

**AUTHORIZED USER TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION**
(for uses defined under 35.100, 35.200, and 35.500)
[10 CFR 35.57, 35.190, 35.290, and 35.590]

Name of Proposed Authorized User

Yuri Edward Peterkin, M.D.

State or Territory Where Licensed

St Thomas, US Virgin Islands

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. For a board certification issued on or before October 24, 2005 that is listed in 10 CFR 35.57(b)(2)(i), provide the following:
- (i) Documentation that the individual performed each use checked above on or before October 24, 2005.
 - (ii) Dates, duration, and description of continuing education and experience within the past seven years for each use checked above.
- c. Stop here.

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

- a. Authorized user on Materials License _____ meeting 10 CFR 35.390, 10 CFR 35.57 for 35.300 uses, 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: <input type="text"/>			
Supervising Individual		License/Permit Number listing supervising individual as an authorized user or authorized nuclear pharmacist	

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) ☐ 35.55 ☐ 35.57 for 35.200 uses

c. If board certified, provide a copy of the certificate and stop here. If not board certified, skip to and complete Part II Preceptor Attestation.

AUTHORIZED USER TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION
(for uses defined under 35.100, 35.200, and 35.500)
[10 CFR 35.57, 35.190, 35.290, and 35.590](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	NYU Winthrop Hospital Mineola, NY 11501	20	07/01/2013- 06/30/2017
Radiation protection	NYU Winthrop Hospital Mineola, NY 11501	20	07/01/2013- 06/30/2017
Mathematics pertaining to the use and measurement of radioactivity	NYU Winthrop Hospital Mineola, NY 11501	20	07/01/2013- 06/30/2017
Chemistry of byproduct material for medical use (not required for 35.590)	NYU Winthrop Hospital Mineola, NY 11501	20	07/01/2013- 06/30/2017
Radiation biology	NYU Winthrop Hospital Mineola, NY 11501	20	07/01/2013- 06/30/2017
Total Hours of Training: 100			

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:	100
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	NYU Winthrop Hospital Mineola, NY 11501 New York State Materials License 22-2	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	07/01/2013- 06/30/2017
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters	NYU Winthrop Hospital Mineola, NY 11501 New York State Materials License 22-2	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	07/01/2013- 06/30/2017

AUTHORIZED USER TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION
(for uses defined under 35.100, 35.200, and 35.500)
[10 CFR 35.57, 35.190, 35.290, and 35.590](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	NYU Winthrop Hospital, Mineola, NY 11501 New York State Materials License 22-2	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	07/01/2013- 06/30/2017
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material	NYU Winthrop Hospital, Mineola, NY 11501 New York State Materials License 22-2	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	07/01/2013- 06/30/2017
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures	NYU Winthrop Hospital, Mineola, NY 11501 New York State Materials License 22-2	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	07/01/2013- 06/30/2017
Administering dosages of radioactive drugs to patients or human research subjects	NYU Winthrop Hospital, Mineola, NY 11501 New York State Materials License 22-2	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	07/01/2013- 06/30/2017
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	NYU Winthrop Hospital, Mineola, NY 11501 New York State Materials License 22-2	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No*	07/01/2013- 06/30/2017

Supervising Individual

Anca Kranz, MD DABR

License/Permit Number listing supervising individual as an authorized user or an authorized nuclear pharmacist for generator training

New York State Materials License 22-2

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)☐ 35.55 ☐ 35.57 for 35.200 uses

*Not required for 10 CFR 35.100 use.

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, EXPERIENCE AND PRECEPTOR ATTESTATION
(for uses defined under 35.100, 35.200, and 35.500)
[10 CFR 35.57, 35.190, 35.290, and 35.590](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 not attesting to the individual's "general clinical competency."

First Section

Check one of the following for each use requested:

For 35.190

☒ I attest that Yuri Edward Peterkin, 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 is able to independently fulfill the radiation safety-related duties as an authorized user for the medical uses authorized under 10 CFR 35.100.

For 35.290

☒ I attest that Yuri Edward Peterkin, M.D. 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 is able to independently fulfill the radiation safety-related duties as an authorized user for the medical uses under 10 CFR 35.100 and 35.200.

Second Section

Complete one of the following for attestation and signature:

☒ Authorized User:

☒ 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 ☐ 35.57 for 35.200 uses

OR

☐ Residency Program Director:

☐ I affirm that the attestation represents the consensus of the residency program faculty where at least one faculty member is an authorized user who meets the requirements below or equivalent Agreement State requirements for:

☐ 35.190 ☐ 35.290 ☐ 35.390 ☐ 35.390 + generator experience ☐ 35.57 for 35.200 uses

☐ I affirm that this facility member concurs with the attestation I am providing as program director.

☐ I affirm that the residency training program is approved by the:

☐ Residency Review Committee of the Accreditation Council for Graduate Medical Education

☐ Royal College of Physicians and Surgeons of Canada

☐ Council on Post-Graduate Training of the American Osteopathic Association

☐ I affirm that the residency training program includes training and experience specified in:

☐ 35.190 ☐ 35.290

Name of Facility:

NYU Winthrop Hospital, Mineola, New York 11501

License/Permit Number:

New York State Materials License 22-2

Name of Preceptor or Residency Program Director (Typed or Printed)

Anca Kranz, MD DAB

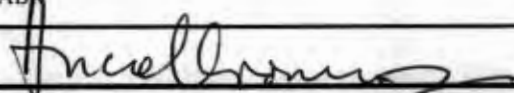
Telephone Number

(516) 663-2778

Date

07/30/2019

Signature





**AUTHORIZED USER TRAINING, EXPERIENCE, AND
PRECEPTOR ATTESTATION**
(for uses defined under 35.300)
[10 CFR 35.57, 35.390, 35.392, 35.394, and 35.396]

APPROVED BY OMB: NO. 3150-0120
EXPIRES: (MM/DD/YYYY)

Name of Proposed Authorized User

Yuri Edward Peterkin, M.D.

State or Territory Where Licensed

St Thomas, US Virgin Islands

Requested Authorization(s) (check all that apply):

- ☒ 35.300 Use of unsealed byproduct material for which a written directive is required
- OR**
- ☒ 35.300 Oral administration of sodium iodide I-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)
- ☒ 35.300 Oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 1.22 gigabecquerels (33 millicuries)
- ☐ 35.300 Parenteral administration of any radioactive drug that contains a radionuclide that is primarily used for its electron emission, beta radiation characteristics, alpha radiation characteristics, or photon energy of less than 150 keV, for which a written directive is required.

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 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**

- Provide a copy of the board certification.
- For 35.390, provide documentation on supervised case experience. The table in section 3.c. may be used to document this experience.
- For 35.396, provide documentation on classroom and laboratory training, supervised work experience, and supervised clinical case experience. The tables in sections 3.a., 3.b., and 3.c. may be used to document this experience. Skip to and complete Part II Preceptor Attestation.
- For a board certification issued on or before October 24, 2005 that is listed in 10 CFR 35.57(b)(2)(ii), provide the following:
 - Documentation that the individual performed each use checked above on or before October 24, 2005.
 - Dates, duration, and description of continuing education and experience within the past seven years for each use checked above.
- Stop here.

☐ **2. Current 35.300, 35.400, or 35.600 Authorized User Seeking Additional Authorization**

- Authorized User on Materials License _____ under the requirements below or equivalent Agreement State requirements (check all that apply):

☐ 35.390 ☐ 35.392 ☐ 35.394 ☐ 35.490 ☐ 35.690
- If currently authorized for a subset of clinical uses under 35.300, provide documentation on additional required supervised case experience. The table in section 3.c. may be used to document this experience. If board certified, provide a copy of the certificate and stop here. If not board certified then provide completed Part II Preceptor Attestation.

AUTHORIZED USER TRAINING, EXPERIENCE, AND PRECEPTOR ATTESTATION
(for uses defined under 35.300) [10 CFR 35.57, 35.390, 35.392, 35.394, and 35.396] (continued)

c. If currently authorized under 35.490 or 35.690 and requesting authorization for 35.396, provide documentation on classroom and laboratory training, supervised work experience, and supervised clinical case experience. The tables in sections 3.a., 3.b., and 3.c. may be used to document this experience. Also provide completed Part II Preceptor Attestation.

☒ **3. Training and Experience for Proposed Authorized User**

a. Classroom and Laboratory Training ☒ 35.390 ☒ 35.392 ☒ 35.394 ☒ 35.396

Description of Training	Location of Training	Clock Hours	Dates of Training*
Radiation physics and instrumentation	NYU Winthrop Hospital, Mineola, NY 11501 New York State Materials License 22-2	20	07/01/2013- 06/30/2017
Radiation protection	NYU Winthrop Hospital, Mineola, NY 11501 New York State Materials License 22-2	20	07/01/2013- 06/30/2017
Mathematics pertaining to the use and measurement of radioactivity	NYU Winthrop Hospital, Mineola, NY 11501 New York State Materials License 22-2	20	07/01/2013- 06/30/2017
Chemistry of byproduct material for medical use	NYU Winthrop Hospital, Mineola, NY 11501 New York State Materials License 22-2	20	07/01/2013- 06/30/2017
Radiation biology	NYU Winthrop Hospital, Mineola, NY 11501 New York State Materials License 22-2	20	07/01/2013- 06/30/2017
Total Hours of Training: 100			

b. Supervised Work Experience ☒ 35.390 ☒ 35.392 ☒ 35.394 ☒ 35.396

(If more than one supervising individual is necessary to document supervised training, provide multiple copies of this page.)

Supervised Work Experience		Total Hours of Experience: 100	
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	NYU Winthrop Hospital, Mineola, NY 11501 New York State Materials License 22-2	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	07/01/2013- 06/30/2017
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters	NYU Winthrop Hospital, Mineola, NY 11501 New York State Materials License 22-2	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	07/01/2013- 06/30/2017
Calculating, measuring, and safely preparing patient or human research subject dosages	NYU Winthrop Hospital, Mineola, NY 11501 New York State Materials License 22-2	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	07/01/2013- 06/30/2017
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material	NYU Winthrop Hospital, Mineola, NY 11501 New York State Materials License 22-2	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	07/01/2013- 06/30/2017
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures	NYU Winthrop Hospital, Mineola, NY 11501 New York State Materials License 22-2	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	07/01/2013- 06/30/2017

AUTHORIZED USER TRAINING, EXPERIENCE, AND PRECEPTOR ATTESTATION
(for uses defined under 35.300) [10 CFR 35.57, 35.390, 35.392, 35.394, and 35.396] (continued)**3. Training and Experience for Proposed Authorized User (continued)****b. Supervised Work Experience (continued)**

Supervising Individual	License/Permit Number listing supervising individual as an authorized user
Anca Kranz, MD DABR	New York State Materials License 22-2

Supervising individual meets the requirements below, or equivalent Agreement State requirements (check all that apply)**:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 35.390 | With experience administering dosages of: |
| <input checked="" type="checkbox"/> 35.392 | |
| <input checked="" type="checkbox"/> 35.394 | |
| <input checked="" type="checkbox"/> 35.396 | |
| <input type="checkbox"/> 35.57 | |
- ☒ Oral Nal-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)
 - ☒ Oral Nal-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)
 - ☒ Parenteral administration of any radioactive drug that contains a radionuclide that is primarily used for its electron emission, beta radiation characteristics, alpha radiation characteristics, or photon energy of less than 150 keV, for which a written directive is required.

** Supervising Authorized User must have experience in administering dosages in the same dosage category or categories as the individual requesting authorized user status.

c. Supervised Clinical Case Experience

If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this page.

Description of Experience	Number of Cases Involving Personal Participation	Location of Experience/License or Permit Number of Facility	Dates of Experience*
Oral administration of sodium iodide I-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)	Three (3)	NYU Winthrop Hospital, Mineola, NY 11501 New York State Materials License 22-2 Supervised by Anca Kranz, MD and Wei Wen Sung, MD. See Appendix A	11/20/2013-09/16/2015
Oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 1.22 gigabecquerels (33 millicuries)	Three (3)	NYU Winthrop Hospital, Mineola, NY 11501 New York State Materials License 22-2 Supervised by Anca Kranz, MD and Wei Wen Sung, MD. See Appendix A	11/13/2013-09/04/2015
Parenteral administration of any radioactive drug that contains a radionuclide that is primarily used for its electron emission, beta radiation characteristics, alpha radiation characteristics, or photon energy of less than 150 keV, for which a written directive is required.			

AUTHORIZED USER TRAINING, EXPERIENCE, AND PRECEPTOR ATTESTATION
(for uses defined under 35.300) [10 CFR 35.57, 35.390, 35.392, 35.394, and 35.396] (continued)

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

c. Supervised Clinical Case Experience (continued)

Supervising Individual Anca Kranz, MD DABR	License/Permit Number listing supervising individual as an authorized user New York State Materials License 22-2
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Supervising individual meets the requirements below, or equivalent Agreement State requirements (check all that apply)**:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 35.390 | With experience administering dosages of: |
| <input checked="" type="checkbox"/> 35.392 | <input checked="" type="checkbox"/> Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries) |
| <input checked="" type="checkbox"/> 35.394 | <input checked="" type="checkbox"/> Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries) |
| <input checked="" type="checkbox"/> 35.396 | <input checked="" type="checkbox"/> Parenteral administration of any radioactive drug that contains a radionuclide that is primarily used for its electron emission, beta radiation characteristics, alpha radiation characteristics, or photon energy of less than 150 keV, for which a written directive is required. |
| <input type="checkbox"/> 35.57 | |

** Supervising Authorized User must have experience in administering dosages in the same dosage category or categories as the individual requesting authorized user status.

d. Provide completed Part II Preceptor Attestation.

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.

By checking the boxes below, the preceptor is not attesting to the individual's "general clinical competency."

First Section

Check one of the following for the requested authorization:

For 35.390:

☒ I attest that Yuri Edward Peterkin, M.D. DABR has satisfactorily completed the 700 hours of training
Name of Proposed Authorized User

and experience, including a minimum of 200 hours of classroom and laboratory training, as required by 10 CFR 35.390 (b)(1).

For 35.392:

☒ I attest that Yuri Edward Peterkin, M.D. DABR has satisfactorily completed the 80 hours of classroom
Name of Proposed Authorized User

and laboratory training, as required by 10 CFR 35.392(c)(1), and the supervised work and clinical case experience required in 35.392(c)(2).

For 35.394:

☒ I attest that Yuri Edward Peterkin, M.D. DABR has satisfactorily completed the 80 hours of classroom
Name of Proposed Authorized User

and laboratory training, as required by 10 CFR 35.394 (c)(1), and the supervised work and clinical case experience required in 35.394(c)(2).

AUTHORIZED USER TRAINING, EXPERIENCE, AND PRECEPTOR ATTESTATION
(for uses defined under 35.300) [10 CFR 35.57, 35.390, 35.392, 35.394, and 35.396] (continued)

Second Section

☒ I attest that Yuri Edward Peterkin, M.D. DABR has satisfactorily completed the required clinical case
Name of Proposed Authorized User

experience required in 35.390(b)(1)(ii)G listed below:

- ☒ Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)
- ☒ Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)
- ☐ Parenteral administration of any radioactive drug that contains a radionuclide that is primarily used for its electron emission, beta radiation characteristics, alpha radiation characteristics, or photon energy of less than 150 keV, for which a written directive is required.

Third Section

☒ I attest that Yuri Edward Peterkin, M.D. DABR is able to independently fulfill the radiation safety-related
Name of Proposed Authorized User

duties as an authorized user for the medical uses authorized under 10 CFR 35.300 for:

- ☒ Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)
- ☒ Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)
- ☐ Parenteral administration of any radioactive drug that contains a radionuclide that is primarily used for its electron emission, beta radiation characteristics, alpha radiation characteristics, or photon energy of less than 150 keV, for which a written directive is required.

Fourth Section

For 35.396:

Current 35.490 or 35.690 authorized user:

☐ I attest that _____ is an authorized user under 10 CFR 35.490 or 35.690
Name of Proposed Authorized User

or equivalent Agreement State requirements, has satisfactorily completed the 80 hours of classroom and laboratory training, as required by 10 CFR 35.396 (b)(1), and the supervised work and clinical case experience required by 35.396(b)(2), and is able to independently fulfill the radiation safety-related duties as an authorized user under 10 CFR 35.300 for:

- ☐ Parenteral administration of any radioactive drug that contains a radionuclide that is primarily used for its electron emission, beta radiation characteristics, alpha radiation characteristics, or photon energy of less than 150 keV, for which a written directive is required.

OR

Board Certification:

☐ I attest that _____ has satisfactorily completed the board certification
Name of Proposed Authorized User

requirements of 35.396(a)(3), has satisfactorily completed the 80 hours of classroom and laboratory training required by 10 CFR 35.396 (b)(1) and the supervised work and clinical case experience required by 35.396(b)(2), and is able to independently fulfill the radiation safety-related duties as an authorized user under 10 CFR 35.300 for:

AUTHORIZED USER TRAINING, EXPERIENCE, AND PRECEPTOR ATTESTATION
(for uses defined under 35.300) [10 CFR 35.57, 35.390, 35.392, 35.394, and 35.396] (continued)

Fifth Section

Complete one of the following for the attestation and signature:

☒ **Authorized User**

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

☒ 35.390 ☒ 35.392 ☒ 35.394 ☒ 35.396 ☒ 35.57 for 35.300 uses

☒ I have experience administering dosages in the following categories for which the proposed Authorized User is requesting authorization:

☒ Oral Nal-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)

☒ Oral Nal-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)

☒ Parenteral administration of any radioactive drug that contains a radionuclide that is primarily used for its electron emission, beta radiation characteristics, alpha radiation characteristics, or photon energy of less than 150 keV, for which a written directive is required.

OR

☐ **Residency Program Director:**

☐ I affirm that the attestation represents the consensus of the residency program faculty where at least one faculty member is an authorized user who meets the requirements below or equivalent Agreement State requirements:

☐ 35.390 ☐ 35.392 ☐ 35.394 ☐ 35.396 ☐ 35.57 for 35.300 uses

☐ I affirm that this facility member has experience in administering dosages in the same dosage category or categories for which the individual is requesting authorized user status and concurs with the attestation I am providing as program director.

☐ I affirm that the residency training program is approved by the:

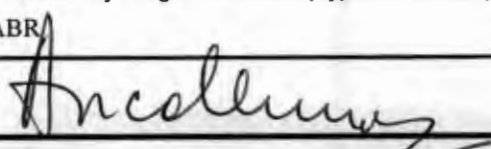
☐ Residency Review Committee of the Accreditation Council for Graduate Medical Education

☐ Royal College of Physicians and Surgeons of Canada

☐ Council on Post-Graduate Training of the American Osteopathic Association

☐ I affirm that the residency training program includes training and experience specified in:

☐ 35.390 ☐ 35.392 ☐ 35.394 ☐ 35.396

Name of Facility: NYU Winthrop Hospital, Mineola, New York 11501		License/Permit Number: New York State Materials License 22-2	
Name of Preceptor or Residency Program Director (Typed or Printed) Anca Kranz, MD DABR		Telephone Number (516) 663-2778	Date 07/30/2019
Signature 			



American Board of Radiology — Program Director Attestation

COMPLIANCE WITH NRC TRAINING AND EXPERIENCE REQUIREMENTS

Forms A and B must be submitted after completion of your NRC training and experience.

More information can be found at the following link:

<http://www.nrc.gov/reading-rm/doc-collections/cfr/part035/part035-0290.html>

Yuri Paterkin Wittrop University 33-06-12-2
Resident Name Program Hospital Program #

	YES	NO
By the time of the ABR certifying examination, this applicant will have successfully completed the hours of training and experience as outlined in 10 CFR 35.290, 35.392, and 35.394	<input checked="" type="checkbox"/>	<input type="checkbox"/>
This applicant has taken part in ≥ 3 cases of oral administration of I-131 therapy ≤ 33 mCi.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
This applicant has taken part in ≥ 3 cases of oral administration of I-131 therapy >33 mCi.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
The resident's log of these therapy experiences (date, dose, and preceptor attestation) is attached.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
I attest that the work experience cited above for § 35.290 was completed under the supervision of an Authorized User (AU) who meets the requirements under relevant sections of § 35.290 or equivalent Agreement State requirements.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
I attest that the work experience cited above for § 35.392 was completed under the supervision of an Authorized User (AU) who meets the requirements under § 35.390, 35.392 or 35.394, or equivalent Agreement State requirements.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
I attest that the work experience cited above for § 35.394 was completed under the supervision of an Authorized User (AU) who meets the requirements under § 35.390 or 35.394, or equivalent Agreement State requirements.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Samuel Rosen
Residency Program Director
(Print Name)

[Signature]
Program Director
(Signature)

6/1/12
Date

Form B

I-131 Therapy Experience Log

Yuri Pesterkin

Resident Name

33-06-12-2

Program & Number

Date Dose Administered

≤ 33 mCi

1. 11/20/138.95 mCiPreceptor (AU) Print & Sign NameWEI WEN SUNG, MD
NUCLEAR MEDICINEPrint Name EX: 2778Sign Name [Signature]2. 9/16/154.37 mCiWEI WEN SUNG, MD
NUCLEAR MEDICINEPrint Name EX: 2778Sign Name [Signature]3. 12/6/1313.1 mCiWEI WEN SUNG, MD
NUCLEAR MEDICINE
EX: 2778

Print Name

Sign Name [Signature]

Date Dose Administered

> 33 mCi

1. 11/13/13153 mCiPreceptor (AU) Print & Sign NameWEI WEN SUNG, MD
NUCLEAR MEDICINEPrint Name EX: 2778Sign Name [Signature]2. 7/2/1476.8 mCiWEI WEN SUNG, MD
NUCLEAR MEDICINEPrint Name EX: 2778Sign Name [Signature]3. 9/4/15133.9 mCiWEI WEN SUNG, MD
NUCLEAR MEDICINEPrint Name EX: 2778Sign Name [Signature]



Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

FEB 19 2019

NYU Winthrop
Department of Medical Physics
259 First Street
Mineola, New York 11501

Attention: David R. Gregorius, M.S.
Radiation Safety Officer

Re: NYS Dept. of Health Radioactive
Materials License No. 22-2
DH No. 18-530

Dear Mr. Gregorius:

Enclosed is Amendment No. 124 to New York State Department of Health Radioactive Materials License No. 22-2, which adds Guozhen Yang, Ph.D. to the license as an Authorized Medical Physicist under Condition No. 10. D.

If I may be of assistance, please contact this office at (518) 402-7590 or:

New York State Department of Health
Bureau of Environmental Radiation Protection
Radioactive Materials Section
ESP, Corning Tower – Room 1245
Albany, New York 12237

Sincerely,

Marc T. Sullivan
Radiological Health Specialist

DJS/MTS:ks

Enclosure: Amendment No. 124



NEW YORK STATE DEPARTMENT OF HEALTH
RADIOACTIVE MATERIALS LICENSE

Pursuant to the Public Health Law, Part 16 of the New York State Sanitary Code, and in reliance on statements and representations heretofore made by the licensee designated below, a license is hereby issued authorizing radioactive material(s) for the purpose(s), and at the place(s) designated below. The license is subject to all applicable rules, regulations, and orders now or hereafter in effect of all appropriate regulatory agencies and to any conditions specified below.

1. NAME OF LICENSEE	3. LICENSE NUMBER
NYU Winthrop Phone (516) 663-2200	22-2
	4. EXPIRATION DATE
	June 10, 2024
2. ADDRESS OF LICENSEE	5a. REFERENCE
Department of Medical Physics 259 First Street Mineola, New York 11501	b. AMENDMENT NO.
	DH 18-530
	124

This license is subject to the following conditions:

Conditions 6 through 9 – Authorized Materials, Form, Possession Limits and Uses
Condition 10 – Authorized Users, Radiation Safety Officer, and Medical Physicists
Condition 11 – Documents Incorporated by Reference
Conditions 12 and beyond – License Conditions

In accordance with the request dated July 25, 2018, signed by David Gregorius, M.S., New York State Department of Health Radioactive Materials License No. 22-2 is hereby amended.

Only the amended sections are included, with specific changes indicated in bold type. All previous license conditions not specifically addressed in this amendment shall remain valid and enforceable.



NEW YORK STATE DEPARTMENT OF HEALTH
RADIOACTIVE MATERIALS LICENSE

3. License Number 22-2

5a. Reference DH 18-530

b. Amendment No. 124

AUTHORIZED USERS, RADIATION SAFETY OFFICER, AND MEDICAL PHYSICISTS

10. A. Medical use of byproduct material shall be used by, or under the supervision of, the following individuals for the specified uses approved under New York State Sanitary Code, Chapter 1, Part 16, "Ionizing Radiation", Section 123:
- | | |
|----------------------------|--|
| John F. Aloia, M.D. | 16.123(c)(3) limited to Iodine 131 in quantities less than or equal to 33 millicuries |
| Seth Blacksbury, M.D. | 16.123(c)(3) limited to Radium 223, and 16.123(c)(6) limited to remote afterloader units |
| Todd J. Carpenter, M.D. | 16.123(c)(6) limited to remote afterloader units |
| Donna T. Catell, M.D. | 16.123(c)(4) limited to use of manual brachytherapy sources, 16.123(c)(6) limited to remote afterloader units, and 16.123(c)(7) limited to SIR-Spheres |
| Joshua R. DeLeon, M.D. | 16.123(c)(1) and 16.123(c)(2) |
| David W. Ebling, M.D. | 16.123(c)(6) limited to remote afterloader units |
| Juan Gaztanaga, M.D. | 16.123(c)(1) and 16.123(c)(2) |
| Nicholas A. Georgiou, M.D. | 16.123(c)(1) and 16.123(c)(2) including elution of generator systems |
| Jonathan A. Haas, M.D. | 16.123(c)(4) including ophthalmic use of strontium-90, 16.123(c)(6) limited to remote afterloader units, and 16.123(c)(7) limited to SIR-Spheres |
| Jason C. Hoffmann, M.D. | 16.123(c)(1), 16.123(c)(2) including elution of generator systems, and 16.123(c)(7) limited to SIR-Spheres |
| Todd C. Kerwin, M.D. | 16.123(c)(1) and 16.123(c)(2) |



NEW YORK STATE DEPARTMENT OF HEALTH
RADIOACTIVE MATERIALS LICENSE

3. License Number 22-2

5a. Reference DH 18-530

b. Amendment No. 124

10. A. (Continued)

Anca-Oana Kranz, M.D.

16.123(c)(1), 16.123(c)(2) including elution of generator systems, 16.123(c)(3), and 16.123(c)(7) limited to SIR-Spheres

Paul S. Lang, M.D.

16.123(c)(1), 16.123(c)(2), and 16.123(c)(3)

Galina Levin, M.D.

16.123(c)(1) and 16.123(c)(2) including elution of generator systems

Corinne Liu, M.D.

16.123(c)(1) and 16.123(c)(2)

Nickolaos Michelakis, M.D.

16.123(c)(1) and 16.123(c)(2)

Beevash Ray, M.D.

16.123(c)(1) and 16.123(c)(2)

Wei Wen Sung, M.D.

16.123(c)(1), 16.123(c)(2) including elution of generator systems, 16.123(c)(3), and 16.123(c)(7) limited to SIR-Spheres

B. Radioactive Material listed under item 6 shall be used by, or under the supervision of the following individuals, with the specified limitations:

John F. Aloia, M.D.

Subitems F through R

Louis Ragolia, Ph.D.

Subitems F through S

C. Radioactive material listed in Item 6 shall be used by David R. Gregorius, M.S., as appropriate to fulfill the responsibilities of the Radiation Safety Officer.

D. The Authorized Medical Physicists (AMP) for this license are Owen Clancey, Ph.D., Joseph Santoro, Ph.D., Elisabeth Van Wie, M.S., Matthew Witten, Ph.D., and Guozhen Yang, Ph.D.

FOR THE NEW YORK STATE DEPARTMENT OF HEALTH

Date: FEB 19 2019

DJS/MTS:ks

By Daniel J. Samson
Daniel J. Samson, CHP, Chief
Radioactive Materials Section
Bureau of Environmental Radiation Protection