

NRC FORM 313A (10-2002)		U.S. NUCLEAR REGULATORY COMMISSION	
TRAINING AND EXPERIENCE AND PRECEPTOR STATEMENT (continued)			
PART II - PRECEPTOR STATEMENT			
<p>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.</p> <p>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.</p>			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> N/A	10.	The individual named in item 1 has satisfactorily completed the training requirements in 10 CFR 35.980 and is competent to independently operate a nuclear pharmacy.	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> N/A	11a.	The individual named in item 1 has satisfactorily completed the requirements in Part 35, Section(s) and Paragraph(s) <u>35.190(c) and 35.290(c)</u> .	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> N/A	11b.	The individual named in item 1, is competent to independently function as an authorized user for <u>35.100 and 35.200</u> uses (or units).	
12. PRECEPTOR APPROVAL AND CERTIFICATION			
<input type="checkbox"/> I certify the approval of item 10 and certify I am an Authorized Nuclear Pharmacist;			
OR			
<input type="checkbox"/> I certify the approval of items 11a and 11b, and certify I am an Authorized Nuclear Pharmacist;			
OR			
<input checked="" type="checkbox"/> I certify the approval of items 11a and 11b, and I certify that I meet the requirements of <u>10 CFR Part 35</u> or equivalent Agreement State requirements to be a preceptor authorized <u>User</u> for the following uses (or units) of byproduct material: <u>35.100 and 35.200</u>			
<p style="text-align: center;">x <u>David A. Graham</u> <u>2/15/05</u></p>			
A. Address <u>Wood: Comprehensive International Medicine Association</u>		B. Materials License Number	
<u>27550 Schoenherr</u>		<u>21-26747-01</u>	
<u>Suite 200</u>			
<u>Warren, Michigan</u>			
<u>48093</u>			
C. NAME OF PRECEPTOR (print clearly)		D. SIGNATURE - PRECEPTOR	E. DATE
<u>D. David Graham</u>		<u>David A. Graham</u>	<u>11/17/04</u>

630-829-9782

FAX TRANSMISSION COVER SHEET

from

Woods Cardiovascular Internal Medicine Associates, P.C.

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Date: 02/15/05

Time: 4:15 p.m.

Please deliver the following pages to:

Name: Toye Simmons

Company/Department: Nuclear Regulatory Commission (NRC)

From: Diane Kaluza

2 pages (including this cover sheet) have been faxed. If you have any questions, or did not receive the proper pages, please call as soon as possible.

Phone: (X) 586-776-4200 () 586-263-1077
Ext 3120

MEMO:

John M. Formolo/Part 11 Preceptor Statement Page 4

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