

Associated CARDIOLOGISTS PC.



2808 Old Post Road
Harrisburg, PA 17110

856 Century Drive
Mechanicsburg, PA 17055

Phone: (717) 920-4400
or 1-800-845-1742
FAX: (717) 920-4401

*ICAEL Accredited Echocardiography Laboratory . ICAVL Accredited Vascular Laboratory
ICANL Accredited Nuclear Cardiology Laboratory*

L. Bruce Althouse, M.D.
FACC (1941-1998)

Donald C. Durbeck, M.D.
FACC

Jeffrey S. Fugate, D.O.
FACC

Stuart B. Pink, M.D.
FACC, FSCAI

Kenneth J. May, Jr., M.D.
FACC, FSCAI

Robert A. Skotnicki, D.O.
FACC, FSCAI

David L. Scher, M.D.
FACP, FACC

Joy C. L. Cotton, M.D.
FACC

Ira Sackman, M.D.
FACC

Robert D. Aronoff, M.D.
FACC, FSCAI

David C. Man, M.D.
FACC

Edward C. Brennan, Jr., D.O.
FACC

Andreas U. Wali, M.D.
FACC

Michael D. Bosak, M.D.
FACC

Lenke Erki, M.D.

Stephen B. Sloan, M.D.
FACC

Rajesh M. Dave, M.D.

Sang Keun Kim, M.D.

February 17, 2005

NRC License No.: 37-28696-01

63032514

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

Dear Sir or Madam:

Per 10 CFR 35.13(b), we wish to add **Sang Keun Kim, M.D.** as an authorized user to our NRC License Number 37-28696-01. We would request the use of materials listed in CFR 35.200 for nuclear cardiology.

We have enclosed copies of Dr. Kim's training certificate from his Cardiology Fellowship Program and a letter from Robert A. Skotnicki, D.O., F.A.C.C., our Radiation Safety Officer, which confirm Dr. Kim's required training.

If you require any additional information, please do not hesitate to contact us.

Sincerely,



Allen R. Glotfelty, M.B.A.
Executive Director

ARG/s/a

Enclosures

RECEIVED
REGION 1
FEB 18 AM 10:04

136509
NMSS/RGNI MATERIALS-002

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To Whom It May Concern:

Jeffrey S. Fugate, D.O.
FACC

This letter is to confirm that **Sang K. Kim, M.D.** has gained clinical experience in nuclear cardiology under my supervision at our offices at 856 Century Drive, Mechanicsburg and 2808 Old Post Road, Harrisburg, Pennsylvania.

Stuart B. Pink, M.D.
FACC, FSCAI

Kenneth J. May, Jr., M.D.
FACC, FSCAI

Dr. Kim received his didactic training in radiation safety and radiopharmacy during his Cardiology Fellowship Program at the Milton S. Hershey Medical Center of the Pennsylvania State University College of Medicine. Please refer to the enclosed statement which identifies 1000 hrs of training with specific case reading numbers excluded.

Robert A. Skotnicki, D.O.
FACC, FSCAI

David L. Scher, M.D.
FACP, FACC

His clinical experience under my supervision began in June 2003 and has continued through the present. During this period of time, Dr. Sang Kim has actively participated in the following number of procedures.

Joy C. L. Cotton, M.D.
FACC

Types of Nuclear Cardiology Procedures	Number
Spect myocardial perfusion, Adenoscan/rest imaging and function procedures Utilizing dual isotope Tc99m Myoview/Cardiolite and TL201 Thallous Chloride	468
Spect myocardial perfusion, Dypridamole/rest imaging and function procedures Utilizing dual isotope Tc99m Myoview/Cardiolite and TL201 Thallous Chloride	132
Spect myocardial perfusion, Dobutamine/rest imaging and function procedures Utilizing dual isotope Tc99m Myoview/Cardiolite and TL201 Thallous Chloride	13
Spect myocardial perfusion, Treadmill/rest imaging and function procedures Utilizing dual isotope Tc99m Myoview/Cardiolite and TL201 Thallous Chloride	422
TC99m labeled RBC Multi-Gated Acquisition Rest Procedures with Ejection Fraction Calculation and Wall Motion Evaluation	2

Ira Sackman, M.D.
FACC

Robert D. Aronoff, M.D.
FACC, FSCAI

David C. Man, M.D.
FACC

Edward C. Brennan, Jr., D.O.
FACC

The total number of hours experienced in clinical nuclear cardiology is 1518 (1000 hours from Hershey Medical Center in the Cardiology Fellowship Program and 518 hours under my supervision).

Andreas U. Wali, M.D.
FACC, FSCAI

Michael D. Bosak, M.D.
FACC, FSCAI

Lenke Erki, M.D.

Sincerely,

Rajesh M. Dave, M.D.
FACC, FSCAI



Sang K. Kim, M.D.

Robert A. Skotnicki, D.O., F.A.C.C.
Radiation Safety Officer
NRC License No. 37 28696 01

Gyanendra K. Sharma, M.D.
FACP, FACC

RAS/s/a

EXHIBIT 3 (Continued)

PROPOSED PHYSICIAN USER Sang Keun Kim, M.D.			
PRECEPTOR STATEMENT (Continued)			
2. CLINICAL TRAINING AND EXPERIENCE OF ABOVE NAMED PHYSICIAN (Continued)			
ISOTOPE A	CONDITIONS DIAGNOSED OR TREATED B	NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION C	COMMENTS (Additional information or comments may be submitted in duplicate on separate sheets.) D
P-32 (Soluble)	TREATMENT OF POLYCYTHEMIA VERA, LEUKEMIA, AND BONE METASTASES	-0-	<p>THIS PRECEPTOR STATEMENT IS LIMITED TO CARDIAC NUCLEAR MEDICINE AND SUPPLEMENT B ONLY.</p> <p style="font-size: 2em; transform: rotate(-45deg); opacity: 0.5;">Douglas F. Egli</p>
P-32 (Colloid)	INTRACAVITARY TREATMENT	-0-	
I-131	TREATMENT OF THYROID CARCINOMA	-0-	
	TREATMENT OF HYPERTHYROIDISM	-0-	
Au-198	INTRACAVITARY TREATMENT	-0-	
Co-60 or Co-137	INTERSTITIAL TREATMENT	-0-	
	INTRACAVITARY TREATMENT	-0-	
I-125 or Ir-192	INTERSTITIAL TREATMENT	-0-	
	TELE THERAPY TREATMENT	-0-	
Sr-90	TREATMENT OF EYE DISEASE	-0-	
	RADIOPHARMACEUTICAL PREPARATION	-0-	
Mo-99/ Tc-99m	GENERATOR	-0-	
Sr-113/ In-113m	GENERATOR	-0-	
Tc-99m	REAGENT KITS	-0-	
Other	Survey Receipt Packages	-13-	
	Elution of Mo/Tc Generator	-11-	
	Quality Control Assay (Al/Mo)	-11-	
	Compounding Radiopharmaceuticals	-10-	
	QI Product Made	-10-	
	Draw Dose from Stockpile	-29-	
	Calibrate this Dose	-29-	
			Inject Pt with Dose -46-
			Perform Calibration Survey -10-
			Pharmacy Paperwork -10-
			Disposal of Radioactive Trash -10-
			Post Processing the Image -7-
			Setting up Gamma Camera to Scan -7-
3. DATES AND TOTAL NUMBER OF HOURS RECEIVED IN CLINICAL RADIOISOTOPE TRAINING			
LOCATION		DATES	CLOCK HOURS OF EXPERIENCE
Penn State/Hershey		February 1999 June 2000	
Milton S. Hershey Medical Center		April 1999 August 2000	1000 hours
Division of Nuclear Medicine		July 1999 March 2001	
Training included requirements in 10CFR35, 920 PARA b(2) and b(3) i-y.			
4. THE TRAINING AND EXPERIENCE INDICATED ABOVE WAS OBTAINED UNDER THE SUPERVISION OF:		5. PRECEPTOR'S SIGNATURE	
a. NAME OF SUPERVISOR Douglas F. Egli, M.D.		<p style="font-size: 2em; transform: rotate(-45deg); opacity: 0.5;">Douglas F. Egli</p>	
b. NAME OF INSTITUTION Penn State/Hershey Medical Center			
c. MAILING ADDRESS Room HG300Z/P.O. Box 850, H066			
d. CITY Hershey, PA 17033			
e. MATERIALS LICENSE NUMBER(S) 37-13831-01		7. PRECEPTOR'S NAME (Please type or print) Douglas F. Egli, M.D.	
		8. DATE June 25, 2001	

EXH-7 For the Pennsylvania State University
Subcommittee on Human Use of Radioisotopes
Kenneth L. Miller, Secretary

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

2/17/2005, and to inform you that the initial processing which includes an administrative review has been performed.

Amendment 57-29696-01 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 136509.
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.

BETWEEN: : (FOR LFMS USE)
 : INFORMATION FROM LTS
 : -----
 :
 License Fee Management Branch, ARM : Program Code: 02201
 and : Status Code: 0
 Regional Licensing Sections : Fee Category: 7C
 : Exp. Date: 20121031
 : Fee Comments: _____
 : Decom Fin Assur Reqd: N
 : ::::::::::::::::::::::::::::::::::::

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED
 Applicant/Licensee: ASSOCIATED CARDIOLOGISTS, P.C.
 Received Date: 20050218
 Docket No: 3032514
 Control No.: 136509
 License No.: 37-28696-01
 Action Type: Amendment

2. FEE ATTACHED
 Amount: _____
 Check No.: /

3. COMMENTS
 Signed *Robert J. Wood*
 Date *2/2/05*

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 is entered /__/)

1. Fee Category and Amount: _____
 2. Correct Fee Paid. Application may be processed for:
 Amendment _____
 Renewal _____
 License _____
 3. OTHER _____

Signed _____
 Date _____