

Estimated burden per response to comply with this mandatory collection request: 4.4 hours. Submittal of the application is necessary to determine that the applicant is qualified and that adequate procedures exist to protect the public health and safety. Send comments regarding burden estimate to the Records and FOIA/Privacy Services Branch (T-5 F53), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to infocollects@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0120), Office of Management and Budget, Washington, DC 20503. If a means used to impose an information collection does not display a currently valid OMB control number, the NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.

**APPLICATION FOR MATERIALS 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, 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

03029017

**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

Br. 1

ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, COLORADO, HAWAII, IDAHO, KANSAS, LOUISIANA, MISSISSIPPI, 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  
 612 E. LAMAR BOULEVARD, SUITE 400  
 ARLINGTON, TX 76011-4125

**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.**

1. THIS IS AN APPLICATION FOR (Check appropriate item)

- A. NEW LICENSE
- B. AMENDMENT TO LICENSE NUMBER 47-17725-02
- C. RENEWAL OF LICENSE NUMBER

2. NAME AND MAILING ADDRESS OF APPLICANT (Include ZIP code)

**Beckley Appalachian Regional Hospital**  
**306 Stanaford Road**  
**Beckley, WV 25801**

3. ADDRESS WHERE LICENSED MATERIAL WILL BE USED OR POSSESSED

4. NAME OF PERSON TO BE CONTACTED ABOUT THIS APPLICATION

**Jerome Furrow RT, R**

TELEPHONE NUMBER

**255-3360**

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.

5. RADIOACTIVE MATERIAL  
 a. Element and mass number; b. chemical and/or physical form; and c. maximum amount which will be possessed at any one time.

6. PURPOSE(S) FOR WHICH LICENSED MATERIAL WILL BE USED.

7. INDIVIDUAL(S) RESPONSIBLE FOR RADIATION SAFETY PROGRAM AND THEIR TRAINING EXPERIENCE.

8. TRAINING FOR INDIVIDUALS WORKING IN OR FREQUENTING RESTRICTED AREAS.

9. FACILITIES AND EQUIPMENT.

10. RADIATION SAFETY PROGRAM.

11. WASTE MANAGEMENT.

12. LICENSE FEES (See 10 CFR 170 and Section 170.31)

FEE CATEGORY | AMOUNT ENCLOSED \$

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.

CERTIFYING OFFICER - TYPED/PRINTED NAME AND TITLE

**Rocco Massey, CEO**

SIGNATURE

*Rocco Massey*

DATE

**FOR NRC USE ONLY**

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

142706

RECEIVED  
 REG 011  
 JUN 12 AM 7:53

July 28, 2008

RE: License No:47-177725-02

Enclosed you will find an Application Amendment to the above referenced license.

The authorized users on this license are as follows:

- A. Mohammad Ebrabim Dehgen, MD
- B. Alex A. Favelukes, MD
- C. Jebran G. Karam, MD
- D. Bharat G. Patel, MD
- E. Manu N. Patel, MD
- F. Lingadahalli H. Subbaraya, MD
- G. Thair A. Barouthi, MD
- H. Halberto G. Cruz, MD
- I. Wilson Wong, MD

Please remove the following users:

- A. Alex A Favelukes, MD

Attached you will find the application along with the training documentation for Anthony McFarlane, MD and Ajay Anand, MD. Please advise us of any additional requirements that are necessary to effectuate this change. Should you have any questions, please contact me at (304) 255-3456.

Thank you,

Sincerely,

  
Rocco Massey, CCEO

July 28, 2008

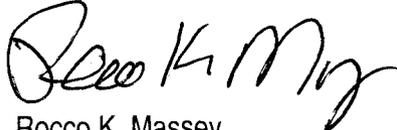
NRC Region I  
475 Allendale Road  
King of Prussia, Pennsylvania 19406

Dear Sir/Madam:

I request that Anthony McFarlane, MD and Ajay Anand, MD be added as authorized users of radioactive materials at Beckley ARH. Nuclear regulatory commission materials license number at Beckley ARH is 47-17725-02.

Dr. A. Anand is presently under Summers County ARH Hospital's radioactive material license number 47-25622-01. A copy is enclosed.

Sincerely,

A handwritten signature in black ink, appearing to read "Rocco K. Massey". The signature is fluid and cursive, with the first name "Rocco" being the most prominent.

Rocco K. Massey  
CCEO

RKM/kf

1. Name of Proposed User <i>Anthony McFarlane, MD.</i>	2. Medical License Number <i>19700</i> (LWR)
---	---

3. Certification		
A. Specialty Board <i>Cardiology</i>	B. Category	C. Month & Year Certified <i>November 1997</i>

4. Training Received in Basic Radioisotope Handling Techniques

Field of Training	Location and Date <i>University of Florida</i>	Type & Length	
		Lecture/ Laboratory (Clock Hours)	Supervised On-The-Job Experience (Clock Hours)
a. Radiation Physics & Instrumentation		<i>100</i>	<i>500 hrs DR. KEISY</i>
b. Radiation Protection		<i>30</i>	
c. Mathematics pertaining to the use and measurement of radioactivity		<i>20</i>	
d. Radiation Biology		<i>30</i>	
e. Radiopharmaceutical Chemistry		<i>30</i>	

5. Experience

Isotope	Where Gained	Duration (Clock Hours)	Type of Use

Clinical Training & Experience

Isotope	Conditions Diagnosed/Treated	Number of Cases Involving Personal Participation	Comments
I-123 I-125 Or I-131	<u>Diagnosis of thyroid function</u> <u>Liver function studies</u> <u>Kidney function studies</u> <u>Determination of blood and</u> <u>Blood plasma volume</u> <u>Thyroid imaging</u> <u>Treatment of thyroid carcinoma</u> <u>Treatment of hyperthyroidism and</u> <u>cardiac condition</u> <u>In Vitro studies</u> <u>Detection of thrombosis</u> <u>Other (Specify)</u>		
<u>Se-75</u> <u>Yb-169</u> Or <u>In-111</u>	<u>Pancreas Imaging</u> <u>Cisternography</u>		
<u>Xe-133</u> <u>Ge-67</u> <u>Tl-201</u> ✓ <u>Tc-99m</u> ✓	<u>Blood Flow studies and</u> <u>Pulmonary function studies</u> <u>Scanning studies</u> ✓ <u>Cardiac imaging</u> ✓ <u>Brain imaging</u> <u>Cardiac imaging</u> <u>Thyroid imaging</u> <u>Salivary gland imaging</u> <u>Blood pool imaging</u> <u>Placenta localization</u> <u>Liver and spleen imaging</u> <u>Lung imaging</u> <u>Bone imaging</u> <u>Other (Specify)</u>		7/1/1994 - 6/30/1994 Interpreting over 500 cases.
OTHER (Specify)			
<u>P-32</u> (Soluble)	<u>Treatment of Polythemia vera,</u> <u>Leukemia and bone metastases</u>		
<u>P-32</u> (Colloidal)	<u>Intracavitary treatment</u>		
<u>P-32</u>	<u>Eye tumor localization</u>		
<u>Au-198</u>	<u>Intracavitary treatment</u>		
<u>Co-60</u>	<u>Intracavitary treatment</u> <u>Interstitial treatment</u>		

Or Ra-226	Interstitial treatment	
I-125	Interstitial treatment	
Or Ir-192		
Co-60	Teletherapy treatment	
Or Cs-137		
Sr-90	Treatment of eye disease	
	<b>RADIOPHARMACEUTICAL PREPARATION</b>	
Mo-99M Tc-99m	Generators	
OTHER (Specify)	Generators	
Tc-99	Reagent kits	
OTHER		

**6. Dates and Total Number of Hours Received in Clinical Radioisotope Training**

Dates: \_\_\_\_\_

Hours: \_\_\_\_\_

<b>7. The Training and Experience Indicated was Obtained Under the Supervision of:</b>	<b>8. Preceptor's Signature</b>
Name of Supervisor	<b>9. Preceptor's NAME (Print or Type)</b>
Name of Institution	
Mailing Address	<b>10. Date</b>
City, State & Zip	
Radioactive Material License Number	

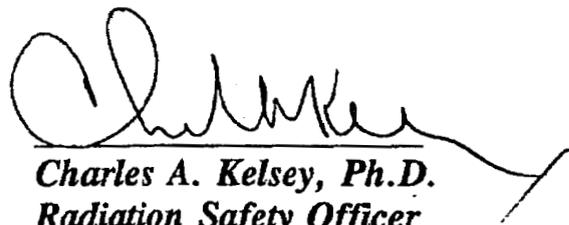
*This certifies that*

*Anthony McFarlane, M.D.*

*has demonstrated a knowledge of*

**RADIATION PROTECTION AND THE  
BIOLOGICAL EFFECTS  
ASSOCIATED WITH FLUOROSCOPY**

*by satisfactorily completing the UNM Hospital  
course and examination held on 1/8/95.*



**Charles A. Kelsey, Ph.D.**

**Radiation Safety Officer**

**University of New Mexico**

**University of New Mexico Hospital**

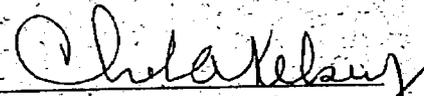
*This certifies that*

*Anthony McFarlane, M.D.*

*has successfully completed  
a 200 classroom hour course based on  
the University of New Mexico Radiology Department  
instructional program in*

**THE PHYSICS OF NUCLEAR CARDIOLOGY**

*on this 28th day of June, 1995.*



**Charles A. Kelsey, Ph.D. F.A.C.R.**  
**Professor of Radiology**  
**University of New Mexico**

CHARLES A. KELSEY, PH.D., F.A.C.R.  
Certified Radiological Physicist  
11604 Penfield NE  
Albuquerque NM 87111-6587  
505 293 2293

June 25, 1995

Anthony McFarlane, M.D.  
[REDACTED]

Re: Nuclear Cardiology Basic Science

Dear Tony;

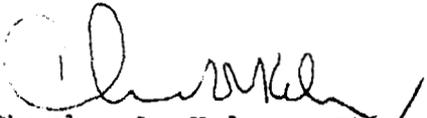
This is to certify that you have satisfactorily completed a 204 classroom hour course in Nuclear Cardiology Physics. The course is based on, and is essentially the same as, a course I teach at the University of New Mexico School of Medicine. This course was divided into five sections as follows:

	Classroom hours
Radiation Physics and Instrumentation	102
Radiation Protection	30
Mathematics pertaining to the use and measurement of radioactivity	22
Radiopharmaceutical Chemistry	30
Radiation Biology	20
Total	204

The course is designed to meet the State of Florida and Nuclear Regulatory Commission basic science training requirements for imaging and localization studies.

If you have any questions please don't hesitate to call me.  
Best wishes for your future.

Sincerely,

  
Charles A. Kelsey, Ph.D. F.A.C.R.  
Certified Radiological Physicist

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

NRC FORM 374

U.S. NUCLEAR REGULATORY COMMISSION

PAGE 1 OF 2 PAGES  
Amendment No. 1**MATERIALS LICENSE**

Pursuant to the Atomic Energy Act of 1954, as amended, the Energy Reorganization Act of 1974 (Public Law 93-438), and Title 10, Code of Federal Regulations, Chapter I, Parts 30, 31, 32, 33, 34, 35, 36, 39, 40, and 70, and in reliance on statements and representations heretofore made by the licensee, a license is hereby issued authorizing the licensee to receive, acquire, possess, and transfer byproduct, source, and special nuclear material designated below; to use such material for the purpose(s) and at the place(s) designated below; to deliver or transfer such material to persons authorized to receive it in accordance with the regulations of the applicable Part(s). This license shall be deemed to contain the conditions specified in Section 183 of the Atomic Energy Act of 1954, as amended, and is subject to all applicable rules, regulations, and orders of the Nuclear Regulatory Commission now or hereafter in effect and to any conditions specified below.

<p style="text-align: center;">Licensee</p> <p>1. Summers County Appalachian Regional Hospital</p> <p>2. 1500 Terrace Street Hinton, West Virginia 25951</p>	<p style="text-align: center;"><b>In accordance with the letter dated May 20, 2003</b></p> <p>3. License No. 47-25622-01</p> <p style="text-align: center;"><b>is amended in its entirety to read as follows:</b></p> <p>4. Expiration Date: March 31, 2013</p> <p>5. Docket No. 080-36232</p>
<p>6. Byproduct, source, and/or special nuclear material</p> <p>A. Any byproduct material permitted by 10 CFR 35.100</p> <p>B. Any byproduct material permitted by 10 CFR 35.200</p>	<p>7. Chemical and/or physical form</p> <p>8. Maximum amount that licensee may possess at any one time under this license</p> <p>A. As needed</p> <p>B. As needed</p>
<p>9. Authorized Use:</p> <p>A. Any uptake, dilution, and excretion procedure permitted by 10 CFR 35.100.</p> <p>B. Any imaging and localization procedure permitted by 10 CFR 35.200.</p>	

**CONDITIONS**

10. Licensed material shall be used or stored only at the licensee's facilities located at 1500 Terrace Street, Hinton, West Virginia.
11. The Radiation Safety Officer for this license is Halburto G. Cruz, M.D.
12. Licensed material is only authorized for use by, or under the supervision of:
  - A. Individuals permitted to work as an authorized user, authorized nuclear pharmacist, and/or authorized medical physicist in accordance with 10 CFR 35.13 and 35.14.

NRC FORM 374A

U.S. NUCLEAR REGULATORY COMMISSION

PAGE 2 OF 2 PAGES

**MATERIALS LICENSE  
SUPPLEMENTARY SHEET**

License No.  
47-25622-01

Docket No.  
030-36232

Amendment No.  
1

12. B. The following individuals are authorized users for the materials and uses indicated:

<u>Authorized User</u>	<u>Material and Use</u>
Halburto G. Cruz, M.D.	35.100; 35.200
Ajay Anand, M.D.	35.200

13. In addition to the possession limits in Item 6, the licensee shall further restrict the possession of licensed material to quantities below the minimum limit specified in 10 CFR 30.35(d) for establishing decommissioning financial assurance.

14. The licensee is authorized to transport licensed material in accordance with the provisions of 10 CFR Part 71, "Packaging and Transportation of Radioactive Material."

15. Except as specifically provided otherwise in this license, the licensee shall conduct its program in accordance with the statements, representations, and procedures contained in the documents, including any enclosures, listed below. This license condition applies only to those procedures that are required to be submitted in accordance with the regulations. Additionally, this license condition does not limit the licensee's ability to make changes to the radiation protection program as provided for in 10 CFR 35.26. The U.S. Nuclear Regulatory Commission's regulations shall govern unless the statements, representations, and procedures in the licensee's application and correspondence are more restrictive than the regulations.

A. Application dated February 14, 2003

B. Letters dated:

- 1) May 20, 2003 [add Dr. Anand]
- 2) August 21, 2003 [revised preceptor letter for Dr. Anand]



FOR THE U.S. NUCLEAR REGULATORY COMMISSION

AUG 25 2003

Date \_\_\_\_\_

BY

*David J. Collins*

David J. Collins, Health Physicist  
Region II, Division of Nuclear Materials Safety  
61 Forsyth Street, SW, Suite 23T85  
Atlanta, GA 30303-8931



## Tulane University Health Sciences Center

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SCHOOL OF MEDICINE  
Department of Radiology SL54  
1430 Tulane Avenue  
New Orleans, Louisiana 70112-2699  
(504) 587-7567 (504) 587-7616

May 7, 2001

Certification Board of Nuclear Cardiology  
9929 Main Street  
Suite C  
Damascus, MD 20872

Dear Sirs:

This letter will verify that Ajay Anand, M.D. has had formal training in nuclear cardiology at our institution, an ACGME accredited facility. This training meets the requirements as outlined in the ACC/ASNC COCATS Guidelines shown on page 13 of the 2001.

Dr. Anand has achieved a level of competence sufficient to function independently as an authorized user under NRC Part 35.100 and 35.200.

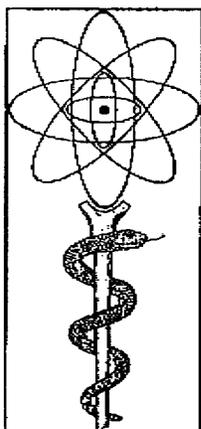
Dr. Anand has participated in Nuclear Cardiology services in excess of 300 cases with greater than 30 cardiac catheterization correlations. This training was performed under my direction. Dr. Anand is qualified to take the certification exam of the CBNC. Please advise if you require additional information.

Sincerely,

A handwritten signature in black ink that reads 'Richard J. Campeau, M.D.'.

Richard J. Campeau, M.D.  
Professor of Radiology and Internal Medicine (Cardiology)  
Director of Nuclear Medicine

RJC/sab



# *Basic Radioisotope Course*

*Certificate of Academic Completion  
and Competency*

*This Certificate is Presented to:*

*Ajay Anand, M.D.*

*In recognition of attendance and evidence of successful completion by  
examination of 200 hours of didactic instructional training in compliance  
with 10 CFR 35:*

50 hours Radiation Physics and Instrumentation—Part I  
50 hours Radiation Protection and Mathematics Related to Measurement of Radioactivity  
50 hours Radiopharmaceutical Chemistry and Radiation Biology  
50 hours Radiation Physics and Instrumentation—Part II

Date of Course Completion : June 17, 2001

Richard J. Campeau, M. D.  
Course Director

78007

Certificate Number

NUCLEAR MEDICINE CONSULTANTS  
5415 S. MIRO ST. NEW ORLEANS, LA 70125



# Tulane University Health Sciences Center

---

SCHOOL OF MEDICINE  
Department of Radiology SL54  
1430 Tulane Avenue  
New Orleans, Louisiana 70112-2699  
(504) 587-7567 (504) 587-7616

May 7, 2001

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Suite C  
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Dr. Anand has participated in Nuclear Cardiology services in excess of 300 cases with greater than 30 cardiac catheterization correlations. This training was performed under my direction. Dr. Anand is qualified to take the certification exam of the CBNC. Please advise if you require additional information.

Sincerely,

A handwritten signature in black ink, appearing to read "R. Campeau, M.D.", written in a cursive style.

Richard J. Campeau, M.D.  
Professor of Radiology and Internal Medicine (Cardiology)  
Director of Nuclear Medicine

RJC/sab

**CURRICULUM VITAE****AJAY ANAND MD**

Phone: [REDACTED]

**Education and Training****Post Doctoral****Fellowships**

- ✓Fellow, Cardiac Electrophysiology, Yale University, New Haven, CT
- ✓Fellow, Cardiology, Tulane University, New Orleans, LA
- Fellow, Cardiology, Escorts Heart Institute & Research Center, New Delhi, India

7/01-6/02

7/98-6/01

6/90-9/92

**Post Graduate****Doctor of Medicine**

(Residency)

- ✓Residency in Internal Medicine, & Associate Chief Resident at Finch University of Health Sciences/ Chicago Medical School North Chicago, Illinois.

7/93 -06/96

**MD (Medicine)**

- ✓Medical College & Hospital, Rohtak, Haryana, India.

10/89

**Graduate****M.B.B.S.**

- ✓Medical College & Hospital, Rohtak, Haryana, India.

02/86

**Specialty Board Status**

## ✓Board certified

Board eligible

Board eligible

American Board of Internal Medicine

Cardiology.

Nuclear Cardiology

11/96

**Licensure and certifications**

## ✓Louisiana State Medical Licensure

Illinois State Medical licensure

## ✓Board certified, Internal Medicine

FLEX (#630120307) Pennsylvania

## ✓ECFMG (# 0- 487-211- 5)

7/98-current

Inactive

11/96

12/93

07/92

**Professional Experience****Teaching Experience**

Associate Chief Resident, PGY3 Chicago Medical School, North Chicago, Illinois.

7/95-06/96

Teaching faculty, Mount Sinai Hospital, Chicago, Illinois.

1/98-06/98

**Academic appointments**

Teaching faculty Internal Medicine, Mount Sinai Hospital, Chicago, Illinois.

1/98-06/98

**Hospital Appointments**

Internist, Mount Sinai Hospital, Chicago, Illinois. ✓

1/98 -06/98

Internist, Holy Trinity Hospital, Chicago, Illinois. ✓

~~7/96 -06/98~~

Chicago Community Medical Center, Chicago, Illinois. ✓

~~7/96 -06/98~~

Attending, Cardiology, Anand Hospital, New Delhi, India

9/92-06/93

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

**American Medical Association**

Physicians dedicated to the health of America

Division of Survey and Data Resources  
515 North State Street  
Chicago, Illinois 60610  
<http://www.ama-assn.org/amaprofiles>

**AMA Physician Profile****Current and/or Prior Medical Training Programs Accredited by the Accreditation Council for Graduate Medical Education (ACGME):****Institution:** YALE NEW HAVEN HOSP**State:** CONNECTICUT**Specialty:** CLINICAL CARDIAC ELECTROPHYSIOLOGY

07/2001 - 06/2002

(VERIFIED)

**Note:** Additional information, used for appointments and privileges, is not solicited, nor is it received from the residency program director(s). If additional information is required, please contact the program director(s).

**National Board of Medical Examiners (NBME) Certification Year:** NONE REPORTED TO DATE

License(s): State	MD/ DO	Date Granted	Expiration Date	Status	License Type	Last Reported
LOUISIANA	MD	07/22/1998	12/31/2002	ACTIVE	UNLIMITED	10/23/2002
ILLINOIS	MD	09/20/1995	07/31/1999	INACTIVE	UNLIMITED	10/08/2002

**Note:** When the specific month and day are unknown, the date will display the default value of "01." Not all licensing boards maintain or provide full date values. Please contact the appropriate licensing board directly for this information.

**ECFMG Certification:****Applicant Number:** 04872115

**Note:** The Educational Commission for Foreign Medical Graduates (ECFMG) applicant identification number does not imply current ECFMG certification status. To verify ECFMG status, contact the ECFMG Certification Verification Service in writing at P.O. Box 13679, Philadelphia, PA 19101.

**Federal Drug Enforcement Administration:**

**FEDERAL DEA REGISTRATION INFORMATION WAS LAST REPORTED TO THE AMA ON 02/06/2002.  
DEA REGISTRATION EXPIRED ON 06/30/2001.**

**Note:** Many states require their own controlled substances registration/licenses. Please check with your state licensing authority as the AMA does not maintain this information.

# American Medical Association

Physicians dedicated to the health of America

Division of Survey and Data Resources  
515 North State Street  
Chicago, Illinois 60610  
<http://www.ama-assn.org/amaprofiles>



## AMA Physician Profile

### Specialty Board Certification(s):

Specialty Board Certification(s) by one or more of the 24 boards recognized by the American Board of Medical Specialties (ABMS) and the American Medical Association (AMA) through the Liaison Committee on Specialty Boards, as reported by the ABMS:

**Certifying Board:** AMERICAN BOARD OF INTERNAL MEDICINE

**Certificate:** INTERNAL MEDICINE

**Certificate Type:** GENERAL

**Effective:** 08/01/1996 **Expiration:** 12/01/2006

**Last Reported:** 07/08/2002 INITIAL

**Note:** For certification dates, a default value of "01" appears in the month field if data was not provided to AMA. Please contact the appropriate specialty board directly for this information.

### Physician's Recognition Award(s):

THIS PHYSICIAN HOLDS AMA PHYSICIAN'S RECOGNITION AWARD CERTIFICATE (AMA PRA), VALID THROUGH 07/01/2004. THE AMA PRA CERTIFICATE RECOGNIZES PHYSICIANS WHO COMPLETE AT LEAST FIFTY HOURS OF CONTINUING MEDICAL EDUCATION ANNUALLY.

### Medicare/Medicaid Sanction(s):

TO DATE, THERE HAVE BEEN NO SUCH SANCTIONS REPORTED TO THE AMA BY THE DEPARTMENT OF HEALTH AND HUMAN SERVICES.

### Other Federal Sanction(s):

TO DATE, THERE HAVE BEEN NO FEDERAL SANCTIONS REPORTED TO THE AMA BY ANY BRANCH OF THE US MILITARY, THE VETERAN'S ADMINISTRATION OR THE US PUBLIC HEALTH SERVICE.

### Additional Information:

TO DATE, THERE IS NO ADDITIONAL INFORMATION FOR THIS PHYSICIAN ON FILE.

The content of the AMA Physician Profile is intended to assist with credentialing. Appropriate use of the AMA Physician Masterfile data contained on this Profile by an organization would meet the primary source verification requirements of the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) and the American Accreditation Health Care Commission/DRAC. The Physician Masterfile meets the National Committee for Quality Assurance (NCQA) standards for verification of medical education, residency training, board certification, DEA status, and Medicare/Medicaid sanctions.

If you note any discrepancies, please mark them on a copy of the profile and mail or fax to:

Division of Survey and Data Resources  
Attn: Physician Profile Unit  
515 N. State Street  
Chicago, IL 60610  
312 464-5199  
312 464-5900 (fax)

MA Files Checked 11/14/02 15:22:20

Profile for: Ajay Anand MD

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# The Tulane University of Louisiana

*On the recommendation of the Faculty of the  
School of Medicine*

*Division of Graduate and Postgraduate Medical Studies*

*Hereby certifies that*

*Ajay Anand, M.D.*

*has satisfactorily completed a*

*Fellowship in Cardiology*

*in the department of*

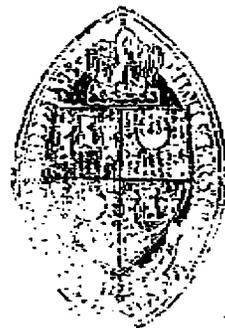
*Medicine*

*July 1, 1998 to June 30, 2001*

*Given at New Orleans in the State of Louisiana*

*John G. ...*  
Chairman

*...*  
Program Director



*...*  
Senior Vice President for Health Sciences

*Edward Fulbe*  
Director of Division

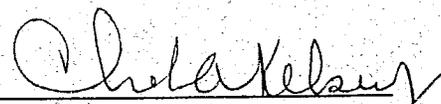
*This certifies that*

*Anthony McFarlane, M.D.*

*has successfully completed  
a 200 classroom hour course based on  
the University of New Mexico Radiology Department  
instructional program in*

***THE PHYSICS OF NUCLEAR CARDIOLOGY***

*on this 28th day of June, 1995.*

  
*Charles A. Kelsey, Ph.D., F.A.C.R.*  
*Professor of Radiology*  
*University of New Mexico*

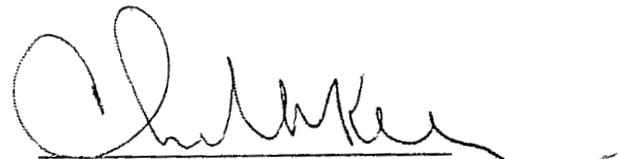
*This certifies that*

*Anthony McFarlane, M.D.*

*has demonstrated a knowledge of*

***RADIATION PROTECTION AND THE  
BIOLOGICAL EFFECTS  
ASSOCIATED WITH FLUOROSCOPY.***

*by satisfactorily completing the UNM Hospital  
course and examination held on 1/8/95.*



***Charles A. Kelsey, Ph.D.  
Radiation Safety Officer  
University of New Mexico  
University of New Mexico Hospital***

copy:

Thank you.

Attachment

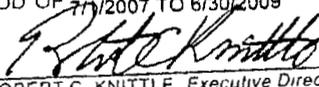
WEST VIRGINIA BOARD OF MEDICINE

LICENSE NO19700 ISSUED1/11/1999

THIS IS TO CERTIFY THAT THE LICENSE OF

ANTHONY ADOLPHUS MCFARLANE, M.D.

TO PRACTICE MEDICINE AND SURGERY IN THE  
STATE OF WEST VIRGINIA HAS BEEN RENEWED FOR  
THE PERIOD OF 7/1/2007 TO 6/30/2009



ROBERT C. KNITTLE, Executive Director

This is to acknowledge the receipt of your letter/application dated 8/12/08 <sup>received</sup>, and to inform you that the initial processing which includes an administrative review has been performed.

Amendment (47-17725-02) 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** 142706.  
When calling to inquire about this action, please refer to this control number.  
You may call us on (610) 337-5398, or 337-5260.