

ASSOCIATED CARDIOLOGY OF CHARLESTON, PLLC

2930 Chesterfield Avenue | Charleston, WV 25304
p. 304.343.9923 | p. 304.343.3015 | f. 304.343.9925

Br.1

09/05/2011

To Whom it May Concern:

03036082

The following is a "current description" of the transfer of ownership statement meant to satisfy requirements of both the Nuclear Regulatory Commission License #47-25604-01 and the Intersocietal Accreditation Commission's accreditation of Laboratory ID#10016545 ownership changes effective on October 1st, 2011.

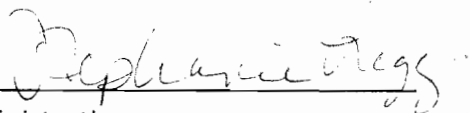
All real property, physical assets, capital controls and equipment, operational costs and revenues, capital expenditures, and liabilities will be:

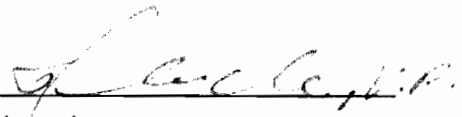
Relinquished from : Associated Cardiology of Charleston, PLLC
2930 Chesterfield Ave.
Charleston, WV 25304
EIN # 01-0684707

RECEIVED
REGION 1
2011 SEP 27 AM 10:44

Assumed by: Charleston Area Medical Center (Department Code #47279)
Cardiac Imaging Center
2930 Chesterfield Ave.
Charleston, WV 25304
EIN # 55-0526150

These changes are Operational Name Changes only. Please feel free to contact Mr. John Clark, the laboratory technical director if any additional information may be needed.


Administration
Associated Cardiology of Charleston, PLLC


Administration
Charleston Area Medical Center

576080
NMSS/RGN1 MATERIALS-002

ASSOCIATED CARDIOLOGY OF CHARLESTON, PLLC

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09/05/2011

Intersocietal Accreditation Commission
6021 University Boulevard, Suite 500
Ellicott City, MD 21043

Re: Laboratory ID#10016545
Affidavit of Change in Ownership or Operations

To Whom It May Concern:

Enclosed are the review fees of \$200.00, along with the required "Affidavit of the Change in Ownership or Operations" required by our current IAC agreement. Also enclosed is a copy of notification to the Nuclear Regulatory Commission in accordance with NUREG 1556. Finally, the legal description of the transfer of ownership assets has been provided for review. The IAC may contact Mr. John Clark, the laboratory technical director at the above letterhead address and phone number if any additional information is needed regarding this transfer of ownership.

Thank you for your attention to this matter.

A handwritten signature in dark ink, appearing to read "John C. Clark", is written over a light blue horizontal line.

John C. Clark, CNMT
Technical Director, Nuclear Cardiology



Your partner in quality

Intersocietal Accreditation Commission

ICAVL • ICAEL • ICANL • ICAMRL • ICACTL • ICACSF

6021 University Boulevard, Suite 500, Ellicott City, Maryland 21043

phone 800.838.2110 | fax 866.663.5663 | web www.intersocietal.org

Intersocietal Accreditation Commission Affidavit of Change in Ownership or Operations

Instructions: Use this form to report changes in ownership or operations to IAC. A modification of accreditation status or transfer of ownership will not be final unless required fees are paid and this affidavit is signed by IAC. IAC may ask that you submit additional information and an opinion letter from your legal counsel to confirm the information provided in this affidavit.

1. The accredited laboratory ("Laboratory") is:

Name	Associated Cardiology of Charleston, PLLC	
Application #	#102050 Laboratory ID#10016545	
Address	2930 Chesterfield Avenue, Charleston WV 25304	
EIN (Federal Tax ID)	01-0684707	
Division <i>Check all that apply</i>	ICAVL <input type="checkbox"/> ICAEL <input checked="" type="checkbox"/> ICANL <input checked="" type="checkbox"/> ICAMRL <input type="checkbox"/> ICACTL <input type="checkbox"/> ICACSF <input type="checkbox"/>	
Does the Laboratory have multiple sites? If so, list the addresses of each site here: (Use additional sheets, if necessary)	1. <u>N/A</u> 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____ 9. _____ 10. _____	
Is the Laboratory a mobile service or does the Laboratory have an accredited mobile service?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
If mobile service, are there any changes to mobile sites?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> List added or deleted mobile sites (please indicate if adding or deleting site) : _____	

2. Provide information below for all the changes that apply:

Change of ownership Name of new owner: <u>Charleston Area Medical Center (CAMC)</u> EIN of new owner: <u>55-0526150</u> Address of new owner: <u>2930 Chesterfield Avenue, Charleston WV 25304</u>
Change of name New name: <u>CAMC Cardiac Imaging Center</u>
Change of address New address: <u>2930 Chesterfield Avenue, Charleston WV 25304</u>
Change in Medical Director Name of current Medical Director: <u>Steven L. McCormick, MD, FACC</u>
Change in Technical Director Name of current Technical Director: <u>John C. Clark, CNMT</u>
Other _____

3. Using Laboratory letterhead, please attach a detailed explanation of the situation in your own words. If other changes in personnel or equipment have taken place, describe those changes. If the Laboratory has multiple sites, explain how each site is or is not affected by the change. Please include dates, full legal names, addresses, whether there was a dissolution, merger, or other corporate change and any other information that you think would be helpful.
4. The effective date of the change is: October 1, 2011.
5. To the best of my knowledge and belief, I certify that at the time of this change, the Laboratory and, if applicable, its new owner:
- A. Had a qualified Medical Director;
 - B. Had a qualified Technical Director;
 - C. Assumed and agreed to be bound by the terms of the IAC Accreditation Agreement; and
 - D. Was in compliance with all IAC *Standards*, policies and procedures.
6. On behalf of the Laboratory, I request that IAC approve the change and modify the Laboratory's accreditation status or transfer of ownership accordingly. I represent and warrant that I have authority to execute this affidavit on behalf of the Laboratory. Under penalty of perjury, I certify that the above information is accurate, true, and complete.

By: John C. Clark, CNMT
Name: John C. Clark
Title: Laboratory Technical Director
Date: 9/6/2011

Reviewed & Approved by IAC:

By: _____
Name: _____
Title: _____
Date: _____

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09/05/2011

Licensing Assistance Team
Division of Nuclear Materials Safety
US Nuclear Regulatory Commission, Region I
475 Allendale Road
King of Prussia, PA 19406-1415

Re: License #47-25604-01

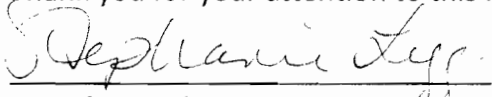
To Whom It May Concern:

This "Transfer of Control" information is being provided in accordance with NUREG 1556V9 Revision 2, Appendix G. All responses are in order of request. The anticipated transfer date is October 1, 2011. The final transfer will not occur until consent is provided by the NRC.

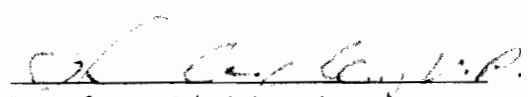
1. A description of the transfer of assets is attached. The name of the facility will be changed to: Charleston Area Medical Center (CAMC) Cardiac Imaging Center
2930 Chesterfield Avenue
Charleston, WV 25304
2. There will be no change in personnel at the facility.
3. There will be no change in the organization, location, facilities, equipment, or procedures that relate to the licensed program.
4. The status of the surveillance program is "current" at the present time and will be "current" at the time of the transfer.
5. We confirm that all records concerning the safe and effective decommissioning of the facility will be transferred to the transferee. These records will include documentation of surveys of ambient radiation levels and fixed and/or removable contamination, including methods and sensitivity.
6. We confirm that the transferee will abide by all constraints, conditions, requirements, and commitments of the current license.

The NRC may contact Mr. John C. Clark at the above letterhead address and phone number if any additional information is needed regarding the asset transfer.

Thank you for your attention to this matter.



Transferor Administration
Associated Cardiology of Charleston



Transferee Administration
Charleston Area Medical Center

ASSOCIATED CARDIOLOGY OF CHARLESTON, PLLC

2930 Chesterfield Avenue | Charleston, WV 25304
p. 304.343.9923 | p. 304.343.3015 | f. 304.343.9925

RE: NRC License #47-25604-01

Transferor/Current Name/Address on License: Associated Cardiology of Charleston, PLLC
2930 Chesterfield Ave.
Charleston, WV 25304

p. 304.343.9923 or 304.343.3015
f. 304.343.9925

Transferor/Current License Holder EIN #: #01-0684707

Transferee Name/Address: Charleston Area Medical Center
Cardiac Imaging Center
2930 Chesterfield Ave.
Charleston, WV 25304

p. 304.343.9923 or 304.343.3015
f. 304.343.9925

Transferee/New Owner EIN#: #55-0526150

Attached is the legal description of the transfer of assets.

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

9/5/2011 received in RI on 9/27/11
and to inform you that the initial processing which
includes an administrative review has been performed.



Amendment (47-25604-01)
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** 576080
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.