



DuBois Regional  
Medical Center

P.O. Box 447  
DuBois, Pennsylvania 15801-0447

*Making the difference for life.*

*NMSS*

RECEIVED  
REGION 1  
2007 NOV - 5 PM 12: 33

October 9, 2007

Region 1  
U.S. Nuclear Regulatory Commission  
475 Allendale Road  
King of Prussia, PA 19406-1415

*03017894*

RE: Amendment to License No. 37-19568-01

Dear Madams/Sirs:

Please amend License No. 37-19568-01 as follows. Additional information is enclosed.

**ITEM 12 B:**

Please add the following Medical Doctors to the license as authorized users for 10CFR 35.100, 35.200 and 35.300.

1. Wagar Shah, MD.

Supporting documentation is enclosed

Should you have any questions or require further information, please contact Mr. Neal Smarra at (412) 496-9237 or at (814) 375-3535.

Sincerely,

John Sutika  
Vice President and Chief Financial Officer  
DuBois Regional Medical Center

Enclosures

*141279*

NMSS/RCN1 MATERIALS-002

# The American Board of Radiology

5441 East Williams Blvd., Suite 200  
Tucson, Arizona 85711  
Phone: (520) 790-2900 Fax: (520) 790-3200

March 22, 2006

Residency Program: 33-09-41-2

52289

Vikram Singh Dogra, MB,BS  
Dept of Diagnostic Radiology  
Univ of Rochester Med Center  
601 Elmwood Avenue, Box 648  
Rochester, NY 14642-8648

Waqar Ali Shah, MD  


Dear Dr. Dogra:

The above named physician has indicated that training in your program will be completed on or before September 30, 2006. Since this candidate's admissibility to the Board examination process is contingent upon having fulfilled the training requirements, please respond to the following and return this form IMMEDIATELY.

Is this resident still in your department?

Yes

No

Will this candidate have completed a minimum of ~~36~~ 4 months of training in Nuclear Radiology during their residency?

Yes

No

If not...

What was the date of termination?

Month Day Year

Has this resident resumed training in another program?

Yes

No

If known, please indicate name and address of new institution.

Please select the appropriate statement below and provide the required signatures.

A. I certify that in my judgement the above-named applicant will have achieved adequate professional qualifications and satisfactory completion of their training for admission to the ORAL examination in Diagnostic Radiology (pending passing the written examination).

*VSD*

Program Director Signature

B. I CANNOT certify that the above-named applicant will have achieved adequate professional qualifications and satisfactory completion of their training, and therefore is judged not to be prepared for the ORAL examination in Diagnostic Radiology. The applicant is NOT recommended for this examination at this time. (Required documentation, as defined on the American Board of Radiology website [www.theabr.org](http://www.theabr.org), must be included.)

Program Director Signature

Fulltime Faculty Member Signature

Second Fulltime Faculty Member Signature

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

I-131 Therapy Experience

WAQAR SHAH

Resident Name

University of Rochester

Program & Number

<u>Date</u>	<u>Dose Administered</u>	<u>Preceptor (AU) Print &amp; Sign Name</u>
1. <u>4/11/06</u>	<u>20 mCi</u>	<u>Vaseem Chengazi</u> Vaseem Chengazi, MD Print Name Radiology Attending <u>[Signature]</u> Page # 4243 Sign Name
2. <u>4/12/06</u>	<u>20 mCi</u>	<u>Vaseem Chengazi</u> Vaseem Chengazi, MD Print Name Radiology Attending <u>[Signature]</u> Page # 4243 Sign Name
3. <u>4/12/06</u>	<u>30 mCi</u>	<u>Vaseem Chengazi</u> Vaseem Chengazi, MD Print Name Radiology Attending <u>[Signature]</u> Page # 4243 Sign Name
4. <u>11/8/02</u>	<u>21.3 mCi</u>	<u>Vaseem Chengazi</u> Vaseem Chengazi, MD Print Name Radiology Attending <u>[Signature]</u> Page # 4243 Sign Name

# American Board of Radiology – Program Director Attestation

## COMPLIANCE WITH NRC TRAINING AND EXPERIENCE REQUIREMENTS

More information can be found at the following link:

<http://www.nrc.gov/reading-rm/doc-collections/cfr/part035/part035-0290.html>

Waqar Shah, M.D.

University of Rochester Program

33-09-41-2

Resident Name

Program

Program #

By the time of the ABR oral examination, this applicant will have successfully completed 700 hours of training and experience as outlined in 10 CFR 35.290.....

Yes No

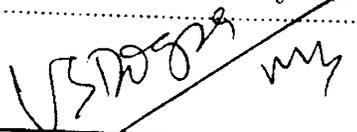
This applicant has taken part in  $\geq 3$  cases of I-131 therapy ( $\leq 33\text{mCi}$ ).....

The resident's logbook of these therapy experiences (date, dose, preceptor) is attached.....

All the training and experience cited above was obtained under the supervision of an authorized user who meets the requirements under § 35.290 and relevant sections of § 35.390 or equivalent Agreement State requirements.....

Vikram S. Dogra, M.D.

Residency Program Director  
(Print Name)

  
Program Director  
(Signature)

3/30/06

Date

**Matha, Carrie**

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**From:** Shah, Waqar  
**Sent:** Saturday, October 06, 2007 20:36  
**To:** Matha, Carrie  
**Subject:** RE: Amendments

Hi

The nuclear medicine boards are tied together with the diagnostic radiology boards now. As a result, it is a three step process.

Step one: Written Physics Exam (I PASSED)

Step Two: Written Radiology Exam (I PASSED)

Step Three: Oral Radiology Exam (Will take June 2008)

These exams are only offered one day a year. Therefore, I have to wait until the first week of June to take the oral exam. Hopefully, in July, I will be officially boarded.

Thanx,

-----Original Message-----

**From:** Matha, Carrie  
**Sent:** Friday, October 05, 2007 08:11  
**To:** Shah, Waqar  
**Subject:** Amendments

*Dr. Shah,*

*I am sending in the information that we have for including you on the licenses.  
Ron Scala wanted me to ask you if you have already sat for your boards.*

*Thanks,*

*Carrie J. Matha BS, CNMT*  
DRMC - Nuclear Medicine Supervisor  
(814) 375-3263

This is to acknowledge the receipt of your letter/application dated 10/9/2007, and to inform you that the initial processing which includes an administrative review has been performed.

AMEND. 37-19568-01  
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

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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** 141279.  
When calling to inquire about this action, please refer to this control number.  
You may call us on (610) 337-5398, or 337-5260.

Sincerely,  
Licensing Assistance Team Leader