

*faxed to Barb 3-1-12*



**Charleston Area Medical Center**

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**MEDICAL MANAGEMENT SERVICES**

415 Morris St., Suite 304  
Charleston, WV 25301  
(304) 388-7780  
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February 23, 2012

To: Penny Lanzisera

Health Physicist, Nuclear Regulatory Commission, Region 1

From: Barbara Ream

Practice Administrator, CAMC Imaging Center Southridge and  
CAMC Cardiac Imaging

Re: Change of Ownership of Charleston Heart Specialists, PLLC

License No. 47-25442-01

Docket No. 030-34783

Dear Ms. Lanzisera,

1. Provide a complete description of the transaction (transfer of stocks or assets, or merger). Indicate whether the name has changed and include the new name. Include the name and telephone number of a licensee contact if more information is needed.  
The transaction was a sale of substantially all of the assets of Charleston Heart Specialists, to Charleston Area Medical Center, Inc. The name will be changed to CAMC Cardiac Imaging. Licensee contact is Heather Givens, 304-345-8814, lead Nuclear Technologist.
2. Describe any changes in personnel duties that relate to the licensed program. Include training and experience for new personnel.  
There were no changes in personnel. The entire imaging staff was hired as CAMC employees and will be operating as such.
3. Describe any changes in the organization, location, facilities, equipment or procedures that relate to the licensed program.  
There will not be any changes in the location, facility or equipment. All procedures are being done in accordance with existing CAMC Radiology policies and procedures.

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4. Describe the status of the surveillance program (surveys, wipe tests, quality control) at the present time and the expected status at the time that control is to be transferred.  
Charleston Heart Specialists is an independent facility that is accredited by ICANL. CAMC Cardiac Imaging is operated as a CAMC imaging facility which is surveyed and accredited by The Joint Commission; therefore CAMC Cardiac Imaging is following CAMC protocols as it relates to all surveillance programs.
5. Confirm that all records concerning the safe and effective decommissioning of the facility will be transferred to the transferee or to NRC, as appropriate. These records include documentation of surveys of ambient radiation levels and fixed and/or removable contamination, including methods and sensitivity.  
All appropriate records of Charleston Heart Imaging were included as part of the transaction and have been retained by CAMC.
6. Confirm that the transferee will abide by all constraints, conditions, requirements and commitments of the transferor or that the transferee will submit a complete description of the proposed licensed program.  
It is hereby confirmed that CAMC will abide by all constraints, conditions, requirements and commitments of the transfer.

Please feel free to contact me if you have any questions.

Thank you,

Barbara Ream, Practice Administrator, CAMC Cardiac Imaging

*Barbara Ream*

*Jeffrey H. Goode*  
Jeffrey H. Goode  
VP Ambulatory Services

*Dilip K. Basa*  
Dilip K. Basa  
President

This is to acknowledge the receipt of your letter<sup>(3)</sup> application dated 2/23/12 & 2/27/12, and to inform you that the initial processing which includes an administrative review has been performed.

Amendment (47-25442-01)  
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** 577067.  
When calling to inquire about this action, please refer to this control number.  
You may call us on (610) 337-5398, or 337-5260.