

OCT 21 1996

Alan D. Kaye, M.D.
President
Bridgeport Radiology Associates, P.C.
15 Corporate Drive
Trumbull, CT 06611

Dear Dr. Kaye:

In accordance with 10 CFR 35.14, your letter dated October 4, 1996 is accepted as notification that you have permitted the individual named in your letter referenced above to work as an authorized user pursuant to 10 CFR 35.13(b)(1). Tatianna S. Kain, M.D. has been approved to use materials specified in 35.100, 35.200 and 35.300.

Your license has been issued in the name of an institution, please ensure that all license amendment or renewal requests are signed by a representative of the institution's management. This will assure that management has concurred with all commitments.

No further correspondence on this matter is required.

Your cooperation is appreciated.

Sincerely,

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

JoAnn V. Stambaugh
Division of Nuclear Materials Safety

License No. 06-16869-01
Docket No. 030-11779
Control No. 123773

Enclosure:
10 CFR Part 35

DOCUMENT NAME: R:\WPS\MLTR\L0616869.01

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OFFICE	DNMS/RI	N	DNMS/RI				
NAME	Stambaugh/jvs						
DATE	10/17/96	10/21/96	10/ /96	10/ /96	10/ /96	10/ /96	

OFFICIAL RECORD COPY

ML 10

9611050059 961021
PDR ADOCK 03011779
C PDR

BRIDGEPORT RADIOLOGY ASSOCIATES, P.C.

15 CORPORATE DRIVE
TRUMBULL, CT 06611
(203) 452-1881
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50 RIDGEFIELD AVENUE
BRIDGEPORT, CT 06610
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FAX: (203) 330-0113

1055 POST ROAD
FAIRFIELD, CT 06430
(203) 256-3254
FAX: (203) 256-3258

2318 MAIN STREET
STRATFORD, CT 06497
(203) 375-2011
FAX: (203) 375-9452

J.A. CREATURA, M.D.
A.J. BRAVO, M.D.
P.M. SHIMKIN, M.D.
C.I. HELLER, M.D.
O.G. CHOY, M.D.
P.S. BERGER, M.D.
J.H. ZINS, M.D.
A.D. KAYE, M.D.
D.L. BUTLER, M.D.
G. KOPELSON, M.D.
R. KIER, M.D.
P.M. REESER, M.D.
S.F. DUNBAR, M.D.

October 4, 1996

030-11779

U.S. Nuclear Regulatory Commission
Region 1
475 Allendale Road
King of Prussia, PA. 19406

Dear Medical Inspector:

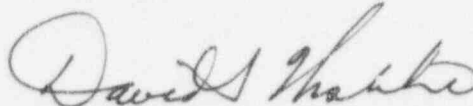
RE: License #06-016869-01

Bridgeport Radiology Associates, P.C. wishes to notify the U.S. NRC that Tatiana S. Kain, M.D. has joined the staff of Bridgeport Radiology Associates, P.C. as an authorized user in Nuclear Medicine for parts 35.100, 35.200 and 35.300. She is board certified by the American Board of Nuclear Medicine. Enclosed is form 313M and a copy of the certification.

In addition, please add her name to the license upon receipt of our next amendment.

Thank you.

Sincerely,



David S. Wishko, Ph.D.
Radiation Safety Officer

TRAINING AND EXPERIENCE
AUTHORIZED USER OR RADIATION SAFETY OFFICERApproved by OMB
2160-0041
Expires 8-30-88

1. NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER

Tatiana S. Kain, M.D.

2. STATE OR TERRITORY IN
WHICH LICENSED TO
PRACTICE MEDICINE

CT

3. CERTIFICATION

SPECIALTY BOARD
ACATEGORY
BMONTH AND YEAR CERTIFIED
CAmerican board of
Nuclear Medicine
physicians

Nuclear Medicine

Sept 94

4. TRAINING RECEIVED IN BASIC RADIOISOTOPE HANDLING TECHNIQUES

FIELD OF TRAINING A	LOCATION AND DATE(S) OF TRAINING B	TYPE AND LENGTH OF TRAINING	
		LECTURE/ LABORATORY COURSES (Hours) C	SUPERVISED LABORATORY EXPERIENCE (Hours) D
a. RADIATION PHYSICS AND INSTRUMENTATION			
b. RADIATION PROTECTION			
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY			
d. RADIATION BIOLOGY			
e. RADIOPHARMACEUTICAL CHEMISTRY			

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

ISOTOPE	MAXIMUM AMOUNT	WHERE EXPERIENCE WAS GAINED	DURATION OF EXPERIENCE	TYPE OF USE

The American Board of Nuclear Medicine

Incorporated 1971

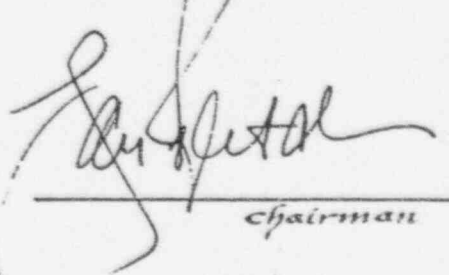
Certifies that

Tatiana S. Kain

has met the requirements of this Board and is qualified
during the period 1994 through 2004 to practice as a Specialist
in all aspects of Clinical and laboratory

Nuclear Medicine

including but not limited to Radiobioassay, Nuclear Imaging,
In Vivo Measurements & Therapy with Unsealed Radionuclides

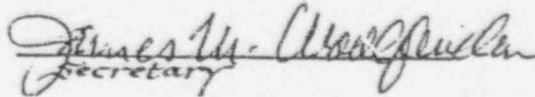


Chairman



05936

Number JS



Secretary

LICENSE FEE MANAGEMENT BRANCH, ARM
AND
REGIONAL LICENSING SECTIONS

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: PROGRAM CODE: 02200
: STATUS CODE: 0
: FEE CATEGORY: 7C
: EXP. DATE: 20021231
: FEE COMMENTS: -----
: DECOM FIN ASSUR REQ

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A. REGION

1. APPLICATION ATTACHED
Applicant/Licensee: BRIDGEPORT RADIOLOGY ASSOC. P.C.
RECEIVED DATE: 961008
DOCKET NO: 3011779
CONTROL NO.: 123773
LICENSE NO.: 06-16869-01
ACTION TYPE: NOTIFICATIONS

2. FEE ATTACHED
AMOUNT:
CHECK NO.:

- ### 3. COMMENTS

SIGNED
DATE

Rebecca J. Brown
10/10/96

- B. LICENSE FEE MANAGEMENT BRANCH (CHECK WHEN MILESTONE 03 IS ENTERED /__/)

1. FEE CATEGORY AND AMOUNT: _____

2. CORRECT FEE PAID- APPLICATION MAY BE PROCESSED FOR:
AMENDMENT -----
RENEWAL -----
LICENSE -----

3. OTHER -----

SIGNED
DATE

[illegible]