



**HERITAGE VALLEY**

Health System

Sewickley Valley Hospital • The Medical Center

1000 Dutch Ridge Road  
Beaver, Pennsylvania  
15009-9700

RECEIVED  
REGION I

'05 FEB 25 P1:28

February 18, 2005

U.S. Nuclear Regulatory Commission  
Materials Licensing Branch  
Region I  
475 Allendale Road  
King of Prussia, PA 19406

RE: Amendment to Radioactive Material License No. 37-11562-01  
The Medical Center; Beaver, PA  
Closeout to Radioactive Material License No. 37-11079-01  
Sewickley Valley Hospital

03003142 (Amend)

03003131 (TERM)

Gentlemen:

Please amend our license as follows:

The Medical Center and Sewickley Valley Hospital are owned by the same entity, share the same administration and share the same authorized users, radiation safety committee and radiation safety officer. We would like to consolidate the two licenses into one by closing out Sewickley Valley Hospital's license and adding that facility as an area of byproduct material use to The Medical Center's license.

All surveillance requirements and records will be current and complete at the time of transfer. Upon approval we will perform a close out survey of Sewickley Valley Hospital and forward the results to your office.

In addition, please delete Heesun N. Kim, M.D and Alkis Rouvas from our license.

Finally, please add Mark Schnurer, M.D. as an authorized user for 35.100, 200 and 300. Enclosed is a completed preceptor statement (for 35.300) and a copy of Dr. Schnurer's ABR certificate. To meet recentness of training requirements, we state that Dr. Schnurer has been practicing nuclear medicine at The Medical Center for more than a decade without break.

If you have any questions, please do not hesitate to contact the undersigned.

Terry Biss  
Vice President

136563/136564  
NMSS/RGNI MATERIALS-002

NRC FORM 313A (10-2002)	U.S. NUCLEAR REGULATORY COMMISSION	APPROVED BY OMB: NO. 3150-0120 EXPIRES: 10/31/2005	
<b>TRAINING AND EXPERIENCE AND PRECEPTOR STATEMENT</b>			
<b>PART I – TRAINING AND EXPERIENCE</b>			
<b>Note:</b> Descriptions of training and experience must contain sufficient detail to match the training and experience criteria in the applicable regulations.			
1. Name of Individual, Proposed Authorization (e.g., Radiation Safety Officer), and Applicable Training Requirements (e.g., 10 CFR 35.50)     Mark Schnurer, M.D.     Authorized User			
2. For Physicians, Podiatrists, Dentists, Pharmacists – State or Territory Where Licensed PA			
<b>3. CERTIFICATION</b>			
<b>Specialty Board</b>	<b>Category</b>	<b>Month and Year Certified</b>	
American Board of Radiology	Diagnostic Radiology	Nov. 1991	
<i>Stop here when using Board Certification to meet 10 CFR Part 35 training and experience requirements.</i>			
<b>4. DIDACTIC OR CLASSROOM AND LABORATORY TRAINING (optional for Medical Physicists)</b>			
<b>Description of Training</b>	<b>Location</b>	<b>Clock Hours</b>	<b>Dates of Training</b>
Radiation Physics and Instrumentation			
Radiation Protection			
Mathematics Pertaining to the Use and Measurement of Radioactivity			
Radiation Biology			
Chemistry of Byproduct Material for Medical Use			
OTHER			

NRC FORM 313A (10-2002)		U.S. NUCLEAR REGULATORY COMMISSION			
TRAINING AND EXPERIENCE AND PRECEPTOR STATEMENT (continued)					
5a. WORK EXPERIENCE WITH RADIATION					
Description of Experience		Name of Supervising Individual(s)		Location and Corresponding Materials License Number	Dates and Clock Hours of Experience
5b. SUPERVISED CLINICAL CASE EXPERIENCE					
Radionuclide	Type of Use	No. of Cases Involving Personal Participation	Name of Supervising Individual	Location and Corresponding Materials License Number	Dates and Clock Hours of Experience
I-131	Thyroid cancer	3	Edward Estrin, M.D.	The Medical Center; Beaver	11/04 3
I-131	Hyperthyroidism	10	Edward Estrin, M.D.	37-11562-01	11/04 10

NRC FORM 313A (10-2002)	U.S. NUCLEAR REGULATORY COMMISSION	
<b>TRAINING AND EXPERIENCE AND PRECEPTOR STATEMENT (continued)</b>		
<b>PART II -- PRECEPTOR STATEMENT</b>		
<p><b>Note:</b> This part must be completed by the individual's preceptor. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each. This part is not required to meet the training requirements in 10 CFR 35.590.</p> <p>Item 10 must be completed for Nuclear Pharmacists meeting the requirements of 10 CFR Part 35, Subpart J. Preceptors do not have to complete items 11a, 11b, or the certifying statements for other individuals meeting the requirements of 10 CFR Part 35, Subpart J.</p>		
<input type="checkbox"/> YES    10.    The individual named in item 1 has satisfactorily completed the training requirements in 10 CFR 35.980 and is competent to independently operate a nuclear pharmacy.		
<input checked="" type="checkbox"/> N/A		
<input checked="" type="checkbox"/> YES    11a.    The individual named in item 1 has satisfactorily completed the requirements in Part 35, Section(s) <u>100, 200, 300</u> and Paragraph(s) _____		
<input type="checkbox"/> N/A		
<input checked="" type="checkbox"/> YES    11b.    The individual named in item 1. is competent to independently function as an authorized _____ for <u>Medical</u> uses.		
<input type="checkbox"/> N/A		
<b>12. PRECEPTOR APPROVAL AND CERTIFICATION</b>		
<input type="checkbox"/> I certify the approval of item 10 and certify I am an Authorized Nuclear Pharmacist;		
OR		
<input type="checkbox"/> I certify the approval of items 11a and 11b and certify I am an Authorized Nuclear Pharmacist;		
OR		
<input checked="" type="checkbox"/> I certify the approval of items 11a and 11b, and I certify that I meet the requirements of <u>NRC</u> or equivalent Agreement State requirements to be a preceptor authorized <u>User</u> for the following uses of byproduct material: <u>35.100,200,300</u>		
A.    Address <u>The Medical Center</u> <u>1000 Dutch Ridge Road</u> <u>Beaver, PA 15009</u>	B.    Materials License Number <u>37-11562-01</u>	
C. NAME OF PRECEPTOR (print clearly) <u>Edward Estrin, M.D.</u>	D. SIGNATURE -- PRECEPTOR 	E. DATE <u>2/18/05</u>

# The American Board of Radiology

*Organized through the cooperation of the  
American College of Radiology, the American Roentgen Ray Society,  
American Radium Society, the Radiological Society of North America,  
Section on Radiology of the American Medical Association,  
the American Society for Therapeutic Radiology and Oncology,  
and the Association of University Radiologists*

*Hereby certifies that*

**Mark Alexander Schurer, M.D.**

*Has pursued an accepted course of graduate study  
and clinical work, has met certain standards and qualifications and  
has passed the examinations conducted under the authority of  
The American Board of Radiology*

*On this twenty-fifth day of November, 1991*

*Thereby demonstrating to the satisfaction of the Board  
that he is qualified to practice the specialty of*

**Diagnostic Radiology**



*James F. Murray, M.D.*  
President

*Douglas Maynard, M.D.*  
Secretary-Treasurer

*Joseph R. Fullbrook, M.D.*  
Executive Director

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

2/19/2005, and to inform you that the initial processing which includes an administrative review has been performed.

Amendment 37-1562-01 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 136563.  
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: 02230  
 and : Status Code: 0  
 Regional Licensing Sections : Fee Category: 7C 2B  
 : Exp. Date: 20110831  
 : Fee Comments: \_\_\_\_\_  
 : Decom Fin Assur Reqd: N  
 : .....

LICENSE FEE TRANSMITTAL

A. REGION I  
 1. APPLICATION ATTACHED  
 Applicant/Licensee: MEDICAL CTR, BEAVER, PA, INC. (THE)  
 Received Date: 20050225  
 Docket No.: 3003143  
 Control No.: 136563  
 License No.: 37-11562-01  
 Action Type: Amendment

2. FEE ATTACHED  
 Amount: \_\_\_\_\_  
 Check No.:       /      

3. COMMENTS  
 Gross Ref  
 136564  
 Signed *Neil J. J...*  
 Date 3/10/05

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 \_\_\_\_\_

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

2/18/2005, and to inform you that the initial processing which includes an administrative review has been performed.

(Term) 37-11079-01  
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** 136564.  
When calling to inquire about this action, please refer to this control number.  
You may call us on (610) 337-5398, or 337-5260.



(FOR LFMS USE)  
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM  
and  
Regional Licensing Sections

: Program Code: 02120  
: Status Code: 0  
: Fee Category: 7C  
: Exp. Date: 20120831  
: Fee Comments: \_\_\_\_\_  
: Decom Fin Assur Reqd: N  
:.....

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED

Applicant/Licensee: SEWICKLEY VALLEY HOSPITAL  
Received Date: 20050225  
Docket No.: 3003131  
Control No.: 136564  
License No.: 37-11079-01  
Action Type: Termination

2. FEE ATTACHED

Amount: /  
Check No.: \_\_\_\_\_

3. COMMENTS

Cross Ref. 136563  
Signed *Robert Jones*  
Date 3/8/05

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 \_\_\_\_\_