

**CARDIOLOGY  
ASSOCIATES OF  
CENTRAL  
CONNECTICUT, LLC**

97 BARNES RD., WALLINGFORD, CT 06492  
TEL. 203-284-3137 FAX 203-284-3130

STEPHEN D. ROSSNER, M.D., F.A.C.P.  
HAROLD S. WILKES, M.D., F.A.C.C.  
GEORGE SPIVACK, M.D., F.A.C.C.  
JOHN S. ZESK, M.D., F.A.C.C.

March 15, 2007

United States Nuclear Regulatory Commission  
Region 1  
475 Allendale Road  
King of Prussia, Pennsylvania 19406-1415

RE: Request for

- Addition of authorized user
- Removal of authroized user

Cardiology Associates of Central CT, LLC LIC # 06-30788-01 Control # ~~140266~~ *140266*

Dear Sir or Madam:

We are requesting an amendment to our current license requesting the addition of Harold S. Wilkes, M.D. to our license as an authorized user. Attached is a copy of his board certification in Nuclear Medicine, as well as all state and federal licenses.

We are requesting the removal of Frans J Th Wacker, M.D. as an authorized user.

Thank-you for your consideration in this matter.

If any additional information is required, please call me at 203-741-6555.

Sincerely,

  
George Spivack, M.D., F.A.C.C.

Radiation Safety Office

RECEIVED  
REGION 1

2007 MAR 21 AM 11:03

*140266*  
NMSS/RGN1 MATERIALS-002

**THE CERTIFICATION BOARD OF NUCLEAR CARDIOLOGY**  
Incorporated 1996  
*CERTIFIES THAT*

*Harold S. Wilkes, MD*

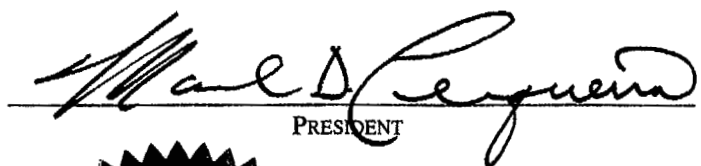
HAVING MET THE REQUIREMENTS PRESCRIBED BY THIS BOARD FOR PHYSICIANS RESIDING  
IN THE UNITED STATES AND HAVING SATISFACTORILY PASSED THE REQUIRED EXAMINATION,

IS HEREBY DESIGNATED

A DIPLOMATE CERTIFIED IN THE SUBSPECIALTY OF

**NUCLEAR CARDIOLOGY**

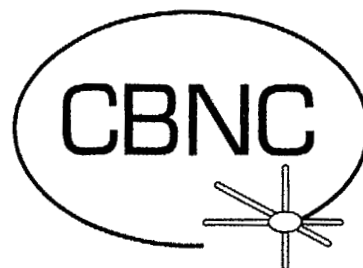
FOR THE PERIOD 2004 THROUGH 2014

  
PRESIDENT

  
SECRETARY



CERTIFICATE #3700



OCTOBER 24, 2004

STATE OF CONNECTICUT  
DEPARTMENT OF CONSUMER PROTECTION  
165 Capitol Avenue ♦ Hartford Connecticut 06106

Attached is your registration. Such registration shall be shown to any properly interested person on request. No such registration shall be transferred to or used by any other person than to whom the registration was issued.

Questions should be directed to the Drug Control Division at (860) 713-6065 or email [drug.control@ct.gov](mailto:drug.control@ct.gov)

Visit our web site at [www.ct.gov/dcp](http://www.ct.gov/dcp).

HAROLD WILKES MD  
CARDIOLOGY ASSOC OF CENTRAL CT LLC  
97 BARNES ROAD  
WALLINGFORD, CT 06492

STATE OF CONNECTICUT ♦ DEPARTMENT OF CONSUMER PROTECTION  
Be it known that

HAROLD WILKES MD  
CARDIOLOGY ASSOC OF CENTRAL CT LLC  
97 BARNES ROAD  
WALLINGFORD, CT 06492

has satisfied the qualifications required by law and is hereby issued a

CONTROLLED SUBSTANCE REGISTRATION FOR PRACTITIONER

Registration # 10760

Schedule 1 No

Schedule 2 Yes

Schedule 3 Yes

Schedule 4 Yes

Schedule 5 Yes

Effective: 03/01/2007

Expiration: 02/29/2008

*Jerry Farrell, Jr.*

Jerry Farrell, Jr., Commissioner

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
BW0295382	05-31-2009	Paid
SCHEDULES	BUSINESS ACTIVITY	DATE ISSUED
2,2N,3 3N,4,5	PRACTITIONER	05-05-2006
WILKES, HAROLD S MD FACC MERIDEN WALLINGFORD CARD ASSOC 97 BARNES RD. WALLINGFORD, CT 06492		

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.

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

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Form DEA-223 (05/04)

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0004582 FP \*\*PRSRT T3 D 0964 06410  
HAROLD S. WILKES MD

Dear Licensed/Certified Professional,  
Attached you will find your validated license/certification for the coming year. Should you have any questions about your license/certificate renewal, please do not hesitate to write or call:

Department of Public Health  
P.O. Box 340308  
M.S.#12MQA  
Hartford, CT 06134-0308

(860) 509-7603

<http://www.dph.state.ct.us>

Sincerely,

*J Robert Galvin M.D., M.P.H.*

J. ROBERT GALVIN, MD, MPH, COMMISSIONER  
DEPARTMENT OF PUBLIC HEALTH

INSTRUCTIONS:

1. Detach and sign each of the cards on this form.
2. Display the large card in a prominent place in your office or place of business.
3. The wallet card is for you to carry on your person. If you do not wish to carry the wallet card, place it in a secure place.

4. The employer's copy is for persons who must demonstrate current licensure/certification in order to retain employment or privileges. The employer's card is to be presented to the employer and kept by them as a part of your personnel file. Only one copy of this card can be supplied to you.

STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH

PURSUANT TO THE PROVISIONS OF THE GENERAL STATUTES OF CONNECTICUT  
THE INDIVIDUAL NAMED BELOW IS LICENSED  
BY THIS DEPARTMENT AS A

PHYSICIAN/SURGEON

HAROLD S. WILKES MD

LICENSE NO.  
023551  
CURRENT THROUGH  
09/30/07  
VALIDATION NO.  
03-380652

*Harold Wilkes*  
SIGNATURE

*J Robert Galvin M.D., M.P.H.*  
COMMISSIONER

EMPLOYER'S COPY

STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH

NAME

HAROLD S. WILKES MD

VALIDATION NO.  
03-380652

LICENSE NO.  
023551

CURRENT THROUGH  
09/30/07

PROFESSION

PHYSICIAN/SURGEON

*Harold Wilkes*  
SIGNATURE

*J Robert Galvin M.D., M.P.H.*  
COMMISSIONER

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

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

3/15/2007, and to inform you that the initial processing which includes an administrative review has been performed.

☒ AMEND. 06-30788-01  
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 140266.  
When calling to inquire about this action, please refer to this control number.  
You may call us on (610) 337-5398, or 337-5260.