

APPLICATION FOR MATERIALS LICENSE

Estimated burden per response to comply with this mandatory collection request: 4.3 hours. Submittal of the application is necessary to determine that the applicant is qualified and that adequate procedures exist to protect the public health and safety. Send comments regarding burden estimate to the Information Services Branch (T-5 F53), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to Infocollects.Resource@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0120), Office of Management and Budget, Washington, DC 20503. If a means used to impose an information collection does not display a currently valid OMB control number, the NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.

INSTRUCTIONS: SEE THE APPROPRIATE LICENSE APPLICATION GUIDE FOR DETAILED INSTRUCTIONS FOR COMPLETING APPLICATION. SEND TWO COPIES OF THE ENTIRE COMPLETED APPLICATION TO THE NRC OFFICE SPECIFIED BELOW.

APPLICATION FOR DISTRIBUTION OF EXEMPT PRODUCTS FILE APPLICATIONS WITH:

OFFICE OF FEDERAL & STATE MATERIALS AND ENVIRONMENTAL MANAGEMENT PROGRAMS
DIVISION OF MATERIALS SAFETY AND STATE AGREEMENTS
U.S. NUCLEAR REGULATORY COMMISSION
WASHINGTON, DC 20555-0001

ALL OTHER PERSONS FILE APPLICATIONS AS FOLLOWS:

IF YOU ARE LOCATED IN:

ALABAMA, CONNECTICUT, DELAWARE, DISTRICT OF COLUMBIA, FLORIDA, GEORGIA, KENTUCKY, MAINE, MARYLAND, MASSACHUSETTS, NEW HAMPSHIRE, NEW JERSEY, NEW YORK, NORTH CAROLINA, PENNSYLVANIA, PUERTO RICO, RHODE ISLAND, SOUTH CAROLINA, TENNESSEE, VERMONT, VIRGINIA, VIRGIN ISLANDS, OR WEST VIRGINIA,

SEND APPLICATIONS TO:

LICENSING ASSISTANCE TEAM
DIVISION OF NUCLEAR MATERIALS SAFETY
U.S. NUCLEAR REGULATORY COMMISSION, REGION I
2100 RENAISSANCE BOULEVARD, SUITE 100
KING OF PRUSSIA, PA 19406-2713

Br. I

03029017

IF YOU ARE LOCATED IN:

ILLINOIS, INDIANA, IOWA, MICHIGAN, MINNESOTA, MISSOURI, OHIO, OR WISCONSIN, SEND APPLICATIONS TO:

MATERIALS LICENSING BRANCH
U.S. NUCLEAR REGULATORY COMMISSION, REGION III
2443 WARRENVILLE ROAD, SUITE 210
LISLE, IL 60532-4352

ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, COLORADO, HAWAII, IDAHO, KANSAS, LOUISIANA, MISSISSIPPI, MONTANA, NEBRASKA, NEVADA, NEW MEXICO, NORTH DAKOTA, OKLAHOMA, OREGON, PACIFIC TRUST TERRITORIES, SOUTH DAKOTA, TEXAS, UTAH, WASHINGTON, OR WYOMING,

SEND APPLICATIONS TO:

NUCLEAR MATERIALS LICENSING BRANCH
U.S. NUCLEAR REGULATORY COMMISSION, REGION IV
1600 E. LAMAR BOULEVARD
ARLINGTON, TX 76011-4511

NRC 052313 2010

PERSONS LOCATED IN AGREEMENT STATES SEND APPLICATIONS TO THE U.S. NUCLEAR REGULATORY COMMISSION ONLY IF THEY WISH TO POSSESS AND USE LICENSED MATERIAL IN STATES SUBJECT TO U.S. NUCLEAR REGULATORY COMMISSION JURISDICTIONS.

<p>1. THIS IS AN APPLICATION FOR (Check appropriate item)</p> <p><input type="checkbox"/> A. NEW LICENSE</p> <p><input checked="" type="checkbox"/> B. AMENDMENT TO LICENSE NUMBER <u>47-17725-02</u></p> <p><input type="checkbox"/> C. RENEWAL OF LICENSE NUMBER _____</p>	<p>2. NAME AND MAILING ADDRESS OF APPLICANT (Include ZIP code)</p> <p>Beckley Appalachian Regional Hospital 306 Stanaford Road Beckley, WV 25801</p>
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<p>3. ADDRESS WHERE LICENSED MATERIAL WILL BE USED OR POSSESSED</p>	<p>4. NAME OF PERSON TO BE CONTACTED ABOUT THIS APPLICATION</p> <p>Jennifer Bailey, BSN, RN</p> <table border="1"> <tr> <td>BUSINESS TELEPHONE NUMBER</td> <td>BUSINESS CELLULAR TELEPHONE NUMBER</td> </tr> <tr> <td>255-3363</td> <td></td> </tr> </table> <p>BUSINESS EMAIL ADDRESS: jebailey@arh.org</p>	BUSINESS TELEPHONE NUMBER	BUSINESS CELLULAR TELEPHONE NUMBER	255-3363	
BUSINESS TELEPHONE NUMBER	BUSINESS CELLULAR TELEPHONE NUMBER				
255-3363					

<p>SUBMIT ITEMS 5 THROUGH 11 ON 8-1/2 X 11" PAPER. THE TYPE AND SCOPE OF INFORMATION TO BE PROVIDED IS DESCRIBED IN THE LICENSE APPLICATION GUIDE.</p>					
<p>5. RADIOACTIVE MATERIAL a. Element and mass number; b. chemical and/or physical form, and c. maximum amount which will be possessed at any one time.</p>	<p>6. PURPOSE(S) FOR WHICH LICENSED MATERIAL WILL BE USED.</p>				
<p>7. INDIVIDUAL(S) RESPONSIBLE FOR RADIATION SAFETY PROGRAM AND THEIR TRAINING EXPERIENCE.</p>	<p>8. TRAINING FOR INDIVIDUALS WORKING IN OR FREQUENTING RESTRICTED AREAS.</p>				
<p>9. FACILITIES AND EQUIPMENT.</p>	<p>10. RADIATION SAFETY PROGRAM.</p>				
<p>11. WASTE MANAGEMENT.</p>	<p>12. LICENSE FEES (See 10 CFR 170 and Section 170.31)</p> <table border="1"> <tr> <td>FEE CATEGORY</td> <td>AMOUNT ENCLOSED \$</td> </tr> <tr> <td></td> <td></td> </tr> </table>	FEE CATEGORY	AMOUNT ENCLOSED \$		
FEE CATEGORY	AMOUNT ENCLOSED \$				

13. CERTIFICATION. (Must be completed by applicant) THE APPLICANT UNDERSTANDS THAT ALL STATEMENTS AND REPRESENTATIONS MADE IN THIS APPLICATION ARE BINDING UPON THE APPLICANT.

THE APPLICANT AND ANY OFFICIAL EXECUTING THIS CERTIFICATION ON BEHALF OF THE APPLICANT, NAMED IN ITEM 2, CERTIFY THAT THIS APPLICATION IS PREPARED IN CONFORMITY WITH TITLE 10, CODE OF FEDERAL REGULATIONS, PARTS 30, 32, 33, 34, 35, 36, 39, AND 40, AND THAT ALL INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF THEIR KNOWLEDGE AND BELIEF.
WARNING: 18 U.S.C. SECTION 1001 ACT OF JUNE 25, 1948 62 STAT. 749 MAKES IT A CRIMINAL OFFENSE TO MAKE A WILLFULLY FALSE STATEMENT OR REPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION.

<p>CERTIFYING OFFICER - TYPED/PRINTED NAME AND TITLE</p> <p>Rocco K. Massey, CCEO</p>	<p>SIGNATURE</p> <p><i>Rocco K. Massey</i></p> <p>DATE</p> <p>5/13/13</p>
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FOR NRC USE ONLY

TYPE OF FEE	FEE LOG	FEE CATEGORY	AMOUNT RECEIVED	CHECK NUMBER	COMMENTS
			\$		
APPROVED BY				DATE	

REC'D IN LAT 5-23-13

580958



NRC Region I
475 Allendale Road
King of Prussia, PA 19406


RE: License No. 47-17725-02

Enclosed you will find an Application Amendment for Beckley Appalachian Regional Hospital. I am requesting that Melaku Demede, M.D. be added as an authorized user of radioactive materials at Beckley Appalachian Regional Hospital.

Please remove Sukh Dev Aujla, M.D. from our current license.

Attached you will find the application along with the documentation for Melaku Demede, M.D. Please advise us of any additional requirements that are necessary to effectuate this change. Should you have any questions, please contact me at (304)-255-3456.

Thank-you,
Sincerely,



Rocco K. Massey, CCEO

**AUTHORIZED USER TRAINING AND EXPERIENCE
AND PRECEPTOR ATTESTATION**
(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: (05/31/2015)

Name of Proposed Authorized User
Melaku G. Demede, M.D.

State or Territory Where Licensed
West Virginia

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)

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 <i>(not required for 35.590)</i>			
Radiation biology			
Total Hours of Training:			

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	

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.

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 Melaku G. Demede 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 Melaku G. Demede 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

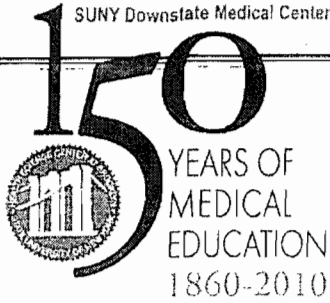
Complete the following for preceptor attestation and signature:

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
Bharat Patel, M.D, RSO	<i>Bharat Patel M.D</i>	(304) 255-3306	May 21, 2013

License/Permit Number/Facility Name
47-17725-02/ Beckley Appalachian Regional Hospital



A Diverse Legacy, A Bright Future

Jason M. Lazar, MD, MPH
Director, Non-Invasive Cardiology
Director, Cardiovascular Medicine Fellowship Training Program
Clinical Assistant Dean, College of Medicine
Associate Professor of Medicine

July 30, 2010

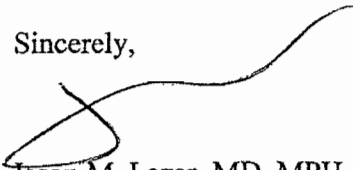
Certification Board of Nuclear Cardiology
101 Lake Forest Boulevard, Suite 401
Gaithersburg, MD 20877

Re: Melaku Demede, MD


Dear Sir/Madam:

Dr. Melaku Demede, MD is a third year Cardiology Fellow in good standing in the Division of Cardiovascular Medicine Fellowship Training Program at the State University of New York Downstate Medical Center, Brooklyn, New York. His training dates are from 07/01/08 to 06/30/11.

Sincerely,


Jason M. Lazar, MD, MPH
Director, Cardiovascular Medicine
Fellowship Training Program
NRC License#: 75-2934-01-202

PERSONAL INFORMATION WAS REMOVED
BY NRC. NO COPY OF THIS INFORMATION
WAS RETAINED BY THE NRC.

/dv



STATE UNIVERSITY OF NEW YORK DOWNSTATE MEDICAL CENTER

THE DEPARTMENT OF RADIOLOGY AND RADIATION PHYSICS HEREBY
CERTIFIES THAT

MELAKU DEMEDE M.D.

successfully completed a Radiation Physics courses designed specifically for the education in the use of radioactive materials in humans for diagnostic imaging. This certificate is awarded only after the physician has attended the classroom and laboratory instruction and passed a rigorous three hour written exam

The course consisted of 80 hours of classroom and laboratory instruction specifically covering:

RADIATION PHYSICS
RADIATION PROTECTION
RADIATION BIOLOGY
RADIATION MEASUREMENTS

ARTHUR OLSON, RADIATION SAFETY OFFICER
DIRECTOR RADIATION PHYSICS
CERTIFIED BY THE AMERICAN BOARD OF RADIOLOGY

July 19, 2010
JULY 2010

ACLS Provider



American
Heart
Association

MELAKU DEMEDE, MD

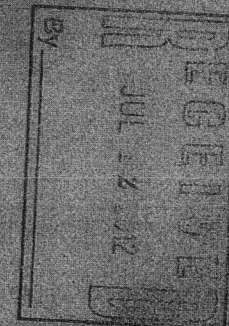
This card certifies that the above individual has successfully completed the cognitive and skills evaluations in accordance with the curriculum of the American Heart Association Advanced Cardiovascular Life Support (ACLS) Program.

JUNE 25, 2011

Issue Date

JUNE 2013

Recommended Renewal Date





College of Medicine

College of Nursing

College of Health Related Professions

School of Graduate Studies

School of Public Health


A Diverse Legacy, A Bright Future

Jason M. Lazar, MD, MPH
Director, Non-Invasive Cardiology
Director, Cardiovascular Medicine Fellowship Training Program
Clinical Assistant Dean, College of Medicine
Associate Professor of Medicine

July 30, 2010

Certification Board of Nuclear Cardiology
101 Lake Forest Boulevard, Suite 401
Gaithersburg, MD 20877

PERSONAL INFORMATION WAS REMOVED
BY NRC. NO COPY OF THIS INFORMATION
WAS RETAINED BY THE NRC.

Re: Melaku Demede, MD


Dear Sir/Madam:

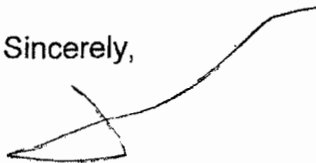
Dr. Melaku Demede, MD has completed a nuclear cardiology training program that meets the requirements for level 2 as outlined in the *ACCF/ASNC COCATS Guidelines for Training in Nuclear Cardiology, revised 2008*, within an accredited fellowship program.

Dr. Demede completed level 2 Nuclear Cardiology training between the dates of 07/01/08 and 07/30/10.

I attest that Dr. Demede is competent to independently function as an authorized user under NRC 10 CFR 35.200 uses.

Dr. Demede completed a minimum of 80 hours of classroom and laboratory training that meets the Nuclear Regulatory Commission (NRC) requirements as an INTEGRAL part of his fellowship program.

Sincerely,



Jason M. Lazar, MD, MPH
Director, Cardiovascular Medicine
Fellowship Training Program
NRC License#: 75-2934-01-202

/dv

Certification Board of Nuclear Cardiology

Incorporated 1996

Certifies that

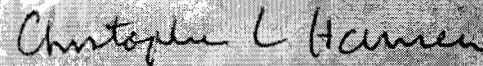
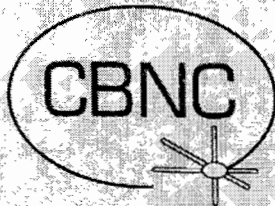
Melaku Gebremariam Demede, MD

HAVING MET THE REQUIREMENTS PRESCRIBED BY THIS BOARD
FOR PHYSICIANS TRAINED IN THE UNITED STATES
AND HAVING SATISFACTORILY PASSED THE REQUIRED EXAMINATION,
IS HEREBY DESIGNATED
A DIPLOMATE CERTIFIED IN THE SUBSPECIALTY OF
NUCLEAR CARDIOLOGY

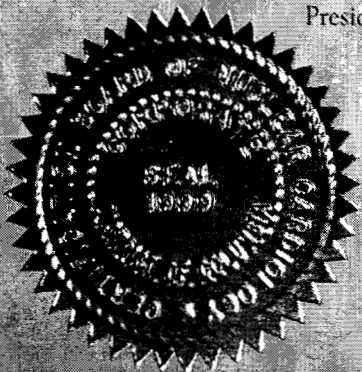
FOR THE PERIOD 2010 - 2020



President



Secretary



CERTIFICATE NUMBER: 7610

RECEIVED
By _____

WEST VIRGINIA BOARD OF MEDICINE

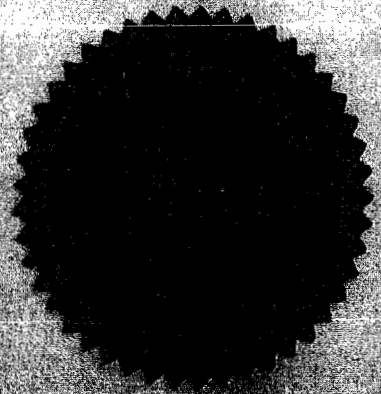
Effective Date: July 9, 2012

License Number: 24891

This certifies that

MELAKU GEBREMARIAM DEMEDE, M.D.

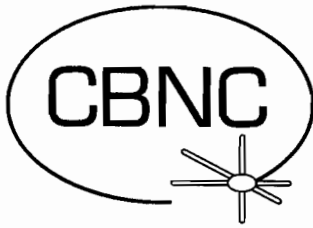
having met the requirements for licensure in the State of West Virginia, is hereby licensed to practice Medicine and Surgery in all branches in the State of West Virginia, under the authority of the laws of the State and the regulations of the Board.



Witness the signatures of the President and Secretary of the West Virginia Board of Medicine and the seal of said Board:

[Signature] _____ President

[Signature] _____ Secretary



Certification Board of Nuclear Cardiology

A Division of the Council for Certification in CardioVascular Imaging

EXPERT IMAGERS • QUALITY CARE

Verification of TESTAMUR Status

BOARD OF DIRECTORS

President

James A. Arrighi, MD

Vice President

Thomas A. Holly, MD

Secretary

Mary L. Zasadil, MD

Representing the American Society of Nuclear Cardiology

Myron C. Gerson, MD

Thomas A. Holly, MD

Mary L. Zasadil, MD

Representing the American College of Cardiology

Aseem Vashist, MBBS

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Christopher L. Hansen, MD

Howard C. Lewin, MD

Sally Schwarz, RPh, MS, BCNP

Chief Executive Officer

Dawn M. Edgerton, MA

To Whom It May Concern:

This letter confirms that the following individual passed the board examination in nuclear cardiology given by the Certification Board of Nuclear Cardiology. The current status of this candidate is Testamur[†]. He/she is eligible to become a Diplomate pending confirmation of passing the Cardiovascular Disease, Nuclear Medicine or Radiology Board.

Name: **Melaku G. Demede, MD**

Date Passed the CBNC Exam: **12/19/2010**

Attested by:

Dawn M. Edgerton, Chief Executive Officer

Date: April 27, 2012

[†] **Testamur** - An individual who has successfully passed the CBNC examination but has not documented either full medical licensure and/or board certification in Cardiovascular Disease, Nuclear Medicine or Radiology. Testamurs must provide documentation of full medical licensure and board certification in Cardiovascular Disease, Nuclear Medicine or Radiology in order to be granted Diplomate status, and this must happen within six (6) years of passing the CBNC exam.

This is to acknowledge the receipt of your letter application dated

5-13-13, and to inform you that the initial processing which includes an administrative review has been performed.

Amend: 47-17725-02
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** 580958.
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.

NRC FORM 532 (R1)
(6-96)

Sincerely,
Licensing Assistance Team Leader