



The
Cardiovascular
Group, P.C.

Fritz H. Andersen, M.D., F.A.C.C.
Anthony Chang, M.D., F.A.C.C., F.A.C.P.
Nicholas Cossa, M.D., F.A.C.C.
Stephen M. Day, M.D.
Richard F. Dietz, M.D., F.A.C.C.
Robert F. Herron, D.O., F.A.C.C., F.A.C.P.
Sara Kulangara, M.D.
Warren S. Levy, M.D., F.A.C.C.
Carey M. Marder, M.D., F.A.C.C.
J. Kenneth Marshall, M.D., F.A.C.C.
Francis J. McGrath, M.D., F.A.C.C.
Lawrence A. Miller, M.D., F.A.C.C.
Diane Mukherjee, M.D., F.A.C.C.
Pradeep R. Nayak, M.D., F.A.C.C.
Antonio R. Parente, M.D., F.A.C.C.
Dean M. Pollock, M.D., F.A.C.C.
Stephen P. Rosenfeld, M.D., F.A.C.C.
Anne M. Safko, M.D., F.A.C.C.
Harry Schwartz, M.D., F.A.C.C.
Stuart E. Sheifer, M.D.
Robert A. Shor, M.D., F.A.C.C.
Joseph M. Smith, M.D., Ph.D., F.A.C.C.
Mark P. Tanenbaum, M.D., F.A.C.C.

4660 Kenmore Ave., Suite 1200
Alexandria VA 22304
703-751-8111 ♥ Fax 703-751-1105

1635 N. George Mason Dr., Suite 190
Arlington VA 22205
703-524-7202 ♥ Fax 703-516-4501

611 S. Carlin Springs Rd., Suite 203
Arlington VA 22204
703-671-8200 ♥ Fax 703-379-9767

3700 Joseph Siewick Dr., Suite 102
Fairfax VA 22033
703-648-3266 ♥ Fax 703-648-3264

44055 Riverside Pkwy., Suite 200
Leesburg VA 20176
703-858-3050 ♥ Fax 703-858-3051

1830 Town Center Dr., Suite 201
Reston VA 22090
703-437-5977 ♥ Fax 703-478-2475

130 Park St. SE, Suite 100
Vienna VA 22180
703-281-1265 ♥ Fax 703-255-0571

3289 Woodburn Rd., Suite 375
Annandale VA 22003
703-573-3494 ♥ Fax 573-5353

NMSB2

May 15, 2008

Nuclear Regulatory Commission
Commercial and R&D Branch
Division of Nuclear Materials Safety
Region I
475 Allendale Road
King of Prussia, Pennsylvania 19406

RE: The Cardiovascular Group
License Amendment
45-25533-01

03035466

2008 MAY 16 AM 10:18

RECEIVED
REGION I

To Whom It May Concern:

Please amend the above referenced license to add Jeffrey S. Luy, M.D., Ketan K. Trivedi, M.D., Gautam Ramakrishna, M.D. and Subash Bazaz, M.D. as authorized users to the above referenced license. Documentation in support of these physician's credentials is enclosed.

Any questions regarding this request may be directed to me at (703) 641-0500.

Sincerely,

Neil C. Smarte, C.N.M.T.
Radiation Safety Officer.

142397

NMSS/RGN1 MATERIALS-002

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

APPROVED BY OMB: NO. 3150-0120
EXPIRES: 10/31/2008

Name of Proposed Authorized User

State or Territory Where Licensed

Jeffrey S. Luy, M.D.

Virginia

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. If using only 35.500 materials, stop here. If using 35.100 and 35.200 materials, skip to and complete Part II Preceptor Attestation.
- 2. Current 35.390 Authorized User Seeking Additional 35.290 Authorization**
 - a. Authorized user on Materials License _____ meeting 10 CFR 35.390 or equivalent Agreement State requirements seeking authorization for 35.290.
 - b. Supervised Work Experience.
(If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this section.)

Description of Experience	Location of Experience/License or Permit Number of Facility	Clock Hours	Dates of Experience*
Eluting generator systems appropriate for the preparation of radioactive drugs for imaging and localization studies, measuring and testing the eluate for radionuclidic purity, and processing the eluate with reagent kits to prepare labeled radioactive drugs			

Total Hours of Experience:

Supervising Individual

License/Permit Number listing supervising individual as an authorized user

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

- 35.290
- 35.390 + generator experience in 32.290(c)(1)(ii)(G)

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Training and Experience for Proposed Authorized User

a. Classroom and Laboratory Training.

Description of Training	Location of Training	Clock Hours	Dates of Training*
Radiation physics and instrumentation			
Radiation protection			
Mathematics pertaining to the use and measurement of radioactivity			
Chemistry of byproduct material for medical use <i>(not required for 35.590)</i>			
Radiation biology			
Total Hours of Training:			

b. Supervised Work Experience (completion of this table is not required for 35.590).
(If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this section.)

Supervised Work Experience		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		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters		<input type="checkbox"/> Yes <input type="checkbox"/> No	

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

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

b. Supervised Work Experience. (continued)

Description of Experience Must include:	Location of Experience/License or Permit Number of Facility	Confirm	Dates of Experience*
Calculating, measuring, and safely preparing patient or human research subject dosages		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Administering dosages of radioactive drugs to patients or human research subjects		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Eluting generator systems appropriate for the preparation of radioactive drugs for imaging and localization studies, measuring and testing the eluate for radionuclidic purity, and processing the eluate with reagent kits to prepare labeled radioactive drugs		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Supervising Individual	License/Permit Number listing supervising individual as an authorized user
------------------------	--

Supervisor meets the requirements below, or equivalent Agreement State requirements (*check one*).

- 35.190
 35.290
 35.390
 35.390 + generator experience in 35.290(c)(1)(ii)(G)

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 AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

PART II – PRECEPTOR ATTESTATION

Note: This part must be completed by the individual's preceptor. The preceptor does not have to be the supervising individual as long as the preceptor provides, directs, or verifies training and experience required. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each. (Not required to meet training requirements in 35.590)

First Section

Check one of the following for each use requested:

For 35.190

Board Certification

I attest that _____ has satisfactorily completed the requirements in
Name of Proposed Authorized User

10 CFR 35.190(a)(1) and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100.

OR

Training and Experience

I attest that _____ has satisfactorily completed the 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 has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100.

For 35.290

Board Certification

I attest that Jeffrey S. Luy, M.D. has satisfactorily completed the requirements in
Name of Proposed Authorized User

10 CFR 35.290(a)(1) and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100 and 35.200.

OR

Training and Experience

I attest that _____ has satisfactorily completed the 700 hours of training
Name of Proposed Authorized User

and experience, including a minimum of 80 hours of classroom and laboratory training, required by 10 CFR 35.290(c)(1), and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100 and 35.200.

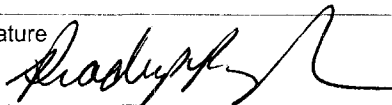
Second Section

Complete the following for preceptor attestation and signature:

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

- 35.190
- 35.290
- 35.390
- 35.390 + generator experience

Name of Preceptor
Pradeep R. Nayak, M.D.

Signature


Telephone Number
(703) 281-1265

Date
4/28/08

License/Permit Number/Facility Name
NRC # 45-25533-01 The Cardiovascular Group

THE CERTIFICATION BOARD OF NUCLEAR CARDIOLOGY

Incorporated 1996

CERTIFIES THAT

Jeffrey Steven Luy, MD

HAVING MET THE REQUIREMENTS PRESCRIBED BY THIS BOARD FOR PHYSICIANS RESIDING
IN THE UNITED STATES AND HAVING SATISFACTORILY PASSED THE REQUIRED EXAMINATION,

IS HEREBY DESIGNATED

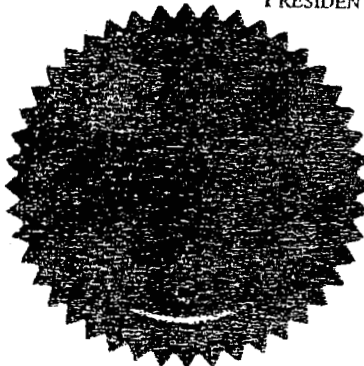
A DIPLOMATE CERTIFIED IN THE SUBSPECIALTY OF

NUCLEAR CARDIOLOGY

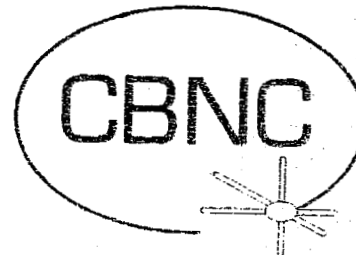
FOR THE PERIOD 2003 THROUGH 2013

Wm D. Coughlin
PRESIDENT

[Signature]
SECRETARY

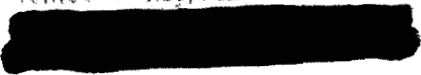


CERTIFICATE # 2933



OCTOBER 26, 2003

Jeffrey S. Loy, MD



Married, Single, Divorced, Widowed
No, Organized by a Physician or
Marriage License or Court Order

For Name* Address Changes, Mail to:
Department of Health Professions
c/o Board of Medicine
9960 Maryland Drive, Suite 501
Richmond, VA 23233-1461

My New Name* is

My New Address is

City, State Zip Code

Signature (0101234176)

COMMONWEALTH OF VIRGINIA

DEPARTMENT OF HEALTH PROFESSIONS

Sandra Whitley Reed, Director

William L. Harp, MD
Executive Director
(804) 367-4600

BOARD OF MEDICINE

9960 Maryland Drive, Suite 501
Richmond, VA 23233-1461
www.dhs.virginia.gov/medicine

**License to Practice
Medicine & Surgery**

Jeffrey S. Loy, MD

**Issued
01/23/2003**

**Expires
01/31/2010**

**Number
0101234176**

To Provide Information or File a
Complaint About a Licensee, Call: 1-800-533-1560

**PERSONAL INFORMATION WAS REMOVED
BY NRC. NO COPY OF THIS INFORMATION
WAS RETAINED BY THE NRC.**



January 4, 2008

Manuel D. Cerqueira, M.D.
Chairman, Nuclear Medicine
Professor of Radiology, Cleveland Clinic Learner
College of Medicine of Case Western Reserve

Regarding: Ketan Trivedi, MD

To Whom it May Concern,

Ketan Trivedi, MD, completed level II training in nuclear cardiology during his cardiology fellowship from July 1998 to June 2001 at Georgetown University Hospital under my Preceptorship for 6 months. I was listed as an authorized user at Georgetown University Hospital broad scope license under Nuclear Regulatory Commission license number #46-00990-01. As a result of this training he meets the requirements for the use of radioisotopes under CFR 35-100, 35-200.

Dr. Trivedi is competent to independently function as an authorized user under CFR 35-100, 35-200.
uses.

A handwritten signature in black ink that reads "Manuel D. Cerqueira, MD".

Manuel D. Cerqueira, MD

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

APPROVED BY OMB: NO. 3150-0120
EXPIRES: 10/31/2008

Name of Proposed Authorized User

Ketan Trivedi, MD

State or Territory Where Licensed

Virginia

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. If using only 35.500 materials, stop here. If using 35.100 and 35.200 materials, skip to and complete Part II Preceptor Attestation.
- 2. Current 35.390 Authorized User Seeking Additional 35.290 Authorization**
 - a. Authorized user on Materials License _____ meeting 10 CFR 35.390 or equivalent Agreement State requirements seeking authorization for 35.290.
 - b. Supervised Work Experience.
(If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this section.)

Description of Experience	Location of Experience/License or Permit Number of Facility	Clock Hours	Dates of Experience*
Eluting generator systems appropriate for the preparation of radioactive drugs for imaging and localization studies, measuring and testing the eluate for radionuclidic purity, and processing the eluate with reagent kits to prepare labeled radioactive drugs			

Total Hours of Experience:

Supervising Individual	License/Permit Number listing supervising individual as an authorized user
------------------------	--

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

- 35.290
- 35.390 + generator experience in 32.290(c)(1)(ii)(G)

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Training and Experience for Proposed Authorized User

a. Classroom and Laboratory Training.

Description of Training	Location of Training	Clock Hours	Dates of Training*
Radiation physics and instrumentation			
Radiation protection			
Mathematics pertaining to the use and measurement of radioactivity			
Chemistry of byproduct material for medical use (not required for 35.590)			
Radiation biology			
Total Hours of Training:			

b. Supervised Work Experience (completion of this table is not required for 35.590).
(If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this section.)

Supervised Work Experience		Total Hours of Experience: > 1000	
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	Georgetown Medical Center WA, DC NRCLic # 083057701	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7-98 to June-01
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters	''	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	''

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

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

b. Supervised Work Experience. (continued)

Description of Experience Must Include:	Location of Experience/License or Permit Number of Facility	Confirm	Dates of Experience*
Calculating, measuring, and safely preparing patient or human research subject dosages	Georgetown Medical Center wADC NRC Lic# 083057701	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7-98 to 6-01
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material	''	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	''
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures	''	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	''
Administering dosages of radioactive drugs to patients or human research subjects	''	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	''
Eluting generator systems appropriate for the preparation of radioactive drugs for imaging and localization studies, measuring and testing the eluate for radionuclidic purity, and processing the eluate with reagent kits to prepare labeled radioactive drugs	''	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	''

Supervising Individual: Manuel D. Cerqueira
Manuel D. Cerqueira

License/Permit Number listing supervising individual as an authorized user: NRC# 083057701

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)

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 AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

PART II – PRECEPTOR ATTESTATION

Note: This part must be completed by the individual's preceptor. The preceptor does not have to be the supervising individual as long as the preceptor provides, directs, or verifies training and experience required. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each. (Not required to meet training requirements in 35.590)

First Section

Check one of the following for each use requested:

For 35.190

Board Certification

I attest that _____ has satisfactorily completed the requirements in
Name of Proposed Authorized User

10 CFR 35.190(a)(1) and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100.

OR

Training and Experience

I attest that _____ has satisfactorily completed the 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 has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100.

For 35.290

Board Certification

I attest that _____ has satisfactorily completed the requirements in
Name of Proposed Authorized User

10 CFR 35.290(a)(1) and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100 and 35.200.

OR

Training and Experience

I attest that Retan Trivedi, 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 has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100 and 35.200.

Second Section

Complete the following for preceptor attestation and signature:

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

- 35.190
- 35.290
- 35.390
- 35.390 + generator experience

Name of Preceptor <u>Manuel D. Cerqueira</u>	Signature <u>Manuel D. Cerqueira</u>	Telephone Number <u>216-444-2665</u>	Date <u>9/5/07</u>
License/Permit Number/Facility Name <u>NRCLic# 083057701</u>			

Health & Radiological Seminars, Inc.

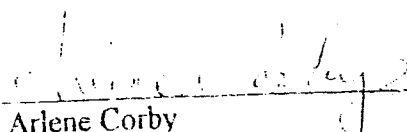
Hereby certifies that

Ketan Trivedi, M.D.

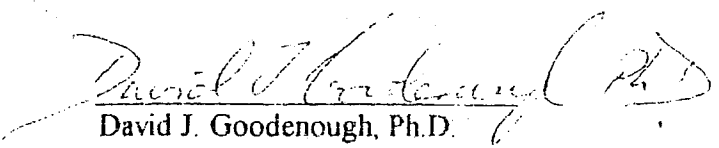
**has successfully completed the 200 Hour Physician Training
Program in Basic Radioisotope Handling conducted
in accordance with the requirements of the
U.S. Nuclear Regulatory Commission (10 CFR 35).**

COURSE OUTLINE

**Radiation Physics and Instrumentation - 100 hours
Mathematics pertaining to the use and measurement of radioactivity - 20 hours
Radiopharmaceutical Chemistry - 30 hours
Radiation Biology - 20 hours
Radiation Protection - 30 hours**


Arlene Corby
Course Coordinator

March 5, 2001


David J. Goodenough, Ph.D.
Scientific Advisor

Current Active - Medicine & Surgery
Number: 0101055841
Issued: 05/30/1997
Expires: 07/31/2008

Ketan K. Trivedi, MD
Eileen Siegel
130 Park Street, S.E. - Suite #100
Vienna VA 22180

Written Notification of Change of
Address Required Within 30 Day
Change

*Name Change Request Must be
Accompanied by a Photocopy of
Marriage License or Court Order

For Name*/Address Changes, Mail to:
Department of Health Professions
c/o Board of Medicine
6603 West Broad Street, 5th Floor
Richmond, VA 23230-1712

FOLD, CREASE AND TEAR ALONG PERFORATION

My New Name* is:

My New Address is:

City, State

Zip Code

Signature (0101055841)

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF HEALTH PROFESSIONS

Robert A. Nebiker, Director

William L. Harp, M.D.
Executive Director
(804) 662-9908

BOARD OF MEDICINE

6603 West Broad Street, 5th Flo
Richmond, VA 23230-1712
www.dhp.virginia.gov/medicine

**License to Practice
Medicine & Surgery**

Ketan K. Trivedi, MD

Issued
05/30/1997

Expires
07/31/2008

Number
0101055841

To Provide Information or File a
Complaint About a Licensee, Call: 1-800-533-1560

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

APPROVED BY OMB: NO. 3150-0120
EXPIRES: 10/31/2008

Name of Proposed Authorized User

State or Territory Where Licensed

Gautam Rama Krishna, M.D.

Virginia

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.

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 - a. Provide a copy of the board certification.
 - b. If using only 35.500 materials, stop here. If using 35.100 and 35.200 materials, skip to and complete Part II Preceptor Attestation.
- 2. Current 35.390 Authorized User Seeking Additional 35.290 Authorization**
 - a. Authorized user on Materials License _____ meeting 10 CFR 35.390 or equivalent Agreement State requirements seeking authorization for 35.290.
 - b. Supervised Work Experience.
(If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this section.)

Description of Experience	Location of Experience/License or Permit Number of Facility	Clock Hours	Dates of Experience*
Eluting generator systems appropriate for the preparation of radioactive drugs for imaging and localization studies, measuring and testing the eluate for radionuclidic purity, and processing the eluate with reagent kits to prepare labeled radioactive drugs			

Total Hours of Experience:

Supervising Individual

License/Permit Number listing supervising individual as an authorized user

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

- 35.290
- 35.390 + generator experience in 32.290(c)(1)(ii)(G)

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Training and Experience for Proposed Authorized User

a. Classroom and Laboratory Training.

Description of Training	Location of Training	Clock Hours	Dates of Training*
Radiation physics and instrumentation			
Radiation protection			
Mathematics pertaining to the use and measurement of radioactivity			
Chemistry of byproduct material for medical use <i>(not required for 35.590)</i>			
Radiation biology			
Total Hours of Training:			

b. Supervised Work Experience (completion of this table is not required for 35.590).
(If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this section.)

Supervised Work Experience		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		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters		<input type="checkbox"/> Yes <input type="checkbox"/> No	

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

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

b. Supervised Work Experience. (continued)

Description of Experience Must Include:	Location of Experience/License or Permit Number of Facility	Confirm	Dates of Experience*
Calculating, measuring, and safely preparing patient or human research subject dosages		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Administering dosages of radioactive drugs to patients or human research subjects		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Eluting generator systems appropriate for the preparation of radioactive drugs for imaging and localization studies, measuring and testing the eluate for radionuclidic purity, and processing the eluate with reagent kits to prepare labeled radioactive drugs		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Supervising Individual	License/Permit Number listing supervising individual as an authorized user
------------------------	--

Supervisor meets the requirements below, or equivalent Agreement State requirements (*check one*).

- 35.190
 35.290
 35.390
 35.390 + generator experience in 35.290(c)(1)(ii)(G)

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 AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

PART II – PRECEPTOR ATTESTATION

Note: This part must be completed by the individual's preceptor. The preceptor does not have to be the supervising individual as long as the preceptor provides, directs, or verifies training and experience required. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each. (Not required to meet training requirements in 35.590)

First Section

Check one of the following for each use requested:

For 35.190

Board Certification

I attest that _____ has satisfactorily completed the requirements in
Name of Proposed Authorized User

10 CFR 35.190(a)(1) and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100.

OR

Training and Experience

I attest that _____ has satisfactorily completed the 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 has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100.

For 35.290

Board Certification

I attest that Gautam Ramakrishna, M.D has satisfactorily completed the requirements in
Name of Proposed Authorized User

10 CFR 35.290(a)(1) and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100 and 35.200.

OR

Training and Experience

I attest that _____ has satisfactorily completed the 700 hours of training
Name of Proposed Authorized User


and experience, including a minimum of 80 hours of classroom and laboratory training, required by 10 CFR 35.290(c)(1), and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100 and 35.200.

Second Section

Complete the following for preceptor attestation and signature:

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

- 35.190
- 35.290
- 35.390
- 35.390 + generator experience

Name of Preceptor Pradeep R. Nayak, M.D.	Signature 	Telephone Number (703) 281-1265	Date 4/28/08
---	---	------------------------------------	-----------------

License/Permit Number/Facility Name
NRC # 45-25533-01 The Cardiovascular Group

THE CERTIFICATION BOARD OF NUCLEAR CARDIOLOGY

Incorporated 1996

CERTIFIES THAT

Gautam Ramakrishna, MD

HAVING MET THE REQUIREMENTS PRESCRIBED BY THIS BOARD FOR PHYSICIANS RESIDING
IN THE UNITED STATES AND HAVING SATISFACTORILY PASSED THE REQUIRED EXAMINATION,

IS HEREBY DESIGNATED

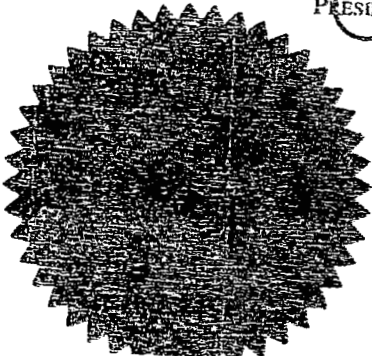
A DIPLOMATE CERTIFIED IN THE SUBSPECIALTY OF

NUCLEAR CARDIOLOGY

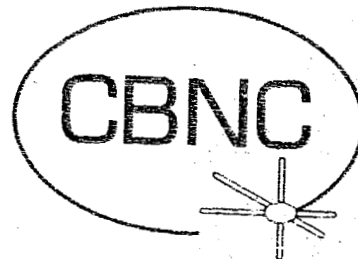
FOR THE PERIOD 2004 THROUGH 2014

Manoj K. Prasad
PRESIDENT

P. K. Singh
SECRETARY



CERTIFICATE # 3568



OCTOBER 24, 2004

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF HEALTH PROFESSIONS

Sandra Whitley Ryals, Director

William L. Harp, M.D.
Executive Director
(804) 767-4600

BOARD OF MEDICINE

9960 Mayland Drive, Suite 300
Richmond, VA 23230-1463
www.dhp.virginia.gov/medicine

License to Practice
Medicine & Surgery

Gautam Ramakrishna, MD

Issued
03/29/2005

Expires
03/31/2010

Number
0101237937

**To Provide Information or File a
Complaint About a Licensee, Call: 1-800-533-1560**

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

APPROVED BY OMB: NO. 3150-0120
EXPIRES: 10/31/2008

Name of Proposed Authorized User

Subash BAZAZ MD.

State or Territory Where Licensed

Virginia

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. If using only 35.500 materials, stop here. If using 35.100 and 35.200 materials, skip to and complete Part II Preceptor Attestation.

2. Current 35.390 Authorized User Seeking Additional 35.290 Authorization

a. Authorized user on Materials License _____ meeting 10 CFR 35.390 or equivalent Agreement State requirements seeking authorization for 35.290.

b. Supervised Work Experience.
(If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this section.)

Description of Experience	Location of Experience/License or Permit Number of Facility	Clock Hours	Dates of Experience*
Eluting generator systems appropriate for the preparation of radioactive drugs for imaging and localization studies, measuring and testing the eluate for radionuclidic purity, and processing the eluate with reagent kits to prepare labeled radioactive drugs			

Total Hours of Experience:

Supervising Individual

License/Permit Number listing supervising individual as an authorized user

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

35.290

35.390 + generator experience in 32.290(c)(1)(ii)(G)

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Training and Experience for Proposed Authorized User

a. Classroom and Laboratory Training.

Description of Training	Location of Training	Clock Hours	Dates of Training*
Radiation physics and instrumentation	Radiological Physics Services, Inc. under Andrew G. Bukovitz, Certified Radiological Physicist	200 Hrs. total	July 1999 to May 2002
Radiation protection	-Please see letter - ↓	↓	↓
Mathematics pertaining to the use and measurement of radioactivity	" "	" "	" "
Chemistry of byproduct material for medical use (not required for 35.590)	" "	" "	" "
Radiation biology	" "	" "	" "
Total Hours of Training:		200	

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:	(leave blank)
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	University of Pittsburgh 37-00245-02	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	July 1999 to May 2002
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters	" "	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	↓

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

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

b. Supervised Work Experience. (continued)

Description of Experience Must Include:	Location of Experience/License or Permit Number of Facility	Confirm	Dates of Experience*
Calculating, measuring, and safely preparing patient or human research subject dosages	University of Pittsburgh 37-00245-02	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	July 1999 to May 2002
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material	"	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	↓
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures	"	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	↓
Administering dosages of radioactive drugs to patients or human research subjects	"	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	↓
Eluting generator systems appropriate for the preparation of radioactive drugs for imaging and localization studies, measuring and testing the eluate for radionuclidic purity, and processing the eluate with reagent kits to prepare labeled radioactive drugs	"	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	↓

Supervising Individual

License/Permit Number listing supervising individual as an authorized user

William J. Follansbee, MD

37-00245-02

sign →

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)

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 AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

PART II - PRECEPTOR ATTESTATION

Note: This part must be completed by the individual's preceptor. The preceptor does not have to be the supervising individual as long as the preceptor provides, directs, or verifies training and experience required. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each. (Not required to meet training requirements in 35.590)

First Section

Check one of the following for each use requested:

For 35.190

Board Certification

I attest that _____ has satisfactorily completed the requirements in
Name of Proposed Authorized User

10 CFR 35.190(a)(1) and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100.

OR

Training and Experience

I attest that _____ has satisfactorily completed the 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 has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100.

For 35.290

Board Certification

I attest that _____ has satisfactorily completed the requirements in
Name of Proposed Authorized User

10 CFR 35.290(a)(1) and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100 and 35.200.

OR

Training and Experience

I attest that Sibash Bazaz 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 has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100 and 35.200.

Second Section

Complete the following for preceptor attestation and signature:

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

- 35.190
- 35.290
- 35.390
- 35.390 + generator experience

Name of Preceptor

William P. Follanville, MS

Signature

Telephone Number

412-647-3437

Date

8-28-07

License/Permit Number/Facility Name

37-00245-02 University of Pittsburgh

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

PART II - PRECEPTOR ATTESTATION

Note: This part must be completed by the individual's preceptor. The preceptor does not have to be the supervising individual as long as the preceptor provides, directs, or verifies training and experience required. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each. (Not required to meet training requirements in 35.590)

First Section

Check one of the following for each use requested:

For 35.190

Board Certification

I attest that _____ has satisfactorily completed the requirements in
Name of Proposed Authorized User

10 CFR 35.190(a)(1) and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100.

OR

Training and Experience

I attest that _____ has satisfactorily completed the 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 has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100.

For 35.290

Board Certification

I attest that _____ has satisfactorily completed the requirements in
Name of Proposed Authorized User

10 CFR 35.290(a)(1) and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100 and 35.200.

OR

Training and Experience

I attest that Subash Bazaz 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 has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100 and 35.200.

Second Section

Complete the following for preceptor attestation and signature:

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

- 35.190
- 35.290
- 35.390
- 35.390 + generator experience

Name of Preceptor <u>William P. Follanville, MS</u>	Signature <u>[Signature]</u>	Telephone Number <u>412-647-3437</u>	Date <u>8-28-07</u>
--	---------------------------------	---	------------------------

License/Permit Number/Facility Name
37-00245-02 University of Pittsburgh



UPMC Cardiovascular Institute
at UPMC Presbyterian

Part of
University of Pittsburgh
Medical Center

William P. Follansbee, MD, FACC
Professor of Medicine
Professor of Radiology
Director of Nuclear Cardiology

December 28, 2007

UPMC Presbyterian
Suite A-529
200 Lothrop Street
Pittsburgh, PA 15213
412-647-3437
Fax: 412-617-3873
follansbeewp@upmc.edu
UPP Referrals: 412-647-3437
1-800-544-2500

Mr. Neil Smarte
Attention: Janet Fearson
130 Park Street Southeast, Suite 100
Vienna, VA 22180

Re: Subash Bazaz

Dear Mr. Smarte:

As previously clearly documented in the Authorized User Training and Experience in the preceptor attestation statement for Subash Bazaz, MD, he has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100 and 35.200.

Sincerely,

William P. Follansbee, M.D., FACC, FACP, FASNC, FAHA
Professor of Medicine
Director, Nuclear Cardiology

WPF/lcm
Bazaz S-ltr



UPMC Cardiovascular Institute

at UPMC Presbyterian

*Part of
University of Pittsburgh
Medical Center*

William P. Follansbee, MD, FACC
*Professor of Medicine
Professor of Radiology
Director of Nuclear Cardiology*

August 27, 2007

UPMC Presbyterian
Suite A-429
200 Lothrop Street
Pittsburgh, PA 15213
412-647-3437
Fax: 412-647-3873
follansbeewp@upmc.edu
UPP Referrals: 412-647-3437
1-800-544-2500

Re: Subash Bazaz, M.D.

To Whom It May Concern:

Subash Bazaz, M.D., is a graduate of the cardiology fellowship program at the University of Pittsburgh Medical Center/Cardiovascular Institute. During the course of his fellowship training, he received 6 months of training in Nuclear Cardiology. He completed his cardiology fellowship training in May, 2002.

During his training, Dr. Bazaz had extensive experience in the performance and interpretation of all types of nuclear cardiology studies. He had training in the performance of treadmill as well as pharmacologic stress tests, including decisions as to the appropriate use of specific procedures, as well as any administration of radioisotopes. He had extensive experience in independent and collaborative interpretation of nuclear cardiology images, including SPECT myocardial perfusion images, planar myocardial perfusion images, and ventricular function images. During the course of his fellowship training, he participated in the performance and interpretation of 1000 SPECT studies, 200 planar perfusion studies, and 100 cardiac rest ventriculograms.

In addition, Dr. Bazaz completed all requirements for training and demonstrating competency in skills including, but not limited to, camera quality control, nuclear cardiology study acquisitions, tomographic reconstructions and quantitative processing of image data. He also received experience in radiopharmacy, including performance of radiation surveys and dosimetry.

Dr. Bazaz has successfully completed a 200-hour course in radiation training. A letter of certification from the course director is attached with this application.

Dr. Bazaz's formal fellowship training in Nuclear Cardiology meets with the requirements for Level 2 training as outlined in the ACC/ASNC COCATS Guidelines

August 27, 2007

Page 2

(revised 2006). Dr. Bazaz is competent to independently function as an authorized user under 10 CFR 35.290 uses.

Dr. Bazaz has achieved a level of competence sufficient to function independently as an authorized user for the medical uses authorized under NRC subpart E-imaging and localization.

If I can be of any help in providing you with additional documentation of his training, please do not hesitate to contact me.

Sincerely yours,

A handwritten signature in cursive script that reads "William P. Follansbee MD".

William P. Follansbee, M.D., FACC, FASNC
Professor of Medicine
Director of Nuclear Cardiology/Exercise Physiology
NRC# 37-00245-02

WPF/lcm

Bazaz S-ltr

Cc: James Shaver, M.D., 5th Floor Scaife Hall, UPMC

Current Active - Medicine & Surgery
Number 0101232467
Date 02/25/2002
Expires 01/31/2010

Subash B. Bazaz, MD



When New Contact of Change
Address Requested within 30 Days
Change

Change Request Must be
Accompanied by a Photocopy of
Marriage License or Court Order

Name: Address: Changes: Mail to:
Department of Health Professions
Board of Medicine
9900 Mayland Drive, Suite 300
Richmond, VA 23233-1463

New Name: is

New Address: is

City: State

Zip Code

Number 0101232467

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COMMONWEALTH OF VIRGINIA

DEPARTMENT OF HEALTH PROFESSIONS

Sandra Whitley Ryals, Director

LATE L. Harp, M.D.
State Director
367-4200

BOARD OF MEDICINE

9900 Mayland Drive, Suite 300
Richmond, VA 23233-1463
www.dhp.virginia.gov/medic

License to Practice
Medicine & Surgery

Subash B. Bazaz, MD

Issued
02/25/2002

Expires
01/31/2010

Number
0101232467

To Provide Information or File a
Complaint About a Licensee, Call: 1-800-533-1560

This is to acknowledge the receipt of your letter/application dated

5/15/2008, and to inform you that the initial processing which includes an administrative review has been performed.

Amend. 45-25533-01 There were no administrative omissions. Your application was assigned to a technical reviewer. Please note that the technical review may identify additional omissions or require additional information.

Please provide to this office within 30 days of your receipt of this card

A copy of your action has been forwarded to our License Fee & Accounts Receivable Branch, who will contact you separately if there is a fee issue involved.

Your action has been assigned **Mail Control Number** 142397.
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.