

RECEIVED  
REGION 1

'04 NOV 16 AIO :03

5 November, 2004

Nuclear Regulatory Commission  
Region II  
Sam Nunn Federal Center  
61 Forsyth Street, SW  
Suite 23T85 Atlanta, GA  
30303-8931

45-19566-01  
03017892

To Whom It May Concern:

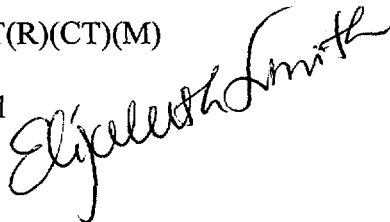
This is regarding the addition of a physician to our current license, number 45-19566-01, covering the Warren Memorial Hospital in Front Royal, Virginia.

Dr. Craig C. Jonas, M.D.

Included in this packet is a copy of his ABR certificate #45840 from May 2000. Ms. Hlavinka, administrator of Virginia Radiology Associates, assured me that, in her conversation with Penny Lanzisera, she was assured that this was all that would be needed. I was also understood that this only covers Dr. Jonas for 100 and 200 studies and that further documentation would be needed to approve him for covering therapies.

If you need any other information in this matter please don't hesitate to call me. Thank you for your assistance in this matter,

Elizabeth M Smith, BS:RT(R)(CT)(M)  
Nuclear Medicine  
Warren Memorial Hospital  
540-636-0418



135990

NMSS/RGNI MATERIALS-002

REF 135482

NRC FORM 312A (10-2002)		U.S. NUCLEAR REGULATORY COMMISSION		APPROVED BY ONE: NO. 3154-0120 EXPIRES: 10/31/2005	
<b>TRAINING AND EXPERIENCE AND PRECEPTOR STATEMENT</b>					
<b>PART I - TRAINING AND EXPERIENCE</b>					
<b>Note:</b> Descriptions of training and experience must contain sufficient detail to match the training and experience criteria in the applicable regulations.					
1. Name of Individual, Proposed Authorization (e.g., Radiation Safety Officer), and Applicable Training Requirements (e.g., 10 CFR 35.50)  <div style="text-align: center; font-size: 1.2em; font-family: cursive;">Craig C. Jonas, M.D.</div>					
2. For Physicians, Podiatrists, Dentists, Pharmacists - State or Territory Where Licensed  <div style="text-align: center; font-size: 1.2em; font-family: cursive;">Virginia</div>					
<b>3. CERTIFICATION</b>					
Specialty Board		Category		Month and Year Certified	
The American Board of Radiology		Diagnostic Radiology		May 2000	
Stop here when using Board Certification to meet 10 CFR Part 35 training and experience requirements.					
<b>4. DIDACTIC OR CLASSROOM AND LABORATORY TRAINING (optional for Medical Physicists)</b>					
Description of Training	Location	Clock Hours	Dates of Training		
Radiation Physics and Instrumentation					
Radiation Protection					
Mathematics Pertaining to the Use and Measurement of Radioactivity					
Radiation Biology					
Chemistry of Byproduct Material for Medical Use					
OTHER					

# 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 Therapeutic Radiology and Oncology, the Association of  
University Radiologists, and American Association of Physicians in Medicine*

*Hereby certifies that*

**Craig Christopher Jonas, MD**

*Has pursued an accepted course of graduate study  
and clinical work, has met certain standards and qualifications and  
has passed the examinations conducted under the authority of*

*The American Board of Radiology*

*On this seventeenth day of May, 2000  
Thereby demonstrating to the satisfaction of the Board  
that he is qualified to practice the specialty of*

**Diagnostic Radiology**



*R.R. Hatten, MD*  
President

*Steven A. Gold, M.D.*  
Secretary-Treasurer

*M. J. ...*  
Executive Director

Certificate No. 45840

TOTAL 2.02

NUM-01-2004 10:56

DIRKINH HULLARY

705 SEP 2007 4 42/02

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

11/5/2004, and to inform you that the initial processing which includes an administrative review has been performed.

☒ AMEND 45-19566-01 There were no administrative omissions. Your application was assigned to a technical reviewer. Please note that the technical review may identify additional omissions or require additional information.

☐ Please provide to this office within 30 days of your receipt of this card

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 135990.  
When calling to inquire about this action, please refer to this control number.  
You may call us on (610) 337-5398, or 337-5260.

BETWEEN: : (FOR LFMS USE)  
 : INFORMATION FROM LTS  
 : -----  
 :  
 License Fee Management Branch, ARM : Program Code: 02120  
 and : Status Code: 0  
 Regional Licensing Sections : Fee Category: 7C  
 : Exp. Date: 20111031  
 : Fee Comments: CODE 23  
 : Decom Fin Assur Req'd: N  
 : ::::::::::::::::::::::::::::::::::

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED

Applicant/Licensee: WARREN MEMORIAL HOSPITAL  
Received Date: 20041116  
Docket No: 3017892  
Control No.: 135990  
License No.: 45-19566-01  
Action Type: Amendment

2. FEE ATTACHED

Amount: /  
Check No.: /

3. COMMENTS

Signed M. A. Perkins  
Date 11/16/2004

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 is entered /\_\_\_/)

1. Fee Category and Amount: \_\_\_\_\_

2. Correct Fee Paid. Application may be processed for:

Amendment \_\_\_\_\_  
Renewal \_\_\_\_\_  
License \_\_\_\_\_

3. OTHER \_\_\_\_\_  
\_\_\_\_\_

Signed \_\_\_\_\_  
Date \_\_\_\_\_