

VOID SHEET

TO: License Fee Management Branch

FROM: RIII - 3

SUBJECT: VOIDED APPLICATION

Control Number: 302403

Applicant: COMMUNITY HOSPITAL SPRINGFIELD & CLARK COUNTY

License Number: 34-15389-01

Docket Number: 030-09021

Date Voided: 3/26/97

Reason for Void: A PHYSICIAN REQUESTED THE ADDITION  
OF A CARDIOLOGIST TO 4 MEDICAL FACILITY LICENSES. THE  
PHYSICIAN DOES NOT REPRESENT THE MANAGEMENT AT ANY OF  
THE INSTITUTIONS.

W.P. Reichhold  
Signature

26 MARCH 1997  
Date

Attachment:  
Official Record Copy of  
Voided Action

FOR LFMB USE ONLY

- ☐ Refund Authorized and processed  
☒ No Refund Due  
☐ Fee Exempt or Fee Not Required

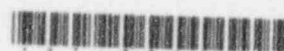
Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Log completed ☒

Processed by: AC 4/9/97

110093

9704140066 970326  
PDR ADOCK 03009021  
C PDR



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SD

(FOR LFMS USE)  
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM  
and  
Regional Licensing Sections

Program Code: 02120  
Status Code: 0  
Fee Category: 7C 2B  
Exp. Date: 20040228  
Fee Comments: CODE 23  
Decom Fin Assur Req'd: N  
.....

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: COMM. HOSP. SPRINGFIELD & CLRK CNTY  
Received Date: 970310  
Docket No: 3009021  
Control No.: 302403  
License No.: 34-15389-01  
Action Type: Amendment

*Returned  
4/1/97  
for Voiding*

2. FEE ATTACHED

Amount: \_\_\_\_\_  
Check No.: Ø

3. COMMENTS

Signed S. Hersey  
Date 3-14-97

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

1. Fee Category and Amount. (7C) 2B

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

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

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

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

|                  |                 |
|------------------|-----------------|
| Log              | <u>Mar 5 70</u> |
| Remitter         | _____           |
| Check No.        | _____           |
| Amount           | _____           |
| Fee Category     | <u>(7C) 2B</u>  |
| Type of Fee      | <u>AmD</u>      |
| Date Check Rec'd | _____           |
| Date Completed   | _____           |
| By:              | _____           |



THE  
COMMUNITY  
HOSPITAL

THE HEART CENTER

2615 East High Street, Springfield, Ohio 45501  
Phone: 513-328-9349, Fax: 513-328-9620

March 4, 1997

Nuclear Materials License  
NRC Region III  
801 Warrenville Road  
Lisle, Illinois 60532-4351

**Subject:** Akber Mohammed, M.D., F.A.C.C.  
Clinical Preceptorship for  
Nuclear Cardiology

To Whom It May Concern:

This is to certify that Akber Mohammed, M.D., F.A.C.C., a cardiologist in Clark and Champaign counties of Ohio has been working at our institution since July of 1994. He has been an active participant in our nuclear cardiology program since the time he joined our cardiology section at Community Hospital, as well as Mercy Medical Center, Springfield, Ohio, Mercy Memorial Hospital, Urbana, Ohio and at Cardiologists of Clark and Champaign Counties, Inc. in Springfield where I have been an authorized user of radioisotopes for cardiac diagnostic procedures.

Dr. Mohammed has been involved in most of the studies done at all these sites and, on an average, just the Community Hospital laboratory does approximately 1200 stress thallium/function procedures and resting thallium/function procedures a year, 150 PYP/RBC multi-gated acquisition stress procedures and 25 to 50 PYP/RBC multi-gated acquisition rest procedures with the calculation of ejection fraction and wall motion evaluation calculations. A similar number is also done at the Heart House, 1911 E. High Street, Springfield, Ohio.

Because of the nature of his busy consultative cardiology practice, he has been involved in patient screening and optimal utilization of various nuclear cardiology procedures among his patients for diagnostic and screening purposes.

Being the sole interventional cardiologist of the group, nuclear cardiology procedures have a direct relationship to his interventional work, both before and after interventions. As a result, he is not only involved in just diagnostic cardiac catheterizations, but also extensively in interventional cardiology, like angioplasty, atherectomy and stent placements.

RECEIVED

MAR 10 1997

REGION III

*PM: 3-7-97*

*302403*

Page 2.

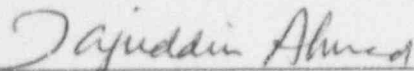
Subject: Akber Mohammed, M.D.

Dr. Mohammed has shown tremendous interest, not only in interpreting and performing the nuclear cardiology tests mentioned, but also other aspects of the nuclear laboratory, including radiation safety, proper handling of the nuclear radiopharmaceuticals, the operation of the nuclear lab, and quality control of the various equipment used in the nuclear lab. I have also seen him on multiple occasions reviewing the record keeping of daily quality control of the equipment and the laboratory.

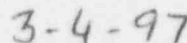
Dr. Mohammed also performs approximately 250 cardiac catheterizations a year, 150 interventional procedures, like angioplasty, atherectomy and stent placements. Both I and the cardiac cath personnel have been impressed with his knowledge of ALARA principles and the radiation safety techniques he uses in the catheterization laboratory on a daily basis.

In summary, the total number of hours of clinical experience in nuclear cardiology by Dr. Mohammed during this period has far exceeded 1,000 hours required by the NRC regulations. I strongly recommend his name be amended to all four facilities where we practice.

If you have any questions, please do not hesitate to contact me.



Tajuddin Ahmed, M.D., F.A.C.C.  
Chairman, Section of Cardiology  
Facility License No. 34-15389-01  
Clinical Associate Professor of Medicine  
Wright State University School of Medicine  
Dayton, Ohio



Date Signed



Page 3.

**Facilities:**

Community Hospital  
2615 E. High Street  
Springfield, Ohio 45505

NRC License No. 34-15389-01

Mercy Medical Center  
1343 Fountain Blvd.  
Springfield, Ohio 45504

NRC License No. 34-16581-01

Mercy Memorial Hospital  
904 Scioto Street  
Urbana, Ohio 43078

NRC License No. 34-16581-01

Cardiologists of Clark & Champaign Counties, Inc.  
1911 E. High Street  
Springfield, Ohio 45505

NRC License No. 34-26611-01

**EXHIBIT 3  
SUPPLEMENT B**

| SUPPLEMENT  |                                      | U. S. NUCLEAR REGULATORY COMMISSION  |   |
|---|--------------------------------------|--|---|
| PRECEPTOR STATEMENT   |                                      |  |   |
| Supplement B must be completed by the applicant physician's preceptor. If more than one preceptor is necessary to document experience, submit a separate statement from each.   |                                      |  |   |
| <b>1. PROPOSED PHYSICIAN USER'S NAME AND ADDRESS</b><br><div style="border: 1px solid black; padding: 2px;"> <b>FULL NAME</b><br/> Akber Mohammed, MD, FACC </div> <div style="border: 1px solid black; padding: 2px;"> <b>STREET ADDRESS</b><br/> 1911 E. High St.<br/> City: Springfield   State: Ohio   ZIP Code: 45505 </div> |                                      | <b>KEY TO COLUMN C</b><br><b>PERSONAL PARTICIPATION SHOULD CONSIST OF:</b><br>1-Supervised examination of patients to determine the suitability for radiologic diagnosis and/or treatment and recommendation for prescribed drugs.<br>2-Collaboration in dose calibration and actual administration of dose to the patient including calculation of the radiation dose, related measurements and plotting of data.<br>3-Adequate period of training to enable physician to manage radioactive patients and follow patients through diagnosis and/or course of treatment. |   |
| <b>2. CLINICAL TRAINING AND EXPERIENCE OF ABOVE NAMED PHYSICIAN</b>   |                                      |  |   |
| ISOFOPE<br>A  | CONDITIONS DIAGNOSED OR TREATED<br>B | NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION<br>C  | COMMENTS<br>(Additional information or comments to be submitted in duplicate on separate sheet.)<br>D |
|   | Thyroid scan                         |  | Please refer to control number 398479 for this amendment  |
|   | Thyroid uptake                       |  |   |
|   | Lung perfusion scan                  |  |   |
|   | Xenon ventilation study              |  |   |
|   | Aerosol ventilation scan             |  |   |
|   | Renal flow scan                      |  |   |
|   | Brain scan                           |  |   |
|   | Liver/spleen scan                    |  |   |
|   | Bone scan                            |  |   |
|   | Gastroesophageal study               |  |   |
|   | Levee shunt study                    |  |   |
|   | Cystogram                            |  |   |
|   | Deccrocystogram                      |  |   |
|   | Cardiac perfusion scan.              | 600  |   |
|   | Cardiac stress ventriculogram        | 200  |   |
| Cardiac rest ventriculogram   | 200                                  |  |   |
| Gallium scan  |                                      |  |   |
|   |                                      |  |   |
|   |                                      |  |   |
|   |                                      |  |   |
|   |                                      |  |   |
|   |                                      |  |   |
|   |                                      |  |   |

EXH-6

MAR 10 1997

## EXHIBIT 3 (Continued)

| PROPOSED PHYSICIAN USER<br>Akber Mohammed, MD, FACC                                      |  |  |  |
|--|--|--|--|
| PRECEPTOR STATEMENT (Continued)  |  |  |  |
| B. CLINICAL TRAINING AND EXPERIENCE OF ABOVE NAMED PHYSICIAN (Continued)                 |  |  |  |
| ISOTOPE<br>A   | CONDITIONS DIAGNOSED OR TREATED<br>B                             | NUMBER OF<br>CASES INVOLVING<br>PERSONAL<br>PARTICIPATION<br>C | COMMENTS<br>(Additional information or comments may be<br>submitted in duplicate on separate sheets.)<br>D |
| P-32<br>(Sodium)   | TREATMENT OF POLYCYTHEMIA VERA,<br>LEUKEMIA, AND BONE METASTASES |  |  |
| P-32<br>(Colloid)  | INTRACAVITARY TREATMENT  |  |  |
| I-131  | TREATMENT OF THYROID CARCINOMA                                   |  |  |
|  | TREATMENT OF HYPERTHYROIDISM                                     |  |  |
| Au-198   | INTRACAVITARY TREATMENT  |  |  |
| Co-60<br>or<br>Co-137  | INTERSTITIAL TREATMENT   |  |  |
|  | INTRACAVITARY TREATMENT  |  |  |
| I-125<br>or<br>Ir-192<br>Co-60<br>or<br>Co-137   | INTERSTITIAL TREATMENT   |  |  |
|  | TELETHERAPY TREATMENT  |  |  |
| Sr-90  | TREATMENT OF EYE DISEASE   |  |  |
|  | RADIOPHARMACEUTICAL PREPARATION                                  |  |  |
| Mo-99/<br>Tc-99m   | GENERATOR  |  |  |
| Sr-113/<br>In-113m   | GENERATOR  |  |  |
| Tc-99m   | REAGENT KITS   |  |  |
| Other:   |  |  |  |
| 3. DATES AND TOTAL NUMBER OF HOURS RECEIVED IN CLINICAL RADIOISOTOPE TRAINING            |  |  |  |
| LOCATION   |  | DATES  | CLOCK HOURS OF EXPERIENCE  |
| Please refer to 4E   |  |  |  |
| 4. THE TRAINING AND EXPERIENCE INDICATED ABOVE<br>WAS OBTAINED UNDER THE SUPERVISION OF: |  | 5. PRECEPTOR'S SIGNATURE                                       |  |
| a. NAME OF SUPERVISOR<br>Tajuddin Ahmed, MD, FACC, RSO                                   |  | Tajuddin Ahmed   |  |
| b. NAME OF INSTITUTION<br>Cardiologists of<br>Clark & Champaign Counties, Inc.           |  |  |  |
| c. MAILING ADDRESS<br>1911 E. High St.   |  | 7. PRECEPTOR'S NAME (Please type or print)                     |  |
| d. CITY<br>Springfield Ohio 45505  |  | Tajuddin Ahmed, MD, FACC, RSO                                  |  |
| e. MATERIAL LICENSE NUMBER(S)<br>3426611-01  |  | 8. DATE<br>March 4, 1997                                       |  |



# American Society of Nuclear Cardiology

9111 Old Georgetown Road Bethesda, Maryland 20814-1699  
(301) 493-2360 FAX (301) 493-2376

January 2, 1997

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Akber Mohammed, M.D.  
Cardiologists of Clark & Champaign Counties  
1911 E. High St.  
Springfield, OH 45505

Dear Dr. Mohammed:

On behalf of the American Society of Nuclear Cardiology, I offer congratulations on completing the necessary 200 hours of laboratory and course work required for licensing by the Nuclear Regulatory Commission. Enclosed please find a certificate testifying that you have completed the course sponsored by the American Society of Nuclear Cardiology.

Best wishes on your future endeavors.

Sincerely,

Dawn Edgerton  
Associate Executive Director

**EXECUTIVE DIRECTOR**  
WILLIAM D. NELLIGAN, C.A.E.

**ASSOCIATE EXECUTIVE DIRECTOR**  
DAWN M. EDGERTON





American Society of Nuclear Cardiology

NUCLEAR CARDIOLOGY EDUCATION PROGRAM

# Certificate of Completion

In recognition of having completed 200 hours of Category I CME credit through lecture and laboratory training in Basic Radioisotope Handling Techniques and in the technical aspects of Nuclear Medicine imaging procedures, this certificate is hereby awarded to:

**Akber Mohammed, M.D.**

## Course Content

### Hours

100 Radiation Physics and  
Instrumentation  
30 Radiation Protection

### Hours

20 Mathematics pertaining to Radioactivity  
20 Radiation Biology, and  
30 Radiopharmaceutical Chemistry

This program was conducted under the supervision of the American Society of Nuclear Cardiology, Bethesda, MD and in the clinical Nuclear Medicine Department at Georgetown University Medical Center from September 26, 1996 to December 16, 1996 and has been completed to the satisfaction of the curriculum faculty.

**Kenneth A. Brown, M.D.**  
Program Director

  
**I. George Zubal, Ph.D.**  
Program Coordinator



Tajuddin Ahmed, M.D., FAC  
Mohammed S. Khan, M.D., FACC  
Sagar Satyavolu, M.D., FACC  
Akber Mohammed, M.D.

# Cardiologists

Of Clark & Champaign Counties, Inc.

## CURRICULUM VITAE

**NAME:** Akber Mohammed, MD FACC

**ADDRESS:** OFFICE: 1911 East High Street  
Springfield, Ohio 45505

HOME: [REDACTED]

**TELEPHONE:** OFFICE: [REDACTED]  
HOME: [REDACTED]  
BEEPER: [REDACTED]

**CURRENT STATUS:** Cardiology private group practice at  
Cardiologists of Clark & Champaign Counties,  
Inc.

## EDUCATION:

1975-1980 MBBS (Bachelor of Medicine, Bachelor of Surgery)  
Institute of Medical Sciences, Osmania Medical  
College, Osmania University, Hyderabad, India

**CITIZENSHIP:** U.S.A.

## POST-DOCTORAL TRAINING:

### Internships and Residencies:

1981-1982 Rotating Internship, Osmania General and  
Affiliated Hospitals, Hyderabad, India.

1982-1983 Senior House Physician in Internal  
Medicine/Cardiology, Osmania General Hospital,  
Hyderabad, India.

1986 Externship in Internal Medicine, Grace Hospital,  
Wayne State University, Detroit, MI.

1987-1988 Internship in Internal Medicine, Worcester City  
Hospital/University of Massachusetts Medical  
Center, Worcester, MA.

1988-1990 Residency in Internal Medicine, Worcester City  
Hospital, Affiliate of University of  
Massachusetts Medical Center, Worcester, MA.

### Fellowships:

1990-1992 Fellowship in Cardiology, Brigham & Women's  
Hospital at Brockton/West Roxbury Veterans  
Affairs Medical Center, Harvard University, West  
Roxbury, MA.

1991-1993 Interventional Cardiology Fellowship, Strong  
Memorial Hospital, University of Rochester,  
Rochester, NY.

1993-1994 Assistant Attending Physician (without admitting  
privileges)-Interventional Cardiology, Strong  
Memorial Hospital, University of Rochester,  
Rochester, NY.

**AKBER MOHAMMED, MD**

**Curriculum Vitae**

**Page 2**

**LICENSURE AND CERTIFICATION:**

|      |  |
|------|--|
| 1981 | Licensed to practice Medicine in India by Hyderabad State Medical Council, India |
| 1982 | ECFMG-Certification  |
| 1986 | FMGEMS-Certification   |
| 1986 | FLEX-Certification   |
| 1989 | Massachusetts License  |
| 1992 | New York License   |
| 1994 | Ohio License   |
| 1996 | Board Certified (Cardiovascular Diseases) American Board of Internal Medicine    |
| 1996 | Elected a Fellow in the American College of Cardiology                           |

**AWARDS AND HONORS:**

|           |   |
|-----------|---|
| 1972-1973 | Editor College Magazine, <b>Anwar</b> , at Pre-Medical School, Anwar-ul-Uloom College, Hyderabad, India.                              |
| 1975-1976 | First Class with Distinction, 1st MBBS, Institute of Medical Sciences, Osmania Medical College, Osmania University, Hyderabad, India. |
| 1978-1979 | Editor College Magazine, <b>Pulsus Osmeco</b> , Osmania Medical College, Hyderabad, India.  |
| 1979-1980 | President, Rotaract Club of Hyderabad, Rotary International, District 315.  |

**PROFESSIONAL EXPERIENCE:**

|           |   |
|-----------|---|
| 1982-1983 | Senior House Physician, Internal Medicine/Cardiology, Osmania General Hospital, Hyderabad, India. |
| 1983-1985 | Physician, Emergency Medical Services and Inpatient Care at Darab Hospital, Iran.                 |

**PROFESSIONAL SOCIETIES:**

|      |   |
|------|---|
| 1988 | Worcester District Medical Society                    |
| 1988 | Massachusetts Medical Society                         |
| 1988 | American Medical Association                          |
| 1988 | American College of Physicians                        |
| 1990 | Affiliate in Training, American College of Cardiology |

AKBER MOHAMMED, MD

Curriculum Vitae

Page 3

RESEARCH EXPERIENCE:

- 1987 St. Vincent Hospital, Worcester, MA.  
"Ventricular ectopy in exercising testing and determination of site of ischemia in patients who do not show diagnostic ST-T changes, but have a positive thallium test" with Spodick DH, MD.
- 1988 Worcester City Hospital, Worcester, MA.  
"Utilization of thrombolysis (rt-PA) at a community hospital" with Theodosiou G, MD.

ABSTRACTS SUBMITTED FOR CONSIDERATION OF PUBLICATION:

1. Mohammed A, Knowlton AA, Falk RH: Time course of heart rate slowing during digitalization of atrial fibrillation. Abstract submitted for consideration of publication for American College of Cardiology Meetings, March, 1990.
2. Leavitt L, Mohammed A, Coats M, Barber T, Weigers S, Falk RH: Doppler assessment of tricuspid regurgitation in staphylococcal endocarditis. Abstract submitted for consideration of publication for American College of Cardiology Meetings, March, 1990.
3. Leavitt, L, Eisenberg E, Lee J, Mohammed A, Bernard S, Falk RH: Infective endocarditis in intravenous drug abusers-a Doppler echocardiographic study. Abstract submitted for consideration for American Heart Associated Meetings, November, 1990.

PUBLICATION:

Abstract:

1. Signal-Averaged Electrocardiogram in Primary Amyloidosis. Bilazarian S, Mohammed A, Coats MH, Falk RH. Boston City Hospital, Boston, MA. Jour Am Coll Cardiol, 19: suppl A-324A, 1992.



Please notify the board in writing, of any change in your address.

Please refer to your license number on all correspondence with the board.

Ohio law requires that every physician's wall certificate be displayed in the physician's office where a major portion of such physician's practice is conducted.

AKBER MOHAMMED, MD  
1911 E HIGH ST  
SPRINGFIELD OH 45505

## STATE MEDICAL BOARD OF OHIO

77 S. High St., Columbus, Ohio 43266-0315

EXPIRES : 09/30/98

LICENSE NUMBER

35-06-6712

1  
9  
9  
6



**Celebrating**  
**100 Years**  
**1896-1996**

1  
9  
9  
8

AKBER MOHAMMED, MD

is duly registered and entitled to practice in The State of Ohio  
until the expiration date.

AUDIT # : 707985

1 The Insured shall notify the Company, at its General Offices, Fort Wayne, Indiana, or its agent, as soon as possible, of any threatened claim, with full information relative to the services rendered; and in event such claim is filed in court shall immediately forward any and all summons or process served together with the original or a copy of any and all other papers relating to said claim.

2 The Insured shall not (a) make any bold harmless agreements or contract any expense nor voluntarily assume any liability in any situation nor (b) make or contract any settlement of a claim hereunder, except at his own cost and responsibility, without the written authorization of the Company. The Insured shall at all times fully cooperate with the Company in any claim hereunder and shall attend and assist in the preparation and trial of any such claim.

3 The Insured shall be authorized to practice his profession under the laws of the State or States in which he practices.

4 Other insurance—The insurance afforded by this policy is primary insurance, except when stated to apply in excess of or contingent upon the absence of other insurance. When this insurance is primary and the insured has other insurance which is stated to be applicable to the loss on an excess or contingent basis, the amount of the company's liability under this policy shall not be reduced by the existence of such other insurance.

When both this insurance and other insurance apply to the loss on the same basis, whether primary, excess or contingent, the Company shall not be liable under this policy for a greater proportion of such loss than the applicable limit of liability under this policy for such loss bears to the total applicable limit of liability of all valid and collectible insurance against such loss.

5 No action shall be maintained against the Company to recover a loss covered by this policy unless brought after the amount of such loss shall have been fixed either by a final judgment against the Insured by the court of last resort after trial of the issue or by agreement between the parties with the written consent of the Company and unless brought within two years and one day after such judgment or written agreement, except that, if such period is in conflict with the statutes of the state wherein this policy is issued, it is hereby amended to conform with such statutes. Any person or his legal representative who has secured such judgment or written agreement shall thereafter be entitled to recover under the terms of this policy in the same manner and to the same extent as the Insured. Nothing contained in this policy shall give any person or organization any right to join the Company as a co-defendant in any action against the Insured to determine the Insured's liability. Bankruptcy or insolvency of the Insured shall not relieve the Company of any of its obligations hereunder.

6 The interest of the Insured under this policy shall not be assignable to any other person.

7 This policy may be cancelled by the Insured by mailing to the Company or any of its authorized representatives, written notice, stating when thereafter the cancellation shall be effective. This policy may be cancelled by the Company by mailing, postage prepaid, to the Insured at the last address on record with the Company written notice stating when, not less than 30 days thereafter such cancellation shall be effective. If the Insured cancels, earned premium shall be computed in accordance with the standard short rate tables and procedure. If the Company cancels, earned premium shall be computed pro rata. Premium adjustments shall be made within a reasonable period of time after cancellation, but payment of or tender of such unearned premium shall not be a condition of cancellation.

8 By acceptance of this policy the Insured agrees that this policy embodies all agreements existing between himself and the Company or any of its agents relating to this insurance.

9 The following space is intended for waivers, exceptions and endorsements. If any, they shall become part of this policy.

125

Insured's Profession:

MEDICINE

The Insured:

|                |        |  |
|----------------|--------|--|
| Policy No.     | 607253 | AKBER MOHAMMED MD                        |
| The Premium \$ | 16152  | % CARDIOLOGISTS OF CLARK & CHAMPAIGN CTY |
| TOTAL          | 16152  | 1911 E HIGH ST                           |
|                |        | SPRINGFIELD OH 45505-1227                |

One Occurrence \$ 1,000,000

Annual Aggregate \$ 3,000,000

The term of this policy shall begin and end at 12:01 a.m., standard time, at the place where the insured resides

|    |     |      |    |     |      |
|----|-----|------|----|-----|------|
| MO | DAY | YEAR | MO | DAY | YEAR |
|----|-----|------|----|-----|------|

and be from 07 01 96 to 07 01 97

In Witness Whereof, The Medical Protective Company has caused this policy to be signed by its President and its Secretary and countersigned by its duly authorized representative.

*William J. Nattermann Jr.*

COUNTERSIGNED

T-6-86

*David E. Randall*

PRESIDENT

*Timothy R. Ding*

SECRETARY

IN THE EVENT OF CLAIM, THREATENED OR FILED,

IMMEDIATELY NOTIFY THE MEDICAL PROTECTIVE COMPANY, FORT WAYNE, INDIANA

FOR SERVICE CALL:

BILL NATTERMANN, JR.

PROFESSIONAL LIABILITY POLICY  
Continuous service to the profession since 1899

@ 513-684-9967

RN

CONTROLLED SUBSTANCES REGISTRATION CERTIFICATE  
UNITED STATES DEPARTMENT OF JUSTICE  
DRUG ENFORCEMENT ADMINISTRATION  
WASHINGTON, D.C. 20537

Controlled Substances Act of 1970 reads in part as follows:  
304. (a) A registration pursuant to section 303 to manufacture, distribute, or  
dispense a controlled substance may be suspended or revoked by the Attorney General  
on a finding that the registrant:

- (1) has materially falsified any application filed pursuant to or required by  
this title or title II;
- (2) has been convicted of a felony under this title or title II, or any other  
law of the United States, or of any State, relating to any substance  
defined in this title as a controlled substance; or
- (3) has had his State license or registration suspended, revoked, or  
denied by competent State authority and is no longer authorized by State  
law to engage in the manufacturing, distribution, or dispensing of  
controlled substances.

DEA REGISTRATION  
NUMBER

THIS REGISTRATION  
EXPIRES

FEE  
PAID

BM1921988

01-31-98

\$210.00

SCHEDULES

BUSINESS ACTIVITY

DATE ISSUED

2, 2N, 3, 3N, 4, 5 PRACTITIONER

02-28-95

MOHAMMED, AKBER MD  
1911 E HIGH ST  
SPRINGFIELD, OH

45505

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, BUSINESS ACTIVITY, OR VALID  
AFTER THE EXPIRATION DATE.



Tajuddin Ahmed, M.D., FA  
Mohammed S. Khan, M.D., FACC  
Sagar Satyavolu, M.D., FACC  
Akber Mohammed, M.D.

# Cardiologists

Of Clark & Champaign Counties, Inc.

DR AKBER MOHAMMED  
CONTINUING MEDICAL EDUCATION

|                |   | <u>Category</u> |           |
|----------------|---|-----------------|-----------|
|                |   | <u>I</u>        | <u>II</u> |
| 1993           | Presbyterian Medical Center of Philadelphia<br>1993 Cardiology Board Review Course                                | 39              |           |
| 9/10/94        | The Christ Hospital<br>Directions in Cardiology, The Current<br>State of the Heart '94                            | 6.5             |           |
| 1994           | Community Hospital  | 4               | 4         |
| 2/22/95        | Washington Hospital Center<br>Perfusion Angioplasty Symposium<br>Transcatheter Cardiovascular Therapeutics 1995   | 2.25            |           |
| 2/22-2/26/95   | Washington Hospital Center<br>Transcatheter Cardiovascular Therapeutics 1995                                      | 29.5            |           |
| 3/19-3/22/95   | American College of Cardiology<br>44th Annual Scientific Session<br>New Orleans, LA                               | 30.5            |           |
| 9/6-9/10/95    | American College of Cardiology<br>Update in Cardiology: Cardiovascular Board<br>of Review<br>Indianapolis Indiana | 39.5            |           |
| 10/7/95        | Wright State University School of Medicine<br>New Dimensions in Cardiology  | 6.25            |           |
| 10/20-10/21/95 | Ohio State University Medical Center<br>Cardiology Update - 1995  | 6.25            |           |
| 1994           | Mercy Medical Center<br>Springfield Ohio<br>Lectures  | 2.00            |           |
| 1995           | Mercy Medical Center<br>Springfield Ohio<br>Lectures  | 17.00           | 7.00      |





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PAGE 2

Category

I II

|              |   |       |
|--------------|---|-------|
| 1/18-1/19/96 | Mercy Hospital Heart and Vascular Institute<br>Muskegon Michigan<br>A Tutorial: The Endovascular Approach fo<br>Peripheral Vascular Disease | 16.00 |
| 2/29-3/2/96  | Washington Hospital Center<br>Transcatheter Cardiovascular Therapeutics<br>Symposium  | 29.5  |
| 5/1-5/3/96   | Medical Media Communications<br>New Orleans, La<br>Peripheral Angioplasty and All the Jass '96  | 21.50 |
| 5/18/96      | The Christ Hospital<br>Cardiovascular Medicine at the Crossroads  | 3.50  |
| 7/8/96       | Peer Review Systems, Inc.<br>The Management of AMI: CCP Feedback<br>Presentation  | 1.0   |

DATE: 3-10-97

CORRESPONDENCE CLARIFICATION SHEET

REVIEWER: ~~BJ HOLT~~ NULL  
LICENSEE: Comm. Hosp.  
LICENSE NUMBER: 34-15389-01

The following correspondence has been received from the above licensee and it is not clear what action(s) is(are) required: Please review this correspondence and indicate which of the following applies, and please return to Debbie Hersey, as soon as possible.

☐ Additional Information to Control No. \_\_\_\_\_.  
Process in as a new action, additional information, and no fee required.

☐ Process as new licensing action. Review has already been started on Control No. \_\_\_\_\_ and this information cannot be combined with current in-house action.

☐ Can be combined with Control No. \_\_\_\_\_. Review has not started.

☐ Appears to be information for the license file - file it.

☐ Licensee is adding Nuclear Pharmacists.

☐ Amendment is necessary \_\_\_\_\_. Amendment is not necessary \_\_\_\_\_.  
(Information for license file)

☐ Licensee is adding authorized users.

☒ A check is included \_\_\_\_\_. No check is included \_\_\_\_\_.  
Amendment is necessary ☒. Amendment is not necessary \_\_\_\_\_.  
(This is a Notification)

☐ Process in as a new licensing action:

- A. Amendment \_\_\_\_\_  
B. Renewal \_\_\_\_\_  
C. New License Application \_\_\_\_\_

☐ Other: \_\_\_\_\_

Thank You For Your Help!!!

10/16/96

LICENSE FEE REQUIREMENTS

LICENSE FEE AND DEBT COLLECTION BRANCH  
DIVISION OF ACCOUNTING AND FINANCE  
OFFICE OF THE CONTROLLER  
U.S. NUCLEAR REGULATORY COMMISSION  
WASHINGTON, DC 20555-0001

COMMUNITY HOSPITAL  
ATTN: TAJUDDIN AHMED, M.D., F.A.C.C.  
CHAIRMAN, CARDIOLOGY SECTION  
2615 EAST HIGH STREET  
SPRINGFIELD, OH 45501

TYPE OF ACTION

- ☐ NEW LICENSE  
☐ RENEWAL OF LICENSE  
☒ AMENDMENT TO LICENSE

REQUESTED DATE

3-4-97

LICENSE NUMBER

34-15389-01

CONTROL NUMBER

302403

I. APPLICATION FEE DUE

Your request for a licensing action is subject to the fee(s) in the category(ies) noted below in accordance with Section 170.31 of the enclosed Federal Register notice. Payment of the fee is required prior to the issuance of the license, renewal, or amendment.

| FEE CATEGORY | APPLICATION | RENEWAL | AMENDMENT |
|--------------|-------------|---------|-----------|
| 7C           | \$          | \$      | \$ 440.00 |
|              | \$          | \$      | \$        |
|              | \$          | \$      | \$        |
|              | \$          | \$      | \$        |
|              | \$          | \$      | \$        |
|              | \$          | \$      | \$        |
|              | \$          | \$      | \$        |
|              | \$          | \$      | \$        |
|              | \$          | \$      | \$        |
|              | \$          | \$      | \$        |

FEE(s) DUE \$ 440.00  
PAYMENT RECEIVED \$ 0.00  
AMOUNT DUE \$ 440.00

☒ Your request was received without the prescribed application fee.

☐ We received your Check No. \_\_\_\_\_ in the amount of \$ \_\_\_\_\_. Payment of the additional fee noted above is required.

☐ Your request will increase the scope of your license program. Therefore, your request is subject to the application fee(s) noted above. Refer to Section 170.31 and Footnote 1(d)(2).

☐ Your license expired prior to the receipt of your application for renewal. Therefore, your request is subject to the application fee(s) noted above. Refer to Section 170.31 and Footnote 1(a).

MAKE PAYMENT OF THE FEE(S) TO THE U.S. NUCLEAR REGULATORY COMMISSION AND MAIL THE PAYMENT TO THE ADDRESS LISTED AT THE TOP OF THIS FORM. IF WE DO NOT RECEIVE A REPLY FROM YOU WITHIN 30 CALENDAR DAYS FROM THE DATE LISTED BELOW, WE SHALL ASSUME THAT YOU DO NOT WISH TO PURSUE YOUR APPLICATION AND WILL VOID THIS ACTION.

SIGNATURE -- LICENSE FEE ANALYST

LFDCB

LFDCB

SHIRLEY CRUTCHFIELD

3/18/97

II. FEE NOT REQUIRED

☐ Enclosed is Check No. \_\_\_\_\_ which accompanied your request. The fee is not required because:

☐ We received your Check No. \_\_\_\_\_ in payment of the fee.

☐ The Licensing staff has informed us that your request is to be considered as a continuation of your request dated \_\_\_\_\_, Control No. \_\_\_\_\_.

☐ Your request was combined, prior to review, with your \_\_\_\_\_ request, Control No. \_\_\_\_\_.

III. CHECK RETURNED

☐ Enclosed is Check No. \_\_\_\_\_ which was returned to us by the bank for:

☐ INSUFFICIENT FUNDS

☐ ACCOUNT CLOSED

☐ OTHER

MAIL THE REPLACEMENT CHECK TO THE ADDRESS LISTED AT THE TOP OF THIS FORM AND REFERENCE THE ABOVE CONTROL NUMBER.

IV. LICENSE ISSUED WITHOUT THE REQUIRED FEE

☐ License No. \_\_\_\_\_, Amendment No. \_\_\_\_\_, issued on \_\_\_\_\_ was issued without the required fee being collected. The fee required is noted in Section I of this form.

☐ The scope of your licensed program was increased. Therefore, your request is subject to the application fee(s) noted in Section I of this form. Refer to Section 170.31 and Footnote 1(d)(2).

☐ Because of the urgency of your request, the license was issued without remittance of the prescribed fee noted in Section I of this form.

Distribution:

Pending Fee File

LFARB R/F (2)

OC/DAF/RF  
OC/DAF/SF(LF-3.2.7)  
Region 3

DATE

Mar 18, 1997

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**CONVERSATION RECORD**

|TIME

|DATE

Morning 26 March 1997

☐ VISIT☐ CONFERENCE

TELEPHONE

INCOMING

☒ OUTGOINGNAME OF PERSON(S) CONTACTED  
TELEPHONE NO.

ORGANIZATION (OFFICE, DEPT. ETC.)

Rodney Beninghaus, Administrator, Cardiologists of Clark & Champaign(CCC)  
(513)323-1404

SUBJECT

Clarification of information

SUMMARY

CCC wanted to add a cardiologist to 4 medical facilities, however, the individual who applied for the amendment was not part to the medical facilities management.

I informed Bennighaus that if CCC wanted the cardiologist added to their license they needed to submit documentation that showed CCC's management concurred with the request, also we needed all the information required by 10 CFR 35.920 (a copy faxed to CCC). I also informed Bennighaus that we could not add the cardiologist to the other 3 medical facilities because the managements of the hospitals needed to request the amendment.

Bennighaus can submit his request under Control 398479 as explained by Mullauer.


ACTION REQUIRED

Phone call.

NAME OF PERSON DOCUMENTING CONVERSATION  
DATE

Bill Reichhold

SIGNATURE



| 26 March 1997





UNITED STATES  
NUCLEAR REGULATORY COMMISSION

REGION III  
801 WARRENVILLE ROAD  
LISLE, ILLINOIS 60532-4351

March 14, 1997

Salvador B. Trinidad, M.D.  
Radiation Safety Officer  
Community Hospital of Springfield &  
Clark County  
2615 East High Street  
Springfield, OH 45501

SUBJECT: ACKNOWLEDGEMENT OF CORRESPONDENCE  
(Letter Dated 03/04/97)

Dear Licensee:

In response to your request, we have completed the initial processing, which is an administrative review of your application for a(n):

☐ New License      ☒ Amendment      ☐ Renewal

Administrative deficiencies were identified during this initial review as outlined below. However, it should be noted that a technical review may identify additional omissions in the submitted information.

It appears that your request is routine (see 1-3 below as applicable).

Incomplete information is as follows: In order for us to complete your amendment request the required fee is necessary. Please contact our License Fee & Debt Collection Branch, as referenced below, to obtain the correct fee amount.

1. New and amendment actions are normally processed within 90 days, unless we find major deficiencies, or policy issues requiring central program office assistance.
2. Renewal actions are normally processed within 180 days, however under timely filing (before expiration) you may continue to operate under your existing license.
3. Termination actions are normally processed within 90 days, unless confirmatory surveys following decontamination/decommissioning activities are involved.

A copy of your correspondence has been forwarded to our Licensing Fee and Debt Collection Branch (301/415-6097) for approval of the fee category and amount, if required.

If you have a compelling safety or business-related reason for requesting expedited review, please contact the Materials Licensing Branch at (630) 829-9887. We will try to complete your request as soon as practicable. Any correspondence about this request should reference the control number.

Nuclear Materials Support Branch

Mail Control No. 302403  
License No. 34-15389-01