



Br. 1

January 2, 2012

NUCLEAR REGULATORY COMMISSION  
Nuclear Materials Safety Branch 3  
Division of Nuclear Materials Safety  
Region I  
475 Allendale Road  
King of Prussia  
Pennsylvania 19406-1415

RECEIVED  
REGION I  
2012 JAN 20 PM 12: 24

Re: Nuclear Materials License  
Nº 52-30886-01

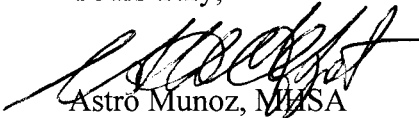
03036513

Nuclear Regulatory Commission staff:

Please be advised, Hospital Pavia Hato Rey is requesting you to remove Dr. Jose O. Morales from the authorized user's list. In his place, we have appointed Dr. Carlos J. Montalván\_Miró, active member of our Medical Faculty. Therefore, we kindly request adding his name to the authorized user's list. Attached you will find Dr. Montalvan's credentials.

Thanking you in advanced, I remain.

Yours truly,

  
Astro Munoz, MSA  
Executive Director

576783  
NMSS/RGN1 MATERIALS-002



UNIVERSITY OF PUERTO RICO, UNIVERSIDAD DE PUERTO RICO  
MEDICAL SCIENCES CAMPUS, RECINTO DE CIENCIAS MÈDICAS  
SCHOOL OF MEDICINE, ESCUELA DE MEDICINA



RADIOLOGICAL SCIENCES DEPARTMENT  
DEPARTAMENTO DE CIENCIAS RADIOLÒGICAS

**Nuclear Medicine Program  
School of Medicine  
University of Puerto Rico  
Certification of Nuclear Medicine Training**

**Name:** Carlos J Montalvan

**Institution:** University of Puerto Rico    **Training:** Nuclear Medicine

Dr Carlos Montalvan has satisfactorily completed the training requisites for the Nuclear Medicine Program and all evaluations have been satisfactory or above. His medical and nuclear medicine knowledge as well as the interpretative skills are adequate. The above named resident was never on probation due to academic or behavioral problems.

He completed the requirements of the American Board of Nuclear Medicine and is thus eligible to apply for the examination process.

Dr Montalvan is capable to practice the Nuclear Medicine Specialty competently and independently.

This certification is signed in San Juan, Puerto Rico on the date 21 of July 2010.

**Frieda Silva, MD  
Nuclear Medicine  
Training Program Director  
University of Puerto Rico**

**Nuclear Medicine Training Program  
Clinical Privileges**

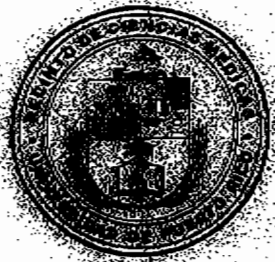
Name: Carlos Montalvan

Institutions: University of Puerto Rico and Veterans Administration Medical Center

Privileges granted			
Procedures	Done	Privilege granted	Date
Bone Imaging	800	X	6/30/2009
Endocrine Imaging (Thyroid, Parathyroid and Adrenal)	100	X	6/30/2009
Renal Imaging( Cortical and Excretion studies)	200	X	6/30/2009
Lymphoscintigraphy	13	X	6/30/2009
GI Imaging ( GE Reflux, GEmptying, Hepatobiliary, Liver-Spleen)	150	X	6/30/2009
Pediatric Nuclear Medicine	200	X	12/30/2009
Exercise test (Threadmill or pharmacologic)	600	X	6/30/2009
Myocardial Perfusion Study	600	X	6/30/2009
Cisternography	4	X	6/30/2010
Cystogram	12	X	6/30/2009
Radioiodine therapy: hyperthyroidism	14	X	6/30/2010
Radioiodine Therapy: Cancer	50	X	6/30/2010
Bone Pain Palliation with Radionuclides	1	X	6/30/2010
Radio Immuno therapy	1	X	6/30/2010
PET studies	300	X	6/30/2010
CT revision	254	X	6/30/2010

Dr Carlos Montalvan, Nuclear Medicine Resident, have completed the procedures recorded. The procedures have been without complications, and he is granted privileges at the level of responsibility for the areas that are indicated.

*Frederic Salas*



# The University of Puerto Rico Medical Sciences Campus School of Medicine



## Certifies That

**Carlos J. Gonzalez MD, PhD**

has fulfilled the requirements of the Residency in the Medical Specialty of  
**Medical Microbiology**

from July 1, 2008 to June 30, 2009

in witness whereof,

this Certificate is Awarded at San Juan, P.R.

this 17 day of June 2009

*Freda Selva S*  
\_\_\_\_\_  
Department Chair

*Freda Selva S*  
\_\_\_\_\_  
Training Program Director

*J. Anthony Sanchez*  
\_\_\_\_\_  
Chancellor Medical Sciences Campus

*Richard Santiago*  
\_\_\_\_\_  
Dean, School of Medicine

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

1/2/12, and to inform you that the initial processing which includes an administrative review has been performed.

Amendment (52-30886-01) 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

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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** 576783.  
When calling to inquire about this action, please refer to this control number.  
You may call us on (610) 337-5398, or 337-5260.