



REPLY TO
ATTENTION OF

DEPARTMENT OF THE ARMY
UNITED STATES ARMY MEDICAL DEPARTMENT ACTIVITY
7950 MARTIN LOOP
FORT BENNING GEORGIA 31905-5637

Br. 1

MCXB-PM-H

08 November 2013

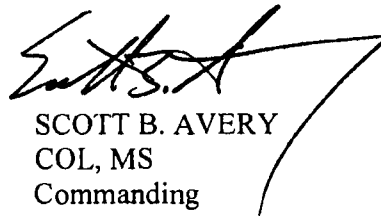
MEMORANDUM FOR Nuclear Regulatory Commission (NRC), ATTN: Penny Lanzisera,
Medical Branch, Division of Nuclear Materials Safety, Region I, King of Prussia, PA, 19406-
1415

03001351

SUBJECT: Amendment to NRC License #10-06493-02, Removal of Authorized Users

1. Please amend license number #10-06493-02 to make the following changes:
 - a. Remove Michael Park, D.O. as an Authorized User. The Martin Army Community Hospital's Radiation Safety Committee approved removal of Michael Park, D.O. as an authorized user on 07 November 2013.
2. Michael Park, D.O. is no longer assigned to Martin Army Community Hospital as a Radiologist.
3. Voting Roster of Radiation Safety Committee, Martin Army Community Hospital for Michael Park, D.O. is enclosed as documentation.
4. The point of contact for this memorandum is CPT Steven S. Cho, Chief, Health Physics at 706-544-2458.

Encls
as


SCOTT B. AVERY
COL, MS
Commanding

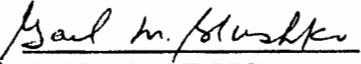
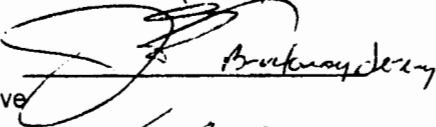

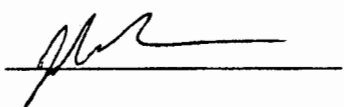
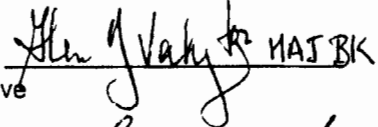
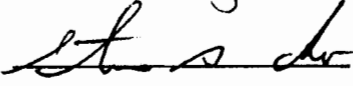
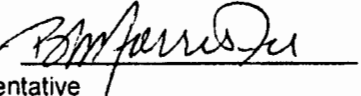
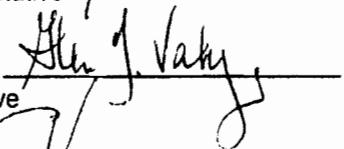
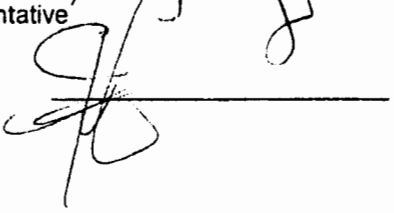
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NMSS/RGN1 MATERIALS-002

MARTIN ARMY COMMUNITY HOSPITAL
RADIATION SAFETY COMMITTEE
07 November 2013
Voting Roster

Removal of Authorized Users
For MAJ Park, Michael

	Signature	Approved	Disapproved
COL Glushko, Gail M. Chairperson, Deputy Commander for Clinical Services (DCCS)		<input checked="" type="checkbox"/>	<input type="checkbox"/>
LTC Cardona, Lillian Chief, Dept. of Nursing, or representative		<input checked="" type="checkbox"/>	<input type="checkbox"/>
LTC Flood, Karin A. Chief, Dept. of Surgery or representative		<input checked="" type="checkbox"/>	<input type="checkbox"/>
MAJ Dutner, Joseph DENTAC RSO		<input checked="" type="checkbox"/>	<input type="checkbox"/>
MAJ Kocher, Bradley L. Chief, Dept. of Radiology or representative		<input checked="" type="checkbox"/>	<input type="checkbox"/>
CPT Steven S. Cho Recorder, MACH RSO		<input checked="" type="checkbox"/>	<input type="checkbox"/>
CW3 Forrester, Bernadette M. Chief, Medical Maintenance, or representative		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Dr. Vahjen, Glen A. Chief, Nuclear Medicine, or representative		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mr. Speelman, James F. MEDDAC Safety Officer		<input checked="" type="checkbox"/>	<input type="checkbox"/>



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7950 MARTIN LOOP
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MEMORANDUM FOR Nuclear Regulatory Commission (NRC), ATTN: Penny Lanzisera,
Medical Branch, Division of Nuclear Materials Safety, Region I, King of Prussia, PA, 19406-
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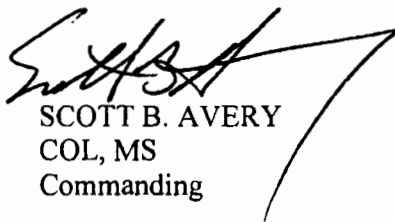
SUBJECT: Amendment to NRC License #10-06493-02, Addition of Authorized Users

1. Please amend license number #10-06493-02 to make the following changes:

a. Add Pierre N. Shepherd, MD as an Authorized User. The Martin Army Community Hospital's Radiation Safety Committee approved Dr. Shepherd as an authorized user on 07 November 2013. Dr. Shepherd was approved for material and use IAW with paragraph 9. Authorized use; 35.100, 35.200, any sodium iodine-131 imaging and localization study permitted by 10 CFR 35.300; In Vitro studies.

2. NRC Forms 313A(AUT), and Licensure documents for Dr. Shepherd are enclosed as documentation.

3. The point of contact for this memorandum is CPT Steven S. Cho, Chief, Health Physics, at 706-544-2458.


SCOTT B. AVERY
COL, MS
Commanding

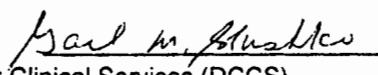
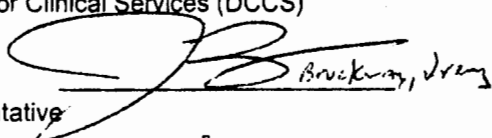
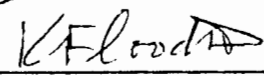
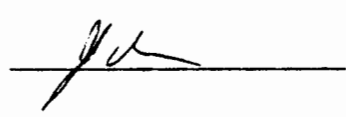
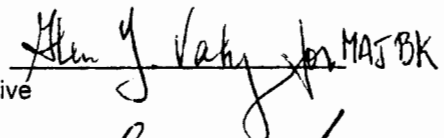
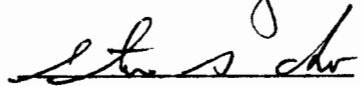

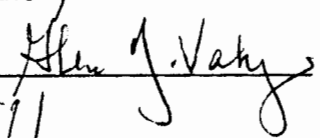
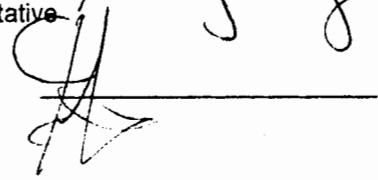
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MARTIN ARMY COMMUNITY HOSPITAL
 RADIATION SAFETY COMMITTEE
 07 November 2013
 Voting Roster

Add of Authorized Users
 For MAJ Shepherd, Pierre N.

	Signature	Approved	Disapproved
COL Glushko, Gail M. Chairperson, Deputy Commander for Clinical Services (DCCS)		<input checked="" type="checkbox"/>	<input type="checkbox"/>
LTC Cardona, Lillian Chief, Dept. of Nursing, or representative		<input checked="" type="checkbox"/>	<input type="checkbox"/>
LTC Flood, Karin A. Chief, Dept. of Surgery or representative		<input checked="" type="checkbox"/>	<input type="checkbox"/>
MAJ Dutner, Joseph DENTAC RSO		<input checked="" type="checkbox"/>	<input type="checkbox"/>
MAJ Kocher, Bradley L. Chief, Dept. of Radiology or representative		<input checked="" type="checkbox"/>	<input type="checkbox"/>
CPT Steven S. Cho Recorder, MACH RSO		<input checked="" type="checkbox"/>	<input type="checkbox"/>
CW3 Forrester, Bernadette M. Chief, Medical Maintenance, or representative		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Dr. Vahjen, Glen A. Chief, Nuclear Medicine, or representative		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mr. Speelman, James F. MEDDAC Safety Officer		<input checked="" type="checkbox"/>	<input type="checkbox"/>

**AUTHORIZED USER TRAINING AND EXPERIENCE
AND PRECEPTOR ATTESTATION**
(for uses defined under 35.300)
[10 CFR 35.390, 35.392, 35.394, and 35.396]

APPROVED BY OMB: NO. 3150-0120
EXPIRES: (05/31/2015)

Name of Proposed Authorized User
Pierre N. Shepherd, MD

State or Territory Where Licensed
Alabama, Georgia, Michigan

Requested Authorization(s) (check all that apply):

35.300 Use of unsealed byproduct material for which a written directive is required

OR

35.300 Oral administration of sodium iodide I-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)

35.300 Oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 1.22 gigabecquerels (33 millicuries)

35.300 Parenteral administration of any beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV for which a written directive is required

35.300 Parenteral administration of any other radionuclide for which a written directive is required

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 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. For 35.390, provide documentation on supervised clinical case experience. The table in section 3.c. may be used to document this experience.

c. For 35.396, provide documentation on classroom and laboratory training, supervised work experience, and supervised clinical case experience. The tables in sections 3.a., 3.b., and 3.c. may be used to document this experience.

d. Skip to and complete Part II Preceptor Attestation.

2. Current 35.300, 35.400, or 35.600 Authorized User Seeking Additional Authorization

a. Authorized User on Materials License _____ under the requirements below or equivalent Agreement State requirements (check all that apply):

35.390 35.392 35.394 35.490 35.690

b. If currently authorized for a subset of clinical uses under 35.300, provide documentation on additional required supervised case experience. The table in section 3.c. may be used to document this experience. Also provide completed Part II Preceptor Attestation.

c. If currently authorized under 35.490 or 35.690 and requesting authorization for 35.396, provide documentation on classroom and laboratory training, supervised work experience, and supervised clinical case experience. The tables in sections 3.a., 3.b., and 3.c. may be used to document this experience. Also provide completed Part II Preceptor Attestation.

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Training and Experience for Proposed Authorized User

a. Classroom and Laboratory Training 35.390 35.392 35.394 35.396

Description of Training	Location of Training	Clock Hours	Dates of Training*
Radiation physics and instrumentation	Oakwood Hospital & Medical Center 18101 Oakwood Blvd., Dearborn, MI 48124	27	07/01/2007 06/30/2011
Radiation protection	Oakwood Hospital & Medical Center 18101 Oakwood Blvd., Dearborn, MI 48124	16	07/01/2007 06/30/2011
Mathematics pertaining to the use and measurement of radioactivity	Oakwood Hospital & Medical Center 18101 Oakwood Blvd., Dearborn, MI 48124	6	07/01/2007 06/30/2011
Chemistry of byproduct material for medical use	Oakwood Hospital & Medical Center 18101 Oakwood Blvd., Dearborn, MI 48124	11	07/01/2007 06/30/2011
Radiation biology	Oakwood Hospital & Medical Center 18101 Oakwood Blvd., Dearborn, MI 48124	21	07/01/2007 06/30/2011
Total Hours of Training:		<input type="text" value="81"/>	

b. Supervised Work Experience 35.390 35.392 35.394 35.396

If more than one supervising individual is necessary to document supervised training, provide multiple copies of this page.

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	Oakwood Hospital & Medical Center 18101 Oakwood Blvd., Dearborn, MI 48124	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	07/01/2007 06/30/2011
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters	Oakwood Hospital & Medical Center 18101 Oakwood Blvd., Dearborn, MI 48124	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	07/01/2007 06/30/2011
Calculating, measuring, and safely preparing patient or human research subject dosages	Oakwood Hospital & Medical Center 18101 Oakwood Blvd., Dearborn, MI 48124	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	07/01/2007 06/30/2011
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material	Oakwood Hospital & Medical Center 18101 Oakwood Blvd., Dearborn, MI 48124	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	07/01/2007 06/30/2011
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures	Oakwood Hospital & Medical Center 18101 Oakwood Blvd., Dearborn, MI 48124	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	07/01/2007 06/30/2011

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Training and Experience for Proposed Authorized User (continued)

b. Supervised Work Experience (continued)

Supervising Individual	License/Permit Number listing supervising individual as an authorized user
Reza Abghari, M.D.	21-04515-01

Supervising individual meets the requirements below, or equivalent Agreement State requirements (*check all that apply*)**:

- 35.390 With experience administering dosages of:
- 35.392 Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)
- 35.394 Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)
- 35.396 Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required
- Parenteral administration of any other radionuclide requiring a written directive

** Supervising Authorized User must have experience in administering dosages in the same dosage category or categories as the individual requesting authorized user status.

c. Supervised Clinical Case Experience

If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this page.

Description of Experience	Number of Cases Involving Personal Participation	Location of Experience/License or Permit Number of Facility	Dates of Experience*
Oral administration of sodium iodide I-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)	6	Oakwood Hospital & Medical Center 18101 Oakwood Blvd., Dearborn, MI 48124	07/01/2007 06/30/2011
Oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 1.22 gigabecquerels (33 millicuries)	3	Oakwood Hospital & Medical Center 18101 Oakwood Blvd., Dearborn, MI 48124	07/01/2007 06/30/2011
Parenteral administration of any beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV for which a written directive is required	0	Oakwood Hospital & Medical Center 18101 Oakwood Blvd., Dearborn, MI 48124	07/01/2007 06/30/2011
Parenteral administration of any other radionuclide for which a written directive is required <div style="border: 1px solid black; width: 150px; height: 30px; margin: 5px 0;">N/A</div> (List radionuclides)	0	Oakwood Hospital & Medical Center 18101 Oakwood Blvd., Dearborn, MI 48124	07/01/2007 06/30/2011

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Training and Experience for Proposed Authorized User (continued)

c. Supervised Clinical Case Experience (continued)

Supervising Individual	License/Permit Number listing supervising individual as an authorized user
Reza Abghari, M.D.	21-04515-01

Supervising individual meets the requirements below, or equivalent Agreement State requirements (*check all that apply*)**:

- 35.390 With experience administering dosages of:
 - 35.392 Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)
 - 35.394 Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)
 - 35.396 Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required
 - Parenteral administration of any other radionuclide requiring a written directive

** Supervising Authorized User must have experience in administering dosages in the same dosage category or categories as the individual requesting authorized user status.

d. Provide completed Part II Preceptor Attestation.

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.

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 requested authorization:

For 35.390:

Board Certification

I attest that _____ has satisfactorily completed the training and experience requirements in 35.390(a)(1).
Name of Proposed Authorized User

OR

Training and Experience

I attest that Pierre N. Shepherd, MD has satisfactorily completed the 700 hours of training and experience, including a minimum of 200 hours of classroom and laboratory training, as required by 10 CFR 35.390 (b)(1).
Name of Proposed Authorized User

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

Preceptor Attestation (continued)

First Section (continued)

For 35.392 (Identical Attestation Statement Regardless of Training and Experience Pathway):

I attest that Pierre N. Shepherd, MD has satisfactorily completed the 80 hours of classroom
Name of Proposed Authorized User

and laboratory training, as required by 10 CFR 35.392(c)(1), and the supervised work and clinical case experience required in 35.392(c)(2).

For 35.394 (Identical Attestation Statement Regardless of Training and Experience Pathway):

I attest that Pierre N. Shepherd, MD has satisfactorily completed the 80 hours of classroom
Name of Proposed Authorized User

and laboratory training, as required by 10 CFR 35.394 (c)(1), and the supervised work and clinical case experience required in 35.394(c)(2).

Second Section

I attest that Pierre N. Shepherd, MD has satisfactorily completed the required clinical case
Name of Proposed Authorized User

experience required in 35.390(b)(1)(ii)G listed below:

- Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)
- Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)
- Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required
- Parenteral administration of any other radionuclide requiring a written directive

Third Section

I attest that Pierre N. Shepherd, MD has satisfactorily achieved a level of competency to
Name of Proposed Authorized User

function independently as an authorized user for:

- Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)
- Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)
- Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required
- Parenteral administration of any other radionuclide requiring a written directive

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

Fourth Section

For 35.396:

Current 35.490 or 35.690 authorized user:

I attest that _____ is an authorized user under 10 CFR 35.490 or 35.690
Name of Proposed Authorized User

or equivalent Agreement State requirements, has satisfactorily completed the 80 hours of classroom and laboratory training, as required by 10 CFR 35.396 (d)(1), and the supervised work and clinical case experience required by 35.396(d)(2), and has achieved a level of competency sufficient to function independently as an authorized user for:

- Parenteral administration of any beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV for which a written directive is required
- Parenteral administration of any other radionuclide for which a written directive is required

OR

Board Certification:

I attest that _____ has satisfactorily completed the board certification
Name of Proposed Authorized User

requirements of 35.396(c), has satisfactorily completed the 80 hours of classroom and laboratory training required by 10 CFR 35.396 (d)(1) and the supervised work and clinical case experience required by 35.396(d)(2), and has achieved a level of competency sufficient to function independently as an authorized user for:

- Parenteral administration of any beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV for which a written directive is required
- Parenteral administration of any other radionuclide for which a written directive is required

Fifth Section

Complete the following for preceptor attestation and signature:

- I meet the requirements below, or equivalent Agreement State requirements, as an authorized user for:
 - 35.390 35.392 35.394 35.396
- I have experience administering dosages in the following categories for which the proposed Authorized User is requesting authorization.
 - Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)
 - Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)
 - Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required
 - Parenteral administration of any other radionuclide requiring a written directive

Name of Preceptor Reza Abghari, M.D.	Signature <i>Reza Abghari</i>	Telephone Number (313) 436-2883	Date 10/9/2013
License/Permit Number/Facility Name 21-04515-01			

The American Board of Radiology

*Organized through the cooperation of the
American College of Radiology, the American Roentgen Ray Society,
the American Radium Society, the Radiological Society of North America,
the Section on Radiology of the American Medical Association,
the American Society for Radiation Oncology, the Association of
University Radiologists, and the American Association of Physicists in Medicine*
Hereby certifies that

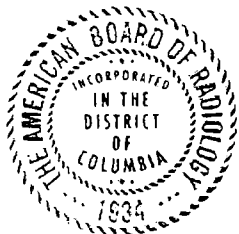
Pierre Nathaniel Shepherd, MD

*Has pursued an accepted course of graduate study and clinical work; has met certain standards
and qualifications, including passing the examinations conducted under the authority of
The American Board of Radiology, demonstrating to the satisfaction of the Board qualification
to practice, and is therefore awarded the Board's certification in the specialty of*

Diagnostic Radiology

November 07, 2011

*This diplomate of the American Board of Radiology
is now permitted to use the **ABR** mark to signify this certification.*



Certificate No. 60029

Gene J. Harty
President

Richard L. Morin
Secretary-Treasurer

Henry P. Rubin
Executive Director

ABR



Valid through 2021

ALABAMA MEDICAL LICENSURE COMMISSION
P.O. BOX 887
MONTGOMERY, ALABAMA 36101-0887
**CERTIFICATE OF REGISTRATION
2013**

This is to certify that annual registration has been made
and license to practice medicine in the State of Alabama
has been granted for the year ending December 31, 2013

License # MD.32552
Date Issued: 05/31/2013

Amount Paid: \$75.00
Receipt # 937968

Pierre Nathaniel Shepherd MD
[REDACTED]

James E. West, MD
CHAIRMAN

Duplicate
Detach along this line

ALABAMA MEDICAL LICENSURE COMMISSION
Pierre Nathaniel Shepherd MD
[REDACTED]

Is entitled to practice medicine in
Alabama. Registration expires
December 31, 2013

LICENSE# MD.32552 *James E. West, MD*
CHAIRMAN

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



STATE OF GEORGIA
GEORGIA COMPOSITE MEDICAL BOARD
PHYSICIAN

LICENSE NO: 69958

PIERRE SHEPHERD
[REDACTED]

EXPIRATION DATE: 7/31/2014

Scan to log in to renew!



STATE OF GEORGIA
GEORGIA COMPOSITE MEDICAL BOARD
IF LOST OR STOLEN, IMMEDIATELY
CALL 404-656-3913
WWW.MEDICALBOARD.GEORGIA.GOV
VALID ONLY IF SIGNED BY LICENSEE

SIGNATURE

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

D

M430110 002 R-001

CUT OUT FOR WALLET CARD



COMPLAINT INFORMATION:

The issuance of this license should not be construed as a waiver, dismissal or acquiescence to any complaints or violations pending against the licensee, its agents or employees.

WALL CERTIFICATE INFORMATION:

If the box below is checked, you are eligible to purchase your State of Michigan Official Wall Certificate. Please call

1-800-875-3676



FUTURE CONTACTS:

You should direct all inquiries regarding this license or address changes to the:

Department of Licensing and Regulatory Affairs

**BOARD OF
MEDICINE**

YOUR LICENSE MUST BE DISPLAYED IN A PROMINENT PLACE.
REVERSE SIDE OF LICENSE CONTAINS IMPORTANT INFORMATION.

P.O. Box 30670
Lansing, MI 48909-8170

39158

BHP-3000 (5/11)



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

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COMPLAINT INFORMATION:

The issuance of this license should not be construed as a waiver, dismissal or acquiescence to any complaints or violations pending against the licensee, its agents or employees.

WALL CERTIFICATE INFORMATION:

If the box below is checked, you are eligible to purchase your State of Michigan Official Wall Certificate. Please call

(NOT ELIGIBLE)

FUTURE CONTACTS:

You should direct all inquiries regarding this license or address changes to the:

Department of Licensing and Regulatory Affairs

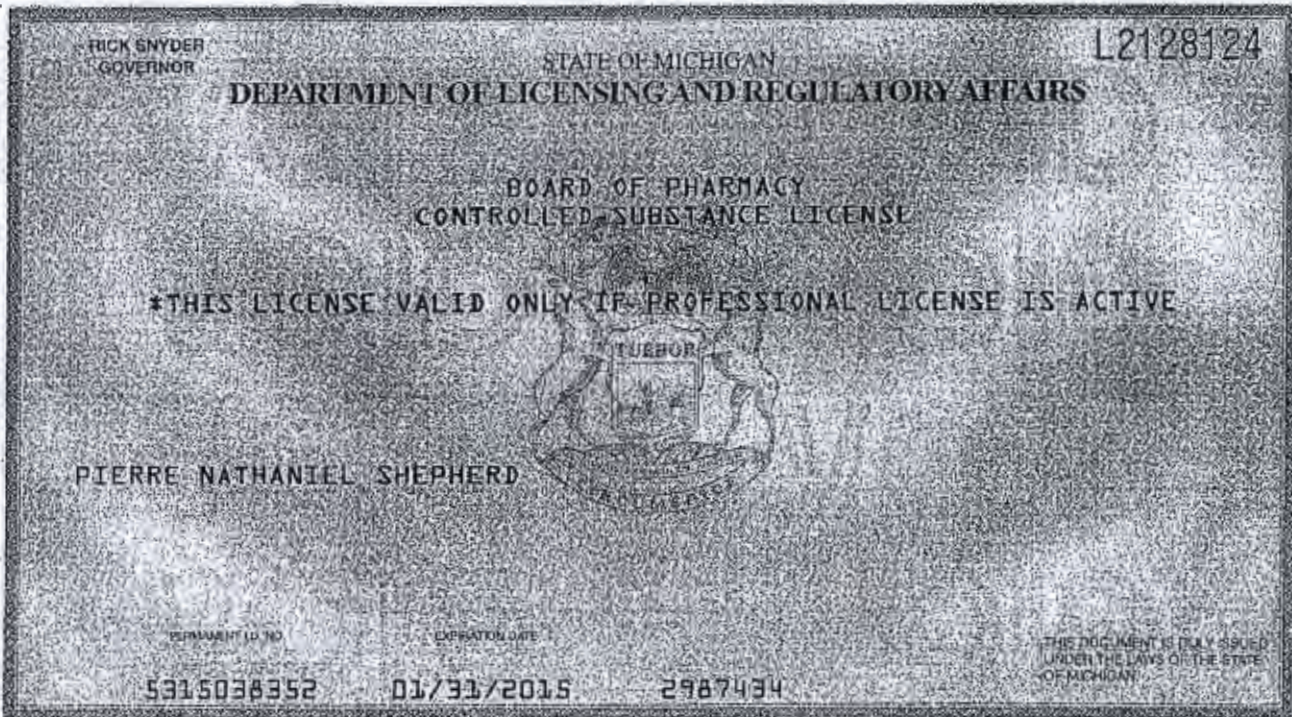
BOARD OF
PHARMACY

P.O. Box 30670
Lansing, MI 48909-8170

YOUR LICENSE MUST BE DISPLAYED IN A PROMINENT PLACE.
REVERSE SIDE OF LICENSE CONTAINS IMPORTANT INFORMATION.

39158

BHP-3000 (5/11)



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

Oakwood Healthcare System

This is to certify that

Pierre Nathaniel Shepherd, MD

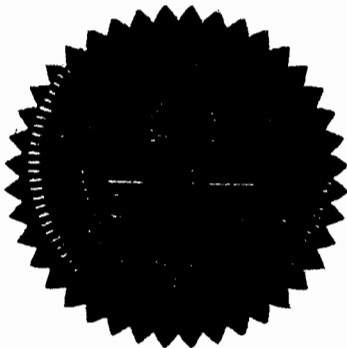
has successfully completed the

Diagnostic Radiology Residency Program

From July 1, 2006

to

June 30, 2011



John H. Fingert, MD.
Program Director

David S. Yates, MD
Chief of Department

Roger C. Corally
CEO, Oakwood Healthcare, Inc.

W. A. Davis
Director, Medical Education

Richard Byrnes
Chief of Staff

Leon J. Judd
Chair, OHS Board of Trustees

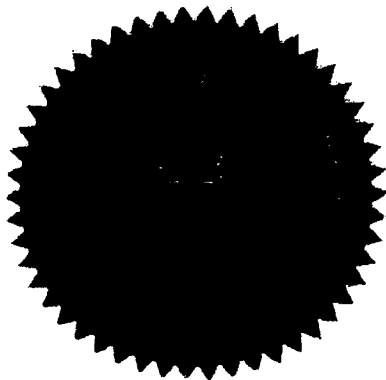
Oakwood Healthcare System

This is to certify that

Pierre Nathaniel Shepherd, MD

has successfully completed the
Transitional Year Residency Program

From July 1, 2006 *to* June 30, 2007



Tyler D. Smith MD, MBA
Program Director

[Signature]
Chief of Department

[Signature]
CEO, Oakwood Healthcare, Inc.

[Signature]
Director, Medical Education

[Signature]
Chief of Staff

[Signature]
Chair, OHS Board of Trustees



REPLY TO
ATTENTION OF

DEPARTMENT OF THE ARMY
UNITED STATES ARMY MEDICAL DEPARTMENT ACTIVITY
7950 MARTIN LOOP
FORT BENNING GEORGIA 31905-5637

Br. 1

MCXB-PM-H

08 November 2013

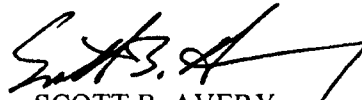
MEMORANDUM FOR Nuclear Regulatory Commission (NRC), ATTN: Penny Lanzisera,
Medical Branch, Division of Nuclear Materials Safety, Region I, King of Prussia, PA, 19406-
1415

03001351

SUBJECT: Amendment to NRC License #10-06493-02, Addition of Authorized Users

1. Please amend license number #10-06493-02 to make the following changes:
 - a. Add Ivan R. Rohena-Quinquilla, MD as an Authorized User. The Martin Army Community Hospital's Radiation Safety Committee approved Dr. Rohena as an authorized user on 07 November 2013. Dr. Rohena was approved for material and use IAW with paragraph 9. Authorized use; 35.100, 35.200, any sodium iodine-131 imaging and localization study permitted by 10 CFR 35.300; In Vitro studies.
2. NRC Forms 313A(AUT), and Licensure documents for Dr. Rohena are enclosed as documentation.
3. The point of contact for this memorandum is CPT Steven S. Cho, Chief, Health Physics, at 706-544-2458.

Encls
as

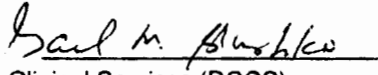
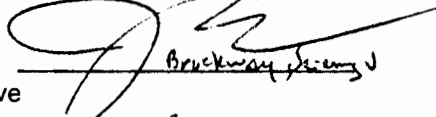
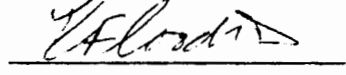
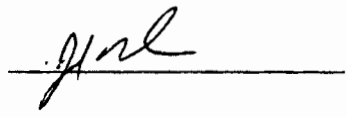
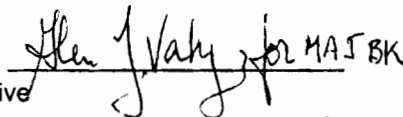

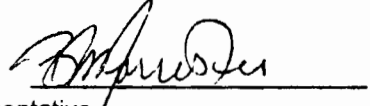
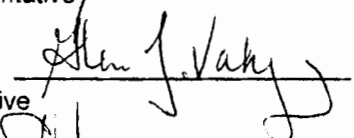
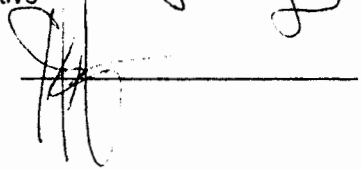

SCOTT B. AVERY
COL, MS
Commanding

REC'D 11 25 13 0807/23

582590

MARTIN ARMY COMMUNITY HOSPITAL
 RADIATION SAFETY COMMITTEE
 07 November 2013
 Voting Roster

Add of Authorized Users
 For Dr. Rohena-Quinquilla, Ivan R.

	Signature	Approved	Disapproved
COL Glushko, Gail M. Chairperson, Deputy Commander for Clinical Services (DCCS)		<input checked="" type="checkbox"/>	<input type="checkbox"/>
LTC Cardona, Lillian Chief, Dept. of Nursing, or representative		<input checked="" type="checkbox"/>	<input type="checkbox"/>
LTC Flood, Karin A. Chief, Dept. of Surgery or representative		<input checked="" type="checkbox"/>	<input type="checkbox"/>
MAJ Dutner, Joseph DENTAC RSO		<input checked="" type="checkbox"/>	<input type="checkbox"/>
MAJ Kocher, Bradley L. Chief, Dept. of Radiology or representative		<input checked="" type="checkbox"/>	<input type="checkbox"/>
CPT Steven S. Cho Recorder, MACH RSO		<input checked="" type="checkbox"/>	<input type="checkbox"/>
CW3 Forrester, Bernadette M. Chief, Medical Maintenance, or representative		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Dr. Vahjen, Glen A. Chief, Nuclear Medicine, or representative		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mr. Speelman, James F. MEDDAC Safety Officer		<input checked="" type="checkbox"/>	<input type="checkbox"/>

**AUTHORIZED USER TRAINING AND EXPERIENCE
AND PRECEPTOR ATTESTATION**
(for uses defined under 35.300)
[10 CFR 35.390, 35.392, 35.394, and 35.396]

APPROVED BY OMB: NO. 3150-0120
EXPIRES: 3/31/2012

Name of Proposed Authorized User

Ivan R. Rohena-Quinquilla, M.D.

State or Territory Where Licensed

Virginia

Requested Authorization(s) (check all that apply):

35.300 Use of unsealed byproduct material for which a written directive is required

OR

35.300 Oral administration of sodium iodide I-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)

35.300 Oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 1.22 gigabecquerels (33 millicuries)

35.300 Parenteral administration of any beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV for which a written directive is required

35.300 Parenteral administration of any other radionuclide for which a written directive is required

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 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. For 35.390, provide documentation on supervised clinical case experience. The table in section 3.c. may be used to document this experience.
- c. For 35.396, provide documentation on classroom and laboratory training, supervised work experience, and supervised clinical case experience. The tables in sections 3.a., 3.b., and 3.c. may be used to document this experience.
- d. Skip to and complete Part II Preceptor Attestation.

2. Current 35.300, 35.400, or 35.600 Authorized User Seeking Additional Authorization

a. Authorized User on Materials License _____ under the requirements below or equivalent Agreement State requirements (check all that apply):

35.390 35.392 35.394 35.490 35.690

b. If currently authorized for a subset of clinical uses under 35.300, provide documentation on additional required supervised case experience. The table in section 3.c. may be used to document this experience. Also provide completed Part II Preceptor Attestation.

c. If currently authorized under 35.490 or 35.690 and requesting authorization for 35.396, provide documentation on classroom and laboratory training, supervised work experience, and supervised clinical case experience. The tables in sections 3.a., 3.b., and 3.c. may be used to document this experience. Also provide completed Part II Preceptor Attestation.

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Training and Experience for Proposed Authorized User

a. Classroom and Laboratory Training 35.390 35.392 35.394 35.396

Description of Training	Location of Training	Clock Hours	Dates of Training*
Radiation physics and instrumentation	Walter Reed National Millitary Medical Center 8901 Wisconsin Avenue Bethesda, Maryland 20889	27	02/27/2012- 03/09/2012
Radiation protection	Walter Reed National Millitary Medical Center 8901 Wisconsin Avenue	16	02/27/2012- 03/09/2012
Mathematics pertaining to the use and measurement of radioactivity	Walter Reed National Millitary Medical Center 8901 Wisconsin Avenue Bethesda, Maryland 20889	6	02/27/2012- 03/09/2012
Chemistry of byproduct material for medical use	Walter Reed National Millitary Medical Center 8901 Wisconsin Avenue Bethesda, Maryland 20889	11	02/27/2012- 03/09/2012
Radiation biology	Walter Reed National Millitary Medical Center 8901 Wisconsin Avenue	21	02/27/2012- 03/09/2012
Total Hours of Training:		81	

b. Supervised Work Experience 35.390 35.392 35.394 35.396

If more than one supervising individual is necessary to document supervised training, provide multiple copies of this page.

Supervised Work Experience		Total Hours of Experience: 700	
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	Walter Reed National Millitary Medical Center 8901 Wisconsin Avenue Bethesda, Maryland 20889	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	07/01/2009- 06/30/2013
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters	Walter Reed National Millitary Medical Center 8901 Wisconsin Avenue Bethesda, Maryland 20889	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	07/01/2009- 06/30/2013
Calculating, measuring, and safely preparing patient or human research subject dosages	Walter Reed National Millitary Medical Center 8901 Wisconsin Avenue Bethesda, Maryland 20889	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	07/01/2009- 06/30/2013
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material	Walter Reed National Millitary Medical Center 8901 Wisconsin Avenue Bethesda, Maryland 20889	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	07/01/2009- 06/30/2013
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures	Walter Reed National Millitary Medical Center 8901 Wisconsin Avenue Bethesda, Maryland 20889	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	07/01/2009- 06/30/2013

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Training and Experience for Proposed Authorized User (continued)

b. Supervised Work Experience (continued)

Supervising Individual Derek J. Stocker, M.D.	License/Permit Number listing supervising individual as an authorized user License Permit #19-00168-21JP
Supervising individual meets the requirements below, or equivalent Agreement State requirements (<i>check all that apply</i>)**:	
<input checked="" type="checkbox"/> 35.390 With experience administering dosages of:	
<input checked="" type="checkbox"/> 35.392	<input checked="" type="checkbox"/> Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)
<input checked="" type="checkbox"/> 35.394	<input checked="" type="checkbox"/> Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)
<input checked="" type="checkbox"/> 35.396	<input checked="" type="checkbox"/> Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required
	<input checked="" type="checkbox"/> Parenteral administration of any other radionuclide requiring a written directive
** Supervising Authorized User must have experience in administering dosages in the same dosage category or categories as the individual requesting authorized user status.	

c. Supervised Clinical Case Experience

If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this page.

Description of Experience	Number of Cases Involving Personal Participation	Location of Experience/License or Permit Number of Facility	Dates of Experience*
Oral administration of sodium iodide I-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)	6	Walter Reed National Military Medical Center 8901 Wisconsin Avenue Bethesda, Maryland 20889	07/01/2009- 06/30/2013
Oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 1.22 gigabecquerels (33 millicuries)	3	Walter Reed National Military Medical Center 8901 Wisconsin Avenue Bethesda, Maryland 20889	07/01/2009- 06/30/2013
Parenteral administration of any beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV for which a written directive is required	0	Walter Reed National Military Medical Center 8901 Wisconsin Avenue Bethesda, Maryland 20889	07/01/2009- 06/30/2013
Parenteral administration of any other radionuclide for which a written directive is required N/A (List radionuclides)	0	Walter Reed National Military Medical Center 8901 Wisconsin Avenue Bethesda, Maryland 20889	07/01/2009- 06/30/2013

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Training and Experience for Proposed Authorized User (continued)

c. Supervised Clinical Case Experience (continued)

Supervising Individual	License/Permit Number listing supervising individual as an authorized user
Derek J. Stocker, M.D.	License Permit #19-00168-21JP
Supervising individual meets the requirements below, or equivalent Agreement State requirements (<i>check all that apply</i>)**:	
<input checked="" type="checkbox"/> 35.390	With experience administering dosages of:
<input checked="" type="checkbox"/> 35.392	<input checked="" type="checkbox"/> Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)
<input checked="" type="checkbox"/> 35.394	<input checked="" type="checkbox"/> Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)
<input checked="" type="checkbox"/> 35.396	<input checked="" type="checkbox"/> Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required
	<input checked="" type="checkbox"/> Parenteral administration of any other radionuclide requiring a written directive
** Supervising Authorized User must have experience in administering dosages in the same dosage category or categories as the individual requesting authorized user status.	

d. Provide completed Part II Preceptor Attestation.

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.

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 requested authorization:

For 35.390:

Board Certification

I attest that _____ has satisfactorily completed the training and experience requirements in 35.390(a)(1).
Name of Proposed Authorized User

OR

Training and Experience

I attest that Ivan R. Rohena-Quinquilla, M.D. has satisfactorily completed the 700 hours of training and experience, including a minimum of 200 hours of classroom and laboratory training, as required by 10 CFR 35.390 (b)(1).
Name of Proposed Authorized User

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

Preceptor Attestation (continued)

First Section (continued)

For 35.392 (Identical Attestation Statement Regardless of Training and Experience Pathway):

I attest that Ivan R. Rohena-Quinquilla, M.D. has satisfactorily completed the 80 hours of classroom
Name of Proposed Authorized User

and laboratory training, as required by 10 CFR 35.392(c)(1), and the supervised work and clinical case experience required in 35.392(c)(2).

For 35.394 (Identical Attestation Statement Regardless of Training and Experience Pathway):

I attest that Ivan R. Rohena-Quinquilla, M.D. has satisfactorily completed the 80 hours of classroom
Name of Proposed Authorized User

and laboratory training, as required by 10 CFR 35.394 (c)(1), and the supervised work and clinical case experience required in 35.394(c)(2).

Second Section

I attest that Ivan R. Rohena-Quinquilla, M.D. has satisfactorily completed the required clinical case
Name of Proposed Authorized User

experience required in 35.390(b)(1)(ii)G listed below:

- Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)
- Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)
- Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required
- Parenteral administration of any other radionuclide requiring a written directive

Third Section

I attest that Ivan R. Rohena-Quinquilla, M.D. has satisfactorily achieved a level of competency to
Name of Proposed Authorized User

function independently as an authorized user for:

- Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)
- Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)
- Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required
- Parenteral administration of any other radionuclide requiring a written directive

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

Fourth Section

For 35.396:

Current 35.490 or 35.690 authorized user:

I attest that _____ is an authorized user under 10 CFR 35.490 or 35.690
Name of Proposed Authorized User

or equivalent Agreement State requirements, has satisfactorily completed the 80 hours of classroom and laboratory training, as required by 10 CFR 35.396 (d)(1), and the supervised work and clinical case experience required by 35.396(d)(2), and has achieved a level of competency sufficient to function independently as an authorized user for:

- Parenteral administration of any beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV for which a written directive is required
- Parenteral administration of any other radionuclide for which a written directive is required

OR

Board Certification:

I attest that _____ has satisfactorily completed the board certification
Name of Proposed Authorized User

requirements of 35.396(c), has satisfactorily completed the 80 hours of classroom and laboratory training required by 10 CFR 35.396 (d)(1) and the supervised work and clinical case experience required by 35.396(d)(2), and has achieved a level of competency sufficient to function independently as an authorized user for:

- Parenteral administration of any beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV for which a written directive is required
- Parenteral administration of any other radionuclide for which a written directive is required

Fifth Section

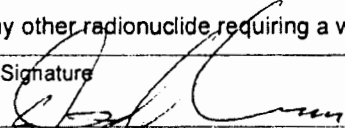
Complete the following for preceptor attestation and signature:

I meet the requirements below, or equivalent Agreement State requirements, as an authorized user for:

- 35.390 35.392 35.394 35.396

I have experience administering dosages in the following categories for which the proposed Authorized User is requesting authorization.

- Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)
- Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)
- Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required
- Parenteral administration of any other radionuclide requiring a written directive

Name of Preceptor Derek J. Stocker, M.D.	Signature 	Telephone Number 301-295-4974	Date 06/30/2013
---	--	----------------------------------	--------------------

License/Permit Number/Facility Name
License Permit #19-00168-21JP / Walter Reed National Military Medical Center

NATIONAL CAPITAL CONSORTIUM



Uniformed Services University of the Health Sciences
Walter Reed National Military Medical Center
Malcolm Grow Medical Clinic
Fort Belvoir Community Hospital

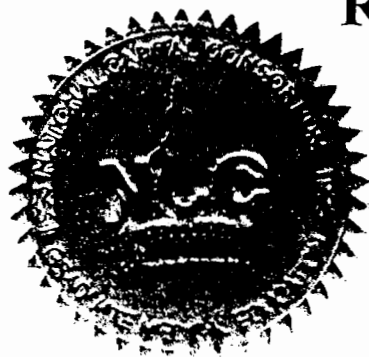
This is to certify that

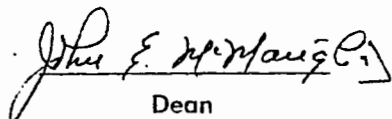
Ivan R. Rohena-Quinquilla, M.D.

has successfully completed

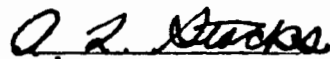
Residency Training in Diagnostic Radiology

From **26 July 2009** *To* **25 July 2013**





Dean
USUHS-SOM



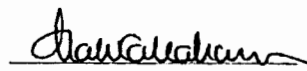
Commander
WRNMMC



Program Director



Commander
MGMC



Commander
FBCH



LaSharn Hughes, MBA, Executive Director
 Georgia Composite Medical Board
 2 Peachtree St., NW., 36th Floor
 Atlanta Georgia 30303

Print date: 7/25/2013

ID# NLP0713 - 285
 Prof# 1104
 Lic# 70418
 Batch date: 7/11/2013

Need to update your address, order a wall certificate, complete your physician profile, or renew your license? Scan this code with your tablet to go directly to the login page.



Official Georgia Composite Medical Board License Card

Please immediately review this card for accuracy to ensure your name, your address, and your expiration date are correct. If there are any errors, notify the Board within 30 days of receipt of this license, and a new card will be mailed to you. If all the information is correct and you need to change your address or name, you will be required to pay a \$25.00 duplicate license fee. All requests, including corrections, received after 30 days will require a \$25.00 fee.

IMPORTANT LEGAL NOTICE CONCERNING YOUR LICENSE

In approximately 45 days, you will receive instructions regarding the mandatory Georgia Physician Profile. Georgia law (O.C.G.A. 43-34A) mandates each physician with an active license to complete and maintain a public physician profile, which can be viewed by the public at the Board's website. Failure to complete and maintain your mandatory physician profile will result in public disciplinary action against your license. Therefore, it is essential to keep your address current with the Board. You can change your address at <http://tinyurl.com/MedicalBoardLogin>.

PLEASE NOTE YOUR EXPIRATION DATE. YOU MAY NOT PRACTICE AFTER YOUR LICENSE HAS EXPIRED.

The Board offers a large frameable certificate of your Georgia Medical Board licensure. You can order these wall certificates online by logging in at <http://tinyurl.com/MedicalBoardLogin>, using the same user ID and password you used to apply for, renew, or request a duplicate card, if you did so online. Please allow up to 6 weeks for delivery of the certificate, as they are signed personally by the Board Chairman at the monthly meetings of the Board.

GEORGIA PROFESSIONAL HEALTH PROGRAM IS NOW OPERATING! GA PHP is the nonprofit 501c (3) foundation that administers the Georgia Composite Medical Board's wellness program. GA PHP provides initial triage, treatment referral, and long-term monitoring services for health care professionals with addictive disorders, enabling many of these professionals to return to the practice of medicine with reasonable skill and safety. GA PHP receives no state funding, so it charges its participants fees to meet its operating expenses. In many cases, the professionals who participate are already financially strapped, so the program's success also depends on the financial support of donors willing to fund this important activity. To learn how you can make a tax-deductible donation to support GA PHP's partnership with the Board, go to www.gapghp.org, or call 1-855-MY-GAPHP.



STATE OF GEORGIA
 GEORGIA COMPOSITE MEDICAL BOARD
 PHYSICIAN

LICENSE NO: 70418

IVAN RAFAEL ROHENA-QUINQUILLA



EXPIRATION DATE: 11/30/2014

Scan to log in to renew!



STATE OF GEORGIA
 GEORGIA COMPOSITE MEDICAL BOARD
 IF LOST OR STOLEN, IMMEDIATELY
 CALL 404-656-3913
 WWW.MEDICALBOARD.GEORGIA.GOV
 VALID ONLY IF SIGNED BY LICENSEE

SIGNATURE

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



Walter Reed
National Military
Medical Center

DEPARTMENT OF RADIOLOGY

Date: 27 July 2009 – 26 July 2013

From: Diagnostic Radiology Residency Program Director
To: CPT Ivan Rohena-Quinquilla

Subj: FINAL RESIDENCY EVALUATION

1. This memorandum constitutes the final review of your performance during four years of residency training. This letter serves as documentation that you have successfully completed the NCC Diagnostic Radiology training program. You have completed all required rotations, educational activities, procedures and research deemed necessary by the faculty. Your performance during the final six months of training has been exemplary. You took and passed the oral examination of the American Board of Radiology, and graduate as a board-certified radiologist.
2. At the end of your four years of residency training, you have demonstrated sufficient competence to enter the practice of diagnostic radiology without direct supervision. Under separate cover you will be asked to apply for credentials as a Diagnostic Radiologist. Your training has included: chest radiology, three months of mammography, musculoskeletal radiology, gastrointestinal radiology, genitourinary radiology, neuroradiology, pediatric radiology, ultrasound, and cardiovascular/interventional radiology. A documented, supervised experience in angiography, imaging guided biopsies and drainage, non-coronary angioplasties, embolization and infusion procedures, and percutaneous introduction techniques has also been provided.
3. Your residency has also included 5 months training in nuclear medicine, meeting the requirements of the Nuclear Regulatory Commission for licensure. Specifically, this includes 700 hours of training and experience, including a minimum of 80 hours of classroom and laboratory training, in basic radionuclide handling techniques applicable to the medical use of unsealed byproduct material for imaging and localization studies, as well as training in the administration of I-131, as specified in NRC 10 CFR part 35, paragraphs 35.290 and 35.392. This includes training in the areas of radiology physics, radiation biology, radiation protection, and radiologic-pathologic correlation.
4. You have demonstrated appropriate medical knowledge expected of an independently practicing radiology provider. You have developed the appropriate patient care skills by completing all required procedures and obtaining appropriate clinical experience. You have cared for significant numbers of patients with a wide range of medical and surgical problems. Your program director semi-annual evaluations, clinical rotation evaluations and 360 degree evaluations always demonstrated high marks for professionalism and interpersonal/communication skills. Your competence to function within the health care system has also received high marks, and has been documented in faculty evaluation and 360 degree evaluations. You completed a scholarly activity, "*MR Imaging Findings in the Arthropathy of Relapsing Polychondritis: Pediatric Radiology.*" and a CQI project, "Phone Tree Menu for the Walter Reed National Military Medical Center (WRNMMC) Radiology Department."
5. Having completed the above training, I am happy to verify that you have satisfied the requirements for completion of the National Capital Consortium Diagnostic Radiology Residency. The Accreditation Council for Graduate Medical Education accredits this program.
6. Let me add that I have sincerely enjoyed participating in your training and observing your growth in radiology. Best wishes for a happy, successful, and professionally rewarding career.


FRANK E MULLENS
CDR, MC, USN



Jul 01, 2013

Diagnostic Radiology
ABR ID: 64910

Ivan R. Rohena-Quinquilla, MD
[REDACTED]

Dear Dr. Rohena-Quinquilla:

I am pleased to inform you that you passed the Oral Examination held June 9-12, 2013, in Louisville, Kentucky. Because your training ends after June 30, 2013, the American Board of Radiology will grant you a Certificate in Diagnostic Radiology when the ABR has received verification of your completed training.

In addition, because you completed the appropriate training for Authorized User (AU) eligibility and passed the NRC-related portions of the nuclear radiology category, you will receive the AU-eligible designation on your certificate.

All new diplomates are enrolled in Continuous Certification, a process that links the ongoing validity of certificates to meeting the requirements of Maintenance of Certification (MOC). Certificates no longer have "valid-through" dates but instead have the date of initial certification accompanied by the statement that "ongoing validity of this certificate is contingent upon meeting the requirements of Maintenance of Certification." Further information regarding the MOC process will be provided to you in a separate communication.

When you become certified, you may use the ABR's registered certification mark, DABR® (Diplomate, American Board of Radiology), following your name and degree. (More information can be found on the policies page of the ABR website: <http://www.theabr.org/all-policies>.)

Our printer will send your certificate to the above address approximately four months after you become certified. If you have an address change, you must update your address via your myABR portal by Aug 01, 2013. Your name will appear on the certificate as it is shown above. If you wish to have your name displayed differently on your certificate, please email info@theabr.org with your requested change by Aug 01, 2013. Please be sure to title the email "Certificate Name Change." Legal name changes cannot be made via your myABR portal as they require supporting documentation, which can be emailed to info@theabr.org.

Your name and demographic information also will be included in a directory published by the American Board of Medical Specialties. It is your responsibility to notify other local, state, or national organizations of your certification.

Personally, and on behalf of the Board of Trustees of the American Board of Radiology, I wish to congratulate you for this distinguished achievement.

Sincerely,

Gary J. Becker, MD
Executive Director

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

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

11/8/13, and to inform you that the initial processing which includes an administrative review has been performed.

Amendments (10-06493-02)
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** 582590.
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.