



1200 J.D. Anderson Drive  
Morgantown, WV 26505  
phone 304-598-1200  
www.mongeneral.com

Br. 1

U.S. Nuclear Regulatory Commission  
Materials Licensing Branch  
Region I  
475 Allendale Road  
King of Prussia, PA 19406

03010683

RE: Amendment to Radioactive Material License Nos. 47-16259-01  
Monongalia General Hospital

Gentlemen:

Please **add** the following physicians as authorized users:

Tepe Popovich, MD at 35.100 and 35.200

Enclosed please find form NRC 313A (AUD) as well as confirmation of her ABR.

Stephany S. Swart, MD at 35.100 and 35.200

Enclosed please find form NRC 313A (AUD) as well as confirmation of her ABR.

Also, please **remove** from our license:

Dennis Burton, MD

Andrew McDonnell, MD

Mary Jean Wall, MD

If you have any questions, please contact: RSO Mark Perna, M.S. at (412) 551-9259.

Sincerely,

Darryl L. Duncan, FACHE  
Chief Operating Officer

REC'D IN LAT 11/17/08

143009  
NRCSS/RGNI MATERIALS-002

NRC FORM 313A (ALD) (10-2007)		U.S. NUCLEAR REGULATORY COMMISSION	
<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]		APPROVED BY OMB: NO. 3150-0120 EXPIRES: 10/31/2008	
Name of Proposed Authorized User <b>Stephany Swart MD</b>		State or Territory Where Licensed <b>WV</b>	
Requested Authorization(s) (check all that apply)			
<input checked="" type="checkbox"/> 35.100 Uptake, dilution, and excretion studies			
<input checked="" type="checkbox"/> 35.200 Imaging and localization studies			
<input type="checkbox"/> 35.500 Sealed sources for diagnosis (specify device _____)			
<b>PART I -- TRAINING AND EXPERIENCE</b> (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.			
<input checked="" type="checkbox"/> <b>1. Board Certification</b>			
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.			
<input type="checkbox"/> <b>2. Current 35.390 Authorized User Seeking Additional 35.290 Authorization</b>			
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
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		License/Permit Number listing supervising individual as an authorized user	
Supervisor meets the requirements below, or equivalent Agreement State requirements (check all that apply).			
<input type="checkbox"/> 35.290 <input type="checkbox"/> 35.390 + generator experience in 32.290(c)(1)(ii)(G)			

MRC FORM 313A (AUD) U.S. NUCLEAR REGULATORY COMMISSION  
 (10-2007) **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			
Radiation protection			
Mathematics pertaining to the use and measurement of radioactivity			
Chemistry of byproduct material for medical use (not required for 35.590)			
Radiation biology			
<b>Total Hours of Training:</b>			

**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:	
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		<input 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		<input type="checkbox"/> Yes <input type="checkbox"/> No	

NRC FORM 313A (AUG)  
 (10-2007)

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		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Administering dosages of radioactive drugs to patients or human research subjects		<input type="checkbox"/> Yes <input type="checkbox"/> No	
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		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Supervising Individual \_\_\_\_\_ License/Permit Number listing supervising individual as an authorized user \_\_\_\_\_

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.**

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 313A (AUD)  
(10-2007)

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)

By checking the boxes below, the preceptor is attesting that the individual has knowledge to fulfill the duties of the position sought and not attesting to the individual's "general clinical competency."

**First Section**

Check one of the following for each use requested:

For 35.190

Board Certification

I attest that Stephany Swart, MD 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 \_\_\_\_\_ 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 Stephany Swart, MD 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 \_\_\_\_\_ has satisfactorily completed the 700 hours of training  
Name of Proposed Authorized User

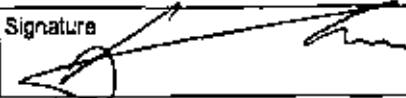
and experience, including a minimum of 80 hours of classroom and laboratory training, required by 10 CFR 35.290(c)(1), and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100 and 35.200.

**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 <b>Surendra Pawar, MD</b>	Signature 	Telephone Number <b>(304) 598-1280</b>	Date
License/Permit Number/Facility Name <b>Monongalia General Hospital 47-16259-01</b>			

# 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*

*Honably certifies that*

**Stephan Suzann Swart, 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 tenth day of November, 2008  
 Thereby demonstrating to the satisfaction of the Board  
 that she is qualified to practice the specialty of*

**Diagnostic Radiology**

*[Signature]*

*[Signature]*  
Secretary

*[Signature]*  
Executive Director

Certificate No. 48658

Valid through 2013

NRC FORM 313A (AUD) (10-2007)	U.S. NUCLEAR REGULATORY COMMISSION
<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]	APPROVED BY OMB: NO. 3150-0120 EXPIRES: 10/31/2006

Name of Proposed Authorized User <i>Teppe Popovich, MD</i>	State or Territory Where Licensed <i>WV</i>
---	--

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**
- 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**
- 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	License/Permit Number listing supervising individual as an authorized user
------------------------	--

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)  
(10-2007)

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			
Radiation protection			
Mathematics pertaining to the use and measurement of radioactivity			
Chemistry of byproduct material for medical use (not required for 35.590)			
Radiation biology			
<b>Total Hours of Training:</b>			

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:	
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		<input 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		<input type="checkbox"/> Yes <input type="checkbox"/> No	

NRC FORM 313A (AUG) U.S. NUCLEAR REGULATORY COMMISSION  
 (10-2007) **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		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Administering dosages of radioactive drugs to patients or human research subjects		<input type="checkbox"/> Yes <input type="checkbox"/> No	
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		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Supervising Individual \_\_\_\_\_ License/Permit Number listing supervising individual as an authorized user \_\_\_\_\_

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.**

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 313A (AUD)  
(10-2007)

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)

By checking the boxes below, the preceptor is attesting that the individual has knowledge to fulfill the duties of the position sought and not attesting to the individual's "general clinical competency."

## First Section

Check one of the following for each use requested:

For 35.190Board Certification

I attest that Teppe Popovich, MD 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 \_\_\_\_\_ 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 35.290Board Certification

I attest that Teppe Popovich, MD 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 \_\_\_\_\_ has satisfactorily completed the 700 hours of training  
Name of Proposed Authorized User

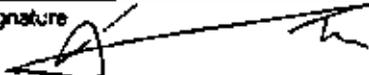
and experience, including a minimum of 80 hours of classroom and laboratory training, required by 10 CFR 35.290(c)(1), and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100 and 35.200.

## 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	Signature	Telephone Number	Date
Surendra Pawar, MD		(304) 598-1280	

License/Permit Number/Facility Name

Monongalia General Hospital 47-16259-01



### AMA Physician Reappointment Profile

**Name and Mailing Address:**

TEPPE POPOVICH MD  
3205 DEERFIELD CT  
MORGANTOWN WV 26508-8612

**Primary Office Address:**

#9  
127 HIGH ST  
MORGANTOWN WV 26505-5412

Phone: UNKNOWN

Birthdate: 06/05/1965  
Birthplace: CAMDEN, NJ UNITED STATES OF AMERICA

AMA membership: MEMBER

\_\_\_\_\_ All Information from this Point Forward is Provided by the Primary Source \_\_\_\_\_

**Current and/or Historical Medical Licensure:**

<u>Jurisdiction</u>	<u>MD/DO</u>	<u>Date Granted</u>	<u>Expiration Date</u>	<u>Status</u>	<u>License Type</u>	<u>Last Reported</u>
WEST VIRGINIA	MD	05/10/2004	06/30/2007	ACTIVE	UNLIMITED	12/18/2006
LOUISIANA	MD	06/01/2000	06/30/2007	ACTIVE	UNLIMITED	01/10/2007

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.

**Federal Drug Enforcement Administration:**

\* Only the last three characters of active DEA number(s) are displayed.

<u>DEA Number *</u>	<u>Schedule</u>	<u>Expiration Date</u>	<u>Last Reported</u>
XXXXXX646	22N 33N 4 5	03/31/2008	01/04/2007

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

AMA Files Checked 2/9/07 12:12:22

Profile for: Teppe Popovich MD

Page 1 of 3

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**AMA Physician Reappointment Profile**

**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 HealthCare Commission/URAC. The Physician Masterfile meets the National Committee for Quality Assurance (NCQA) standards for verification of medical education, post graduate medical training, board certification, DEA status, and Medicare/Medicaid sanctions.

If you note any discrepancies, please log onto our web site (<http://www.ama-assn.org/go/amaprofiles>) and go to the order detail page, select the ID following the physician's name and enter the data in question. Or you can mark the issues on a copy of the profile and mail or fax to:

Division of Database Products and Licensing  
Attn: Credentialing Products  
315 N. State Street  
Chicago, IL 60610  
100-665-2882  
312 464-3900 (fax)

**If you have questions or need additional information, please call the AMA Profile Service customer support line at 800-665-2882.**

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This is to acknowledge the receipt of your letter/application dated 11/17/08 <sup>received</sup> and to inform you that the initial processing which includes an administrative review has been performed.

Amendment (47-16259-01)  
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** 143009.  
When calling to inquire about this action, please refer to this control number.  
You may call us on (610) 337-5398, or 337-5260.