



1200 J.D. Anderson Drive  
Morgantown, WV 26505  
phone 304-598-1200  
www.mongeneral.com

July 7, 2014

U.S. Nuclear regulatory Commission  
Materials Licensing Branch  
Region I  
475 Allendale Road  
King of Prussia, PA 19406

Br 1  
03010683

RE: Amendment to Radioactive Material License Nos. 47-16259-01  
Monongalia General Hospital

To Whom It May Concern:

Please add Firas S. Almahasneh, M.D. as an authorized user on our license for 35.200  
uses. Attached are a completed 313 form and board certificate.

Please DELETE Timothy Hetzer, M.D. from our license.

If you have any questions, please contact: RSO Mark Perna, M.S. at (412) 551-9259

Sincerely,

A handwritten signature in black ink, appearing to read "Peggy A. Pust".

Peggy A. Pust  
Vice President

REC'D IN LAT 7-7-14

584277  
NMSS/RGN1 MATERIALS-002

NRC FORM 315A (AUD)  
(05-2012)

U.S. NUCLEAR REGULATORY COMMISSION

**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

Firas S. Almahasneh, M.D.

State or Territory Where Licensed

WV

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)

NRC FORM 315A (AUG)

(05-2012)

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 35.500)

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 35.100

## Board Certification

☐ I attest that \_\_\_\_\_ has satisfactorily completed the requirements in  
Name of Proposed Authorized User

10 CFR 35.100(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 35.100(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 35.200

## Board Certification

☒ I attest that Firas S. Almahasneh, MD has satisfactorily completed the requirements in  
Name of Proposed Authorized User

10 CFR 35.200(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 35.200(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:

☐ 35.100 ☒ 35.200 ☐ 35.300 ☐ 35.390 + generator experience

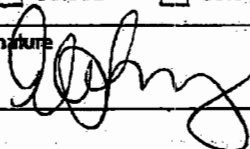
Name of Preceptor

Signature

Telephone Number

Date

Ellen Thompson



304-691-8534

7/2/14

License/Permit Number/Facility Name

47-25620-01

University Cardiovascular Services

# Certification Board of Nuclear Cardiology

Incorporated 1996

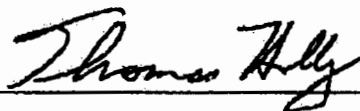
A Division of the Council for Certification in Cardiovascular Imaging

Certifies That

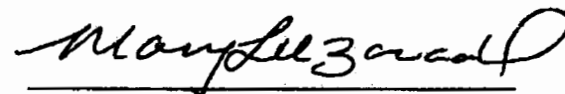
**Firas Suleiman Almahasneh, MD**

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**

VALID: JANUARY 1, 2014 — MARCH 1, 2024



President



Secretary



CERTIFICATE NUMBER: 9167

This is to acknowledge the receipt of your letter application dated

7-7-14, and to inform you that the initial processing which includes an administrative review has been performed.

☒ Amend: 47-16259-01  
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 584277.  
When calling to inquire about this action, please refer to this control number.  
You may call us on (610) 337-5398, or 337-5260.