



September 10, 2021

Division of Nuclear Materials Safety  
Nuclear Regulatory Commission-Region III  
2443 Warrenville RD. Suite 210  
Lisle, IL. 60532-4352

Dear Madam/Sir,

Please amend our Radioactive Materials License #24-25816-01 (Truman Medical Center; 2301 Holmes Street; Kansas City, MO. 64108) to include the following items;

- A. Please add Travis Brown, D.O. to our license as an Authorized User for the following authorized uses;
1. 10 CFR 35.100- Use of unsealed byproduct material for uptake, dilution, and excretion studies for which a written directive is not required.
  2. 10 CFR 35.200-Use of unsealed byproduct material for imaging and localization studies for which a written directive is not required.
  3. 10 CFR 35-300-Use of unsealed byproduct material for which a written directive is required.
- We have attached the following documents for your review:
- a. Dr. Brown's Form NRC Form 313A (AUD), signed by Lawrence Ricci, D.O.
  - b. Dr. Brown's Form NRC Form 313A (AUT), signed by Lawrence Ricci, D.O.
- B. Please add Tisa Saha, M.D. to our license as an Authorized User for the following authorized uses;
1. 10 CFR 35.200-Use of unsealed byproduct material for imaging and localization studies for which a written directive is not required.
- We have attached the following documents for your review:
- a. Dr. Saha's Form NRC Form 313A (AUD), signed by Jotinder Malhotra, M.D.
  - b. A copy of Dr. Saha's Health and Radiological Seminars, Inc. Certificate of Completion of Radioisotope Handlers Training Certificate conducted in accordance with NRC 10 CFR 35 Regulatory Requirements.
- C. Please add Talal Asif, M.D. to our license as an Authorized User for the following authorized uses;
1. 10 CFR 35.200-Use of unsealed byproduct material for imaging and localization studies for which a written directive is not required.
- We have attached the following documents for your review:
- a. Dr. Asif's Form NRC Form 313A (AUD), signed by Saurabh Malhotra, M.D.
  - b. A copy of Dr. Asif's Corscan Certificate of Completion of Radioisotope Handlers Training conducted in accordance with NRC 10 CFR 35 Regulatory Requirements.
  - c. A copy of the Board of Nuclear Cardiology Attestation Letter signed by Saurabh Malhotra, M.D.
- D. Please remove Bethlehem Gelaw, M.D. and Socrates Jamoulis, M.D. from our license as Authroized Users as they are no longer affiliated with our organization.

Should you have any additional questions regarding this amendment, please contact Andrea McQueen- Coordinator, Radiology Residency Program, Medical Imaging at [andrea.mcqueen@tmcmed.org](mailto:andrea.mcqueen@tmcmed.org) or (816) 404-0751.

Your attention in this matter is greatly appreciated.

Sincerely,

Lawrence Ricci, D.O.  
Radiation Safety Officer

RECEIVED SEP 23 2021

**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

Travis Brown, D.O.

State or Territory Where Licensed

Missouri

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	Truman Medical Center 2301 Holmes St Kansas City, MO 64108	16	7/1/2015-6/30/2020
Radiation protection	Truman Medical Center 2301 Holmes St Kansas City, MO 64108	16	7/1/2015-6/30/2020
Mathematics pertaining to the use and measurement of radioactivity	Truman Medical Center 2301 Holmes St Kansas City, MO 64108	16	7/1/2015-6/30/2020
Chemistry of byproduct material for medical use (not required for 35.590)	Truman Medical Center 2301 Holmes St Kansas City, MO 64108	16	7/1/2015-6/30/2020
Radiation biology	Truman Medical Center 2301 Holmes St Kansas City, MO 64108	16	7/1/2015-6/30/2020
<b>Total Hours of Training:</b> 80			

**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.)

<b>Supervised Work Experience</b>		<b>Total Hours of Experience:</b>	750
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	License 24-25816-01 Truman Medical Center 2301 Holmes St Kansas City, MO 64108	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/1/2015-6/30/2020
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters	License 24-25816-01 Truman Medical Center 2301 Holmes St Kansas City, MO 64108	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/1/2015-6/30/2020

**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	License 24-25816-01 Truman Medical Center 2301 Holmes St Kansas City, MO 64108	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/1/2015- 6/30/2020
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material	License 24-25816-01 Truman Medical Center 2301 Holmes St 64108	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/1/2015- 6/30/2020
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures	License 24-25816-01 Truman Medical Center 2301 Holmes St 64108	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/1/2015- 6/30/2020
Administering dosages of radioactive drugs to patients or human research subjects	License 24-25816-01 Truman Medical Center 2301 Holmes St 64108	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/1/2015- 6/30/2020
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	License 24-25816-01 Truman Medical Center 2301 Holmes St 64108	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No*	7/1/2015- 6/30/2020

Supervising Individual

Lawrence R. Ricci, D.O.

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

License 24-25816-01

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 Travis Brown 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 Travis Brown 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: Truman Medical Center		License/Permit Number: License 24-25816-01	
Name of Preceptor or Residency Program Director (Typed or Printed) Lawrence R. Ricci, D.O.		Telephone Number (816) 404-0751	Date 09/08/2021
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]

Name of Proposed Authorized User

Travis Brown, D.O.

State or Territory Where Licensed

Missouri

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**

a. Provide a copy of the board certification.

b. For 35.390, provide documentation on supervised case experience. The table in section 3.c. may be used to document this experience.

c. 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.

d. 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:

(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.

e. Stop here.

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

a Authorized User on Materials I license \_\_\_\_\_ under the requirements below or equivalent Agreement State requirements (check all that apply):

☐ 35.390

☐ 35.392

☐ 35.394

☐ 35.490

☐ 35.690

b. 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	Truman Medical Center Kansas City, Missouri 64108	16	7/1/2015- 6/30/2020
Radiation protection	Truman Medical Center Kansas City, Missouri 64108	16	7/1/2015- 6/30/2020
Mathematics pertaining to the use and measurement of radioactivity	Truman Medical Center Kansas City, Missouri 64108	16	7/1/2015- 6/30/2020
Chemistry of byproduct material for medical use	Truman Medical Center Kansas City, Missouri 64108	16	7/1/2015- 6/30/2020
Radiation biology	Truman Medical Center Kansas City, Missouri 64108	16	7/1/2015- 6/30/2020
Total Hours of Training:		80	

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:	
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	License 24-25816-01 Truman Medical Center 2301 Holmes St. KC MO 64108	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/1/2015- 6/30/2020
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters	License 24-25816-01 Truman Medical Center 2301 Holmes St. KC MO 64108	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/1/2015- 6/30/2020
Calculating, measuring, and safely preparing patient or human research subject dosages	License 24-25816-01 Truman Medical Center 2301 Holmes St. KC MO 64108	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/1/2015- 6/30/2020
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material	License 24-25816-01 Truman Medical Center 2301 Holmes St. KC MO 64108	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/1/2015- 6/30/2020
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures	License 24-25816-01 Truman Medical Center 2301 Holmes St. KC MO 64108	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/1/2015- 6/30/2020



**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  Lawrence R. Ricci, D.O.	License/Permit Number listing supervising individual as an authorized user  License 24-25186-01
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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:<br><input checked="" type="checkbox"/> Oral NaI 131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)<br><input checked="" type="checkbox"/> Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)<br><input 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 checked="" type="checkbox"/> 35.392 |  |
| <input checked="" type="checkbox"/> 35.394 |  |
| <input type="checkbox"/> 35.396            |  |
| <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.

**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)	3	License 24-25816-01 Truman Medical Center 2301 Holmes St. KC MO 64108	9/12/2016 12/1/2016 2/20/2017
Oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 1.22 gigabecquerels (33 millicuries)	3	License 24-25816-01 Truman Medical Center 2301 Holmes St. KC MO 64108	4/12/2016 1/19/2018 1/19/2018
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	License/Permit Number listing supervising individual as an authorized user
Lawrence R. Ricci, D.O.	License 24-25816-01

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 Travis Brown 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 Travis Brown 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 Travis Brown 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 Travis Brown 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 Travis Brown 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 35.67, 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 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.

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:

Truman Medical Center

License/Permit Number:

License 64-25816-01

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

Lawrence R. Ricci, DO

Telephone Number

816-404-07

Date

09/08/2021

Signature





**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

Tita Saha MD

State or Territory Where Licensed

Missouri

Requested Authorization(s) (check all that apply)

☐ 35.100 Intake, 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 for 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	Lenox Hill hospital New York	4	7/09/2019

Total Hours of Experience: 

Supervising Individual	License/Permit Number listing supervising individual as an authorized user or authorized nuclear pharmacist
Jotinder Malhotra, MD	91-2926-01

Supervisor meets the requirements below, or equivalent Agreement State requirements (check all that apply).

☒ 35.290 ☐ 35.390 + generator experience in 32.280(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*
	HRSI	20	08/23/2020
Radiation physics and instrumentation			
	HRSI	20	08/23/2020
Radiation protection			
	HRSI	10	08/23/2020
Mathematics pertaining to the use and measurement of radioactivity			
	HRSI	10	08/23/2020
Chemistry of byproduct material for medical use (not required for 35.590)			
	HRSI	20	08/23/2020
Radiation biology			

Total Hours of Training: **80****b. Supervised Work Experience** (completion of this table is not required for 35.500).  
(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: <input type="text"/>	
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	Lenox Hill Hospital New York	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	07/2018-06/2021
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters	Lenox Hill Hospital New York	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	07/2018-06/2021



**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	Lenox Hill Hospital New York	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	07/2018-06/2021
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material	Lenox Hill Hospital New York	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	07/2018-06/2021
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures	Lenox Hill Hospital New York	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	07/2018-06/2021
Administering dosages of radioactive drugs to patients or human research subjects	Lenox Hill Hospital New York	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	07/2018-06/2021
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	Lenox Hill Hospital New York	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	07/2018-06/2021

Supervising individual

Jotinder Malhotra, MD

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

91-2926-01

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 35.500)

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 \_\_\_\_\_ has satisfactorily completed the 80 hours of training and 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 Visa Sahja, MD has satisfactorily completed the 700 hours of training 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 faculty 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:

Lenox Hill Hospital

License/Permit Number:

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

Joinder Mallik, MD

Telephone Number:

(917) 442-3663

Date:

7/29/21

Signature

# **Health & Radiological Seminars, Inc.**

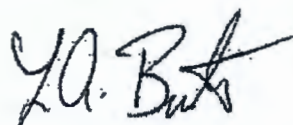
**Hereby certifies that**  
***Tisa Saha, MD***

**has successfully completed the 80 Hour Physician Training  
Program in Basic Radioisotope Handling conducted  
in accordance with the requirements of the  
U.S. Nuclear Regulatory Commission (10 CFR 35).**

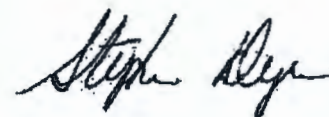
## **COURSE OUTLINE**

**Radiation Physics and Instrumentation – 40 hours**  
**Mathematics pertaining to the use and measurement of radioactivity - 15 hours**  
**Radiation Protection – Radiopharmaceutical Chemistry - 15 hours**  
**Radiation Biology – 10 hours**

**August 23, 2020**



**Lori A. Burton**  
**Executive Director**



**Stephen Dyer, MHS**  
**Scientific Advisor**



**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

TALAL ASIF, MD

State or Territory Where Licensed

MISSOURI

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 35.5/(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	COOK COUNTY HEALTH AND HOSPITAL SYSTEMS	4	7/15/2021

Total Hours of Experience: 4

Supervising Individual

SAURABH MALHOTRA, MD

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

COOK COUNTY HEALTH, RAM IL-01768-01

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	CORSCAN	20	7/02/2020-7/20/2020
Radiation protection	CORSCAN	20	7/02/2020-7/20/2020
Mathematics pertaining to the use and measurement of radioactivity	CORSCAN	10	7/02/2020-7/20/2020
Chemistry of byproduct material for medical use (not required for 35.590)	CORSCAN	10	7/02/2020-7/20/2020
Radiation biology	CORSCAN	20	7/02/2020-7/20/2020
Total Hours of Training: 80			

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:	90
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	COOK COUNTY HEALTH AND HOSPITAL SYSTEMS RAM IL-01768-01	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	9/26/2018-07/20/2020
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters	COOK COUNTY HEALTH AND HOSPITAL SYSTEMS RAM IL-01768-01	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	9/26/2018-07/20/2020



**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	<del>COOK COUNTY HEALTH AND HOSPITAL SYSTEMS</del> RAM IL-01768-01	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<del>9/26/2018-07/20/2020</del>
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material	COOK COUNTY HEALTH AND HOSPITAL SYSTEMS RAM IL-01768-01	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	9/26/2018-07/20/2020
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures	COOK COUNTY HEALTH AND HOSPITAL SYSTEMS RAM IL-01768-01	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	9/26/2018-07/20/2020
Administering dosages of radioactive drugs to patients or human research subjects	COOK COUNTY HEALTH AND HOSPITAL SYSTEMS RAM IL-01768-01	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	9/26/2018-07/20/2020
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	COOK COUNTY HEALTH AND HOSPITAL SYSTEMS RAM IL-01768-01	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No*	9/26/2018-07/20/2020

Supervising individual

SAURABH MAI HOTRA, MD

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

COOK COUNTY HEALTH, RAM IL 01768 01

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 \_\_\_\_\_ 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 TALAL ASIF, MD 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:  
COOK COUNTY HEALTH AND HOSPITAL SYSTEMS

License/Permit Number:  
IL-01768-01

Name of Preceptor or Residency Program Director (Typed or Printed)  
SAURABH MALHOTRA, MD

Telephone Number  
3128643039

Date  
07/23/2021

Signature



# *Certificate of Completion*

## *Classroom and Laboratory Training Program*

*Talal Asif, M.D.*



***Corscan***  
*Resolutions in Cardiac Imaging®*

*Steven W. Walter, MD*  
*Program Director*  
*General Manager and CEO*  
[www.corscanplus.com](http://www.corscanplus.com)

*has completed 80 hours of classroom and laboratory training per  
NRC 35.290, 35.390, 35.392, 35.394, and 35.396 including:*

*Radiation physics and instrumentation;*

*Radiation protection;*

*Mathematics pertaining to the use and measurement of radioactivity;*

*Chemistry of byproduct material for medical use;*

*Radiation biology*

*Review of regulations regarding the medical use of radioisotopes.*

*Also applicable for the medical use of T-131 (35.392 and 35.394)*

13868

07/02/2020

07/20/2020

Certificate Number

Start Date

Completion Date

*\*This document was generated online as a pdf file. All pdf files can be easily altered. It should not be considered valid unless accompanied by a digitally signed preceptor letter with matching information generated by Corscan or verified at <https://www.corscanplus.com/verifycertificateRADSAF.html>*

Cook County Health and Hospitals System Program

John H. Stroger Jr. Hospital of Cook County  
Division of Adult Cardiology  
1901 West Harrison Street  
Chicago IL 60612

Date: 07/20/2020

To: Certification Board of Nuclear Cardiology

Dr. Talal Asif, M.D. has completed training and/or experience that meets the requirements for Level 2 as outlined in the ACC Core Cardiovascular Training Statement (COCATS) 4 Task Force 6: Training in Nuclear Cardiology, revised 2015.

Dr. Asif completed Level 2 nuclear cardiology training between the dates of 09/26/2018 and 07/20/2020.

I attest that Dr. Asif has satisfactorily completed the 700 hours of training 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.

The above-named applicant completed a minimum of 80 hours of classroom and laboratory training that meets the NRC requirements EXTERNAL to his/her fellowship. This training was taken in a course offered by Corscan, LLC and was completed between the dates of 07/02/2020 and 07/20/2020.

I attest that the above-named applicant completed hands-on laboratory training that meets the training and experience requirements of NRC 10 CFR 35.290 or Agreement State equivalent as part of his/her nuclear cardiology training and experience.

Sincerely,



Name of Preceptor: Saurabh Malhotra, M.D.

Authorized User on RAM License: IL-01768-01 Issuance State of RAM License: Illinois

Title/Relationship to Applicant: nuclear cardiology training director and preceptor authorized user

Institution: Cook County Health and Hospitals System Program

A statement regarding COCATS Level 2 Training in Nuclear Cardiology at our institution as well as my status as preceptor or nuclear cardiology program director is on file at the CBNC Office. The training of the above named applicant complies with all components of the statement on file.

generated by Corscan

\*Copies of pdf files are not to be considered valid.

Validate at: <https://www.corscanplus.com/verifycertificatePreceptor.html>

This document is linked to issued Corscan certificate of completion number 13868

Document not valid unless accompanied by page 2 Citrix RightSignature Signature Certificate



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 ANDREA MCQUEEN  
 TRUMAN MEDICAL CENTER HOSPITAL HILL  
 2301 HOLMES ST

SHIP DATE: 17SEP21  
 ACTWGT: 0.50 LB  
 CAD: 109273398/WSX13600

KANSAS CITY, MO 64108  
 UNITED STATES US

BILL THIRD PARTY

TO **NRC COMMISSION REGION III**  
**DIVISION OF NUCLEAR MATERIALS SAFET**  
**2443 WARRENVILLE RD**

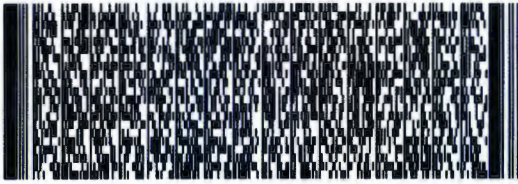
LISLE IL 60532

(816) 404-1000  
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DEPT. 8081

55DQ169AFE4A



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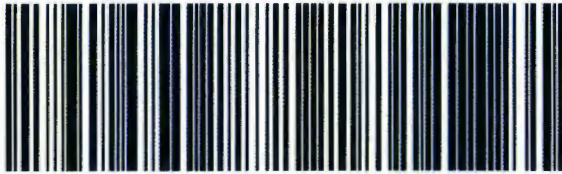
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**Tracking Number(s):**  
 283831424891

**From Address:**

Truman Medical Center Hospital Hill  
 Andrea McQueen  
 2301 Holmes St  
 Kansas City, MO 64108

**To Address:**

Division of Nuclear Materials Safety  
 NRC Commission Region III  
 2443 WARRENVILLE RD  
 LISLE, IL 60532-3673

816-404-0751 8164041000