTORILY PASSED THE REQUIRED EXAMINATION,
IS HEREBY DESIGNATED
A DIPLOMATE CERTIFIED IN THE SUBSPECIALTY OF
NUCLEAR CARDIOLOGY

FOR THE PERIOD 2010 - 2020



President



Secretary



CERTIFICATE NUMBER: 7882