

VOID SHEET

03032088

TO: License Fee Management Branch
FROM: Region I
SUBJECT: VOIDED APPLICATION

I 94
Jan 14
122799

Control Number: 122799
Applicant: Adolfo Luciano, M.D.
Date Voided: 9/30/96
Reason for Void: Licensee withdrew amendment request for Lic. No.
06-28615-01 (030-32088) and will re-submit at a
later date. After review.

M.A. Perkins 9/30/96
Signature Date

Attachment:
Official Record Copy of
Voided Action

FOR LFMS USE ONLY

Final Review of VOID Completed:

Refund Authorized and processed

No Refund Due

Fee Exempt or Fee Not Required

Comments: After Review

Log completed

Processed by: B.B.

150039

OFFICIAL RECORD COPY

ML 10

9610150039 960930
PDR ADOCK 03032088
C PDR

JUN 13 1996

Adolfo Luciano, M.D.
Cardiology Diagnostic Center
439 Mill Hill Avenue
Bridgeport, CT 06610

SUBJECT: APPLICATION FOR MATERIAL LICENSE AMENDMENT DATED January 23, 1996,
AND OUR REQUEST FOR ADDITIONAL INFORMATION DATED MARCH 12, 1996.

Dear Dr. Luicano:

This concerns the subject application for a material license amendment and our request for information on the training and experience of your proposed Authorized User, Doron Amir, M.D. The information included with your March 26 and May 30, 1996 responses do not indicate that Dr. Amir has received the required number of training and experience hours as specified in 35.920 (enclosed). If you can not provide the additional information needed you may choose to withdraw your request at this time and resubmit when the criteria specified can be met.

You are hereby notified that unless within thirty (30) days from the date of this notice we receive the additional information requested, we will consider that you have abandoned your application. You should contact JoAnn V. Stambaugh at (610) 337-5904 if you have any questions regarding this matter.

Sincerely,

**ORIGINAL SIGNED BY:
JO ANN V. STAMBAUGH**

JoAnn V. Stambaugh
Division of Nuclear Materials Safety

License No. 06-28615-01
Docket No. 030-32088
Control No. 122799

Enclosures:
10 CFR Part 35

DOCUMENT NAME: R:\WPS\DLTR\D0628615.01

To receive a copy of this document, indicate in the box: "C" = Copy w/o attach/encl "E" = Copy w/ attach/encl "N" = No copy

OFFICE	DNMS/RI	N	DNMS/RI				
NAME	Stambaugh/jvs	JVS					
DATE	06/13/96	6/13/96	06/ /96	06/ /96	06/ /96	06/ /96	

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March 26, 1996

MS16
L-Ø

06-28615-01

Nuclear Regulatory Commission
Region 1
475 Allendale Road
King Of Prussia, Pennsylvania 19406-1415

RE: Mail Control No. 122799


Attention: JoAnn V. Stambaugh

Dear Ms. Stambaugh:

This is in reference to your letter dated March 12, 1996, requesting completed Supplement A and Supplement B, and Dr. Steingart's credentials. We are in the process of obtaining the above information. The forms were sent again to Dr. Steingart and his credentials requested. We will forward it to you as soon as we get them.

Thank you very much for your cooperation in this matter.

Sincerely yours,


Doron Amir, M.D.

DA/ep

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ML 10

122799
JUN - 7 1996



WINTHROP-UNIVERSITY HOSPITAL

MINEOLA, LONG ISLAND, NEW YORK 11501 • (516) 663-0333

Formerly Nassau Hospital-Established 1896

May 30, 1996

Doron Amir, M.D.
Cardiology Associates of Bridgeport, P.C.
439 Mill Hill Avenue
Bridgeport, CT 06610

Dear Dr. Amir:

Enclosed please find "Documentation of Preceptorship" required for your licensing. This is basically the pertinent information covering your fellowship in Nuclear Cardiology. The figures were calculated by the nuclear cardiology computer. There were no rest studies.

Please forward this documentation as suggested by JoAnn Stambaugh's letter (no date).

Hope all is well with you.

Sincerely,

Barbara Bankosky
Barbara Bankosky



WINTHROP-UNIVERSITY HOSPITAL

MINEOLA, LONG ISLAND, NEW YORK 11501 • (516) 663-0333

Formerly Nassau Hospital-Established 1896

RICHARD M. STEINGART, M.D.
Chief, Division of Cardiology
(516) 663-2046

*Professor of Medicine
School of Medicine
Health Science Center
State University of New York at Stony Brook*

May 30, 1996

RE: DOCUMENTATION OF PRECEPTORSHIP
DORON AMIR, M.D.

This is to affirm that Doron Amir, M.D., gained supervised clinical experience at Winthrop-University Hospital in Nuclear Cardiology. This preceptorship began 7/7/89 through 2/27/92 and, during this period, Dr. Amir spent 112 days actively participating in the following number of procedures:

- 245 Thallium Stress Redistribution Imaging Function Procedures
- 31 Thallium Stress Redist. Imaging after Intravenous Dipyridamole
- 1 Exercise Gated SestaMibi Procedures with Wall Motion Evaluation
- 1 Persantine SestaMibi
- 60 PYP/RBC Multi Gated Acquisition Rest/Exercise Procedures
with ejection fraction calculation.

During this time, Dr. Amir also acquired experience in technical, administrative procedures, as well as general operations as stipulated by our license conditions. The hours of Nuclear Cardiology clinical and work experience accrued by Dr. Amir during this period total 675 hours.

Very truly yours,

Richard M. Steingart, M.D.
Director, Nuclear Cardiology; Chief of Cardiology
(Dr. Steingart is licensed under Winthrop-University)
Hospital Nuclear License Number: 22-2

MAR 12 1996

Adolfo Luciano, M.D.
Cardiology Diagnostic Center
439 Mill Hill Avenue
Bridgeport, CT 06610

Dear Dr. Luciano:

This is in reference to your letter dated January 23, 1996 requesting an amendment to your NRC license. In order to continue our review, we need the following additional information:

In support of your request to authorize Doron Amir, M.D. for materials identified in 10 CFR 35.200 cardiovascular clinical procedures, please submit evidence of the training and experience required by 10 CFR 35.920 by providing a completed Supplement A and Supplement B (preceptor statement) forms (enclosed). Please note that the Supplement A and B form submitted referenced training and experience received at Winthrop University Hospital located in New York State. The preceptor form did not specify total number of hours received in supervised clinical radioisotope training and the total number of hours received in supervised work experience. The criteria is specified in 35.920. Please also provide Dr. Steingart's credentials, who is the supervisor listed on Dr. Amir's preceptor statement.

We will continue our review upon receipt of this information. Please reply in duplicate to my attention at the Region I office and refer to Mail Control No. 122799. If you have any technical questions regarding this deficiency letter, please call JoAnn Stambaugh at (610) 337-6904.

If we do not receive a reply from you within 30 calendar days from the date of this letter, we shall assume that you do not wish to pursue your application.

Sincerely,

**ORIGINAL SIGNED BY:
JO ANN V. STAMBAUGH**

JoAnn V. Stambaugh
Division of Nuclear Materials Safety

License No. 06-28615-01
Docket No. 030-32088
Control No. 122799

OFFICIAL RECORD COPY

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Adolfo Luciano, M.D.

-2-

Enclosures:

1. 10 CFR Part 35
2. Supplement A and B

DOCUMENT NAME: R:\WPS\DLTR\0628615.01

To receive a copy of this document, indicate in the box: "C" = Copy w/o attach/encl "E" = Copy w/ attach/encl "N" = No copy

OFFICE	DNMS/RI	N	DNMS/RI				
NAME	Stambaugh/jvs	JVS					
DATE	03/11/96	3/11/96	03/ /96	03/ /96	03/ /96	03/ /96	

CARDIOLOGY ASSOCIATES OF BRIDGEPORT, P.C.

AHMED JAMSHIDI, M.D., F.A.C.C.
ZOBIMO A. ADEFUIN, M.D., F.A.C.C.
ADOLFO J. LUCIANO, M.D., F.A.C.C.
DORON AMIR, M.D.

January 23, 1996

U.S. Nuclear Regulatory Commission
Licensing Assistance Section
Region 1
475 Allendale Road
King of Prussia, PA. 19406-1415

030-32068

Dear Sir/Madam:

RE: License No. 06-28615-01

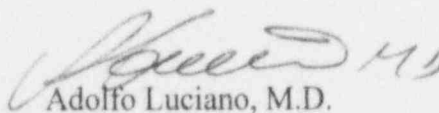
Adolfo Luciano, M.D. wishes to amend its license in the following manner:

To add Doron Amir, M.D. as an authorized user for part 35.200 for cardiac imaging only.
Included are supplements A and B showing his training and experience and the preceptor statement.

Enclosed is the fee of \$430.00 for the license amendment.

If additional information is required, please contact Donald Jones, C.N.M.T. at (203)334-2100.

Sincerely,


Adolfo Luciano, M.D.
Radiation Safety Officer

OFFICIAL RECORD COPY

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122799

JAN 25 1996

U.S. NUCLEAR REGULATORY COMMISSION

Supplement B must be completed by the applicant physician's preceptor. If more than one preceptor is necessary to document experience, obtain a separate statement from each.

PERSONAL PARTICIPATION SHOULD CONSIST OF:

CITY	STATE	ZIP CODE
Bridgeport	CT	06610

[illegible]

PROPOSED PHYSICIAN USER

DORON AMIR M.D.

PRECEPTOR STATEMENT (CONTINUED)

2. CLINICAL TRAINING AND EXPERIENCE OF ABOVE NAMED PHYSICIAN (Continued)

ISOTOPE A	CONDITIONS DIAGNOSED OR TREATED B	NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION C	COMMENTS (Additional information or comments may be submitted in duplicate on separate sheets.) D
P-32 (Soluble)	TREATMENT OF POLYCYTHEMIA VERA, LEUKEMIA, AND BONE METASTASES		
P-32 (Colloidal)	INTRACAVITARY TREATMENT		
I-131	TREATMENT OF THYROID CARCINOMA		
	TREATMENT OF HYPERTHYROIDISM		
Au-198	INTRACAVITARY TREATMENT		
Co-60 or Cs-137	INTERSTITIAL TREATMENT		
	INTRACAVITARY TREATMENT		
I-125 or Ir-192	INTERSTITIAL TREATMENT		
Co-60 or Cs-137	TELETHERAPY TREATMENT		
Sr-90	TREATMENT OF EYE DISEASE		
	RADIOPHARMACEUTICAL PREPARATION		
Mo-99/ Tc-99m	GENERATOR		
Sr-113/ In-113m	GENERATOR		
Tc-99m	REAGENT KITS		
Other			

3. DATES AND TOTAL NUMBER OF HOURS RECEIVED IN CLINICAL RADIOISOTOPE TRAINING

LOCATION

DATES

CLOCK HOURS OF EXPERIENCE

Winthrop Univ Hosp Mineola NY 7/89-6/92

4. THE TRAINING AND EXPERIENCE INDICATED ABOVE
WAS OBTAINED UNDER THE SUPERVISION OF:

a. NAME OF SUPERVISOR

Richard Steingart, MD

b. NAME OF INSTITUTION

Winthrop University Hospital

c. MAILING ADDRESS

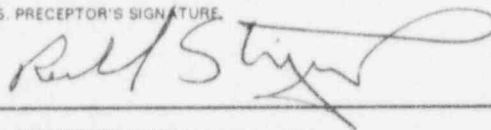
259 First Street

d. CITY Mineola, NY 11501

B. MATERIALS LICENSE NUMBER(S)

22-2

5. PRECEPTOR'S SIGNATURE



7. PRECEPTOR'S NAME (Please type or print)

Richard Steingart, MD

8. DATE

11/10/96

SUPPLEMENT

U.S. NUCLEAR REGULATORY COMMISSION

TRAINING AND EXPERIENCE AUTHORIZED USER OR RADIATION SAFETY OFFICER

1. NAME OF PROPOSED AUTHORIZED USER OR RADIATION SAFETY OFFICER

DORON AMIR M.D.

2. FOR PHYSICIANS, STATE OR
TERRITORY WHERE LICENSED

CT

3. CERTIFICATION

SPECIALTY BOARD A	CATEGORY B	MONTH AND YEAR CERTIFIED C
Internal Medicine Cardiovascular Disease		Sept. '89 Nov. '91

4. TRAINING RECEIVED IN BASIC RADIOISOTOPE HANDLING TECHNIQUES

FIELD OF TRAINING A	LOCATION AND DATE(S) OF TRAINING B	TYPE AND LENGTH OF TRAINING	
		CLOCK HOURS IN LECTURE OR LABORATORY	CLOCK HOURS OF SUPERVISED ON-THE-JOB EXPERIENCE
a. RADIATION PHYSICS AND INSTRUMENTATION	Please see attached certificates. Total of 200 hours given by the Institute of Nuclear Medical Education.		
b. RADIATION PROTECTION			
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY			
d. RADIATION BIOLOGY			
e. RADIOPHARMACEUTICAL CHEMISTRY			

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

ISOTOPE	HOW USED AT ONE TIME	LOCATION	CLOCKS HOURS	TYPE OF USE

NUCLEAR MEDICAL EDUCATION PROGRAM

Affidavit of Academic Completion and Competency

This document is to attest that

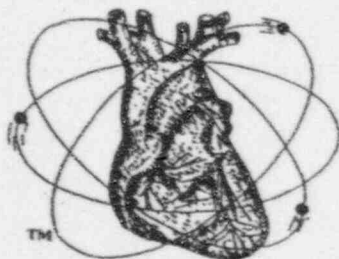
DORON AMIR, MD

has successfully completed the didactic program

MEDICAL RADIATION INSTRUMENTATION

and has provided evidence of attendance in this program and evidence of achieving the objectives of this program through examination.

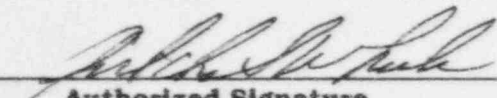
This program provides the following levels of accomplishment:



- 50 Didactic Instructional Hours (DIH)
(In compliance with 10CFR35)
- 5 Continuing Education Units (CEU)
- 50 Continuing Medical Education (CME)
- 50 Technical/Professional Credit specified by the
American Pharmaceutical Association and the
American Association of Health Physicists*

*additional documentation will be provided to Regulatory Agencies upon participant request

1 April 1992
Date Class Commenced


Authorized Signature

077735
Affidavit of Competency

INSTITUTE FOR NUCLEAR MEDICAL EDUCATION

5785 Arapahoe, Suite D, Boulder, CO 80303 800-548-4024

Certified as an Approved Educational Institution by the Department of Higher Education, State of Colorado. Validated by the Accrediting Commission of the Accrediting Council for Continuing Education Training, a national accrediting agency listed by the US Secretary of Education. Validated by the American Council on Education, recognized by the American Association for Collegiate Registrars, Council on Post-Secondary Education.

NUCLEAR MEDICAL EDUCATION PROGRAM

Affidavit of Academic Completion and Competency

This document is to attest that

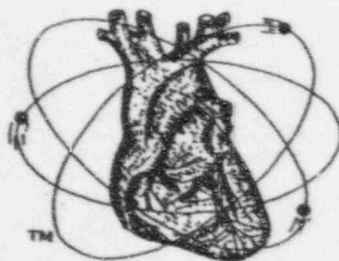
DORON AMIR, M.D.

has successfully completed the didactic program

RADIOPHARMACEUTICALS AND CHEMISTRY

and has provided evidence of attendance in this program and evidence of achieving the objectives of this program through examination.

This program provides the following levels of accomplishment:



- 50 Didactic Instructional Hours (DIH)
(In compliance with 10CFR35)
- 5 Continuing Education Units (CEU)
- 50 Continuing Medical Education (CME)
- 50 Technical/Professional Credit specified by the
American Pharmaceutical Association and the
American Association of Health Physicists*

*additional documentation will be provided to Regulatory Agencies upon participant request

19 February 1992

Date Class Commenced


Authorized Signature

077549

Affidavit of Competency

INSTITUTE FOR NUCLEAR MEDICAL EDUCATION

5785 Arapahoe, Suite D, Boulder, CO 80303 800-548-4024

Certified as an Approved Educational Institution by the Department of Higher Education, State of Colorado. Validated by the Accrediting Commission of the Accrediting Council for Continuing Education Training, a national accrediting agency listed by the US Secretary of Education. Validated by the American Council on Education, recognized by the American Association for Collegiate Registrars, Council on Post-Secondary Education.

NUCLEAR MEDICAL EDUCATION PROGRAM

Affidavit of Academic Completion and Competency

This document is to attest that

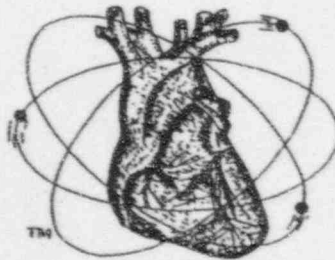
DORON AMIR, M.D.

has successfully completed the didactic program

MEDICAL RADIATION PROTECTION

and has provided evidence of attendance in this program and evidence of achieving the objectives of this program through examination.

This program provides the following levels of accomplishment:



- 50 Didactic Instructional Hours (DIH)
(In compliance with 10CFR35)
- 5 Continuing Education Units (CEU)
- 50 Continuing Medical Education (CME)
- 50 Technical/Professional Credit specified by the
American Pharmaceutical Association and the
American Association of Health Physicists*

*additional documentation will be provided to Regulatory Agencies upon participant request

15 February 1992
Date Class Commenced

[Signature]
Authorized Signature

077548

Affadavit of Competency

INSTITUTE FOR NUCLEAR MEDICAL EDUCATION

5785 Arapahoe, Suite D, Boulder, CO 80303 800-548-4024

Certified as an Approved Educational Institution by the Department of Higher Education, State of Colorado. Validated by the Accrediting Commission of the Accrediting Council for Continuing Education Training, a national accrediting agency listed by the US Secretary of Education. Validated by the American Council on Education, recognized by the American Association for Collegiate Registrars, Council on Post-Secondary Education.

NUCLEAR MEDICAL EDUCATION PROGRAM

Affidavit of Academic Completion and Competency

This document is to attest that

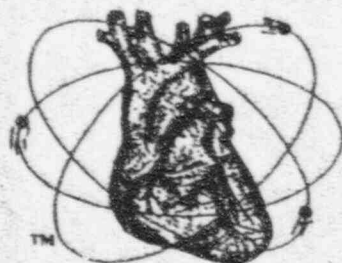
DORON AMIR, MD

has successfully completed the didactic program

PRINCIPLES OF RADIATION PHYSICS

and has provided evidence of attendance in this program and evidence of achieving the objectives of this program through examination.

This program provides the following levels of accomplishment:



- 50 Didactic Instructional Hours (DIH)
(In compliance with 10CFR35)
- 5 Continuing Education Units (CEU)
- 50 Continuing Medical Education (CME)
- 50 Technical/Professional Credit specified by the
American Pharmaceutical Association and the
American Association of Health Physicists*

*Additional documentation will be provided to Regulatory Agencies upon participant request

28 March 1992
Date Class Commenced

Authorized Signature

077736

Affidavit of Competency

INSTITUTE FOR NUCLEAR MEDICAL EDUCATION

5785 Arapahoe, Suite D, Boulder, CO 80303 800-548-4024

Certified as an Approved Educational Institution by the Department of Higher Education, State of Colorado. Validated by the Accrediting Commission of the Accrediting Council for Continuing Education Training, a national accrediting agency listed by the US Secretary of Education. Validated by the American Council on Education, recognized by the American Association for Collegiate Registrars, Council on Post-Secondary Education.

(FOR LFMS USE)
INFORMATION FROM LTS

BETWEEN:

LICENSE FEE MANAGEMENT BRANCH, ARM AM 11: 16
AND
REGIONAL LICENSING SECTIONS

PROGRAM CODE: 02201
STATUS CODE: 0
FEE CATEGORY: 7C
EXP. DATE: 19961231
FEE COMMENTS: _____
DECOM FIN ASSUR REQD: N

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED

APPLICANT/LICENSEE: LUCIANO, ADOLFO, M.D.
RECEIVED DATE: 960125
DOCKET NO: 3032048
CONTROL NO.: 122799
LICENSE NO.: 06-28615-01
ACTION TYPE: AMENDMENT

2. FEE ATTACHED

AMOUNT: \$ 430.00
CHECK NO.: 1396

3. COMMENTS

SIGNED
DATE

M. A. Perkins
1/26/96

B. LICENSE FEE MANAGEMENT BRANCH (CHECK WHEN MILESTONE 03 IS ENTERED 1__1)

1. FEE CATEGORY AND AMOUNT: 7C \$430

2. CORRECT FEE PAID. APPLICATION MAY BE PROCESSED FOR:

AMENDMENT ☒
RENEWAL _____
LICENSE _____

3. OTHER _____

SIGNED
DATE

B. Brown
1/31/96

Log	<u>Jan 14</u>
Remitter	<u>CARDIOLOGY DIAG. CTR.</u>
Check No.	<u>1396</u>
Amount	<u>\$430</u>
Fee Category	<u>7C</u>
Type of Fee	<u>AMB</u>
Date Check Rec'd	<u>1/31/96</u>
Date Completed	
By	<u>B. Brown</u>