

Joe W. Rhudy, M.D., 1939-1985
Founder

**MORGANTOWN
INTERNAL MEDICINE
GROUP, INC.**

300 Wedgewood Drive
Morgantown, West Virginia 26505-2494

(304) 599-8802
FAX (304) 599-5607



To Whom It May Concern,

We would like to add Dr. Richard L. Smith II to our Radioactive Material

License at Morgantown Internal Medicine Group. License #47-25513-01.

He has completed the 80 hour radioactivity/physics course. Please see

Attached. He has been overseeing cardiolute stress tests that we perform

Here at our office since 07/2007. He has performed at least 200 stresses.

Any questions or concerns please do not hesitate to call. 304-599-8802 ext

193 or ext 162.

Thank you

Kimberly Scafella CNMT/NCT/Technical Director.

MEDICAL STAFF

Cardiology

Warren T. Anderson, M.D.
F.A.C.C., F.A.C.P., F.A.H.A.

John H. Lobban, M.D., F.A.C.C.
Cardiac Electrophysiology

Morgan H. Lyons, Jr., M.D.

James J. Merrill, M.D., F.A.C.C.

John A. McKnight, M.D.,
F.A.C.C.

Michael V. O'Keefe, M.D.
F.A.C.C., F.A.C.C.C.

Richard L. Smith, II, M.D.

Jeremiah D. Armstrong, PA-C
Lynette A. De Christopher, PA-C
Bridget S. Phillips, PA-C
Tamara H. Pratt, PA-C
Gina N. Spino, PA-C
Deanna R. Vance, PA-C

Gastroenterology

JoAnn A. O'Keefe, M.D.

Neurology

T.W. Crosby, M.D.

Oncology Hematology

Charles I. Bcall, M.D.

Darrell F. Saunders, Jr., M.D.

Stephen P. Gnegy, PA-C

ADMINISTRATION

Darrell F. Saunders, Jr., M.D.
Chief Executive Officer

Br. 2

03035354

NRC FORM 313A
(10-2002)

U.S. NUCLEAR REGULATORY COMMISSION

APPROVED BY OMB: NO. 3160-0120
EXPIRES: 10/31/2005**TRAINING AND EXPERIENCE AND PRECEPTOR STATEMENT****PART I - TRAINING AND EXPERIENCE****Note:** Descriptions of training and experience must contain sufficient detail to match the training and experience criteria in the applicable regulations.

1. Name of Individual, Proposed Authorization (e.g., Radiation Safety Officer), and Applicable Training Requirements (e.g., 10 CFR 35.50)

2. For Physicians, Podiatrists, Dentists, Pharmacists - State or Territory Where Licensed

3. CERTIFICATION

Specialty Board	Category	Month and Year Certified
N/A		

*Stop here when using Board Certification to meet 10 CFR Part 35 training and experience requirements.***4. DIDACTIC OR CLASSROOM AND LABORATORY TRAINING (optional for Medical Physicists)**

Description of Training	Location	Clock Hours	Dates of Training
Radiation Physics and Instrumentation	Ohio	See Certificate attached	9/19/08 - 9/26/08
Radiation Protection	Ohio		9/19/08 - 9/26/08
Mathematics Pertaining to the Use and Measurement of Radioactivity	Ohio		9/19/08 - 9/26/08
Radiation Biology	Ohio		9/19/08 - 9/26/08
Chemistry of Byproduct Material for Medical Use	Ohio		9/19/08 - 9/26/08
OTHER			

NRC FORM 313A
(10-2002)

U.S. NUCLEAR REGULATORY COMMISSION

TRAINING AND EXPERIENCE AND PRECEPTOR STATEMENT (continued)

5a. WORK EXPERIENCE WITH RADIATION

Description of Experience	Name of Supervising Individual(s)	Location and Corresponding Materials License Number	Dates and Clock Hours of Experience
Overseeing Stress test	Dr. Warren Anderson	47-25513-01	7/07 to present

5b. SUPERVISED CLINICAL CASE EXPERIENCE

Radionuclide	Type of Use	No. of Cases Involving Personal Participation	Name of Supervising Individual	Location and Corresponding Materials License Number	Dates and Clock Hours of Experience
99mTc	99mTc stress test	200	Dr. Warren Anderson	47-25513-01	7/07 to present

NRC FORM 313A
(10-2002)

U.S. NUCLEAR REGULATORY COMMISSION

TRAINING AND EXPERIENCE AND PRECEPTOR STATEMENT (continued)

6. FORMAL TRAINING (applies to Medical Physicists and Therapy Physicians)

Degree, Area of Study or Residency Program	Name of Program and Location with Corresponding Materials License Number	Dates	Name of Organization that Approved the Program (e.g., Accreditation Council for Graduate Medical Education) and the Applicable Regulation (e.g., 10 CFR 35.490)
N/A			

7. RADIATION SAFETY OFFICER – ONE-YEAR FULL-TIME WORK EXPERIENCE

- ☐ YES Completed 1-year of full-time radiation safety experience (in areas identified in item 5a) under supervision
☒ N/A of _____ the RSO for License No. _____

8. MEDICAL PHYSICIST – ONE-YEAR FULL-TIME TRAINING/WORK EXPERIENCE

- ☐ YES Completed 1-year of full-time training in therapeutic radiological physics under the supervision of
☐ N/A _____ who meets requirements for Authorized Medical Physicists; and
- ☐ YES Completed 1-year of full-time work experience (for areas identified in item 5a) for _____
☒ N/A modality(ies) under the supervision of _____ who meets
 requirements of Authorized Medical Physicists for _____ modality(ies).

9. SUPERVISING INDIVIDUAL – IDENTIFICATION AND QUALIFICATIONS

The training and experience indicated above was obtained under the supervision of (if more than one supervising individual is needed to meet requirements in 10 CFR 35, provide the following information for each):

A. Name of Supervisor

B. Supervisor is:

Dr. Warren Anderson MD



Authorized User



Authorized Medical Physicist



Radiation Safety Officer



Authorized Nuclear Pharmacist

C. Supervisor meets requirements of Part 35, Section(s)

35.200

for medical uses in Part 35, Section(s)

35.200

D. Address

300 Wedgewood Drive
Morgantown, WVA 26505

E. Materials License Number

NRC FORM 313A
(10-2002)

U.S. NUCLEAR REGULATORY COMMISSION

TRAINING AND EXPERIENCE AND PRECEPTOR STATEMENT (continued)

PART II -- PRECEPTOR STATEMENT

Note: This part must be completed by the individual's preceptor. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each. This part is not required to meet the training requirements in 10 CFR 35.590.

Item 10 must be completed for Nuclear Pharmacists meeting the requirements of 10 CFR Part 35, Subpart J. Preceptors do not have to complete items 11a, 11b, or the certifying statements for other individuals meeting the requirements of 10 CFR Part 35, Subpart J.

- ☐ YES 10. The individual named in item 1 has satisfactorily completed the training requirements in
☐ N/A 10 CFR 35.980 and is competent to independently operate a nuclear pharmacy.

- ☐ YES 11a. The individual named in Item 1 has satisfactorily completed the requirements in Part 35, Section(s)
☐ N/A and Paragraph(s) _____

- ☒ YES 11b. The individual named in Item 1. is competent to independently function as an authorized
☐ N/A _____ for 35,200 uses (or units).

12. PRECEPTOR APPROVAL AND CERTIFICATION

- ☐ I certify the approval of item 10 and certify I am an Authorized Nuclear Pharmacist;

OR

- ☐ I certify the approval of items 11a and 11b, and certify I am an Authorized Nuclear Pharmacist;

or

- ☐ I certify the approval of Items 11a and 11b, and I certify that I meet the requirements of
 or equivalent Agreement State requirements to be a preceptor authorized _____

for the following uses (or units) of byproduct material: 10 CFR 35.200

A. Address

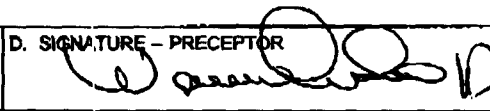
300 Wedgewood Drive
 Morgantown, WVa 26505

B. Materials License Number

C. NAME OF PRECEPTOR (print clearly)

Warren T. Anderson

D. SIGNATURE - PRECEPTOR



E. DATE

10/2/08

10-08-08 10:52 Pg: 7/7

ASSOCIATES IN MEDICAL PHYSICS, LLC

THIS CERTIFIES THAT

Richard L. Smith II, M.D.

HAS SUCCESSFULLY COMPLETED ALL REQUIREMENTS
OF THE

80 HOUR NUCLEAR LICENSING
COURSE FOR PHYSICIANS

AND IS HEREBY AWARDED THIS CERTIFICATE OF COMPLETION
ON THE TWENTY-SIXTH DAY OF SEPTEMBER, 2008



DIRECTOR OF TRAINING

Fax sent by : 3045997614 MING

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

10/8/08, and to inform you that the initial processing which includes an administrative review has been performed.

☒ Amendment (47-25513-01) 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** 142886.
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.