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REGION I

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NMS 01

7/12/07

U.S.N.R.C.
Region I
475 Allendale Road
King of Prussia, PA 19406

03013267

Re: License Number 47-17746-01

To Whom It May Concern:

Please add the following physician authorized user to our license. Verification of training and experience for this individual is attached for reference.

Adam Thomas Krompecher, MD 10 CFR 35.100, 35.200 and Iodine -131 administration less than or equal to 33 mCi.

Please Delete the following physician from our license.

Marvin Abdalah, MD

Thank you for your attention to this matter.

Hospital Administrator

140883

Thomas Memorial Hospital

NMSS/RGN1 MATERIALS-002

4605 MacCorkle Avenue, SW ■ South Charleston, WV 25309 ■ 304-766-3600

www.thomaswv.org

APPLICATION FOR MATERIAL LICENSE

INSTRUCTIONS: SEE THE APPROPRIATE LICENSE APPLICATION GUIDE FOR DETAILED INSTRUCTIONS FOR COMPLETING APPLICATION. SEND TWO COPIES OF THE ENTIRE COMPLETED APPLICATION TO THE NRC OFFICE SPECIFIED BELOW.

APPLICATION FOR DISTRIBUTION OF EXEMPT PRODUCTS FILE APPLICATIONS WITH:

DIVISION OF INDUSTRIAL AND MEDICAL NUCLEAR SAFETY
 OFFICE OF NUCLEAR MATERIALS SAFETY AND SAFEGUARDS
 U.S. NUCLEAR REGULATORY COMMISSION
 WASHINGTON, DC 20555-0001

ALL OTHER PERSONS FILE APPLICATIONS AS FOLLOWS:

IF YOU ARE LOCATED IN:

ALABAMA, CONNECTICUT, DELAWARE, DISTRICT OF COLUMBIA, FLORIDA, GEORGIA, KENTUCKY, MAINE, MARYLAND, MASSACHUSETTS, MISSISSIPPI, NEW HAMPSHIRE, NEW JERSEY, NEW YORK, NORTH CAROLINA, PENNSYLVANIA, PUERTO RICO, RHODE ISLAND, SOUTH CAROLINA, TENNESSEE, VERMONT, VIRGINIA, VIRGIN ISLANDS, OR WEST VIRGINIA, SEND APPLICATIONS TO:

LICENSING ASSISTANCE TEAM
 DIVISION OF NUCLEAR MATERIALS SAFETY
 U.S. NUCLEAR REGULATORY COMMISSION, REGION I
 475 ALLENDALE ROAD
 KING OF PRUSSIA, PA 19406-1415

IF YOU ARE LOCATED IN:

ILLINOIS, INDIANA, IOWA, MICHIGAN, MINNESOTA, MISSOURI, OHIO, OR WISCONSIN, SEND APPLICATIONS TO:

MATERIALS LICENSING BRANCH
 U.S. NUCLEAR REGULATORY COMMISSION, REGION III
 2443 WARRENVILLE ROAD, SUITE 210
 LISLE, IL 60532-4352

ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, COLORADO, HAWAII, IDAHO, KANSAS, LOUISIANA, MONTANA, NEBRASKA, NEVADA, NEW MEXICO, NORTH DAKOTA, OKLAHOMA, OREGON, PACIFIC TRUST TERRITORIES, SOUTH DAKOTA, TEXAS, UTAH, WASHINGTON, OR WYOMING, SEND APPLICATIONS TO:

NUCLEAR MATERIALS LICENSING BRANCH
 U.S. NUCLEAR REGULATORY COMMISSION, REGION IV
 611 RYAN PLAZA DRIVE, SUITE 400
 ARLINGTON, TX 76011-4005

03013267

PERSONS LOCATED IN AGREEMENT STATES SEND APPLICATIONS TO THE U.S. NUCLEAR REGULATORY COMMISSION ONLY IF THEY WISH TO POSSESS AND USE LICENSED MATERIAL IN STATES SUBJECT TO U.S. NUCLEAR REGULATORY COMMISSION JURISDICTIONS.

<p>1. THIS IS AN APPLICATION FOR (Check appropriate item)</p> <p><input type="checkbox"/> A. NEW LICENSE</p> <p><input checked="" type="checkbox"/> B. AMENDMENT TO LICENSE NUMBER <u>47-17746-01</u></p> <p><input type="checkbox"/> C. RENEWAL OF LICENSE NUMBER _____</p>	<p>2. NAME AND MAILING ADDRESS OF APPLICANT (Include ZIP code)</p> <p>Herbert J. Thomas Memorial Hospital 4605 MacCorkle Avenue, SW South Charleston, WV 25309-1311</p>
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<p>3. ADDRESS WHERE LICENSED MATERIAL WILL BE USED OR POSSESSED</p> <p>Same</p>	<p>4. NAME OF PERSON TO BE CONTACTED ABOUT THIS APPLICATION</p> <p>Sharon L. Long, NPC</p> <p>TELEPHONE NUMBER</p> <p>(888) 456-5255</p>
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<p>SUBMIT ITEMS 5 THROUGH 11 ON 8-1/2 X 11" PAPER. THE TYPE AND SCOPE OF INFORMATION TO BE PROVIDED IS DESCRIBED IN THE LICENSE APPLICATION GUIDE.</p>					
<p>5. RADIOACTIVE MATERIAL</p> <p>a. Element and mass number; b. chemical and/or physical form; and c. maximum amount which will be possessed at any one time.</p>	<p>6. PURPOSE(S) FOR WHICH LICENSED MATERIAL WILL BE USED.</p>				
<p>7. INDIVIDUAL(S) RESPONSIBLE FOR RADIATION SAFETY PROGRAM AND THEIR TRAINING EXPERIENCE.</p>	<p>8. TRAINING FOR INDIVIDUALS WORKING IN OR FREQUENTING RESTRICTED AREAS.</p>				
<p>9. FACILITIES AND EQUIPMENT.</p>	<p>10. RADIATION SAFETY PROGRAM.</p>				
<p>11. WASTE MANAGEMENT.</p>	<p>12. LICENSE FEES (See 10 CFR 170 and Section 170.31)</p> <table border="1"> <tr> <td>FEE CATEGORY</td> <td>7C</td> <td>AMOUNT ENCLOSED</td> <td>\$ 0.00</td> </tr> </table>	FEE CATEGORY	7C	AMOUNT ENCLOSED	\$ 0.00
FEE CATEGORY	7C	AMOUNT ENCLOSED	\$ 0.00		

13. CERTIFICATION. (Must be completed by applicant) THE APPLICANT UNDERSTANDS THAT ALL STATEMENTS AND REPRESENTATIONS MADE IN THIS APPLICATION ARE BINDING UPON THE APPLICANT.

THE APPLICANT AND ANY OFFICIAL EXECUTING THIS CERTIFICATION ON BEHALF OF THE APPLICANT, NAMED IN ITEM 2, CERTIFY THAT THIS APPLICATION IS PREPARED IN CONFORMITY WITH TITLE 10, CODE OF FEDERAL REGULATIONS, PARTS 30, 32, 33, 34, 35, 36, 39, AND 40, AND THAT ALL INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF THEIR KNOWLEDGE AND BELIEF.

WARNING: 18 U.S.C. SECTION 1001 ACT OF JUNE 25, 1948 62 STAT. 749 MAKES IT A CRIMINAL OFFENSE TO MAKE A WILLFULLY FALSE STATEMENT OR REPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION.

<p>CERTIFYING OFFICER - TYPED/PRINTED NAME AND TITLE</p> <p>Robert J. Gray Vice President</p>	<p>SIGNATURE</p> 	<p>DATE</p> <p>7-26-07</p>
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FOR NRC USE ONLY

TYPE OF FEE	FEE LOG	FEE CATEGORY	AMOUNT RECEIVED	CHECK NUMBER	COMMENTS
			\$		
APPROVED BY				DATE	

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

Adam Thomas Krompecher, 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 fourteenth day of June, 2006

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

Diagnostic Radiology

AH Eligible

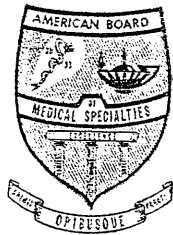


Certificate No. 52419

Ray O. Anderson, MD
President

Lith Eicken
Secretary-Treasurer

R.P. Hatten, MD
Executive Director



Valid through 2016

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

7/12/2007, and to inform you that the initial processing which includes an administrative review has been performed.

Amend. 47-17746-01
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** 140883.
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.