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Fax Transmittal	Excela Health
MS 66 L-2 37-02894-02 03009731	Improving the Health and Well Being of Every Life We Touch 532 West Pittsburgh Street Greensburg, PA 15601 724/832-4000
TO: RANDOLPH RAGLAND Company: N	IRC RegionI
From: Dance IA. BenKLEY, Alo Department:	Nas Safety
Sender's Phone Number: 724 8324267 Sender's Fax Nu	mber: 724 \$ 542 1934
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Date: 4/20/06 Re: Amen	dment On Bash yAM
🗆 Urgent 🖉 For Review 🗇 Please Comment 🗇 Please Reply	🗆 Please Recycle

Dear Mr. Roghno,

Enclosed you will find the document Request. Ineviewent TON Kowalyk and had him Remitial the Procepton form. While this was going on I received word on the was named on as NRC license. The license is Enclose for your Review. I Hope this helps the situation

Huellberhy,150 4/20/06

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## Amerícan Association of Clínical Endocrinologists

1000 Riverside Avenue • Suite 205 • Jacksonville, FL 32204 • Ph: (904) 353-7878 • Fax: (904) 353-8185 • www.aace.com

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Jacksonville, FL

Roclinsian, MN Editor-In-Cirid, *Endosrine Printifen* EMERITUS 2008 Yank D. Cohto, Jr., MD. MACP, MACE October 5, 2005

Mani Bashyam, MD 3007 Lexington Ct. Export, PA 15632

Dear Dr. Bashyam:

The American Association of Clinical Endocrinologists (AACE) certifies that you successfully completed the following educational activity:

Program Title: AACE Nuclear Medicine Course Date: September 24-October 1, 2005 Location: Kansas City, MO Awarded: 80.25 category 1 credit(s) toward the AMA Physician's Recognition Award

The American Association of Clinical Endocrinologists (AACE) is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

The American Association of Clinical Endocrinologists designates this educational activity for a maximum of 80.25 category 1 credits toward the AMA Physician's Recognition Award. Each physician should claim only those credits that he/she actually spent in the activity.

Please feel free to contact the AACE office if you have any questions.

Sincerely,

AACE CME Department

The Voice of Clinical Endocrinology

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NRC FORM 319A	U.S. NICLEAR	EQULATO	TY COMMISSION	
TRAINING AND EXPERIEN				APPROVED HY OME: NO. 3180-5128 EXPRIES: 18/31/2005
	PART I - TRAINING AN	ND EXPER	NENCE	
Nore: Descriptions of training and exponent criteria in the applicable regula			· · · · · · · · · · · · · · · · · · ·	raining and experience RAINING7.
1. Name of Individual, Proposed Authorizat	ion (e.g., Rediation Safety Of	ficer), and A		
(e.g., 10 CFR 35.50) MA	NI BASHY	AM	35	190
				392
2. For(Physicians), Podatrists, Dentists, Pha	Imacists - State or Territory	Where Lice		: 394
	P.A			
	J, CERTIFIC	ATION		
Specialty Boa	rď		Category	Month and Year Cartified
INTERNAL MEDI	INE BOARD	CERT		1995
ENDOLRINOLOGY	BOARD CERT			1997
Stop here when using Board C	ertification to meet 10 C	R'Part St	5 training and a	xperience requirements.
4. DIDACTIC OR CLASSRO	.»»»»»»» بر معرب معالمًا فللما بين بي من الألكا ستر			
Description of Training	Location		Clock Ho	Irs Dates of Training
Radiation Physics and Instrumentation	Kansas cit	м, мо. U	25	Sept 24 to OCT 1 <sup>6+</sup> 2005
Radicion Protection	))	27	25	>>>
Mathematics Pertaining to the Use and Measurement of Radioactivity	,,	• 72	10	, , , , , , , , , , , , , , , , , , , ,
Radiation Biology	>7	<u>)</u> )	10	, , ,
Chemistry of Byproduct Material for Medical Use	7 7	))	10	"
OTHER .				

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RC FORM 313A	TRAINING AND	EXPERIEN	CE AND PRECEPTO	U.S. NUCLEAR REGUL R STATEMENT (continued)	ATORY COMMISSIO
		51. WORK	EXPERIENCE WITH	RADIATION	
Desc	Name of Description of Experience Supervising Individual(s)			Location and Corresponding Materials License Number	Dates and Clock Hours of Experience
SURVING	Receiving, unpra	4	WESIMMELAND Regional Hosp 4K 37-02894-0	JAN-DEL 2005	
Performing Qicipnocraines on survey meters and Dose CALISMATORS		lunes Dose	11	WESTMORY, AND Rcg. HOSP 3702894-0	£. 1
Calculation Patient	g, mecsuring, Pr Doseases	reading	11	1 (	- LL
VSING ADD to preve	anistative G	intron-5 Extent	11		11
<b>U</b>	e cures to an monotive Spill		رب	.(	L I
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3					
					······································
	5b.	SUPERVI	GED CLINICAL CASE	EXPERIENCE	
Radionuciide	Type of Use	No. of C Involvi Person Participe	ng Supervisi	ng Corresponding	Dates and Clock Hours of Experience
Na I <sup>131</sup>	2 33 m G	3	Dr.S. Kow	aly KMD WMH	3hr
Na I131	>33mli	3	Dr. S. Kowa	WKMD WMH	3hrs ·
				0	
	•				······································
			·····		

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6. FORM	AL TRAINING (applies to M	edical Physicists an	d Therapy Physi	cians)	
Degree, Area of Study or Residency Program	or Corresponding Dates		Name of Organization th Approved the Program (e.g., Accreditation Coun for Graduate Medical Educa and the Applicable Regula (e.g., 10 CFR 35:490)		
_NA_		•	,		
• •			· ·		
		· .			
NA- 7. RADIAT	TION SAFETY OFFICER - 0		WORK FYPER	ENCE	
	ar of full-time radiation safety	•			
				- and a contraction	
		the RSA for Linence	No		
N/A of		the RSO for License	No	· · · · · · · · · · · · · · · · · · ·	
	PHYSICIST - ONE-YEAD			NENCE	
NA 8. MEDICA	L PHYSICIST - ONE-YEAR	FULL-TIME TRAININ	G/WORK EXPER		
NA 8. MEDICA	ar of full-time training in thera	FULL-TIME TRAININ peutic radiological phy	G/WORK EXPER	pervision of	
NA 6. MEDICA YES Completed 1-ye	ar of full-time training in thera	FULL-TIME TRAININ	G/WORK EXPER	pervision of	
YES Completed 1-yes	ar of full-time training in thera	FULL-TIME TRAININ peutic radiological phy who meets require(mer	GAWORK EXPER valce under the su nue for Authorized	pervision of	
YES Completed 1-yes	ar of full-time training in thera v	FULL-TIME TRAININ peutic radiological phy who meets require(mer	GAWORK EXPER valce under the su nue for Authorized	pervision of	
YES Completed 1-yes N/A YES Completed 1-yes N/A YES Completed 1-yes N/A N/A	ar of full-time training in thera v ar of full-time work experience	FULL-TIME TRAININ peutic radiological phy who meets requirement e (for areas identified i	GAWORK EXPER valce under the su nue for Authorized	pervision of Medical Physicists; a	
YES Completed 1-yes YES Completed 1-yes N/A YES Completed 1-yes N/A modality(les) und	ar of full-time training in thera w ar of full-time work experience far the supervision of	FULL-TIME TRAININ peutic radiological phy who meets requirement e (for areas identified i	GAWORK EXPER valce under the su nue for Authorized	who meets	
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YES Completed 1-year N/A YES Completed 1-year N/A YES Completed 1-year N/A modality(les) und requirements of, 9. SUM the training and experience in needed to meet requirement A. Name of Supervisor DY- S. KOWA	ar of full-time training in thera var of full-time work experience far the supervision of Authorized Medical Physicists PERVISING INDIVIDUAL, - ID dioated above was obtained a ts in 10 CFR 35, provide the f B. Superviso Ly K, MD Auth Radi	FULL-TIME TRAININ poutic radiological phy who meets requirement e (for areas identified i to for DENTIFICATION AND under the supervision for following information for por is: porized User lation Safety Officer	GAWORK EXPER values under the sum in item 5a) for QUALIFICATION of (if more than of the each) : Authorized I Authorized I	who meets modality(les).	
NA       8. MEDICA         YES       Completed 1-yea         N/A       modality(les) und         N/A       modality(les) und         N/A       modality(les) und         requirements of,         9. SUI         needed to meet requirement         A. Name of Supervisor         DY-       S. Kowa         C. Supervisor meets requirements	ar of full-time training in thera ar of full-time work experience far the supervision of Authorized Medical Physicists PERVISING INDIVIDUAL, - ID dioated above was obtained a ts in 10 CFR 35, provide the b B. Superviso Ly K, MD Auth Radi	FULL-TIME TRAININ peutic radiological phy who meets requirement e (for areas identified i a for	GAWORK EXPER valce under the sum to for Authorized in item 5a) for QUALIFICATION of (if more than of to each) : Authorized I 3.9.2	who meets modailty(les).	
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NA       8. MEDICA         YES       Completed 1-yea         N/A       modality(les) und         N/A       modality(les) und         N/A       modality(les) und         requirements of,         9. SUI         needed to meet requirement         A. Name of Supervisor         DY_S       Kowa         C. Supervisor meets requirement         for medical uses in Parallel	ar of full-time training in thera ar of full-time work experience for the supervision of Authorized Medical Physicists PERVISING INDIVIDUAL, - ID dioated above was obtained to ts in 10 CFR 35, provide the form B. Superviso Ly K, MD Auth Radi	FULL-TIME TRAININ peutic radiological phy who meets requirement e (for areas identified i a for	GAVORK EXPER valce under the su inte for Authorized in item 5a) for QUALIFICATION of (if more than o br each) : Authorized I 3.9.2	who meets modailty(les). IS ne supervising individ Vedical Physicist Nuclear Pharmacist 35:394	

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C FORM 313A		US NUCLEAR NEQULATORY COM	MISSION
2002)	ERIENCE AND PRECEPTOR STATI	EMENT (continued)	
P	ART II - PRECEPTOR STATEMENT	 F	<u></u>
ote: This part must be completed by the experience, obtain a separate prec requirements in 10 CFR 35,590. Item 10 must be completed for Nuc	n individual's preceptor. If more than a septor statement from each. This part plear Pharmacists meeting the requir e items 11a, 11b, or the certifying stat	one preceptor is necessary to doc t is not required to meet the training remants of 10 CFR Part 35, Subpa	g nt J.
	r item 1 has satisfactorially completed competent to independently operate a		<u> </u>
	i item 1 has satisfactorily completed to 100 392 394	he requirements in Part 35, Section	n(s)
YES 11b. The individual named in N/A USEN-	n Itom 1. Is competent to Independent for ORAL AD ORAL AD	ty function as an authorized M.M. ISTUATION USES (or Units). M.M. ISTUATION USES (or Units).	131
	CEPTOR APPROVAL AND CERTIFI		
;			
I certify the approval of item 10 and	certify I am an Authorized Nuclear P	hermadet;	
	or		
l certify the approval of items 11a a	nd 11b, and certify I am an Authorized	d Nuclear Pharmacist	
	A7	•	
	OF nd 11b, and I certify that I meet the re lirements to be a preceptor authorized	•	<u>394</u>
	yproduct material:		
A. Address Strphan Kowalyr	Қ В.	. Meteriale-License Number	
Mailine & Courses	1 4640	370289402	
530 SOUTH St. GREENSBURG, PA-	 ଅ		
NAME OF PRECEPTOR (print clearly)	D. SIGNATURE - PRECEPTOR	E. DATE	
Dr. S. KOWALYK, M	D	10/15/5	-
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			124 1 - 112 1 - 114
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NRC FORM 374	U.9. NUCLEAR REGUL/	ATORY COMMISSION		ment No. 32
Pursuant to the Atomic Energy Act of 1954, as of Federal Regulations, Chapter I, Parte 30, heretofore made by the licensee, a license is source, and special nuclear material designa deliver or transfer such material to persons au shall be deemed to contain the conditions sp applicable rules, regulations, and orders of th below.	hereby issued authoriz ted below; to use such thorized to receive it in	A Reorganization Act of 1 5, 39, 40, and 70, and In ting the licensee to recain material for the purposi accordance with the regu	ve, acquire, possess, and t e(s) and at the place(s) de ulations of the applicable P ot of 1954, as amended, a	and representations transfer byproduct, signated below; to art(s). This license and is subject to all
Licensee		In accordance v	vith the letter dated	
		December 16, 2		
1. Mercy Jeannette Hospital	SCLEAR,	its entirety to re	r 37-15471-01 is ame ad as follows:	nded in
23		4 Expiration date	February 28, 2014	
2. 600 Jefferson Avenue Jeannette, Pennsylvania 15644	φ. <sup>κ</sup>	5. Docket No. 03		
	and the second	Reference Now	المسلمي مدينية 	
6. Byproduct, source, and/or special nuclear material	7. Chemical and	orphysical (orm of	8. Maximum amount to possess at any one license	hat licensee may a time under this
A. Any byproduct material permitted by 10 CFR 35:100	A Any		A. Assineeded	
B. Any byproduct material permitted by 10 CFR 35.200	B Any 24		B. As needed	
C. Any byproduct material permitted by 10 CFR 35.300	C. Any		C. 300 millicuries	
D. Any byproduct material permitted by 10 CFR 35.400	D. Sealed Sou (C.R. Bard Proseed)	irces (lodine-125- Co. Model	D. 2 curies	
E. Any byproduct material permitted by 10 CFR 35.500	E. Sealed Sou Products La NES8426)	urces (Isotope aboratories Model	E. 500 millicuries	
F. Any byproduct material permitted by 10 CFR 31.11	F. Prepackage	ed Kits	F. 200 microcurie	5
9. Authorized use:	·			Au
<ul> <li>A. Any uptake, dilution and excre B. Any imaging and localization s</li> <li>C. Any diagnostic study or therap</li> <li>D. Any manual brachytherapy pro</li> </ul>	study permitted by by procedure permi	10 CFR 35.200. itted by 10 CFR 35.3		

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IRC FORM 374A	U.S. NUCLEAR REGULATORY	COMMISSION	PAC	35 2	of	3	PAGES
			License Number 37-15471-01				
	ATERIALS LICENSE		Docket or Reference Number 030-09165				
		•	Amendment No. 32				
<ul> <li>Diagnostic medipursuant to 10 C</li> <li>In vitro studies.</li> </ul>	cal use of sealed sources perm FR 30.32(g).	nitted by 10	CFR 35.500 in compatit	ole dev	vices	regi	stered
	CC	NDITIONS		1			
Jeannette, Penn	al may be used or stored only sylvania. afety Officer for this license is al is only authorized for use by	e: Edwin Mille	r. Andrew Construction of the second se	909 Je	effers	on A	wenue,
Authori	zed Users		iarand Use				
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	a R. Polath, M.D.	35.20					
Yaser H	Kalash, M.D	35.20					
Ragoor	K. Reddy, M.D.	<sup>1</sup> 435.20					
Bassar	n Kharma, M.D.	35.20	D. Ita				
Shyam	Vijay Gohel, M.D.	35.10	0; 35.200; 35.300; 35.50	10; <u>in 1</u>	<u>vitro</u> s	studi	es
Stepha	n Kowalyk, M.D.	Oral	administration of sodium	lodide	o lodir	ne-1	31
	n Kowalyk, M.D. r K. Patheja, M.D.	Oral : 35.40		lodide	ə lodir	ne-1	31

- 13. In addition to the possession limits in Item 8, the licensee shall further restrict the possession of licensed material to quantities below the minimum limit specified in 10 CFR 30.35(d), for establishing financial assurance for decommissioning.
- 14. The licensee shall conduct a physical inventory every six months, or at other intervals approved by the U.S. Nuclear Regulatory Commission, to account for all sources and/or devices received and possessed under the license.
- 15. The licensee is authorized to transport licensed material in accordance with the provisions of 10 CFR Part 71, "Packaging and Transportation of Radioactive Material."

RC FORM 374A	U.S. NUCLEAR REG		License Numbe		3 of	3	PAGES
	TERIALS LICENS		37-15 <b>47</b> 1-0 Docket or Role 030-09165	rence Number			
			Amendmer	nt No. 32			·
accordance with any enclosures, i be submitted in a licensee's ability The U.S. Nuclea representations, than the regulation	cally provided otherw the statements, repri- isted below. This lic accordance with the r to make changes to r Regulatory Commis and procedures in th ons. dated December 15, March 13, 2006 (ML	esentations, a ense condition egulations. A the radiation p ssions regulat eglicensee's a 2003 (ML040)	nd procedures cor applies only to the dditionally, this lice protection program ogs shall govern L pplication and corr	named in the cose procedure ense condition as provided found injess the state	s that are does not or in 10 C ements.	requi limit ti FR 35	he 1.26.
DateMarch_30_2	006	For By	the U.S. Nuclear F Original signe Tara L. Weidne Medical Branci Division of Nuc Region I King of Prussia	ed by Tara L. er h clear Materials	Weidner Safety		