



**NC Systems, Inc.**  
**Institute For Nuclear Medical Education, Inc.**  
 5660 Airport Blvd., Suite 101, Boulder, Colorado 80301  
 Phone: (800) 548-4024 • (303) 541-0044 • FAX: (303) 541-0066  
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**FAKED**

From: Sandra Nissen      To: Jim Mullauer, M.H.S.      Date: 06/02/08  
 FAX Phone: 630.829.9873      Phone: 623.214.5213      Location: Lisle, IL  
 Reference: RAD Application for Dr. Ryan

Hello Mr. Mullauer,

I spoke with Dr. Ryan, and he confirmed that Dr. Apuri is to be AU and RSO for now.  
*(Letter to, Fred Wagner MD)*

He will have the RSO of St. Mary's in Streator complete the NRC 313A (RSO) form that I have faxed them, and fax it to you ASAP.

Thank you.

Sandra Nissen  
 Licensing

scn@nuclearcardiology.com

*(please see attached)*  
 \_\_\_\_\_  
 - SA

Sender \_\_\_\_\_ 1078 OFFICE-CO Fax 02

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APPENDIX C

<b>Table C.3 Items 7 through 11 on NRC Form 313: Training &amp; Experience, Facilities &amp; Equipment, Radiation Protection Program, and Waste Disposal</b> <i>(Check all applicable rows and fill in details and attach a copy of the checklist to the application or provide information separately.)</i>		
Item Number and Title	Suggested Response	Check box to indicate material included in application
Item 7: Authorized Users for medical uses:  Name(s), (including license number authorizing practice of medicine, podiatry, or dentistry if not provided previously or in attachment); Requested uses for each individual	<p><i>For an individual previously identified as an AU on an NRC or Agreement State license or permit:</i></p> <p>Previous license number (if issued by the NRC), or a copy of the license (if issued by an Agreement State), or a copy of a permit issued by an NRC master materials licensee, or a copy of a permit issued by an NRC or Agreement State broad-scope licensee, or a copy of a permit issued by an NRC Master Materials License broad-scope permittee on which the physician, dentist, or podiatrist was specifically named as an AU for the uses requested.</p>	<input type="checkbox"/>
Dr.B. Apurj	<p><i>For an AU requesting authorization for an additional medical use:</i></p> <p>Description of the additional training and experience to demonstrate the AU is also qualified for the new medical uses requested (e.g., training and experience needed to meet the requirements in 10 CFR 35.290 (b), 35.396, 35.390(b)(1)(ii)(G), or 35.690(e)).</p> <p style="text-align: center;">AND</p> <p>A preceptor attestation, if required (e.g., attestation is required to meet the requirements in 10 CFR 35.396, 35.390(b)(1)(ii)(G), or 35.690(e)).</p>	<input checked="" type="checkbox"/>
	<p><i>For an individual qualifying under 10 CFR 35.57(b)(3):</i></p> <p>Documentation that the physician, podiatrist, or dentist:</p> <ul style="list-style-type: none"> <li>• used only accelerator-produced radioactive materials, or discrete sources of Ra-226, or both, for medical uses before or during the effective period of NRC's waiver of August 31, 2005; and</li> <li>• used these materials for the same medical uses requested.</li> </ul>	<input type="checkbox"/>
	<p><i>For an individual qualifying under 10 CFR Part 35, Subparts D, E, F, G, and/or H, who is board-certified:</i></p> <p>Copy of the certification(s) by a specialty board(s) whose certification process has been recognized<sup>12</sup> by the NRC under 10 CFR Part 35, Subpart D, E, F, G, or H, as applicable to the use requested.</p> <p style="text-align: center;">AND</p>	<input type="checkbox"/>

See Attached

<sup>12</sup>The names of board certifications that have been recognized by the NRC or an Agreement State are posted on the NRC's Web site <http://www.nrc.gov/materials/miau/med-use-toolkit.html>.