

**From:** [Gryglak, Magdalena](#)  
**To:** [Georgiades, Alexander](#)  
**Subject:** Request to name Parag Sevak, M.D. as an AU, NRC license no. 13-01631-05 for Columbus Regional Hospital  
**Date:** Tuesday, December 08, 2020 4:17:00 PM

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Good afternoon Mr. Georgiades,

I have reviewed your request dated November 16, 2020 to name Parag Sevak, M.D. as an Authorized User for 10 CFR 35.400 and 35.600 material on the subject NRC license.

In order to proceed with your request, please provide the following information:

1. A copy of Dr. Sevak's original American Board of Radiology (ABR) Certificate with "AU Eligible" designation above the ABR seal (if the original certificate is missing the "AU Eligible" designation, then you need to resubmit NRC Form 313 A(AUS) and provide documentation of training and experience including the preceptor attestation form which needs to be signed by an Authorized User), and
2. A signed by you and dated letter confirming that, "Dr. Sevak's has received training required in 10 CFR 35.690(c) for device operation, safety procedures, and clinical use of a remote afterloader unit (HDR).

Please acknowledge receipt of this email and let me know if you have any questions.

**Magdalena R. Gryglak**  
**Health Physicist**  
**U.S. NRC Region III**  
**630-829-9875**