



**Charleston Area
Medical Center**

RECEIVED
REGION I

05 MAR 30 10:11

Medical Imaging

3200 MacCorkle Avenue, SE
Charleston, West Virginia 25304
(304) 388-5474

March 29, 2005

David J. Collins
Senior Health Physicist
Licensing Assistant Section
Nuclear Materials Safety Branch
U. S. Nuclear Regulatory Commission, Region I
475 Allendale Road
King of Prussia, PA 19406-1415

03009164

Reference: License No. 47-15473-01

Dear Mr. Collins:

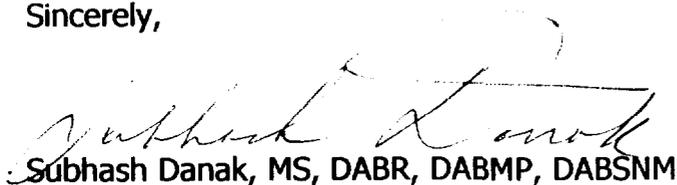
Please also add the following individuals as an authorized users:

1. Stafford G. Warren, M.D. (Approval under 35.100 and 35.200)
2. Premkumar Raja, M.D. (Approval under 35.400, 35.600 and 35.1000)

I have attached the documents provided by physicians for your review.

Please do not hesitate to contact me if I can provide you any further information.

Sincerely,



Subhash Danak, MS, DABR, DABMP, DABSNM

Assistant Radiation Safety Officer/Health Physicist, CAMC Health System Inc.

Attachments

136791
NMSS/RGNI MATERIALS-002



United to Improve
America's Health™

ASSOCIATES IN MEDICAL PHYSICS, LLC

A NATIONAL MEDICAL PHYSICS CONSULTING GROUP



NATIONAL OFFICE:
5288 TRANSPORTATION BLVD.
CLEVELAND, OH 44125

www.medphysics.com

PHONE: (216) 663-7000
FAX: (216) 581-4361
V M: (800) 709-4855

This is to certify that

Stafford G. Warren, M.D.

has completed all requirements for the Nuclear Physician Licensing Course. Associates in Medical Physics, LLC designates this continuing medical education activity for 50 credit hours in Category 1 of the Physician's Recognition Award of the American Medical Association.

Dates attended:

March 24-28, 2003

Director of Training

March 28, 2003

Date

Associates in Medical Physics, LLC is accredited by the Accreditation Council for Continuing Medical Education to sponsor continuing medical education for physicians.

ASSOCIATES IN MEDICAL PHYSICS, LLC

THIS CERTIFIES THAT

Stafford G. Warren, M.D.

**HAS SUCCESSFULLY COMPLETED ALL REQUIREMENTS
FOR THE**

***50 HOUR
NUCLEAR PHYSICIAN LICENSING COURSE***

**AND IS HEREBY AWARDED THIS
CERTIFICATE OF COMPLETION**

ON THIS TwentyEighth DAY OF March, 2003

F. Blue

DIRECTOR OF TRAINING

CHARLESTON CARDIOLOGY GROUP P.L.L.C.

Suite 709 • 3100 MacCorkle Avenue, S.E.

CAMC Medical Staff Office Building

Charleston, West Virginia 25304

Telephone: 304-342-1184

Fax: 304-343-8487

Practice Limited To Cardiology

William H. Carter, M.D., F.A.C.C.

Stafford G. Warren, M.D., F.A.C.C.

Donald R. Lilly, M.D., F.A.C.C.

N. Andrew Vaughan, M.D., F.A.C.C.

Stephen A. Lewis, M.D., F.A.C.C.

Sarah M. Nease, M.D., F.A.C.C.

Practice Limited To Cardiology,

Electrophysiology and Pacing

Ronald J. McCowan, M.D., F.A.C.C.

March 7, 2005

Dr. Danek Subhash
c/o Nuclear Medicine Dept.
CAMC - Memorial Hospital
3200 MacCorkle Avenue, S.E.
Charleston, WV 25304

Dear Dr. Subhash:

It is my pleasure to write this letter supporting Dr. Stafford Warren's application for nuclear medicine privileges. I have read with him personally for many hours and find him to be a knowledgeable operator. It is my understanding that he has completed the 50 hours of didactic teaching as well as the 700 hours of nuclear reading.

Sincerely,



Donald R. Lilly, M.D., F.A.C.C.

DRL:lgc

cc: Stafford G. Warren, M.D.

CHARLESTON CARDIOLOGY GROUP P.L.L.C.
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C/AMC Medical Staff Office Building
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Stephen A. Lewis, M.D., F.A.C.C.
Sarah M. Nease, M.D., F.A.C.C.

Practice Limited To Cardiology,
Electrophysiology and Pacing
Ronald J. McCowan, M.D., F.A.C.C.

December 26, 2004

To Whom It May Concern:

Dr. Stafford Warren has read over 350 myocardial perfusion scans with supervision in the past two years. These readings have been under the supervision of Dr. Robert Smith, Dr. Gordon Depue and myself.

I have read multiple studies with Dr. Warren and found him to be a competent and accurate interpreter. I feel that he is capable of interpreting cardiology nuclear studies independently. I have also seen certification that he has completed all of the requirements for the nuclear physician licensing course.

Sincerely,



Don R. Lilly, MD

cc Dr Stafford G Warren

Approved 12/31/04 pending approval by radiation safety committee

Walter B. [unclear] 12/31/04
chief cardiology section

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 Therapeutic Radiology and Oncology, the Association of
University Radiologists, and American Association of Physicists in Medicine*

Hereby certifies that

Premkumar Raja, MD

*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 seventh day of June, 2004

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

Radiation Oncology



Certificate No. 51058

William H. ...
President

Felix O. Hudson, MD
Secretary-Treasurer

R.P. Harty, MD
Executive Director



Valid through 2014

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

3/29/2005, and to inform you that the initial processing which includes an administrative review has been performed.

Amendment 47-15473-01 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 136791.
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: 02230
: Status Code: 0
: Fee Category: 7C 3E
: Exp. Date: 20050831
: Fee Comments: 3E EFF 6/19/91
: Decom Fin Assur Reqd: N
:.....

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED

Applicant/Licensee: CHARLESTON AREA MEDICAL CENTER
Received Date: 20050330
Docket No: 3009164
Control No.: 136791
License No.: 47-15473-01
Action Type: Amendment

2. FEE ATTACHED

Amount: /
Check No.: /

3. COMMENTS

Signed *Rebecca J. ...*
Date 4/13/05

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 _____