Modern Radiology

J-6
MS-16

US Nuclear Regulatory Commission
Division of Nuclear Material Safety
Region I
King of Prussia, PA 19405

RCI 03036964

Re: License No. 52-31059-01
Modern Radiology, PSC

Dr. Miguel Serpa, MD is no longer RSO neither authorized user for the above license.

Dr. Adrian Alvarez is submitted for approval as authorized user. Dr. Alvarez is in NRC license no. 52-25255-01

Dr. Heriberto Torres. Ph.D. is submitted for approval as Radiation Safety Officer. Dr. Torres is in NRC license 52-25621-01 for Hospital HIMA San Pablo. Fajardo, P.R.

Gamalier Bermúdez Ruiz
Presidente- Radiologo
Modern Radiology, PSC

139677
NMSS/RGNI MATERIALS-002

*Estado Libre Asociado de Puerto Rico*
*Departamento de Salud*
*Tribunal Examinador de Médicos de Puerto Rico*

*CERTIFICACION*

*POR LA PRESENTE CERTIFICO:*

*Que el Tribunal Examinador de Médicos de Puerto Rico otorgó a ADRIAN ALVAREZ DE LA CAMPA LAUREL , M.D., número de seguro social [redacted] la licencia regular número 15,370 el día 19 de mayo de 2004. Por virtud de ésta se le autoriza a ejercer la MEDICINA Y CIRUGIA libremente en el Estado Libre Asociado de Puerto Rico. Esta licencia está vigente al presente.*

*El Dr. ADRIAN ALVAREZ DE LA CAMPA LAUREL tiene las siguientes Certificaciones de Especialidad o Sub-Especialidad :*
*Especialidad en MEDICINA NUCLEAR expedida el día 3 de agosto de 2005*

*EN TESTIMONIO DE LO CUAL, firmo la Presente que contiene el Sello Oficial del Tribunal Examinador de Médicos, en San Juan, Puerto Rico, hoy 12 de abril de 2006.*

Dra. Marline Seda Troche
*Dra. Marline Seda Troche*
*Directora Ejecutiva*

*Expedido a: HOSPITAL DAMAS*

*cll*

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*PO Box 13969 San Juan PR 00908 Tel. 787-782-8989 Fax 787-792-4436*

# CURRICULUM VITAE

## ADRIÁN ALVAREZ DE LA CAMPA, MD

PHONE [redacted] • E-MAIL [redacted]

### WORK EXPERIENCE

2004 – Present **Hospital Dr. Pila** Ponce, PR
Medical Director , Nuclear Medicine Department

### EDUCATION

2002 – 2004 **Nuclear Medicine Residency**
Emory University School of Medicine Atlanta, GA

2001 – 2002 **Transitional Residency**
Saint Luke's Episcopal Hospital Ponce, PR

1997 – 2001 **Ponce School of Medicine** Ponce, PR
MD

1990 – 1995 **University of Puerto Rico** Mayaguez, PR
*BS Biology*

### BOARD CERTIFICATION AND LICENSURE

American Board of Nuclear Medicine - Test Date October 2005
American Board of Nuclear Cardiology – Board Eligible
United States Medical Licensing Examination
Puerto Rico Board of Medical Examiners, Lic#15370

### HONORS AND AWARDS

Chief Resident, Transitional Year, Saint Luke's Episcopal Hospital
Ponce School of Medicine: Honors earned in multiple courses including Nuclear Medicine, Radiology, Internal Medicine, Anesthesiology, Primary Care, Family Medicine, and Psychiatry.

### RESEARCH AND PUBLICATIONS

August 2003 to 2004 Atlanta, GA
**Nuclear Medicine Department, Emory University Hospital**
Retrospective analysis of myocardial perfusion imaging in an end-stage liver disease population. Protocol, methods and results analysis of myocardial perfusion imaging as screening tool on a preoperative setting for liver transplant patients at our institution.

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August 2000 to September 2000 Ponce, PR

**Physiology Department, Ponce School of Medicine**

Preparation of an animal model of colitis, administration of antineutrophil antibodies to assess neutrophil involvement in colitis. Directed by Caroline Appleyard, PhD.

"Quantification of bacterial load in two different animal models of colitis" **FASEB Journal 15 (5): A821** May 2001

May 1999 to August 1999 Ponce, PR

**Physiology Department, Ponce School of Medicine**

Voluntary Research Assistant. Setup of TNBS-induced models of colitis to investigate the role of inflammatory mediators and blood flow changes.

"Inflammation induced changes in colonic vascular architecture in animal models of colitis" **Gastroenterology 118 (4): A5148,** April 2000.

"Temporal changes in inflammatory mediator level and colonic vascular architecture in animal models of colitis" **Digestive Diseases and Sciences, 47** (9): 2007-2014, September 2002.

## SOCIETY MEMBERSHIPS

Society of Nuclear Medicine, Member

## PERSONAL / OTHER INTERESTS

Fluent in English and Spanish. Interests include computers, reading, music, traveling, golf and biking.

11-22-06; 3:55PM;Modern Radiology ;787 2591117 # 6/ 20

# Emory University

## School of Medicine

### Department of Nuclear Medicine

Certifies That

## Adrian Alvarez de la Campa, M.D.

has completed requirements for

## Resident

**July 1, 2002 through June 30, 2004**

Chairman

Executive Vice President for Health Affairs

Dean School of Medicine

11-22-06; 3:55PM;Modern Radiology ;787 2591117 # 7/ 20

# Ponce School of Medicine

*On the nomination of the faculty has conferred on*

## Adrián Alvarez de la Campa Laurel

*the degree of*

**Doctor of Medicine**

*with all the honors, rights, and privileges pertaining to this degree. In witness thereof, this diploma is granted bearing the seal of the School and the signatures of the Chairman of the Board of Trustees and the President and Dean of the School.*

*Given at Ponce, Puerto Rico, this twenty-sixth day of May in the year of Our Lord two thousand one.*

Chairman, Board of Trustees

President and Dean

Teaching Consortium
Hospital Episcopal San Lucas-
Ponce School of Medicine

Hospital Episcopal
**San Lucas**

PONCE SCHOOL OF MEDICINE
PUERTO RICO 717
Ponce, Puerto Rico

# Certification

It is hereby certified that

## Adrian Alvarez de la Campa Laurel, MD

Has fulfilled the requirements of the
Postgraduate Medical Education
Training Program in

## Transitional Year Residency

Effective June 30, 2002

Given at Ponce, Puerto Rico, on June 14, 2002

Director of Training

Medical Director

Director of Graduate Medical Education

Colegio de Médicos-Cirujanos de Puerto Rico

PO Box 9800 • San Juan, PR 00908 / e-mail: info@colegiomedicopr.org
Tels. (787) 751-5979 / 751-6699 / 751-6670 / 751-7120 / Fax (787) 751-6592

# CERTIFICACION

15370

ADRIAN A ALVAREZ DE LA CAMPA-LAUREL, MD

PO BOX 10658
SAN JUAN PR00922

Certifico que este profesional cumplió con los requisitos de esta institución para el año fiscal 2005, a tenor con lo dispuesto en la Ley #56 del 13 de julio de 2001. Esta certificación es válida hasta el 31 de diciembre de 2006. Por lo tanto, es un colegiado bonafide de este Colegio de Médicos-Cirujanos de Puerto Rico.

Dra. Marissel Velázquez Vicente
Presidenta
Colegio de Médicos-Cirujanos de Puerto Rico

COLEGIO DE MEDICOS-CIRUJANOS DE PUERTO RICO
FUNDADO SEPTIEMBRE 1995

ESTADO LIBRE ASOCIADO DE PUERTO RICO
Commonwealth of Puerto Rico

DEPARTAMENTO DE SALUD
Department of Health

TRIBUNAL EXAMINADOR DE MEDICOS DE PUERTO RICO
Puerto Rico Board of Medical Examiners

*I hereby certify that:*

*The Puerto Rico Board of Medical Examiners issued this Certificate Of Specialty to ADRIAN A. ALVAREZ DE LA CAMPA-LAUREL, M.D., social security number [redacted] on AUGUST 3, 2004. By virtue of this certificate is authorized to practice as a specialist in .NUCLEAR MEDICINE.*

*The above said physician holds a regular license number 15,370 authorizing him/her to practice medicine and surgery in the Island of Puerto Rico issued on MAY 19, 2004.*

*IN WITNESS WHEREOF,*
*I have hereunto set my*
*hand and affixed the Seal of*
*PUERTO RICO BOARD OF*
*MEDICAL EXAMINERS*
*at the City of San Juan, this*
*August 3, 2004.*

*LUIS R. GONZALEZ-COLON, M.D.*
*PRESIDENT*

**PERSONAL INFORMATION WAS REMOVED BY NRC. NO COPY OF THIS INFORMATION WAS RETAINED BY THE NRC.**

PO Box 13969 San Juan, Puerto Rico 00908

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ESTADO LIBRE ASOCIADO DE PUERTO RICO
Commonwealth of Puerto Rico

DEPARTAMENTO DE SALUD
Department of Health

TRIBUNAL EXAMINADOR DE MEDICOS DE PUERTO RICO
Puerto Rico Board of Medical Examiners

*THIS IS TO CERTIFY THAT:*

*THE PUERTO RICO BOARD OF MEDICAL EXAMINERS, issued to*

*ADRIAN A. ALVAREZ DE LA CAMPA-LAUREL, M.D., social security* [redacted]

[redacted]*a regular license number 15,370 on MAY 19, 2004.*

*By virtue of this license is authorized to practice Medicine and Surgery in the Island of Puerto Rico.*

*IN WITNESS WHEREOF,*
*I have hereunto set my hand and affixed the Seal of PUERTO RICO BOARD OF MEDICAL EXAMINERS at the City of San Juan, this May 19, 2004.*

*LUIS R. GONZALEZ-COLON, M.D.*
*PRESIDENT*

**PERSONAL INFORMATION WAS REMOVED BY NRC. NO COPY OF THIS INFORMATION WAS RETAINED BY THE NRC.**

PO Box 13969 San Juan, Puerto Rico 00908

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COMMONWEALTH OF PUERTO RICO
DEPARTMENT OF HEALTH
PUERTO RICO BOARD OF MEDICAL EXAMINERS

CERTIFICATION OF REGISTRY AND MEDICAL EDUCATION

CERTIFY: THAT THIS PHYSICIAN COMPLIES WITH THE REQUIREMENTS OF REGISTRY AND CONTINUED MEDICAL EDUCATION FOR THE YEARS 2004-2007, IN COMPLIANCE WITH THE DISPOSITIONS OF LAW NUM. 22 OF APRIL 22, 1931, AND NUM. 11 OF JUNE 23, 1976, AS AMENDED. THIS CERTIFICATION IS VALID UNTIL JUNE 30, 2007.

ALVAREZ DE LA CAMPA LAUREL, ADRIAN
[redacted]

LICENSE : 015370
REGISTRY : XXXXX
**WARNING: ANY ALTERATION TO THIS DOCUMENT WILL RENDER IT INVALID**

PRESIDENT OR EXECUTIVE DIRECTOR

Dra. Jamie Demaio Bellon
Calle Concepción #20 Guayanilla, P. R.
Teléfono (787) 835-3581

24452

# CERTIFICADO DE SALUD

Nombre ADRIAN ALVAREZ DE LA CAMPA
Edad [redacted] Sexo [redacted]
Residencia [redacted]
Oficio MEDICO
Lugar de trabajo DR PILA

**CERTIFICO**: que he examinado a la persona arriba descrita y que se encuentralibre de enfermedades contagiosas, de acuerdo al VDRL y Prueba de tuberculina suministrada que le incapaciten para dedicarse a su oficio sin peligro para la salud pública. Este Certificado será válido por un (1) año a partir de la fecha de expedición del mismo y puede ser cancelado en cualquier momento por el Secretario de Salud.

09 de NOVIEMBRE de 2006

DRA. JAMIE DEMAIO
Nombre y firma médico autorizad

10638
# Licencia

Departamento de Salud
S.A.R.A.F.S.
Certificado de Salud
4082262

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# The American Board of Nuclear Medicine

Incorporated 1971

Certifies that

## Adrian Alvarez de la Campa

has met the requirements of this Board and is qualified during the period of 2005 through 2015 to practice as a Specialist in all aspects of Clinical and Laboratory

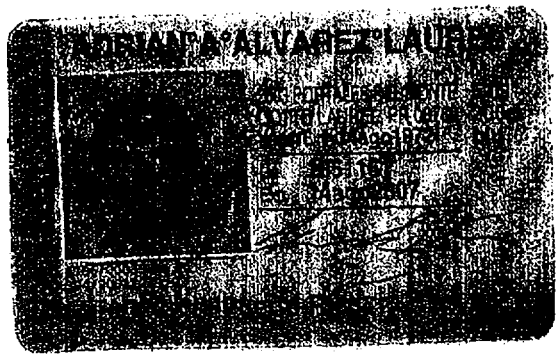
## Nuclear Medicine

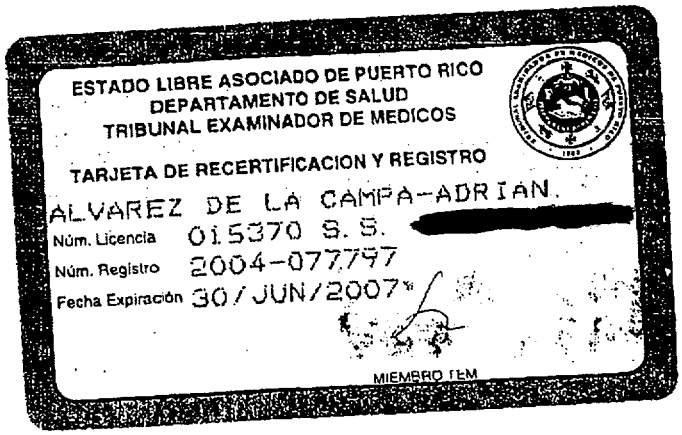
including but not limited to Radiobioassay, Nuclear Imaging, In Vivo Measurements & Therapy with Unsealed Radionuclides

Tom R. Miller
Chairman

J. Anthony Parker
Secretary-Treasurer

07462
Number
United States





ESTADO LIBRE ASOCIADO DE PUERTO RICO
DEPARTAMENTO DE SALUD
TRIBUNAL EXAMINADOR DE MEDICOS

TARJETA DE RECERTIFICACION Y REGISTRO

ALVAREZ DE LA CAMPA-ADRIAN.

Núm. Licencia 015370 S. S. [redacted]

Núm. Registro 2004-077797

Fecha Expiración 30/JUN/2007

MIEMBRO TEM

COLEGIO DE MEDICOS-CIRUJANOS
DE PUERTO RICO

Nombre del Colegiado

1 de Enero 2006

2006

ADRIAN A ALVAREZ DE LA

Numero de Licencia

15370

2006

31 de Diciembre 2006

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DIVISION PARA EL CONTROL DE DROGAS Y NARCOTICOS
Original Registrado
003035
6 de julio de 2005
DERECHO PAGADO
ASSMCA

Estado Libre Asociado de Puerto Rico

**ADMINISTRACIÓN DE SERVICIOS DE SALUD MENTAL Y CONTRA LA ADICCIÓN**
**DIVISIÓN PARA EL CONTROL DE DROGAS Y NARCÓTICOS**

## CERTIFICADO DE REGISTRO

EL ADMINISTRADOR DE LA ADMINISTRACIÓN DE SERVICIOS DE SALUD MENTAL Y CONTRA LA ADICCIÓN certifica que, el poseedor de este Certificado de Registro, ha cumplido con las disposiciones del Artículo 303 de la Ley #4 de Sustancias Controladas de Puerto Rico del 23 de junio de 1971, según enmendada, para dedicarse a **Prescribir** sustancias controladas en las siguientes clasificaciones de acuerdo con los Reglamentos:

| CLASIFICACIONES | 1 | 2N | 2NN | 3N | 3NN | 4 | 5 |
|---|---|---|---|---|---|---|---|

**Certificado Emitido A:**

DR. ADRIAN ALVAREZ DE LA CAMPA LAUREL
[redacted]

| NÚMERO DE REGISTRO | FECHA DE EXPEDICIÓN | | | FECHA DE EXPIRACIÓN | | |
|---|---|---|---|---|---|---|
| | Día | Mes | Año | Día | Mes | Año |
| DM - 15427 - 8 | 21 | 7 | 2005 | 31 | 7 | 2007 |

| IMPORTE A PAGAR | FECHA DE PAGO | | | NÚMERO DE RECIBO O FORMA DE PAGO | INICIALES DE COTEJO |
|---|---|---|---|---|---|
| | Día | Mes | Año | | |
| $200.00 | 6 | 7 | 2005 | 219759 | |

Firma del Administrador o su Representante Autorizado

Modelo SC 1505 (ASSMCA)
Rev. 7/2004

COLOQUE EN UN SITIO VISIBLE - ESTE DOCUMENTO NO ES TRANSFERIBLE - VER INSTRUCCIONES AL DORSO

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON, D.C. 20537

Sections 304 and 1008 (21 U.S.C. 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

| DEA REGISTRATION NUMBER | THIS REGISTRATION EXPIRES | FEE PAID |
|---|---|---|
| BA8952524 | 05-30-2007 | PAID |

| SCHEDULES | BUSINESS ACTIVITY | DATE ISSUED |
|---|---|---|
| 2,2N,3,3N,4,5 | PRACTITIONER | 08-17-2004 |

ALVAREZ DE LA CAMPA-ADRIAN A
[redacted]
00780

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THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, BUSINESS ACTIVITY, OR VALID AFTER THE EXPIRATION DATE.

DEA-223 (11/03)

**AMERICAN SAFETY & HEALTH INSTITUTE**

an association of professional safety and health educators

*This certifies that*
Dr. Adrian Alvarez

*has successfully completed a course in*

☑ Professional level CPR/AED

☐ Professional level CPR (AED introduction-level only)

VOID IF MORE THAN ONE COURSE CHECKED

**CPR Pro™**

Meets BLS requirements for Healthcare Providers & First Responders

**ASHI APPROVED CERTIFICATION CARD**

Jose Emilio Velez Ferrer, DMT, REMT-P

Authorized Instructor (Print Name)

Holder's Signature

| | |
|---|---|
| MAY-27-2005 | MAY-25-2007 |
| Date Completed | Renewal Date |
| 787-645-8329 | Cardiacare Enterprise |
| Training Center Phone No. | Training Center Note |

Successful completion indicates card holder has met the required knowledge and skill objectives of the curriculum to the satisfaction of an ASHI authorized instructor. Successful completion does not guarantee future performance, nor imply state certification or licensure. The ASHI CPR Pro™ curriculum follows Guidelines 2000 for CPR and ECC. Rate this program online at www.ashiinstitute.org or call (800) 246-5101.

TRIPLE-S

# Certificate of Insurance

SEGUROS TRIPLE-S, INC.

[redacted]
PO Box 70313, San Juan, Puerto Rico 00936-0313
Tel. (787) 749-4600 Fax (787) 277-8038

**Named Insured and Postal Address**
DR ADRIAN ALVAREZ DE LA CAMPA
[redacted]

This is to certificate that the policies of insurance listed below have been issued to the insured name above for the policy period indicated, notwithstanding any requirement, term or condition of any contract or other document with respect to which the certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions and conditions of such policies. Aggregate limits shown may have been reduced by paid claims.

Type of Insurance

| Coverage | Policy Number | Policy Eff. Date | Policy Exp. Date | Limits of Liability |
|---|---|---|---|---|
| Physician | PPL6003707 | 07/22/2004 | 07/22/2005 | $100,000 Each Medical Incident<br>$300,000 Aggregate |

This certificate is issued as a matter of information only and confers to right upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the above policy.

In the event of cancellation of the above policy described, the undersigned company will endeavor to give written notice to the party to whom this certificate is issued, but failure to give such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

The payment of the premium must be received at the company on or before the commencement date of the policy period indicated above for this policy to be effective or continue in effect, as applicable.

Certificate Holder
HOSPITAL DR. PILA

PO BOX 331910

PONCE , PR 007331910

Countersigned on, 07/28/2004 at San Juan, PR. By Nilda M. Rodriguez
Authorized Representative

Insured Copy

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SSS 368 (08/00)

ESTADO LIBRE ASOCIADO DE PUERTO RICO
DEPARTAMENTO DE SALUD
TRIBUNAL EXAMINADOR DE MEDICOS

TARJETA DE RECERTIFICACION Y REGISTRO

ALVAREZ DE LA CAMPA-ADRIAN

Núm. Licencia 015370 S.S. [redacted]

Núm. Registro 2004-077797

Fecha Expiración 30/JUN/2007

MIEMBRO TEM

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Modelo SC 1037(SAIR)
18 Mar 96

Estado Libre Asociado de Puerto Rico
DEPARTAMENTO DE SALUD
Recibo Oficial

Fecha de Recibo: 16-Aug-2005
Cifra de Depositante: 1528
Número de Recaudador: 141 ROXANA DAVILA GARCIA

Recibo Número: 2001030353
Año Económico: 2002
Sector Económico: 01

Información de Recibo

| Recibi De | Concepto | Importe | Valor Recibido |
|---|---|---|---|
| ADRIAN ALVAREZ | 107-GOOD STANDING (3) | $75.00 | 92771984531 |

Total de Recibo: $75.00

Auxiliar Recaudador