



Appalachian Regional Healthcare  
The Medical Centers of the Mountains

Branch 1  
03029017

January 22, 2014  
NRC Region I  
475 Allendale Road  
King of Prussia, PA 19406

RE: License No. 47-17725-02

Enclosed you will find an Application Amendment for Beckley Appalachian Regional Hospital. I am requesting that Hannah Asghar, M.D. be added as an authorized user of radioactive materials at Beckley Appalachian Regional Hospital. Her credentials are attached.

Please advise us of any additional requirements that are necessary to effectuate this change. Should you have any questions, please contact me at (304)-255-3456.

Thank-you,  
Sincerely,

Rocco K. Massey, CCEO  
Beckley Appalachian Regional Healthcare  
306 Stanaford Road  
Beckley, WV 25801

REC-61 01 28 '14 PM 01:39

583165

NRCS/RCNI MATERIALS-002

(03-2013)  
10 CFR 30, 32, 33,  
34, 35, 36, 39, and 40



## APPLICATION FOR MATERIALS LICENSE

Estimated burden per response to comply with this mandatory collection request: 4.3 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 Information Services Branch (T-5 F53), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to [InfoCollects.Resource@nrc.gov](mailto:InfoCollects.Resource@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. \*AMENDMENTS/RENEWALS THAT INCREASE THE SCOPE OF THE EXISTING LICENSE TO A NEW OR HIGHER FEE CATEGORY WILL REQUIRE A FEE.**

<p><b>APPLICATION FOR DISTRIBUTION OF EXEMPT PRODUCTS FILE APPLICATIONS WITH:</b></p> <p>OFFICE OF FEDERAL &amp; STATE MATERIALS AND ENVIRONMENTAL MANAGEMENT PROGRAMS DIVISION OF MATERIALS SAFETY AND STATE AGREEMENTS U.S. NUCLEAR REGULATORY COMMISSION WASHINGTON, DC 20555-0001</p> <p><b>ALL OTHER PERSONS FILE APPLICATIONS AS FOLLOWS:</b></p> <p><b>IF YOU ARE LOCATED IN:</b></p> <p>ALABAMA, CONNECTICUT, DELAWARE, DISTRICT OF COLUMBIA, FLORIDA, GEORGIA, KENTUCKY, MAINE, MARYLAND, MASSACHUSETTS, NEW HAMPSHIRE, NEW JERSEY, NEW YORK, NORTH CAROLINA, PENNSYLVANIA, PUERTO RICO, RHODE ISLAND, SOUTH CAROLINA, TENNESSEE, VERMONT, VIRGINIA, VIRGIN ISLANDS, OR WEST VIRGINIA,</p> <p><b>SEND APPLICATIONS TO:</b></p> <p>LICENSING ASSISTANCE TEAM DIVISION OF NUCLEAR MATERIALS SAFETY U.S. NUCLEAR REGULATORY COMMISSION, REGION I 2100 RENAISSANCE BOULEVARD, SUITE 100 KING OF PRUSSIA, PA 19406-2713</p>	<p><b>IF YOU ARE LOCATED IN:</b></p> <p>ILLINOIS, INDIANA, IOWA, MICHIGAN, MINNESOTA, MISSOURI, OHIO, OR WISCONSIN, <b>SEND APPLICATIONS TO:</b></p> <p>MATERIALS LICENSING BRANCH U.S. NUCLEAR REGULATORY COMMISSION, REGION III 2443 WARRENVILLE ROAD, SUITE 210 LISLE, IL 60532-4352</p> <p>ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, COLORADO, HAWAII, IDAHO, KANSAS, LOUISIANA, MISSISSIPPI, MONTANA, NEBRASKA, NEVADA, NEW MEXICO, NORTH DAKOTA, OKLAHOMA, OREGON, PACIFIC TRUST TERRITORIES, SOUTH DAKOTA, TEXAS, UTAH, WASHINGTON, OR WYOMING,</p> <p><b>SEND APPLICATIONS TO:</b></p> <p>NUCLEAR MATERIALS LICENSING BRANCH U.S. NUCLEAR REGULATORY COMMISSION, REGION IV 1600 E LAMAR BOULEVARD ARLINGTON, TX 76011-4511</p>
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**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.**

<p>1. THIS IS AN APPLICATION FOR (Check appropriate item)</p> <p><input type="checkbox"/> A. NEW LICENSE</p> <p><input checked="" type="checkbox"/> B. AMENDMENT TO LICENSE NUMBER <u>47-17725-02</u></p> <p><input type="checkbox"/> C. RENEWAL OF LICENSE NUMBER _____</p>	<p>2. NAME AND MAILING ADDRESS OF APPLICANT (Include ZIP code)</p> <p>Beckley Appalachian Regional Hospital 306 Stanaford Road Beckley, WV 25801</p>				
<p>3. ADDRESS WHERE LICENSED MATERIAL WILL BE USED OR POSSESSED</p>	<p>4. NAME OF PERSON TO BE CONTACTED ABOUT THIS APPLICATION</p> <p>Jennifer Bailey, Director of Medical Imaging</p> <table border="1"> <tr> <td>BUSINESS TELEPHONE NUMBER</td> <td>BUSINESS CELLULAR TELEPHONE NUMBER</td> </tr> <tr> <td>(304) 255-3363</td> <td></td> </tr> </table> <p>BUSINESS EMAIL ADDRESS</p> <p>jebailey@arh.org</p>	BUSINESS TELEPHONE NUMBER	BUSINESS CELLULAR TELEPHONE NUMBER	(304) 255-3363	
BUSINESS TELEPHONE NUMBER	BUSINESS CELLULAR TELEPHONE NUMBER				
(304) 255-3363					

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

<p>5. RADIOACTIVE MATERIAL</p> <p>a. Element and mass number; b. chemical and/or physical form; and c. maximum amount which will be possessed at any one time.</p>	<p>6. PURPOSE(S) FOR WHICH LICENSED MATERIAL WILL BE USED.</p>
<p>8. TRAINING FOR INDIVIDUALS WORKING IN OR FREQUENTING RESTRICTED AREAS.</p>	<p>7. INDIVIDUAL(S) RESPONSIBLE FOR RADIATION SAFETY PROGRAM AND THEIR TRAINING EXPERIENCE.</p>
<p>10. RADIATION SAFETY PROGRAM.</p>	<p>9. FACILITIES AND EQUIPMENT.</p>
<p>12. LICENSE FEES (Fees required only for new applications, with few exceptions*) (See 10 CFR 170 and Section 170.31)</p>	<p>11. WASTE MANAGEMENT.</p>
<p>FEE CATEGORY</p>	<p>AMOUNT ENCLOSED \$</p>

13. CERTIFICATION. (Must be completed by applicant) THE APPLICANT UNDERSTANDS THAT ALL STATEMENTS AND REPRESENTATIONS MADE IN THIS APPLICATION ARE BINDING UPON THE APPLICANT.

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 ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION.

<p>CERTIFYING OFFICER -- TYPED/PRINTED NAME AND TITLE</p> <p>Rocco K. Massey, CCEO</p>	<p>SIGNATURE</p>	<p>DATE</p> <p>1/22/14</p>
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### FOR NRC USE ONLY

TYPE OF FEE	FEE LOG	FEE CATEGORY	AMOUNT RECEIVED	CHECK NUMBER	COMMENTS
			\$		
APPROVED BY				DATE	

**AUTHORIZED USER TRAINING AND EXPERIENCE  
AND PRECEPTOR ATTESTATION**  
**(for uses defined under 35.100, 35.200, and 35.500)**  
**[10 CFR 35.190, 35.290, and 35.590]**APPROVED BY OMB: NO. 3150-0120  
EXPIRES: (05/31/2015)

Name of Proposed Authorized User

Dr. Hannah Asghar

State or Territory Where Licensed

West Virginia

Requested Authorization(s) (check all that apply)

- ☒ 35.100 Uptake, dilution, and excretion studies
- ☒ 35.200 Imaging and localization studies
- ☐ 35.500 Sealed sources for diagnosis (specify device) \_\_\_\_\_

**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 obtained 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. If using only 35.500 materials, stop here. If using 35.100 and 35.200 materials, skip to and complete Part II Preceptor Attestation.

☐ **2. Current 35.390 Authorized User Seeking Additional 35.290 Authorization**

- a. Authorized user on Materials License \_\_\_\_\_ meeting 10 CFR 35.390 or equivalent Agreement State requirements seeking authorization for 35.290.
- b. Supervised Work Experience.  
(If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this section.)

Description of Experience	Location of Experience/License or Permit Number of Facility	Clock Hours	Dates of Experience*
Eluting generator systems appropriate for the preparation of radioactive drugs for imaging and localization studies, measuring and testing the eluate for radionuclidic purity, and processing the eluate with reagent kits to prepare labeled radioactive drugs			

**Total Hours of Experience:**

Supervising Individual

License/Permit Number listing supervising individual as an authorized user

Supervisor meets the requirements below, or equivalent Agreement State requirements (check all that apply).

- ☐ 35.290      ☐ 35.390 + generator experience in 32.290(c)(1)(ii)(G)

**AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)**

☐ **3. Training and Experience for Proposed Authorized User**

**a. Classroom and Laboratory Training.**

Description of Training	Location of Training	Clock Hours	Dates of Training*
Radiation physics and instrumentation			
Radiation protection			
Mathematics pertaining to the use and measurement of radioactivity			
Chemistry of byproduct material for medical use <i>(not required for 35.590)</i>			
Radiation biology			

**Total Hours of Training:**

**b. Supervised Work Experience** (completion of this table is not required for 35.590).  
*(If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this section.)*

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		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters		<input type="checkbox"/> Yes <input type="checkbox"/> No	

**AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)**

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

**b. Supervised Work Experience. (continued)**

Description of Experience Must Include:	Location of Experience/License or Permit Number of Facility	Confirm	Dates of Experience*
Calculating, measuring, and safely preparing patient or human research subject dosages		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Administering dosages of radioactive drugs to patients or human research subjects		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Eluting generator systems appropriate for the preparation of radioactive drugs for imaging and localization studies, measuring and testing the eluate for radionuclidic purity, and processing the eluate with reagent kits to prepare labeled radioactive drugs		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Supervising Individual

License/Permit Number listing supervising individual as an authorized user

Supervisor meets the requirements below, or equivalent Agreement State requirements (*check one*).

☐ 35.190    ☐ 35.290    ☐ 35.390    ☐ 35.390 + generator experience in 35.290(c)(1)(ii)(G)

**c. For 35.590 only, provide documentation of training on use of the device.**

Device	Type of Training	Location and Dates

**d. For 35.500 uses only, stop here. For 35.100 and 35.200 uses, skip to and complete Part II Preceptor Attestation.**

**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 35.590)

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 use requested:**

For 35.190

Board Certification

☒ I attest that Hannah Asghar has satisfactorily completed the requirements in  
Name of Proposed Authorized User

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 \_\_\_\_\_ has satisfactorily completed the 60 hours of training and  
Name of Proposed Authorized User

experience, including a minimum of 8 hours of classroom and laboratory training, required by 10 CFR 35.190(c)(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 35.290

Board Certification

☒ I attest that Hannah Asghar has satisfactorily completed the requirements in  
Name of Proposed Authorized User

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 \_\_\_\_\_ has satisfactorily completed the 700 hours of training  
Name of Proposed Authorized User

and experience, including a minimum of 80 hours of classroom and laboratory training, required by 10 CFR 35.290(c)(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    ☐ 35.390    ☐ 35.390 + generator experience

Name of Preceptor

Signature

Telephone Number

Date

Dr. Bharat Patel

*Bharat Patel MD*

(304) 255-3306

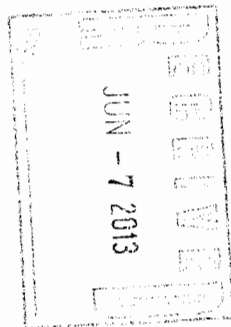
01/22/2014

License/Permit Number/Facility Name

47-17725-02 Beckley Appalachian Regional Hospital 306 Stanaford Road Beckley, WV 25801

THE  
AMERICAN BOARD OF INTERNAL MEDICINE  
INCORPORATED 1936  
ATTESTS THAT  
**Hannah Asghar**

HAS MET THE REQUIREMENTS OF THIS BOARD AND IS HEREBY  
CERTIFIED FOR THE PERIOD 2011 THROUGH 2021  
AS A DIPLOMATE IN  
CARDIOVASCULAR DISEASE



*Catherine R. McCoy*  
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AMERICAN BOARD OF INTERNAL MEDICINE

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CHAIR-ELECT  
AMERICAN BOARD OF INTERNAL MEDICINE

*Julmadhy S. K.*  
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AMERICAN BOARD OF INTERNAL MEDICINE

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SUBSPECIALTY BOARD ON CARDIOVASCULAR DISEASE

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*Michael W. Crawford*

*G. William DeZ*  
NUMBER 296512

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*Ernest R. M.*

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*Joe Kuen Oh*  
*Andrea M. Russo*

*Thomas Ryan*  
*Paul W. Thompson*  
*Paul A. Williams*  
2011

# THE AMERICAN BOARD OF INTERNAL MEDICINE

INCORPORATED 1936

ATTESTS THAT

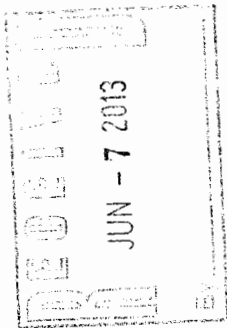
**Hannah Asghar**

HAS MET THE REQUIREMENTS OF THIS BOARD AND IS HEREBY

CERTIFIED FOR THE PERIOD 2008 THROUGH 2018

AS A DIPLOMATE IN

**INTERNAL MEDICINE**



Richard F. Baron  
CHAIR  
Wendy Levinson  
CHAIR-ELECT  
Graham P. Rodgers  
SECRETARY-TREASURER  
Cane  
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Charles L. Allen  
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Maie T. Brown

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David P. Houston  
Larry Jackson  
David H. Johnson



Mary H. Karas  
Emmet Keeffe  
Zalmady, J. S.  
Doranne M. Karpis  
Stuart L. Linas  
Catherine R. McCoy  
Thomas R. Martin  
Sepele, J.

Neil R. Papp  
Sun A. Parnianpour  
D. B. B.  
Christine A. Sinsky  
James J. Smith  
Robert M. Whittle  
Carrall, J.  
Michael R. Zile

NUMBER 296512

2008





## AMA Physician Profile

***Name and Mailing Address:***

HANNAH SUGHRA ASGHAR MD  
UNIV OF ILLINOIS CHICAGO  
SECT OF CARDIOLOGY M/C 715  
840 S WOOD ST 9TH FL  
CHICAGO IL 60612-4325

***Primary Office Address:***

SAME AS MAILING ADDRESS

**Phone:** UNKNOWN

**Birthdate:** [REDACTED]

**Physician's Major Professional Activity:** OFFICE BASED PRACTICE

**Practice Specialties Self Designated by the Physician\*:**

**Primary Specialty:** INTERVENTIONAL CARDIOLOGY

**Secondary Specialty:** UNSPECIFIED

\*Self-Designated Practice Specialties/Areas of Practice (SDPS) listed on the AMA Physician Profile do not imply "recognition" or "endorsement" of any field of medical practice by the Association, nor does it imply, certification by a Member Medical Specialty Board of the American Board of Medical Specialties, or that the physician has been trained or has special competence to practice the SDPS.

**AMA membership:** NON MEMBER

———— All Information from this Point Forward is Provided by the Primary Source —————

**Current and/or Historical Medical School:**

AGA KHAN MED COLL, AGA KHAN UNIV, KARACHI, PAKISTAN

**Degree Awarded:** Yes

**Degree Year:** [REDACTED]

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



## AMA Physician Profile

### **Current and/or Historical Post Graduate Medical Training Programs Accredited by the Accreditation Council for Graduate Medical Education (ACGME):**

*Beginning with the 2010 cycle of the National GME Census, post-graduate training segments will include the name of the program attended in addition to the sponsoring institution. Program-level information prior to 2010 will not be available for reporting. Future training dates, as reported by the program, should be interpreted as "in progress" or "current" with the projected date of completion.*

*Post-graduate training performed at accredited osteopathic institutions or in Canada are updated on the AMA Physician Masterfile only upon verification by the program. US licensing authorities accept graduate medical education from both entities as equivalent to training performed in a US program accredited by ACGME.*

**Sponsoring Institution:** UNIV OF IL COLL MED AT CHICAGO  
**Sponsoring State:** ILLINOIS  
**Program Name:** UNIVERSITY OF ILLINOIS COLLEGE OF MEDICINE AT CHICAGO PROGRAM  
**Specialty:** INTERVENTIONAL CARDIOLOGY  
**Dates:** 07/2011 - 06/2012 (VERIFIED)

**Sponsoring Institution:** UNIV OF IL COLL MED AT CHICAGO  
**Sponsoring State:** ILLINOIS  
**Program Name:** UNIVERSITY OF ILLINOIS COLLEGE OF MEDICINE AT CHICAGO PROGRAM  
**Specialty:** CARDIOVASCULAR DISEASE  
**Dates:** 07/2008 - 06/2011 (VERIFIED)

**Sponsoring Institution:** UNIV OF WI HOSP & CLI  
**Sponsoring State:** WISCONSIN  
**Specialty:** INTERNAL MEDICINE  
**Dates:** 06/2005 - 06/2008 (VERIFIED)

**Note:** If you have discrepant information, please submit a Request for Investigation to the AMA so that we may verify the information with the primary source(s). See the last page of this Profile for instructions on how to report a data discrepancy.

### **Current and/or Historical Medical Licensure:**

<b><u>Jurisdiction</u></b>	<b><u>MD/ DO</u></b>	<b><u>Date Granted</u></b>	<b><u>Expiration Date</u></b>	<b><u>Status</u></b>	<b><u>License Type</u></b>	<b><u>Last Reported</u></b>
ILLINOIS	MD	07/24/2008	07/31/2014	ACTIVE	UNLIMITED	04/15/2013

HEALTHCARE PROVIDER

HEALTHCARE PROVIDER

Healthcare  
ProviderAmerican  
Heart  
Association**Dr. Hannah Asghar**

This card certifies that the above individual has successfully completed the cognitive and skills evaluations in accordance with the curriculum of the American Heart Association BLS for Healthcare Providers (CPR and AED) Program.

23 October 2012

Issue Date

22 October 2014

Recommended Renewal Date

Training  
Center Name

Aga Khan University Hospital

TC ID # ZZ202398

TC  
InfoP. O. Box 3500, Karachi 74800, Pakistan  
+92-21-3486 Ext. 3617/3611Course  
Location

Nursing Education Services

Instructor  
Name

Sana Zain

Inst. ID #

02120081360

Holder's  
Signature

© 2011 American Heart Association. Tampering with this card will alter its appearance. 90-1801

PEEL  
HERE

This card contains unique security features to protect against forgery.

90-1801 3/11

ADVANCED CARDIOVASCULAR LIFE SUPPORT

ADVANCED CARDIOVASCULAR LIFE SUPPORT

ACLS  
ProviderAmerican  
Heart  
Association**Dr. Hannah S Asghar**

This card certifies that the above individual has successfully completed the cognitive and skills evaluations in accordance with the curriculum of the American Heart Association Advanced Cardiovascular Life Support (ACLS) Program.

15 January 2013

Issue Date

14 January 2015

Recommended Renewal Date

Training  
Center Name

Aga Khan University Hospital

TC ID # ZZ202398

TC  
InfoP. O. Box 3500, Karachi 74800, Pakistan  
+92-21-3486 Ext. 3617/3611Course  
Location

Nursing Education Services

Instructor  
Name

Nasreen Alwani

Inst. ID #

10091517547

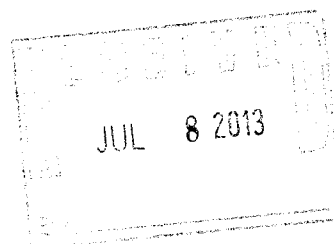
Holder's  
Signature

© 2011 American Heart Association. Tampering with this card will alter its appearance. 90-1806

PEEL  
HERE

This card contains unique security features to protect against forgery.

90-1806 3/11



*Incorporated 1996*

*attests that*

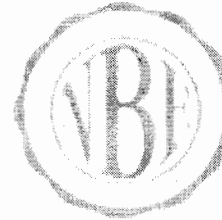
**Hannah Sughra Asghar, MBBS**

*has successfully met the requirements of this Board,  
and is certified as a Diplomat in*

## Adult Comprehensive Echocardiography

John Doe  
Officer, Bureau of Prisons  
Washington, D.C.

James H. Thompson  
President of the Board  
Pittsburgh, Pa.



  
 Linda D. Collins, MD  
 Governor, Tennessee

John's Warehouse, 400  
 Industrial Park Boulevard and  
 Highway 400, York, PA 17403-1100

7/15/04 09:00 AM  
 7/15/04 09:00 AM  
 7/15/04 09:00 AM

Q. 11

NATIONAL ASSOCIATION OF BROADCASTERS  
 1900 M STREET, N.W. WASHINGTON, D.C. 20036-4245  
 TEL: 202/295-6800 FAX: 202/295-6801  
 WWW.NAB.BIZ

[illegible]

H. JARDA PRACE. 5514  
Zamek Dworki 1444  
115 N. 1010 1000 1014  
S. 1010 1014 1014

James H. Brown  
President of the Board

May 1984

1. *Staphylococcus aureus* (Staph.)  
2. *Staphylococcus aureus* (Staph.)

**Certification Board of Nuclear Cardiology**  
Incorporated 1996  
Certifies that

**Hannah Asghar, MD**

HAVING MET THE REQUIREMENTS PRESCRIBED BY THIS BOARD  
FOR PHYSICIANS TRAINED IN THE UNITED STATES  
AND HAVING SATISFACTORILY PASSED THE REQUIRED EXAMINATION,  
IS HEREBY DESIGNATED

A DIPLOMATE CERTIFIED IN THE SUBSPECIALTY OF  
**NUCLEAR CARDIOLOGY**

FOR THE PERIOD 2010 - 2020



President





Secretary



CERTIFICATE NUMBER: 7513

This is to acknowledge the receipt of your letter application dated

11/22/14, and to inform you that the initial processing which includes an administrative review has been performed.

☒ Amendment (47-17725-02)  
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** 583165.  
When calling to inquire about this action, please refer to this control number.  
You may call us on (610) 337-5398, or 337-5260.