The Hospital of Central Connecticut
A Hartford HealthCare Partner

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9 September 2014

USRNC Region I
2100 Renaissance Boulevard
King of Prussia PA 19406-2713

Greetings:

Please amend our byproduct materials license number 06-02388-01 as follows:

We wish to add Jason D. Mayo, M.D. to our license. Attached are NRC Forms 313A (AUD) and NRC Form 313A (AUT). We are requesting Dr. Mayo be authorized for materials listed in Parts 35.100, 35.200, and 35.300.

Dr. Mayo is a board certified Radiologist with the American Board of Radiology and is AU eligible.

Sincerely yours,

Maryanne Volkringer
Regional Vice President Business Development

MV/ejl

585159

NMSS/RGN1 MATERIALS-002

Bradley Memorial 81 Meriden Avenue Southington, CT 06489 860 276 5000 tel
New Britain General 100 Grand Street New Britain, CT 06050 860 224 5011 tel www.thocc.org

The American Board of Radiology

Organized through the cooperation of the
American College of Radiology, the American Roentgen Ray Society,
the American Radium Society, the Radiological Society of North America,
the Section on Radiology of the American Medical Association,
the American Society for Radiation Oncology, the Association of
University Radiologists, and the American Association of Physicists in Medicine
Hereby certifies that

Jason David Mayo, MD

Has pursued an accepted course of graduate study
and clinical work, has met certain standards and qualifications, including
passing the examinations conducted under the authority of
The American Board of Radiology,
demonstrating to the satisfaction of the Board that he is qualified to practice,
and is therefore awarded the Board's certification in the specialty of

AM Eligible

Diagnostic Radiology

Effective June 30, 2010

President

Richard T. Morin
Secretary-Treasurer

Executive Director

Certificate No. 58295

Valid through 2020

[redacted] • E-MAIL JASONDMAYO@GMAIL.COM

JASON D. MAYO

TRAINING AND EDUCATION

New York University Medical Center, New York, NY
Fellow, Musculoskeletal Radiology, July 2010-June 2011
Resident, Diagnostic Radiology, July 2006-June 2010

Winthrop University Hospital, Mineola, NY
Intern, Internal Medicine, July 2005-June 2006

New York Medical College, Valhalla, NY
Doctor of Medicine, [redacted]
Class rank: # 7 out of 180
Alpha Omega Alpha Honor Society, [redacted]

Tufts University, Medford, MA
Bachelor of Arts, Chemistry (ACS Certified)
Worked in lab of Dr. Clemens Richert (September 1999 – May 2000) and at University of Constance, Germany (June 2000 – August 2000)
[redacted]

WORK EXPERIENCE

New Britain Radiologic Associates, New Britain, CT
Start date: July 2011

RESEARCH AND PUBLICATIONS

Diagnostic Evaluation of Hip Dysplasia in the Young Adult: Emphasis on Cross Sectional Imaging. Luis S. Beltran, MD, Jenny T. Bencardino, MD, Zehava Rosenberg, MD, Jason Mayo, MD.
Accepted for electronic presentation at RSNA 2010 and SSR 2011

The Appearance of Epidural Extranodal Marginal Zone Lymphoma (MALToma) on 18F-FDG PET/CT and Post-Hoc PET/MRI Fusion. Stephan Probst MD, Jason Mayo MD, Tibor Moskovits MD, Kent Friedman MD
Accepted for publication Clinical Nuclear Medicine, June 2010

MDCT of Necrotizing Pancreatitis: Mortality and Prevalence of Abdominal Complications. Emil Balthazar MD, Jason Mayo MD
Presented at NYU Radiology Resident Research Symposium, May 2009

Pattern Recognition of Benign Nodules at Thyroid Ultrasound: Which Nodules Can Be Left Alone? John Bonavita MD, Jason Mayo MD, Genevieve Bennett MD, Thaira Oweity MD, Michael Macari MD, Joseph Yee MD, AJR 2009 Jul;193(1):207-13
Presented at NYU Radiology Resident Research Symposium, May 2008

MDCT of Necrotizing Pancreatitis, Diagnosis and New Observations. Jason Mayo MD, Emil Balthazar MD.
Presented at NYU Radiology Resident Research Symposium, May 2008

Rapid Genotyping by MALDI-monitored Nuclease Selection From Probe Libraries. Stoerker J, Mayoj JD, Tetzlaff CN, Sarracino, DA, Schwope I, Richert C. Nat Biotechnol. 2000 Nov;18(11):1213-16.

LICENSURE AND PROFESSIONAL MEMBERSHIPS

American Board of Radiology – Board Certified, May 2010
New York State Medical License, 2010
United States Medical Licensing Examination – Steps I, II, III
American College of Radiology
Radiological Society of North America

REFERENCES

Dr. John Bonavita – Residency Faculty Advisor
Phone – (212) 263-5229
Email – John.Bonavita@nyumc.org

Dr. Michael Ambrosino – Residency Program Director
Phone – (212) 263-6369
Email – Michael.Ambrosino@nyumc.org

Dr. Leon Rybak – Fellowship Section Chief
Phone – (212) 598-6643
Email – Leon.Rybak@nyumc.org

NRC FORM 313A (AUT) U.S. NUCLEAR REGULATORY COMMISSION

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (for uses defined under 35.300) [10 CFR 35.390, 35.392, 35.394, and 35.396]

APPROVED BY OMB: NO. 3150-0120
EXPIRES: (05/31/2015)

Name of Proposed Authorized User	State or Territory Where Licensed
Jason Mayo	Connecticut

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 beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV for which a written directive is required
- ☐ 35.300 Parenteral administration of any other radionuclide 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 clinical 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.

d. Skip to and complete Part II Preceptor Attestation.

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

a. Authorized User on Materials 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. Also provide completed Part II Preceptor Attestation.

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.

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AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

☐ 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			
Radiation protection			
Mathematics pertaining to the use and measurement of radioactivity			
Chemistry of byproduct material for medical use			
Radiation biology			
	Total Hours of Training:		

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		☐ Yes ☐ No	
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters		☐ Yes ☐ No	
Calculating, measuring, and safely preparing patient or human research subject dosages		☐ Yes ☐ No	
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material		☐ Yes ☐ No	
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures		☐ Yes ☐ No	

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

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

b. Supervised Work Experience (continued)

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

Supervising individual meets the requirements below, or equivalent Agreement State requirements *(check all that apply)***

☐ 35.390 With experience administering dosages of:

☐ 35.392
☐ 35.394
☐ 35.396

- ☐ 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 beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required
- ☐ Parenteral administration of any other radionuclide requiring a written directive

** 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)			
Oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 1.22 gigabecquerels (33 millicuries)			
Parenteral administration of any beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV for which a written directive is required			
Parenteral administration of any other radionuclide for which a written directive is required (List radionuclides)			

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (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

Supervising individual meets the requirements below, or equivalent Agreement State requirements *(check all that apply)***:

☐ 35.390 With experience administering dosages of:

☐ 35.392
- ☐ Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)

☐ 35.394
- ☐ Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)

☐ 35.396
- ☐ Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required
- ☐ Parenteral administration of any other radionuclide requiring a written directive

** 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 attesting that the individual has knowledge to fulfill the duties of the position sought and not attesting to the individual's "general clinical competency."

First Section
Check one of the following for each requested authorization:

For 35.390:

Board Certification

☑ I attest that Jason Mayo (Name of Proposed Authorized User) has satisfactorily completed the training and experience requirements in 35.390(a)(1).

OR

Training and Experience

☐ I attest that _____ (Name of Proposed Authorized User) has satisfactorily completed the 700 hours of training and experience, including a minimum of 200 hours of classroom and laboratory training, as required by 10 CFR 35.390 (b)(1).

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

Preceptor Attestation (continued)

First Section (continued)

For 35.392 (Identical Attestation Statement Regardless of Training and Experience Pathway):

☐ I attest that _____ 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 (Identical Attestation Statement Regardless of Training and Experience Pathway):

☐ I attest that _____ 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).

Second Section

☑ I attest that Jason Mayo 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 beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required

☐ Parenteral administration of any other radionuclide requiring a written directive

Third Section

☑ I attest that Jason Mayo has satisfactorily achieved a level of competency to
Name of Proposed Authorized User

function independently as an authorized user 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 beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required

☐ Parenteral administration of any other radionuclide requiring a written directive

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(06-2012)

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

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 (d)(1), and the supervised work and clinical case experience required by 35.396(d)(2), and has achieved a level of competency sufficient to function independently as an authorized user for:

☐ Parenteral administration of any beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV for which a written directive is required

☐ Parenteral administration of any other radionuclide 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(c), has satisfactorily completed the 80 hours of classroom and laboratory training required by 10 CFR 35.396 (d)(1) and the supervised work and clinical case experience required by 35.396(d)(2), and has achieved a level of competency sufficient to function independently as an authorized user for:

☐ Parenteral administration of any beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV for which a written directive is required

☐ Parenteral administration of any other radionuclide for which a written directive is required

Fifth Section

Complete the following for preceptor attestation and signature:

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

☑ 35.390 ☑ 35.392 ☐ 35.394 ☐ 35.396

☑ 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 beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required

☐ Parenteral administration of any other radionuclide requiring a written directive

Name of Preceptor	Signature	Telephone Number	Date
Kent Friedman		(212) 263-7410	8/14/14

License/Permit Number/Facility Name

75-2955-01 City of NY RAM/NYU Langone Medical Center

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

9-09-14, and to inform you that the initial processing which includes an administrative review has been performed.

Amend: 06-02388-01

☑ 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

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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** 585159
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.

NRC FORM 532 (RI)
(6-96)

Sincerely,
Licensing Assistance Team Leader