

NRC FORM 313 (10-2002) 10 CFR 30, 32, 33, 34, 35, 36, 39, and 40	U.S. NUCLEAR REGULATORY COMMISSION	APPROVED BY OMB: NO. 3150-0120	EXPIRES: 10/31/2005		
APPLICATION FOR MATERIAL LICENSE					
Estimated burden per response to comply with this mandatory collection request: 7 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 Records Management Branch (T-6 E6), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to infocollects@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: DIVISION OF INDUSTRIAL AND MEDICAL NUCLEAR SAFETY OFFICE OF NUCLEAR MATERIALS SAFETY AND SAFEGUARDS U.S. NUCLEAR REGULATORY COMMISSION WASHINGTON, DC 20555-0001 ALL OTHER PERSONS FILE APPLICATIONS AS FOLLOWS: IF YOU ARE LOCATED IN: CONNECTICUT, DELAWARE, DISTRICT OF COLUMBIA, MAINE, MARYLAND, MASSACHUSETTS, NEW HAMPSHIRE, NEW JERSEY, NEW YORK, PENNSYLVANIA, RHODE ISLAND, OR VERMONT, SEND APPLICATIONS TO: LICENSING ASSISTANT SECTION NUCLEAR MATERIALS SAFETY BRANCH U.S. NUCLEAR REGULATORY COMMISSION, REGION I 475 ALLENDALE ROAD KING OF PRUSSIA, PA 19406-1415 ALABAMA, FLORIDA, GEORGIA, KENTUCKY, MISSISSIPPI, NORTH CAROLINA, PUERTO RICO, SOUTH CAROLINA, TENNESSEE, VIRGINIA, VIRGIN ISLANDS, OR WEST VIRGINIA, SEND APPLICATIONS TO: SAM NUNN ATLANTA FEDERAL CENTER U. S. NUCLEAR REGULATORY COMMISSION, REGION II 61 FORSYTH STREET, S.W., SUITE 23T85 ATLANTA, GEORGIA 30303-8931 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.		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 801 WARRENVILLE RD. Lisle, IL 60532-4351 ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, COLORADO, HAWAII, IDAHO, KANSAS, LOUISIANA, 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 SECTION U.S. NUCLEAR REGULATORY COMMISSION, REGION IV 611 RYAN PLAZA DRIVE, SUITE 400 ARLINGTON, TX 76011-8064 <div style="text-align: right; font-family: cursive;"> <i>NH562</i> <i>LL 31109</i> <i>030 37098</i> <i>02201</i> <i>(45-31109-01)</i> </div>			
1. THIS IS AN APPLICATION FOR (Check appropriate item) <input checked="" type="checkbox"/> A. NEW LICENSE <input type="checkbox"/> B. AMENDMENT TO LICENSE NUMBER _____ <input type="checkbox"/> C. RENEWAL OF LICENSE NUMBER _____		2. NAME AND MAILING ADDRESS OF APPLICANT (Include ZIP code) Girish Purohit, M.D. 900 West 3rd Street Farmville, VA 23901			
3. ADDRESS WHERE LICENSED MATERIAL WILL BE USED OR POSSESSED Same as Item 2.		4. NAME OF PERSON TO BE CONTACTED ABOUT THIS APPLICATION Girish Purohit, M.D. TELEPHONE NUMBER 434-392-4370			
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.					
5. RADIOACTIVE MATERIAL a. Element and mass number; b. chemical and/or physical form; and c. maximum amount		6. PURPOSE(S) FOR WHICH LICENSED MATERIAL WILL BE USED.			
7. INDIVIDUAL(S) RESPONSIBLE FOR RADIATION SAFETY PROGRAM AND THEIR TRAINING EXPERIENCE.		8. TRAINING FOR INDIVIDUALS WORKING IN OR FREQUENTING RESTRICTED AREAS.			
9. FACILITIES AND EQUIPMENT.		10. RADIATION SAFETY PROGRAM.			
11. WASTE MANAGEMENT.		12. LICENSE FEES (See 10 CFR 170 and Section 170.31) <table style="width:100%; border: none;"> <tr> <td style="border: none; width: 60%;">FEE CATEGORY</td> <td style="border: none; width: 40%;">AMOUNT ENCLOSED \$</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 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					
CERTIFYING OFFICER - TYPED/PRINTED NAME AND TITLE Girish Purohit M.D. (RSO)		SIGNATURE DATE 11-7-05			
FOR NRC USE ONLY					
TYPE OF FEE	FEE LOG	FEE CATEGORY	AMOUNT RECEIVED \$	CHECK NUMBER	COMMENTS
APPROVED BY				DATE	

Application For Material License

Item 1.

New License

Item 2.

Listed on application

Item 3.

Listed on application.

Item 4

Girish Purohit, M.D. @ 434-392-4370(ph) ; 434-392-6023(fax)

Item 5

a.Any Byproduct material permitted by 10CFR 35.200 b.Any form; c.Max amount : As needed.

Item 6.

10CFR 35.200 Medical Use of Unsealed Byproduct Material for Imaging and Localization Studies for which a Written Directive is Not Required.

Item 7 RADIATION SAFETY OFFICER

The radiation safety officer for this facility will be Girish Purohit, M.D.

Item 7 AUTHORIZED USERS

The Authorized User to be listed on this license is Girish Purohit, M.D.

I have enclosed documentation to the show experience and competency of Girish Purohit, M.D.

Item 9: FACILITY DIAGRAM

I have enclosed a facility diagram .

Item 9: RADIATION MONITORING INSTRUMENTS

Radiation monitoring instruments will be calibrated by a person qualified to perform survey meter calibrations. We will use the following instruments to perform surveys. We shall us a Geiger Mueller survey instrument- Range .1- 1000mR/hr and NaI well counter-sensitivity- 22dpm/cm²

We reserve the right to upgrade our survey instruments as necessary as long as they are adequate to measure the type and level of radiation for which they are used.

Item 9 DOSE CALIBRATORS AND OTHER DOSAGE MEASURING EQUIPMENT

Equipment used to measure dosages will be calibrated in accordance with nationally recognized standards or the manufacturer's instructions.

Item 10 OCCUPATIONAL DOSE

Either we will perform a prospective evaluation demonstrating that unmonitored individuals are not likely to receive, in one year, a radiation dose in excess of 10% of the allowable limits in 10CFR Part 20 or we will provide dosimetry that meets the requirements listed under "Criteria" in NUREG-1556, Vol 9, "Consolidated Guidance About Materials Licenses: Program-Specific Guidance About Medical Use Licensees," dated October 2002.

Item 10 AREA SURVEYS

We have developed and will implement and maintain written procedures for area surveys in accordance with 10 CFR 20.1101 that meet the requirements of 10 CFR 20.1501 and 10 CFR 35.70.

Item 10 SAFE USE OF UNSEALED LICENSED MATERIAL

We have developed and will implement and maintain procedures for safe use of unsealed byproduct material that meet the requirements of 10 CFR 20.1101 and 10 CFR 20.1301.

Item 10 SPILL PROCEDURES

We have developed and will implement and maintain written procedures for safe response to spills of licensed material in accordance with 10 CFR 20.1101.

Item 11 WASTE MANAGEMENT

We have developed and will implement and maintain written waste disposal procedures for licensed material in accordance with 10 CFR 20.1101, that also meet the requirements of the applicable section of Subpart K to 10 CFR Part 20 and 10 CFR 35.92.

TRAINING OF AUTHORIZED USER OR RADIATION SAFETY OFFICER

Released Under the Federal Family Educational Rights and Privacy Act

1. NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER:

Girish Purohit, M.D.

2. STATE OR TERRITORY IN WHICH LICENSED TO PRACTICE MEDICINE

ADDRESS:

900 West 3rd Street
Farmville, VA 23901

VA

3. CERTIFICATION

A. SPECIALTY BOARD

B. CATEGORY

C. MONTH AND YEAR CERTIFIED

4. TRAINING RECEIVED IN BASIC RADIOISOTOPE HANDLING TECHNIQUES

A. Field of Training

B. Location(s) and Date(s) of Training

C. Type and Length of Training

Formal, classroom Didactic
and Laboratory Instruction
with Documented Attendance
and Examination in Classes
a) - e) below

The dates of the classes are
given on the attached
Certificates of
Completion / Competency

Institute for Nuclear Medical Education
Certified as an Approved School
Colorado Department of Education

Secretary of Education
US Department of Education

College / University Credit
American Council on Education (ACE)

LECTURE LABORATORY COURSES (Hours)

Principles of Radiation	Medical Radiation Instrumentation	Medical Radiation Protection	Radiopharmaceuticals and Chemistry	Total Hours of Subject
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a) Radiation Physics And
Instrumentation

39	31	8	22	100
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b) Radiation Protection

2	4	20	4	30
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c) Mathematics Pertaining To The Use
And Management Of Radioactivity

5	6	6	3	20
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d) Radiation Biology

2	3	12	3	20
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e) Radiopharmaceutical Chemistry

2	6	4	18	30
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Principles of Radiation Physics - 3 Semester Hours	Medical Radiation Protection - 3 semester Hours
Radiation Physics	Human Radiation Biology
Medical Radiation Instrumentation - 3 Semester Hours	Radiopharmaceuticals & Chemistry - 3 Semester Hours
Nuclear Science or Nuclear Engineering	Radiopharmaceutical Chemistry

Licensed by NRC and Agreement(s) Meets Or
Exceeds The Didactic Requirements of;

10 CFR 35.900 (b) (1)	10 CFR 35.910 (b) (1)
10 CFR 35.920 (b) (1)	10 CFR 35.930 (b) (1)
10 CFR 35.932 (a)	10 CFR 35.934 (a)
10 CFR 35.940 (b) (1)	10 CFR 35.950 (b)
10 CFR 35.960 (b) (1)	10 CFR 35.980 (b) (1)

5. EXPERIENCE WITH RADIATION (Actual use of Radioisotopes or Equivalent Experience)

ISOTOPE	MAXIMUM AMOUNT	WHERE EXPERIENCE WAS GAINED	DURATION OF EXPERIENCE	TYPE OF USE
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See the attached statement of experience

6. TRAINING WAS COMPLETED UNDER THE DIRECT SUPERVISION OF:

NAME: Institute for Nuclear Medical Education, Inc.

ADDRESS: 5660 Airport Blvd., Suite 101

CITY: Boulder ST: Colorado ZIP: 80301

TELEPHONE: 303-541-0044

Charles H. Rose, MA, MSPH, D(ABSNM)

TRAINING AND EXPERIENCE AND PRECEPTOR STATEMENT

PART I - TRAINING AND EXPERIENCE

NOTE: Description of training and experience must contain sufficient detail to match the training and experience criteria in the applicable regulations.

1. Name of individual - Girish Purohit, M.D.
Proposed Authorization - authorized user and radiation safety officer
Applicable Requirements - 10CFR 35.290

2. State or Territory Where Licensed To Practice Medicine

Virginia

3. CERTIFICATION

Specialty Board	Category	Month and Year Certified
N/A		

Stop here when using a Board Certification to Meet 10 CFR Part 35 training and experience requirements.

4. DIDACTIC OR CLASSROOM AND LABORATORY TRAINING (optional for Medical Physicists)

Description of Training	Location	Clock Hours	Dates of Training
Radiation Physics and Instrumentation	See Attached Certificates From INME	100	See Attached Certificates From INME
Radiation Protection		30	
Mathematics Pertaining to the Use and Measurement of Radioactivity		20	
Radiation Biology		20	
Chemistry of Byproduct Material for Medical Use		30	
OTHER			

TRAINING AND EXPERIENCE AND PRECEPTOR STATEMENT (continued)

6. FORMAL TRAINING (applies to Medical Physicists and Therapy Physicians)

Degree Area of Study or Residency Program	Name of Program and Location with Corresponding Materials License Numbers	Dates	Name of Organization that Approved the Program (e.g., Accreditation Council for Graduate Medicine Education) and the Applicable Regulation (e.g., 10 CFR 35.490)
N/A			

7. RADIATION SAFETY OFFICER -- ONE-YEAR FULL-TIME TRAINING

- ☐ YES Completed 1-year of full-time radiation safety experience (in areas identified in item 5a) under supervision of _____
- ☒ N/A _____ the RSO for License _____

8. MEDICAL PHYSICIST -- ONE YEAR FULL-TIME TRAINING/WORK EXPERIENCE

- ☐ YES Completed 1-year of full-time training in therapeutic radiology physics under the supervision of _____
- ☒ N/A _____ who meets requirements for authorized Medical Physicists; and
- ☐ YES Completed 1-year of full-time work experience (if identified in item 5a) for _____
- ☒ N/A Modality(ies) under the supervision of _____ who meets requirements for Authorized Medical Physicist _____ modality(ies).

9. SUPERVISING INDIVIDUAL -- IDENTIFICATION AND QUALIFICATIONS

The training and experience indicated above was obtained under the supervision of (if more than one supervising individual is needed to meet requirements in 10 CFR 35, provide the following information for each):

A. Name of Supervisor

☐ Supervisor is:

- ☐ Authorized User
- ☐ Radiation Safety Officer

- ☐ Authorized Medical Physicists
- ☐ Authorized Nuclear Pharmacists

C. Supervisor meets requirements of Part 35, Section(s) _____
for medical uses in Part 35, Section(s) _____

D. Address

E. Materials License Number

5a. WORK EXPERIENCE WITH RADIATION

SEE PART II - PRECEPTOR STATEMENT

[illegible]

NOT APPLICABLE TO MEET THE REQUIREMENTS OF 35.290(c)

TRAINING AND EXPERIENCE AND PRECEPTOR STATEMENT (continued)

PART II - PRECEPTOR STATEMENT

NOTE: This part must be completed by the individual's preceptor. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each. This part is not required to meet the training

Item 10 must be completed for Nuclear Pharmacists meeting the requirements of 10 CFR Part 35, Subpart J. Preceptors do not have to complete items 11a, 11b, or the certifying statements for other individuals meeting the requirements of 10 CFR Part 35, Subpart J.

☐ YES 10. The individual named in Item 1 has satisfactorily completed the training requirements in 10 CFR 35.980 and is competent to independently operate a nuclear pharmacy.



N/A

☒ YES 11a. The individual named in Item 1 has satisfactorily demonstrated through documentation, examination and observation the completion of the requirements of 35.290(c) i (A)-(E) and ii (A)-(F)



N/A

☒ YES 11b. The individual named in item 1. has achieved the knowledge and experience describe in 35.290(c) i (A)-(E) and ii (A)-(F) and is competent to independently function, with regard to those activities, as an authorized user and radiation safety officer.



N/A

12. PRECEPTOR APPROVAL AND CERTIFICATION

☐ I certify the approval of item 10 and certify I am an Authorized Nuclear Pharmacist:

or

☐ I certify the approval of items 11a and 11b, and certify I am an Authorized Nuclear Pharmacist:

or

☒ I certify the approval of items 11a and 11b, and I certify that I meet the requirements of 35.290 or equivalent Agreement State requirements to be a preceptor authorized USER for the following uses of byproduct material: 35.200

A. Address

Address of Use: PIC, Physicians Imaging Center, Inc.
180 Avenue at the Common
Shrewsbury, NJ 07702

Mailing Address: PIC, Physicians Imaging Center, Inc.
PO Box 778
Reds Bank, NJ 07701

B. Materials License Number

State License NJSL 20149/01/026

NRC License 29-28041-01

C. NAME OF PRECEPTOR (print clearly)

DAVID E DROUT, M.D.

D. SIGNATURE - PRECEPTOR



E. DATE

10-5-05

NUCLEAR MEDICAL EDUCATION PROGRAM

Affidavit of Academic Completion & Competency

This document is to attest that

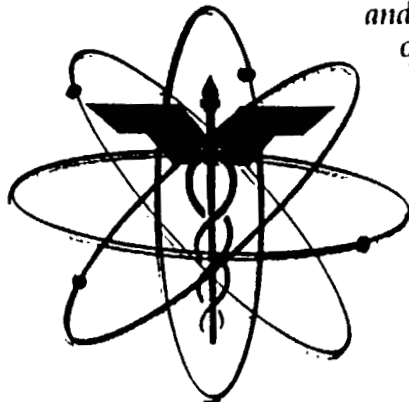
Girish Purohit, MD, FACC, FAHA

has successfully completed the didactic program

MEDICAL RADIATION INSTRUMENTATION

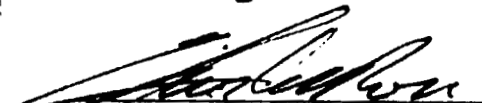
and has provided evidence of attendance in this program and evidence of achieving the objectives of this program through examination.

This program provides the following levels of accomplishment:



- 5.0 Continuing Education Units (CEU)
- 50 Didactic Instructional Hours (DIH)
In compliance with 10CFR35/AEA 73-689
- 50 Board Accepted Hours NUSPEX, NMTCB III b,
ABMRSO, CBNC, MRLB
- 3.0 Semester Hours American Council on
Education (ACE), American Association for
Collegiate Registrars




Certifying Official

19 June 2005

Date Completed

203341

Certification

Institute for Nuclear Medical Education

Certified, Approved and Regulated by the Division of Private Occupational Schools, Department of Higher Education in Colorado. Validated by the Accrediting Commission of the Accrediting Council for Continuing Education Training, a national accrediting agency listed by the US Secretary of Education. Validated by the American Council on Education, recognized by the American Association for Collegiate Registrars, Council on Post-Secondary Education. Licensed by NRC & Agreement States.
INME1132-Class II Compl&Comp 1/00

NUCLEAR MEDICAL EDUCATION PROGRAM

Affidavit of Academic Completion & Competency

This document is to attest that

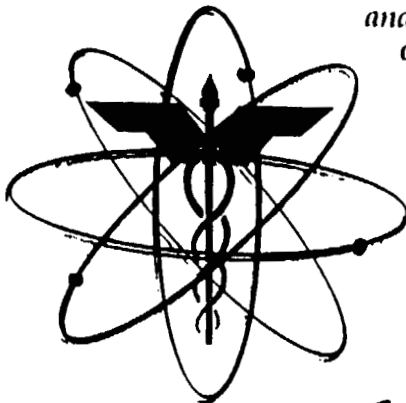
Girish Purohit, MD, FACC, FAHA

has successfully completed the didactic program

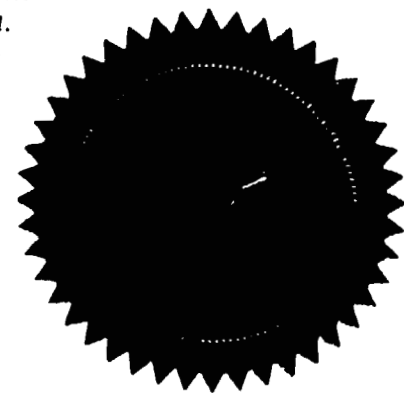
PRINCIPLES OF RADIATION PHYSICS

and has provided evidence of attendance in this program and evidence of achieving the objectives of this program through examination.

This program provides the following levels of accomplishment:



- 5.0 Continuing Education Units (CEU)
- 50 Didactic Instructional Hours (DIH)
In compliance with 10CFR35/AEA 73-689
- 50 Board Accepted Hours NUSPEX, NMTCB III b,
ABMRSO, CBNC, MRI.B
- 3.0 Semester Hours American Council on
Education (ACE), American Association for
Collegiate Registrars




Certifying Official

15 June 2005

Date Completed

203311

Certification

Institute for Nuclear Medical Education

Certified, Approved and Regulated by the Division of Private Occupational Schools, Department of Higher Education in Colorado. Validated by the Accrediting Commission of the Accrediting Council for Continuing Education Training, a national accrediting agency listed by the US Secretary of Education. Validated by the American Council on Education, recognized by the American Association for Collegiate Registrars, Council on Post-Secondary Education. Licensed by NRC & Agreement States.
INME1132-Class I-Compl&Comp 1/00

NUCLEAR MEDICAL EDUCATION PROGRAM

Affidavit of Academic Completion & Competency

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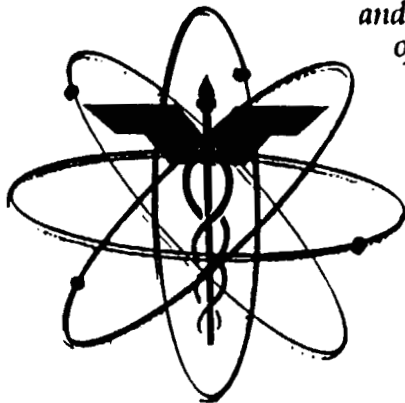
Girish Purohit, MD, FACC, FAHA

has successfully completed the didactic program

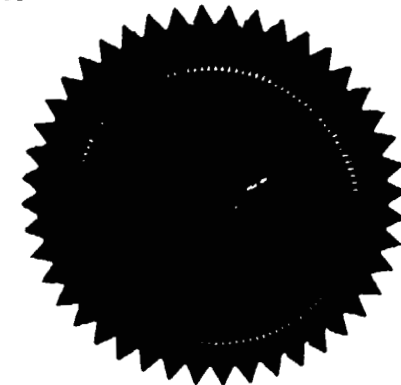
RADIOPHARMACEUTICALS AND CHEMISTRY

and has provided evidence of attendance in this program and evidence of achieving the objectives of this program through examination.

This program provides the following levels of accomplishment:



- 5.0 Continuing Education Units (CEU)
- 50 Didactic Instructional Hours (DIH)
In compliance with 10CFR35/AEA 73-689
- 50 Board Accepted Hours NUSPEX, NMTCB III b,
ABMRSO, CBNC, MRLB
- 3.0 Semester Hours American Council on
Education (ACE), American Association for
Collegiate Registrars




Certifying Official

2 October 2005
Date Completed

203504
Certification

Institute for Nuclear Medical Education

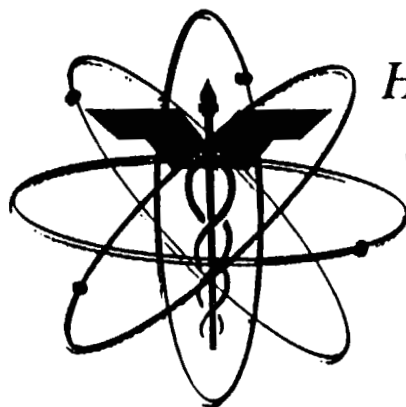
Certified, Approved and Regulated by the Division of Private Occupational Schools, Department of Higher Education in Colorado. Validated by the Accrediting Commission of the Accrediting Council for Continuing Education Training, a national accrediting agency listed by the US Secretary of Education. Validated by the American Council on Education, recognized by the American Association for Collegiate Registrars, Council on Post-Secondary Education. Licensed by NRC & Agreement States.
INME 1132-Class IV-Comp&Comp 1/00

CERTIFICATE OF COMPLETION

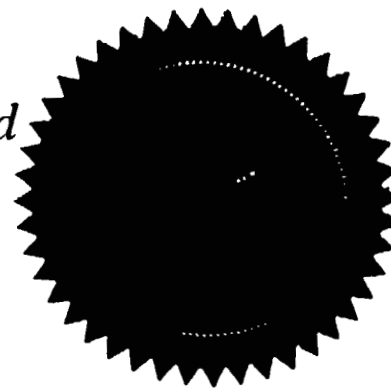
HAZMAT TRAINING - RADIOACTIVE MATERIALS

This document is to certify that

Girish Purohit, MD, FACC, FAHA



*Has received training and has been tested
as required by 49CFR 172.704(d). This
training was limited to diagnostic
radioactive materials received or offered
for shipment in approved Type A
Packages, Class 7, UN2915, Yellow II.*




Certifying Official

29 September 2005
Date Completed

203521
Certification

Training Materials and Records are located at

INME - Institute for Nuclear Medical Education • 5660 Airport Boulevard, Suite 101 • Boulder, Colorado 80301
(303) 541-0044 • (303) 541-0066 FAX • (800) 548-4024 • inme@nuclearcardiology.com • <http://www.nuclearcardiology.com/ncs>

NUCLEAR MEDICAL EDUCATION PROGRAM

Affidavit of Academic Completion & Competency

This document is to attest that

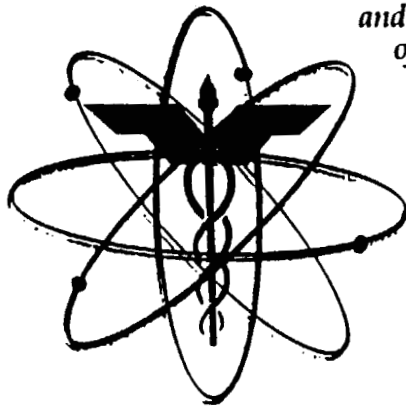
Girish Purohit, MD, FACC, FAHA

has successfully completed the didactic program

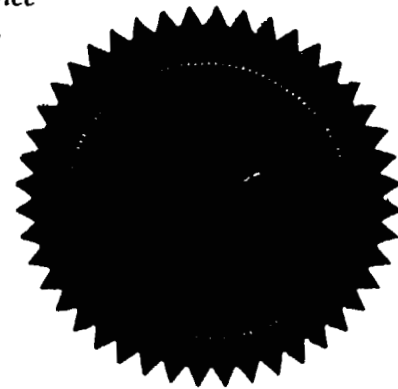
MEDICAL RADIATION PROTECTION

and has provided evidence of attendance in this program and evidence of achieving the objectives of this program through examination.

This program provides the following levels of accomplishment:



- 5.0 Continuing Education Units (CEU)
- 50 Didactic Instructional Hours (DIH)
In compliance with 10CFR35/AEA 73-689
- 50 Board Accepted Hours NUSPEX, NMTCB III b,
ABMRSO, CBNC, MRLB
- 3.0 Semester Hours American Council on
Education (ACE), American Association for
Collegiate Registrars




Certifying Official

28 September 2005
Date Completed

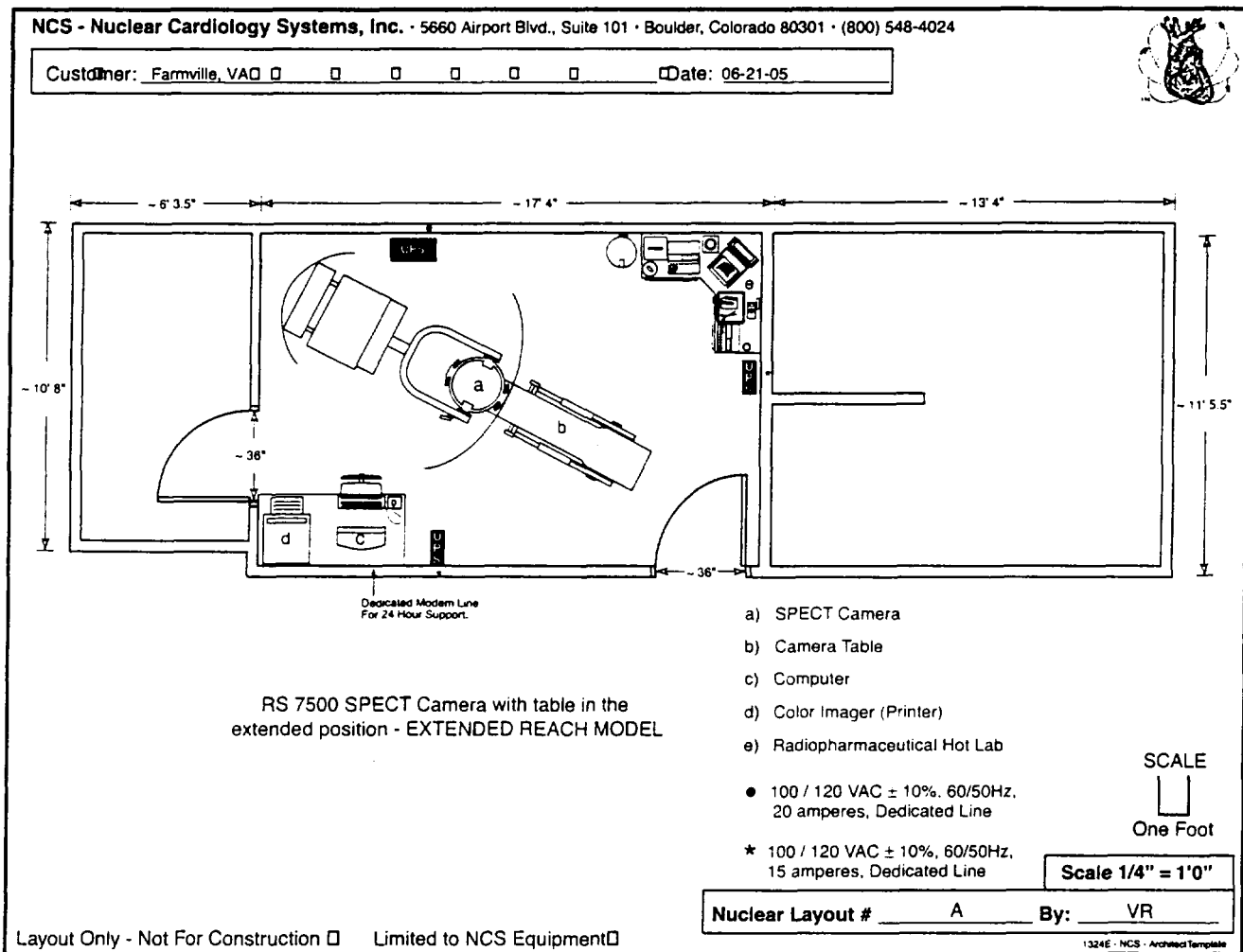
203484
Certification

Institute for Nuclear Medical Education

Certified, Approved and Regulated by the Division of Private Occupational Schools, Department of Higher Education in Colorado. Validated by the Accrediting Commission of the Accrediting Council for Continuing Education Training, a national accrediting agency listed by the US Secretary of Education. Validated by the American Council on Education, recognized by the American Association for Collegiate Registrars, Council on Post-Secondary Education. Licensed by NRC & Agreement States.
INME1132-Class III- Compl&Comp 1/00

Subject: Layout - Dr. Purohit

800-548-4024



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

11/7/2005, and to inform you that the initial processing which includes an administrative review has been performed.

☒ NEW LICENSE APPLICATION (03037088)
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** 137964.
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: 02201
and : Status Code: 3
Regional Licensing Sections : Fee Category: _____
: Exp. Date: 0
: Fee Comments: _____
: Decom Fin Assur Req'd: _
: ::

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED
Applicant/Licensee: PUROHIT, GIRISH, M.D.
Received Date: 20051114
Docket No: 3037098
Control No.: 137964
License No.: 45-31109-01
Action Type: New Licensee

2. FEE ATTACHED \$1,900.00
Amount: _____
Check No.: 3184

3. COMMENTS

Signed *M. Q. Perkins*
Date 11/16/2005

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 _____