

**MediCorp Health System**

Radiology Department
Attn: Transcription
1101 Sam Perry Blvd.
540-741-1584
540-361-2109 Fax

FACSIMILE TRANSACTION

FROM
Radiology

MS16

P-6

45-00935-02

03008082

Date: 7-17-07 Time: 1300To: Penny Lanzetta Phone Number: _____
Fax Number: 610.337.5169From: Linda Prowett Phone Number: 540-741-1580
Fax Number: 540-361-2902Number of Pages (including cover page): 4Original will follow via: ☐ Regular Mail ☐ Overnight Delivery ☐ Messenger
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Comments:

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140491

The American Board of Radiology

#14049

Diagnostic Radiology

Radiation Oncology

Radiologic Physics



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June 7, 2005

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Houston, TexasChristopher Merritt, M.D.,
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Birmingham, AlabamaJanet L. Strife, M.D.,
Cincinnati, OhioMichael A. Sullivan, M.D.,
New Orleans, LouisianaKay H. Vydurenny, M.D.,
Atlanta, Georgia

Radiation Oncology

Beth A. Erickson, M.D.,
Milwaukee, WisconsinJay R. Harris, M.D.,
Boston, MassachusettsRichard T. Hoppe, M.D.,
Palo Alto, CaliforniaLarry E. Kun, M.D.,
Memphis, TennesseeSteven A. Leibel, M.D.,
Stanford, CaliforniaK. Kian Ang, M.D., Ph.D.,
Houston, Texas

Radiologic Physics

William R. Hendee, Ph.D.,
Milwaukee, WisconsinBhudatt R. Paliwal, Ph.D.,
Madison, WisconsinStephen R. Thomas, Ph.D.,
Cincinnati, Ohio

Stacy James Moulton, MD

51907 / DR / 6 / 21

Dear Dr. Moulton:

I am pleased to inform you that you passed the oral examination held on June 5-8, 2005. The American Board of Radiology grants you its Certificate in Diagnostic Radiology. This is a ten-year time-limited certificate. The certificate will be sent to the above address in approximately three months. Your name will appear on the certificate as shown above. If you wish your name to appear differently, please notify the Board office within thirty days. Your name and demographic information will be included in a Directory published by the American Board of Medical Specialties. It is your responsibility to notify other local and state or national organizations of your certification.

The American Board of Radiology began issuing ten-year time-limited certificates in Diagnostic Radiology in 2002. The 24 member boards of the American Board of Medical Specialties (ABMS) have developed programs for Maintenance of Certification (MOC). The ABR-MOC program is designed to assist each diplomate with a ten-year time-limited certificate in fulfilling the requirements as defined by the ABR and ABMS for maintaining certification. The concept of continuous improvement is a significant principle that underpins the ABR-MOC.

With award of this certificate, you have entered into your first ten-year cycle in the ABR-MOC program. You can learn more about it on the ABR website (www.theabr.org). Because MOC is a continuous program over the ten-year cycle, you should be working every year to make progress in the various component areas. The ABR will continue to support you in planning and monitoring your personal progress by communicating with you annually as to the requirements that need your attention. Enclosed is a table which outlines your requirements for Professional Standing, Lifelong Learning and Self-assessment, Practice Performance, and future computer-based examinations. Keep records of your activities until 2007. At that point, the ABR website will be interactive, and you will transfer your records to your personal account. You will receive an annual invoice for \$270.00, which is one-tenth of your total MOC cycle fee. Your first invoice will be sent out in July 2006. Please remember to provide us with your current e-mail and mailing address so that we can communicate with you most efficiently. Your first task is to complete the enclosed MOC data form and return it to the ABR office.

Personally and on behalf of the Board of Trustees of The American Board of Radiology, I wish to congratulate you for this distinguished achievement. You have accomplished one of the most significant milestones in your career.

Sincerely,

R.R. Hattery

Robert R. Hattery, MD

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Robert R. Hattery, M.D., Executive Director

Lawrence W. Davis, M.D., Associate Executive Director

Assistant Executive Directors

Primary Certification

Anthony V. Proto, M.D., Diagnostic Radiology
Beth A. Erickson, M.D., Radiation Oncology
Bhudatt R. Paliwal, Ph.D., Radiologic Physics

Assistant Executive Directors

Maintenance of Certification

John E. Madewell, M.D., Diagnostic Radiology
Larry E. Kun, M.D., Radiation Oncology
Stephen R. Thomas, Ph.D., Radiologic Physics
Gary J. Becker, M.D., Subspecialty Certification

The American Board of Radiology

#140491

Diagnostic Radiology

Radiation Oncology

Radiologic Physics

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Steven A. Leibel, M.D., *President*
 Philip O. Alderson, M.D., *President-Elect*
 Richard T. Hoppa, M.D., *Secretary-Treasurer*

June 8, 2005

Diagnostic Radiology

52181/DR/1/31

Aye Min, MD

Philip O. Alderson, M.D.
 New York, New York

Gary J. Becker, M.D.
 Bethesda, Maryland

George S. Bissot, M.D.
 Durham, North Carolina

N. Reed Dunnick, M.D.
 Ann Arbor, Michigan

Glen S. Forbes, M.D.
 Rochester, Minnesota

Valerie Jackson, M.D.
 Indianapolis, Indiana

Robert R. Lukin, M.D.
 Cincinnati, Ohio

John E. Madewell, M.D.
 Houston, Texas

Christopher Morris, M.D.
 Philadelphia, Pennsylvania

Anthony V. Proto, M.D.
 Richmond, Virginia

Anne Roberts, M.D.
 La Jolla, California

Robert J. Stanley, M.D.
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Michael A. Sullivan, M.D.
 New Orleans, Louisiana

Lay H. Vydatany, M.D.
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Radiation Oncology

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W. R. Harris, M.D.
 Boston, Massachusetts

Richard T. Hoppa, M.D.
 Palo Alto, California

Larry E. Kun, M.D.
 Memphis, Tennessee

Steven A. Leibel, M.D.
 Stanford, California

Klan Ang, M.D., Ph.D.
 Houston, Texas

Radiologic Physics

William R. Hendes, Ph.D.
 Milwaukee, Wisconsin

Richard R. Paliwal, Ph.D.
 Madison, Wisconsin

John R. Thomas, Ph.D.
 Cincinnati, Ohio

Dear Dr. Min:

I am pleased to inform you that you passed the oral examination held on June 5-8, 2005. The American Board of Radiology grants you its Certificate in Diagnostic Radiology. This is a ten-year time-limited certificate. The certificate will be sent to the above address in approximately three months. Your name will appear on the certificate as shown above. If you wish your name to appear differently, please notify the Board office within thirty days. Your name and demographic information will be included in a Directory published by the American Board of Medical Specialties. It is your responsibility to notify other local and state or national organizations of your certification.

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With award of this certificate, you have entered into your first ten-year cycle in the ABR-MOC program. You can learn more about it on the ABR website (www.theabr.org). Because MOC is a continuous program over the ten-year cycle, you should be working every year to make progress in the various component areas. The ABR will continue to support you in planning and monitoring your personal progress by communicating with you annually as to the requirements that need your attention. Enclosed is a table which outlines your requirements for Professional Standing, Lifelong Learning and Self-assessment, Practice Performance, and future computer-based examinations. Keep records of your activities until 2007. At that point, the ABR website will be interactive, and you will transfer your records to your personal account. You will receive an annual invoice for \$270.00, which is one-tenth of your total MOC cycle fee. Your first invoice will be sent out in May 2006. Please remember to provide us with your current e-mail and mailing address so that we can communicate with you most efficiently. Your first task is to complete the enclosed MOC data form and return it to the ABR office.

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Sincerely,

Robert R. Hattery, MD

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Robert R. Hattery, M.D., *Executive Director*

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Assistant Executive Directors
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 Bhudatt R. Paliwal, Ph.D., *Radiologic Physics*

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Maintenance of Certification

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 Larry E. Kun, M.D., *Radiation Oncology*
 Stephen R. Thomas, Ph.D., *Radiologic Physics*
 Gary J. Becker, M.D., *Subspecialty Certification*

5441 E. WILLIAMS BOULEVARD, SUITE 200 • TUCSON, ARIZONA 85711-4493 • PHONE (520) 790-2900 • FAX (520) 790-3200
 E-mail: information@theabr.org • Web Site: www.theabr.org

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MJH Radiology

14049/

NRC FORM 312A (AUG)
(10-2006)

U.S. NUCLEAR REGULATORY COMMISSION

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

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. (Not required to meet training requirements in 35.600)

First Section
Check one of the following for each user requested:

For 35.190Board Certification☐ I attest that

Name of Proposed Authorized User

has satisfactorily completed the requirements in

10 CFR 35.190(a)(1) and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100.

OR

Training and Experience☐ I attest that

Name of Proposed Authorized User

has satisfactorily completed the 60 hours of training and

experience, including a minimum of 8 hours of classroom and laboratory training required by 10 CFR 35.190(e)(1), and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100.

For 35.290Board Certification☒ I attest thatStacy Moulton
Name of Proposed Authorized User

has satisfactorily completed the requirements in

10 CFR 35.290(a)(1) and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100 and 35.200.

OR

Training and Experience☐ I attest that

Name of Proposed Authorized User

has satisfactorily completed the 700 hours of training

and experience, including a minimum of 60 hours of classroom and laboratory training, required by 10 CFR 35.290(e)(1), and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100 and 35.200.

Second Section

Complete the following for preceptor attestation and signature:

☐ I meet the requirements below, or equivalent Agreement State requirements, as an authorized user for:☐ 35.190☐ 35.290☐ 35.350☐ 35.390 + generator experience

Name of Preceptor

OMER L. FORTNEY, MD

Signature

Omer L. Fortney MD

Telephone Number

904-953-6208

Date

4/23/07

License/Permit Number/Facility Name

Noyo Clinic, Jacksonville Fla.

NRC-1