

<b>NRC FORM 314</b> <small>(05-2012) 10 CFR 30.38(j)(1); 40.420(x)(1); 70.38(j)(1); and 72.64(j)(5)(1)(i)</small>		<b>U.S. NUCLEAR REGULATORY COMMISSION</b>	
<b>CERTIFICATE OF DISPOSITION OF MATERIALS</b>		<b>APPROVED BY OMB: NO. 3150-0028</b> <small>Estimated burden per response to comply with this mandatory collection request: 30 minutes. This submittal is used by NRC as part of the basis for its determination that the facility is released for unrestricted use. 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 <a href="mailto:Infocollects.Resource@nrc.gov">Infocollects.Resource@nrc.gov</a>, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0028), 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.</small>	
<b>LICENSEE NAME AND ADDRESS</b>  Cardiovascular Associates of Southern Indiana, PSC		<b>LICENSE NUMBER</b> 13-32350-01	<b>DOCKET NUMBER</b> 030-358-43
		<b>LICENSE EXPIRATION DATE</b> March 31, 2022	
<b>A. LICENSE STATUS (Check the appropriate box)</b> <input type="checkbox"/> This license has expired. <input checked="" type="checkbox"/> This license has not yet expired; please terminate it.			
<b>B. DISPOSAL OF RADIOACTIVE MATERIAL</b> <small>(Check the appropriate boxes and complete as necessary. If additional space is needed, provide attachments)</small> The licensee, or any individual executing this certificate on behalf of the licensee, certifies that:			
<input type="checkbox"/> 1. No radioactive materials have ever been procured or possessed by the licensee under this license.			
<input checked="" type="checkbox"/> 2. All activities authorized by this license have ceased, and all radioactive materials procured and/or possessed by the licensee under this license number cited above have been disposed of in the following manner.			
<input checked="" type="checkbox"/> a. Transfer of radioactive materials to the licensee listed below: Floyd Memorial Hospital, 13-13371-01			
<input type="checkbox"/> b. Disposal of radioactive materials:			
<input type="checkbox"/> 1. Directly by the licensee:			
<input type="checkbox"/> 2. By licensed disposal site:			
<input type="checkbox"/> 3. By waste contractor:			
<input type="checkbox"/> c. All radioactive materials have been removed such that any remaining residual radioactivity is within the limits of 10 CFR Part 20, Subpart E, and is ALARA.			
<b>C. SURVEYS PERFORMED AND REPORTED</b>			
<input type="checkbox"/> 1. A radiation survey was conducted by the licensee. The survey confirms:			
<input type="checkbox"/> a. the absence of licensed radioactive materials			
<input type="checkbox"/> b. that any remaining residual radioactivity is within the limits of 10 CFR 20, Subpart E, and is ALARA.			
<input type="checkbox"/> 2. A copy of the radiation survey results:			
<input type="checkbox"/> a. is attached; or <input type="checkbox"/> b. is not attached (Provide explanation); or <input type="checkbox"/> c. was forwarded to NRC on: _____ Date _____			
<input type="checkbox"/> 3. A radiation survey is not required as only sealed sources were ever possessed under this license, and			
<input type="checkbox"/> a. The results of the latest leak test are attached; and/or <input type="checkbox"/> b. No leaking sources have ever been identified.			
The person to be contacted regarding the information provided on this form:			
<b>NAME</b> Scott Adams, CNMT	<b>TITLE</b> Nuclear Medicine Supervisor	<b>TELEPHONE (Include Area Code)</b> 812-949-5516	<b>E-MAIL ADDRESS</b> sadams@fnhhs.com
Mail all future correspondence regarding this license to: 1850 State Street, New Albany, IN, 47122			
<b>C. CERTIFYING OFFICIAL</b>			
I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT			
<b>PRINTED NAME AND TITLE</b> KEVIN HOLLIS M.D. PRESIDENT OF ASSOC. OF S. IN	<b>SIGNATURE</b> Kevin Hollis M.D.	<b>DATE</b> 9/27/13	
<b>WARNING: FALSE STATEMENTS IN THIS CERTIFICATE MAY BE SUBJECT TO CIVIL AND/OR CRIMINAL PENALTIES. NRC REGULATIONS REQUIRE THAT SUBMISSIONS TO THE NRC BE COMPLETE AND ACCURATE IN ALL MATERIAL RESPECT. 18 U.S.C. SECTION 1001 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.</b>			

October 7, 2013

To: Dennis Odowd

Thanks again for all your help. Here are the additional documents we discussed.

1. For request #1 regarding Cardiovascular Associates you needed form 314
2. For request #2 regarding Dr. Eickler you needed dates on the form 313a
3. For request #3 regarding Dr. Jose you needed the University of Louisville License
4. For request #4 regarding Scott Adams taking over as RSO you needed dates on 313a and additional proof of continuing education (see below)

\*\*\*\*NOTES\*\*\*\*

- a. Scott Adams is head of the radiation safety committee holding all quarterly meetings.
- b. Copy of letter when Scott Adams was elected the T&R official in 2008
- c. Copy of bachelor degree of Health Science in Nuclear Medicine
- d. Copy of certificate for program of Radiation Safety and Management seminar
- e. You should have the most recent hours showing continuing education of radiation safety
- f. As discussed before I have been working under direct supervision of the current ROS, William Fortner, M.D. and Authorized Medical Physicist, Patrick J Byrne, DABR, CHP, SABSNM which can be reached at 877-317-5811. Patrick can verify continuing education and training since 2001.
- g. Copy of letter of delegation has also been provided.

  
Scott Adams, CNMT

CNMT

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