



DuBois Regional  
Medical Center

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

*Making the difference for life*

October 9, 2007

J-9  
MS-16

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

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

03017894

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  
NRC/COM/ MATERIALS-C02

# 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 ~~30~~ 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

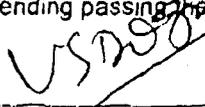
No

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).~~



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.**

Form B

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 <u>[Signature]</u> Page # 4243 Sign Name Attending
2. <u>4/12/06</u>	<u>20 mCi</u>	<u>Vaseem Chengazi</u> Vaseem Chengazi, MD Print Name Radiology <u>[Signature]</u> Page # 4243 Sign Name Attending
3. <u>4/12/06</u>	<u>30 mCi</u>	<u>Vaseem Chengazi</u> Vaseem Chengazi, MD Print Name Radiology <u>[Signature]</u> Page # 4243 Sign Name Attending
4. <u>11/8/02</u>	<u>21.3 mCi</u>	<u>Vaseem Chengazi</u> Vaseem Chengazi, MD Print Name Radiology <u>[Signature]</u> Page # 4243 Sign Name Attending

# 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 ≥ 3 cases of I-131 therapy (≤ 33mCi).....

Yes  No

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

Yes  No

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.....

Yes  No

Vikram S. Dogra, M.D.

*VSDogra*  
Program Director  
(Signature)

3/30/06

Residency Program Director  
(Print Name)

Date

UNIVERSITY OF  
**ROCHESTER**  
MEDICAL CENTER

EASTMAN DENTAL CENTER  
SCHOOL OF MEDICINE AND DENTISTRY  
SCHOOL OF NURSING  
STRONG MEMORIAL HOSPITAL  
UNIVERSITY MEDICAL FACULTY GROUP

RADIATION SAFETY UNIT

28 January 2008

John Sutika  
Vice President and Chief Financial Officer  
Dubois Regional Medical Center  
P.O. Box 447  
Dubois, PA 15801

Re: Certification of Dr. Vaseem Chengazi as Authorized User

Dear Mr. Sutika:

The University of Rochester/Strong Memorial Hospital holds a medical/academic broad-scope radioactive materials license (No. 436) issued by the New York State Department of Health, Bureau of Environmental Radiation Protection. Under the provisions of this license, the University is empowered to review the credentials of and certify individuals as authorized users. Because of this internal review process, authorized users do not appear on the radioactive materials license.

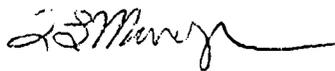
By this letter, the University of Rochester/Strong Memorial Hospital attests that Vaseem Chengazi, M.D., Ph.D., is an Authorized User as defined in New York State Department of Health Regulations, 10 NYCRR Part 16, for the following procedures:

- > Diagnostic procedures – uptake, dilution, and excretion studies
- > Diagnostic procedures – imaging and localization studies
- > Therapeutic procedures – radiopharmaceutical administration

Attached is a copy of Dr. Chengazi's internal authorization form.

~~If you have any further questions on this matter, please contact me at 585-275-1473.~~

Sincerely,



Thomas L. Morgan, Ph.D., CHP  
Radiation Safety Officer

Enclosure

*I attest that the above is true.*  
*W. J. [Signature] MD*

<p><b>NRC FORM 313A (AUD)</b> <small>(2-2007)</small></p> <p style="text-align: center;"><b>AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION</b> (for uses defined under 35.100, 35.200, and 35.500) [10 CFR 35.190, 35.290, and 35.590]</p>	<p><b>U.S. NUCLEAR REGULATORY COMMISSION</b></p> <p>APPROVED BY OMB: NO. 3150-0120 EXPIRES: 10/31/2008</p>
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Name of Proposed Authorized User <b>Waqar Shah, MD</b>	State or Territory Where Licensed
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Requested Authorization(s) (check all that apply)

35.100 Uptake, dilution, and excretion studies

35.200 Imaging and localization studies

35.500 Sealed sources for diagnosis (specify device \_\_\_\_\_)

**PART I -- TRAINING AND EXPERIENCE**  
(Select one of the three methods below)

\* Training and Experience, including board certification, must have been obtained within the 7 years preceding the date of application or the individual must have obtained related continuing education and experience since the required training and experience was completed. Provide dates, duration, and description of continuing education and experience related to the uses checked above.

1. **Board Certification**      N/A
- a. Provide a copy of the board certification.
- b. If using only 35.500 materials, stop here. If using 35.100 and 35.200 materials, skip to and complete Part II Preceptor Attestation.
2. **Current 35.390 Authorized User Seeking Additional 35.290 Authorization**      N/A
- a. Authorized user on Materials License \_\_\_\_\_ meeting 10 CFR 35.390 or equivalent Agreement State requirements seeking authorization for 35.290.
- b. Supervised Work Experience.  
(If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this section.)

Description of Experience	Location of Experience/License or Permit-Number of Facility	Clock Hours	Dates of Experience*
Eluting generator systems appropriate for the preparation of radioactive drugs for imaging and localization studies, measuring and testing the eluate for radionuclidic purity, and processing the eluate with reagent kits to prepare labeled radioactive drugs			

**Total Hours of Experience:**

Supervising Individual  N/A	License/Permit Number listing supervising individual as an authorized user
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Supervisor meets the requirements below, or equivalent Agreement State requirements (check all that apply).

35.290       35.390 + generator experience in 32.290(c)(1)(ii)(G)

NRC FORM 313A (AUD)  
(3-2007) U.S. NUCLEAR REGULATORY COMMISSION  
AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Training and Experience for Proposed Authorized User

a. Classroom and Laboratory Training.

Description of Training	Location of Training	Clock Hours	Dates of Training*
Radiation physics and instrumentation	University of Rochester Medical Center Department of Imaging Sciences		7/1/2002 to 6/20/2006
Radiation protection	601 Elmwood Avenue Box 648 Rochester, NY 14642		7/1/2002 to 6/20/2006
Mathematics pertaining to the use and measurement of radioactivity			7/1/2002 to 6/20/2006
Chemistry of byproduct material for medical use (not required for 35.590)			7/1/2002 to 6/20/2006
Radiation biology			7/1/2002 to 6/20/2006
<b>Total Hours of Training:</b>		80	

b. Supervised Work Experience (completion of this table is not required for 35.590).  
(If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this section.)

Supervised Work Experience		Total Hours of Experience: 700	
Description of Experience Must Include:	Location of Experience/License or Permit Number of Facility	Confirm	Dates of Experience*
Ordering, receiving, and unpacking radioactive materials safely and performing the related radiation surveys	University of Rochester Medical Center Rochester, NY 14642	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters	University of Rochester Medical Center Rochester, NY 14642	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

NRC FORM 313A (AUD)  
(3-2007)

U.S. NUCLEAR REGULATORY COMMISSION

**AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)**

**3. Training and Experience for Proposed Authorized User (continued)**

**b. Supervised Work Experience. (continued)**

Description of Experience Must include:	Location of Experience/License or Permit Number of Facility	Confirm	Dates of Experience*
Calculating, measuring, and safely preparing patient or human research subject dosages	University of Rochester Medical Center Rochester, NY 14642	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/1/2002 to 6/20/2006
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material	University of Rochester Medical Center Rochester, NY 14642	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/1/2002 to 6/20/2006
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures	University of Rochester Medical Center Rochester, NY 14642	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/1/2002 to 6/20/2006
Administering dosages of radioactive drugs to patients or human research subjects	University of Rochester Medical Center Rochester, NY 14642	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/1/2002 to 6/20/2006
Eluting generator systems appropriate for the preparation of radioactive drugs for imaging and localization studies, measuring and testing the eluate for radionuclidic purity, and processing the eluate with reagent kits to prepare labeled radioactive drugs	kit preparation, didactic sessions @University of Rochester Medical Center Rochester, NY 14642	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/1/2002 to 6/20/2006

Supervising Individual  Vaseem Chengazi, MD, PhD	License/Permit Number listing supervising individual as an authorized user  #436 (see letter attached)
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Supervisor meets the requirements below, or equivalent Agreement State requirements (check one).

- 35.190     35.290     35.390     35.390 + generator experience in 35.290(c)(1)(ii)(G)

**c. For 35.590 only, provide documentation of training on use of the device. N/A**

Device	Type of Training	Location and Dates

**d. For 35.500 uses only, stop here. For 35.100 and 35.200 uses, skip to and complete Part II Preceptor Attestation.**

NRC FORM 31SA (AUD) (3-2007) U.S. NUCLEAR REGULATORY COMMISSION  
**AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)**

**PART II - PRECEPTOR ATTESTATION**

**Note:** This part must be completed by the individual's preceptor. The preceptor does not have to be the supervising individual as long as the preceptor provides, directs, or verifies training and experience required. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each. (Not required to meet training requirements in 35.590)

**First Section**

Check one of the following for each use requested:

For 35.190

Board Certification

I attest that \_\_\_\_\_ has satisfactorily completed the requirements in  
Name of Proposed Authorized User

10 CFR 35.190(a)(1) and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100.

OR

Training and Experience

I attest that WAQAR SHAH, MD has satisfactorily completed the 60 hours of training and  
Name of Proposed Authorized User

experience, including a minimum of 8 hours of classroom and laboratory training, required by 10 CFR 35.190(c)(1), and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100.

For 35.290

Board Certification

I attest that \_\_\_\_\_ has satisfactorily completed the requirements in  
Name of Proposed Authorized User

10 CFR 35.290(a)(1) and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100 and 35.200.

OR

Training and Experience

I attest that WAQAR SHAH has satisfactorily completed the 700 hours of training  
Name of Proposed Authorized User

and experience, including a minimum of 80 hours of classroom and laboratory training, required by 10 CFR 35.290(c)(1), and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100 and 35.200.

**Second Section**

Complete the following for preceptor attestation and signature:

I meet the requirements below, or equivalent Agreement State requirements, as an authorized user for:

- 35.190
- 35.290
- 35.390
- 35.390 + generator experience

Name of Preceptor <u>Waleem Chengaz</u>	Signature <u>Waleem Chengaz, MD</u> Radiology Attending Page # 4213	Telephone Number 585-275-1417	Date 01/28/08
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License/Permit Number/Facility Name  
(please see attached letter).