

SOUTH HILLS OFFICE: 363 Vanadium Road Pittsburgh, PA 15243 (412) 429-8840 FAX (412) 429-8067 WASHINGTON COUNTY OFFICE: 4000 Waterdam Plaza Drive, Suite 280 McMurray, PA 15317 (412) 429-8840 FAX (412) 429-8067 NORTH SIDE OFFICE: Suite 106, Allegheny Prof. Bldg. 490 E. North Avenue Pittsburgh, PA 15212 (412) 322-1994 FAX (412) 322-1060

## **U.S. Heart and Vascular**

James W. Marcucci, M.D., F.A.C.C.

Leonard G. Gehl, M.D., F.A.C.C.

David J. Burkey, M.D., F.A.C.C. Dennis K. Gabos, M.D., F.A.C.C.

May 9, 2005

Mr. Thomas Thompson US NRC 475 Allendale Road King of Prussia, PA 19406

Dear Mr. Thompson

Dennis K. Gabos, M.D.'S training and/or experience in nuclear cardiology meet the requirements as outlined in the ACC/ASNC COCATS Guidelines of 2000. Dennis K. Gabos, M.D. has achieved a level of competence sufficient to function independently as an authorized user for the medical uses authorized under NRC Subpart E-Imaging and localization. Additionally, Dennis K. Gabos, M.D has achieved at least 700 hours of clinical training in nuclear cardiology procedures, which is sufficient training in accordance to the new 10 CFR part 35.

Sincerely,

ames W. Mannin, MD

James W. Marcucci, M.D., F.A.C.C. Radiation Safety Officer, US Heart and Vascular Director of Nuclear Cardiology, Canonsburg Hospital NRC LICENSE # 37-28245-01 63030695 PA state license # PA 0550



REC'D IN LAT \_\_\_\_\_\_

## CERTIFICATION BOARD OF NUCLEAR CARDIOLOGY

## Dennís K. Gabos, MD

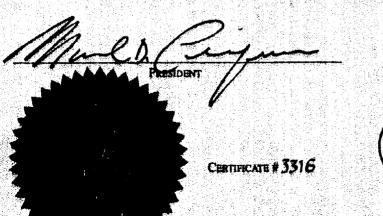
HAVING MET THE REQUIREMENTS PRESCRIBED BY THIS BOARD FOR PHYSICIANS RESIDING IN THE UNITED STATES AND HAVING SATISFACTORILY PASSED THE REQUIRED EXAMINATION.

**IS HEREBY DESIGNATED** 

A DIPLOMATE CERTIFIED IN THE SUBSPECIALTY OF

## NUCLEAR CARDIOLOGY

FOR THE PERIOD 2004 THROUGH 2014





**OCTOBER 24, 2004** 

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

There were no administrative omissions. Your application was assigned to a

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 137062. 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

	: (FOR LFMS USE)
	: INFORMATION FROM LTS
BETWEEN:	
	:
License Fee Management Branch, ARM	: Program Code: 02201
and	: Status Code: 0
Regional Licensing Sections	: Fee Category: 7C
	: Exp. Date: 20130930
	: Fee Comments:
	: Decom Fin Assur Reqd: N

LICENSE FEE TRANSMITTAL

- A. REGION
- 1. APPLICATION ATTACHED

Applicant/Licensee:	U. S. HEART AND VASCULAR
Received Date:	20050519
Docket No:	3030695
Control No.:	137062
License No.:	37-28245-01
Action Type:	Amendment

2. FEE ATTACHED Amount: Check No.:

3. COMMENTS

Signed Date 512012005

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 \_\_\_\_\_