



## Spectrum Health

September 14, 2004

UNITED STATES NUCLEAR REGULATORY COMMISSION  
Region III, Materials Licensing Section  
2443 Warrenville Road, Suite 210  
Lisle, IL 60532-4352

**Re: Amendment to License No. 21-00243-06, Spectrum Health.**

Please amend our license to add Joseph J. Junewick, M.D. and Steve L. Bezinque, M.D. as authorized users of 10 CFR 35.300. Both physicians are currently listed on our NRC license for 10 CFR 35.100 and 35.200. Copies of form 313A are enclosed for your review.

Thank you for your cooperation in this matter. If you have any questions, please contact our consulting physicist, Dawn Edwards at 734-662-3197.

Sincerely,

Jim Wilson  
Vice President Clinical Operations

**TRAINING AND EXPERIENCE AND PRECEPTOR STATEMENT**

**PART I – TRAINING AND EXPERIENCE**

**Note:** Descriptions of training and experience must contain sufficient detail to match the training and experience criteria in the applicable regulations.

1. Name of Individual, Proposed Authorization (e.g., Radiation Safety Officer), and Applicable Training Requirements (e.g., 10 CFR 35.50)

Steve L. Bezinque M.D.

2. For Physicians, Podiatrists, Dentists, Pharmacists – State or Territory Where Licensed

Michigan

**3. CERTIFICATION**

Specialty Board	Category	Month and Year Certified
Diagnostic Radiology-CAQ by the AOB	lifetime cert.	6-30-94

**Stop here when using 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			
Radiation Protection			
Mathematics Pertaining to the Use and Measurement of Radioactivity			
Radiation Biology			
Chemistry of Byproduct Material for Medical Use			
OTHER			

TRAINING AND EXPERIENCE AND PRECEPTOR STATEMENT (continued)

5a. WORK EXPERIENCE WITH RADIATION

Description of Experience	Name of Supervising Individual(s)	Location and Corresponding Materials License Number	Dates and Clock Hours of Experience

5b. SUPERVISED CLINICAL CASE EXPERIENCE

Radionuclide	Type of Use	No. of Cases Involving Personal Participation	Name of Supervising Individual	Location and Corresponding Materials License Number	Dates and Clock Hours of Experience
NaI-131	Hyperthyroid treatment	3	Jeffery A. Chesnut, M.D.	21-00243-06	4/04-7/04 1.5 hr
NaI-131	Thyroid Cancer treatment	3	Jeffery A. Chesnut, M.D.	21-00243-06	4/04-7/04 1.5 hr

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 Number	Dates	Name of Organization that Approved the Program (e.g., Accreditation Council for Graduate Medical Education) and the Applicable Regulation (e.g., 10 CFR 35.490)

7. RADIATION SAFETY OFFICER -- ONE-YEAR FULL-TIME WORK EXPERIENCE

- YES Completed 1-year of full-time radiation safety experience (in areas identified in item 5a) under supervision of \_\_\_\_\_ the RSO for License No. \_\_\_\_\_
- N/A

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

- YES Completed 1-year of full-time training in therapeutic radiological physics under the supervision of \_\_\_\_\_ who meets requirements for Authorized Medical Physicists; and
- N/A
- YES Completed 1-year of full-time work experience (for areas identified in item 5a) for \_\_\_\_\_ who meets requirements of Authorized Medical Physicists for \_\_\_\_\_ modality(ies) under the supervision of \_\_\_\_\_ who meets \_\_\_\_\_ modality(ies).
- N/A

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

Jeffery A. Chesnut, M.D.

B. Supervisor is:

Authorized User

Radiation Safety Officer

Authorized Medical Physicist

Authorized Nuclear Pharmacist

C. Supervisor meets requirements of Part 35, Section(s) 35.390

for medical uses in Part 35, Section(s) 35.300

D. Address

Spectrum Health  
100 Michigan Street, NE  
Grand Rapids, MI 49503

E. Materials License Number

21-00243-06

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 requirements in 10 CFR 35.590.

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  
 N/A 10 CFR 35.980 and is competent to independently operate a nuclear pharmacy.

YES 11a. The individual named in Item 1 has satisfactorily completed the requirements in Part 35, Section(s)  
 N/A and Paragraph(s) 35.390 (b).

YES 11b. The individual named in Item 1. is competent to independently function as an authorized  
 N/A user for 35.300 uses (or units).

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 35.390  
or equivalent Agreement State requirements to be a preceptor authorized user  
for the following uses (or units) of byproduct material: 35.300

A. Address

Spectrum Health  
100 Michigan Street, NE  
Grand Rapids, MI 49503

B. Materials License Number

21-00243-06

C. NAME OF PRECEPTOR (print clearly)

Jeffrey A. Chesnut

D. SIGNATURE - PRECEPTOR

Jeffrey A. Chesnut

E. DATE

9/14/04

**TRAINING AND EXPERIENCE AND PRECEPTOR STATEMENT**

**PART I – TRAINING AND EXPERIENCE**

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Joseph J. Junewick, M.D.

2. For Physicians, Podiatrists, Dentists, Pharmacists – State or Territory Where Licensed

Michigan

**3. CERTIFICATION**

Specialty Board	Category	Month and Year Certified
Diagnostic Radiology	lifetime certifi.	6/93
– CAQ Pediatric Radiology	10y renewable	11/95

**Stop here when using 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			
Radiation Protection			
Mathematics Pertaining to the Use and Measurement of Radioactivity			
Radiation Biology			
Chemistry of Byproduct Material for Medical Use			
OTHER			

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 N/A of \_\_\_\_\_ the RSO for License No. \_\_\_\_\_.

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YES Completed 1-year of full-time training in therapeutic radiological physics under the supervision of  
 N/A \_\_\_\_\_ who meets requirements for Authorized Medical Physicists; and

YES Completed 1-year of full-time work experience (for areas identified in item 5a) for \_\_\_\_\_  
 N/A modality(ies) under the supervision of \_\_\_\_\_ who meets requirements of Authorized Medical Physicists for \_\_\_\_\_ 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

Jeffery A. Chesnut, M.D. \_\_\_\_\_

B. Supervisor is:

Authorized User

Authorized Medical Physicist

Radiation Safety Officer

Authorized Nuclear Pharmacist

C. Supervisor meets requirements of Part 35, Section(s) 35.390 \_\_\_\_\_.

for medical uses in Part 35, Section(s) 35.300 \_\_\_\_\_.

D. Address

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Grand Rapids, MI 49503

E. Materials License Number

21-00243-06  
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Grand Rapids, MI 49503

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21-00243-06

C. NAME OF PRECEPTOR (print clearly)

Jeffrey A. Chesnut, DO

D. SIGNATURE - PRECEPTOR



E. DATE

8/14/04

**Butterworth**  
HEALTH SYSTEM

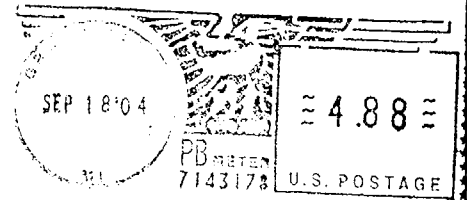
100 Michigan Street, N.E.  
Grand Rapids, MI 49503-2560

Nuclear Medicine  
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Lisle, IL 60532-4352