

ADVANCED CARDIOLOGY PRACTICE

973-942-1141

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FACSIMILE TRANSMITTAL SHEET

TO: Sharon

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☐ URGENT

☐ FOR REVIEW

☐ PLEASE COMMENT

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NOTES/COMMENTS:

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**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: 10/31/2016

Name of Proposed Authorized User

State or Territory Where Licensed

JOSEPH DANKO

Requested Authorization(s) (check all that apply)

- ☐ 35.100 Uptake, diffusion, and excretion studies
- ☒ 35.200 Imaging and localization studies
- ☐ 35.500 Sealed sources for diagnosis (specify device)

PART II - 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

Licensee/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 35.290(c)(1)(i)(C)

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

Description of Experience Must include:	Location of Experience/License or Permit Number of Facility	Total Hours of Experience	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 radiochemical 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).

☐ 35.100

☐ 35.290

☐ 35.140

☐ 35.350 + generator experience in 35.290(c)(1)(i)(G)

c. For 35.500 only, provide documentation of training on use of the device.

Device	Type of Training	Location and Dates

d. For 35.500 users only, stop here. For 35.100 and 35.200 users, 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

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 80 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 35.290.

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(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 35.290.

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

450610-VAD 11000

ST. Joseph's Hospital

Torres, RobertoJ

From: Todd A. Christensen <Todd.Christensen@crmcwy.org>
Sent: Wednesday, January 22, 2014 1:43 PM
To: Torres, RobertoJ
Subject: RE: Request for additional information
Attachments: Jan 10 2014 130946-09737797906.pdf

Mr. Torres

Here is the 313A for Dr. Daoko. I know the quality is poor. If you need a copy of better quality, please let me know.
Thanks

Todd A. Christensen MS DABR
Authorized Medical Physicist
Radiation Safety Officer
Cheyenne Regional Medical Center
Cheyenne Wyoming

From: Torres, RobertoJ [<mailto:RobertoJ.Torres@nrc.gov>]
Sent: Tuesday, December 31, 2013 9:59 AM
To: Todd A. Christensen
Subject: Request for additional information

Mr. Christensen:

The NRC has reviewed the attached amendment request letter dated November 4, 2013 sent by you and additional information is needed. Please provide the following information by reply email as a pdf file.

1. Complete the attached NRC Form 313A(aud) and have the form signed and dated by a 10 CFR 35.200 preceptor. Follow the board certification pathway (copy of the board certification [already provided] and Part II Preceptor Attestation).

Thank you.

Roberto J. Torres
Senior Health Physicist
U.S. Nuclear Regulatory Commission, Region IV
1600 East Lamar Boulevard
Arlington, TX 76011-4511
817-200-1189

Torres, RobertoJ

From: Torres, RobertoJ
Sent: Tuesday, December 31, 2013 10:59 AM
To: 'todd.christensen@crmcwy.org'
Subject: Request for additional information
Attachments: ML13329A933.pdf; nrc313a(aud).pdf

Mr. Christensen:

The NRC has reviewed the attached amendment request letter dated November 4, 2013 sent by you and additional information is needed. Please provide the following information by reply email as a pdf file.

1. Complete the attached NRC Form 313A(aud) and have the form signed and dated by a 10 CFR 35.200 preceptor. Follow the board certification pathway (copy of the board certification [already provided] and Part II Preceptor Attestation).

Thank you.

Roberto J. Torres
Senior Health Physicist
U.S. Nuclear Regulatory Commission, Region IV
1600 East Lamar Boulevard
Arlington, TX 76011-4511
817-200-1189