

**Andre K. Artis, MD,  
MBA, FACC**

**Director**

**Diplomate:** American Board of Internal Medicine, Cardiovascular Disease

**Fellow:** American College of Cardiology, American College of Physicians, Society for Cardiac Angiography and Interventions

**Member:** American Heart Association, American College of Physicians, Indiana State Medical Association

**Director:** Cardiac Catheterization Laboratory, Methodist Hospital, Northlake; Coronary Care Unit, Methodist Hospital, Northlake

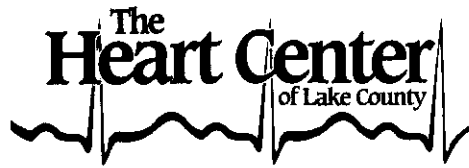
**Complete progressive care**

- Nuclear stress testing & imaging
- Electrocardiography (ECGs)
- Echocardiography
- Holter monitoring
- Coronary angioplasty
- Diagnostic cardiac catheterization
- Peripheral angioplasty
- State-of-the-art cardiac & pulmonary rehabilitation facility
- Congestive heart failure management & lifestyle modification
- Arrhythmia management
- Coronary & peripheral stent deployment
- Peripheral arterial Doppler testing
- Peripheral angiography
- Lifestyle & nutrition counseling
- Preventive cardiac care

**Conveniences patients need**

- Medicare accepted
- Most insurance accepted & filed
- Payment plans
- Lunchtime, evening & same-day appointments
- 24-hour emergency care

5800 Broadway  
Merrillville, IN 46410  
Fax: (219) 884-9280  
**(219) 884-9180**



Advanced cardiology care for everything your heart desires.

March 6, 2006

U. S. Nuclear Regulatory Commission  
Materials Licensing Section  
2443 Warrenville Road, Suite 210  
Lisle, IL 60532-4352

Dear Sir or Madam:

The Heart Center of Lake County, P.C. would like to amend its Byproduct Materials License, Number 13-32260-01, to list Charles-Luwanga Okoro, D.O. as its Radiation Safety Officer. Dr. Okoro is currently listed as an Authorized User on the Heart Center of Lake County NRC license. Enclosed is a copy of NRC Form 313A, signed by a precepting Radiation Safety Officer. Please note that the Heart Center of Lake County would like to retain Dr. Kuo as an Authorized User on its NRC license.

If there are any questions concerning this license amendment, please contact our nuclear medicine consultant, Mr. Patrick J. Byrne, D.A.B.R. at 877-317-5811.

Sincerely,

A handwritten signature in black ink, appearing to read "Andre K. Artis, MD". The signature is fluid and cursive, with a large initial "A" and "K".

Andre K. Artis, MD  
President

RECEIVED APR 05 2006

**Andre K. Artis, MD,  
MBA, FACC**

**Director**

**Diplomate:** American Board of Internal Medicine, Cardiovascular Disease

**Fellow:** American College of Cardiology, American College of Physicians, Society for Cardiac Angiography and Interventions

**Member:** American Heart Association, American College of Physicians, Indiana State Medical Association

**Director:** Cardiac Catheterization Laboratory, Methodist Hospital, Northlake; Coronary Care Unit, Methodist Hospital, Northlake

### **Complete progressive care**

- Nuclear stress testing & imaging
- Electrocardiography (ECGs)
- Echocardiography
- Holter monitoring
- Coronary angioplasty
- Diagnostic cardiac catheterization
- Peripheral angioplasty
- State-of-the-art cardiac & pulmonary rehabilitation facility
- Congestive heart failure management & lifestyle modification
- Arrhythmia management
- Coronary & peripheral stent deployment
- Peripheral arterial Doppler testing
- Peripheral angiography
- Lifestyle & nutrition counseling
- Preventive cardiac care

### **Conveniences patients need**

- Medicare accepted
- Most insurance accepted & filed
- Payment plans
- Lunchtime, evening & same-day appointments
- 24-hour emergency care



Advanced cardiology care for everything your heart desires.

**March 6, 2006**

**Charles-luwanga Okoro, D.O.  
Radiation Safety Officer  
The Heart Center Of Lake County  
5800 Broadway, Merrillville, IN 46410**

**Re: Radiation Safety Officer / Executive Management  
Letter of Understanding**

**Dear Dr. Charles-Luwanga Okoro:**

You have been appointed the Radiation Safety Officer (RSO) of this facility for our United States Nuclear Regulatory Commission Materials License. This "Letter of Understanding" is prepared to comply with Title 10 Code of Federal Regulations (CFR) Part 35.24(b). This section of the regulations requires that you agree in writing to the following:

- Assume responsibility for implementing the Radiation Protection Program
- Ensure that radiation safety activities are being performed in accordance with our own approved procedures and all regulatory requirements.

Furthermore, in compliance with 10 CFR 35.24(e),(g), the executive management of this facility agrees to provide you as RSO:

- Specific written notation of your authority, duties and responsibilities, see attached.
- Sufficient authority, organizational freedom, time, resources and management prerogative to:
  1. Identify radiation safety problems;
  2. Initiate, recommend, or provide corrective actions;
  3. Stop unsafe operations; and,
  4. Verify implementation of corrective actions.

**Our signatures noted below will attest to the issues noted above. Please make a copy of this document for your files and return the original to my attention.**

**Sincerely,**

\_\_\_\_\_  
**President**

\_\_\_\_\_  
**Radiation Safety Officer**

5800 Broadway  
Merrillville, IN 46410  
Fax: (219) 884-9280  
**(219) 884-9180**

**MEDICAL USE TRAINING AND EXPERIENCE  
AND PRECEPTOR ATTESTATION**

**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 regulation (10 CFR Part 35)

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

*Charles-Luwonga Okoro, D.O., Radiation Safety Officer, 10CFR 35.50*

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

*Indiana*

**3. CERTIFICATION**

- a. Provide a copy of the board certification. (Stop here if applying under 10 CFR Part 35, Subpart J or 35.590(a); continue if applying under other subparts.)
- b. Provide documentation in appropriate items 4 through 10 of training or clinical case work required by 35.50(e); 35.51(c); 35.290(c)(1)(ii)(G) for AU seeking 35.200 authorization; 35.390(b)(1)(ii)(G); 35.396(d)(1) and 35.396(d)(2); 35.590(c); or 35.690(c).
- c. Provide completed Part II Preceptor Attestation, Items 11a through 11d.  
Stop here after completing items 3a, 3b, and 3c when using board certification to meet 10 CFR Part 35 training and experience requirements.

**4. INDIVIDUALS IDENTIFIED ON A LICENSE OR PERMIT AS RADIATION SAFETY OFFICERS (RSO), AUTHORIZED USERS (AU), AUTHORIZED MEDICAL PHYSICISTS (AMP), OR AUTHORIZED NUCLEAR PHARMACISTS (ANP) SEEKING ADDITIONAL AUTHORIZATIONS**

- a. Provide a copy of the license or broadscope permit listing the current authorization **and** (b) or (c)
- b. Complete items 6c (and 10 when training is provided by an RSO, AMP, ANP, or AU) and preceptor items 11b through 11d to meet requirements for: RSO in 35.50(c)(2) or 35.50(e); or AU in 35.290(c)(1)(ii)(G) or 35.390(b)(1)(ii)(G) or 35.590(c) or 35.690(c); or AMP under 35.51(c).
- c. Complete items 5, 6a, 6b, 10, and Preceptor items 11a through 11d to meet AU requirements in 35.396(a).

**5. 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			

**MEDICAL USE TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)**

**6a. WORK OR PRACTICAL EXPERIENCE WITH RADIATION**

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

**6b. SUPERVISED CLINICAL CASE EXPERIENCE (describe experience elements in 6a)**

Radionuclide	Type of Use	No. of Cases Involving Personal Participation	Name of Supervising Individual	Location and Corresponding Materials License Number	Dates and/or Clock Hours of Experience

**MEDICAL USE TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)**

**6c. TRAINING FOR SECTIONS 35.50(e), 35.51(c), 35.590(c), or 35.690(c)**

Training Element	Type of Training *	Location and Dates

\* Types of training may include supervised (complete item 10 for 35.50(e), 35.51(c), and 35.690(c)), didactic, or vendor training.

**7. FORMAL TRAINING Physicians (for uses under 35.400 and 35.600) and Medical Physicists**

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)

**8. RADIATION SAFETY OFFICER (RSO) -- ONE-YEAR FULL-TIME EXPERIENCE**

YES Completed 1 year of full-time radiation safety experience (in areas identified in item 6a) under supervision of \_\_\_\_\_ the RSO for License No. \_\_\_\_\_

N/A

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

YES Completed 1 year of full-time training (for areas identified in item 6a) in therapeutic radiological physics (35.961) or medical physics (35.51) under the supervision of \_\_\_\_\_ who is a medical physicist (35.961) or meets requirements for Authorized Medical Physicists (35.51);

N/A

**and**

YES Completed 1 year of full-time work experience (at location providing radiation therapy services described and for topics identified in item 6a) for (specify use or device) \_\_\_\_\_ under the supervision of \_\_\_\_\_ who is a medical physicist (35.961) or meets requirements for Authorized Medical Physicists (35.51) (specify use or device) \_\_\_\_\_

N/A

MEDICAL USE TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

10. 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 Part 35, provide the following information for each) :

A. Name of Supervisor

Dr. Jong<sup>Yuan</sup> Kuo

B. Supervisor is:

Authorized User

Authorized Medical Physicist

Radiation Safety Officer

Authorized Nuclear Pharmacist

C. Supervisor meets requirements of Part 35, Section(s) 50

for medical uses in Part 35, Section(s) 50 (Radiation Safety Officer)

D. Address

THE HEART CENTER OF LAKE COUNTY  
5800 BROADWAY Suite A-J  
Merrillville, IN 46410

E. Materials License Number

13-32260-01

PART II -- PRECEPTOR ATTESTATION

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 training requirements in 35.590 or Part 35, Subpart J (except 35.980).

I attest the individual named in Item 1:

11a

has satisfactorily completed the requirements in Part 35, Section(s) and Paragraph(s) 50  
as documented in section(s) 10 of this form.

11b. Select one

N/A

meets the requirements in  35.50(e)  35.51(c)  35.390(b)(1)(ii)(G)  35.690(c) for RSO  
types of use, as documented in section(s) 10 of this form.

11c.

N/A

has achieved a level of competency sufficient to independently operate a nuclear pharmacy (for 35.980); **or**  
has achieved a level of competency sufficient to function independently as an authorized  
for uses (or units); **or**  
has achieved a level of radiation safety knowledge sufficient to function independently as a Radiation Safety  
Officer for a medical use licensee ; **or**

11d.

I am an Authorized Nuclear Pharmacist; **or** I am a Radiation Safety Officer; **or**

I meet the requirements of \_\_\_\_\_ section(s) of 10 CFR Part 35

or equivalent Agreement State requirements to be a preceptor  AU or  AMP

for the following byproduct material uses (or units): \_\_\_\_\_

A. Address

THE HEART CENTER OF LAKE COUNTY  
5800 BROADWAY Suite A-J  
Merrillville, In. 46410

B. Materials License Number

13-32260-01

C. NAME OF PRECEPTOR (print clearly)

Dr. Jong-Yuan Kuo

D. SIGNATURE -- PRECEPTOR

Jong Y. Kuo, M.D.

E. DATE

3/31/06

**MEDICAL USE TRAINING AND EXPERIENCE  
AND PRECEPTOR ATTESTATION**

APPROVED BY OMB: NO. 3150-0120  
EXPIRES: 10/31/2008

**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 regulation (10 CFR Part 35)

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

*Charles-Luwanga Okoro, D.O., Radiation Safety Officer, 10CFR 35.50*

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

*Indiana*

**3. CERTIFICATION**

- a. Provide a copy of the board certification. (Stop here if applying under 10 CFR Part 35, Subpart J or 35.590(a); continue if applying under other subparts.)
- b. Provide documentation in appropriate items 4 through 10 of training or clinical case work required by 35.50(e); 35.51(c); 35.290(c)(1)(ii)(G) for AU seeking 35.200 authorization; 35.390(b)(1)(ii)(G); 35.396(d)(1) and 35.396(d)(2); 35.590(c); or 35.690(c).
- c. Provide completed Part II Preceptor Attestation, Items 11a through 11d.  
Stop here after completing items 3a, 3b, and 3c when using board certification to meet 10 CFR Part 35 training and experience requirements.

**4. INDIVIDUALS IDENTIFIED ON A LICENSE OR PERMIT AS RADIATION SAFETY OFFICERS (RSO), AUTHORIZED USERS (AU), AUTHORIZED MEDICAL PHYSICISTS (AMP), OR AUTHORIZED NUCLEAR PHARMACISTS (ANP) SEEKING ADDITIONAL AUTHORIZATIONS**

- a. Provide a copy of the license or broadscope permit listing the current authorization **and** (b) or (c)
- b. Complete items 6c (and 10 when training is provided by an RSO, AMP, ANP, or AU) and preceptor items 11b through 11d to meet requirements for: RSO in 35.50(c)(2) or 35.50(e); or AU in 35.290(c)(1)(ii)(G) or 35.390(b)(1)(ii)(G) or 35.590(c) or 35.690(c); or AMP under 35.51(c).
- c. Complete items 5, 6a, 6b, 10, and Preceptor items 11a through 11d to meet AU requirements in 35.396(a).

**5. 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			

**MEDICAL USE TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)**

**6a. WORK OR PRACTICAL EXPERIENCE WITH RADIATION**

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

**6b. SUPERVISED CLINICAL CASE EXPERIENCE (describe experience elements in 6a)**

Radionuclide	Type of Use	No. of Cases Involving Personal Participation	Name of Supervising Individual	Location and Corresponding Materials License Number	Dates and/or Clock Hours of Experience



**MEDICAL USE TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)**

**6c. TRAINING FOR SECTIONS 35.50(e), 35.51(c), 35.590(c), or 35.690(c)**

Training Element	Type of Training *	Location and Dates

\* Types of training may include supervised (complete item 10 for 35.50(e), 35.51(c), and 35.690(c)), didactic, or vendor training.

**7. FORMAL TRAINING Physicians (for uses under 35.400 and 35.600) and Medical Physicists**

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)

**8. RADIATION SAFETY OFFICER (RSO) – ONE-YEAR FULL-TIME EXPERIENCE**

- YES Completed 1 year of full-time radiation safety experience (in areas identified in item 6a) under supervision.
- N/A of \_\_\_\_\_ the RSO for License No. \_\_\_\_\_

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

- YES Completed 1 year of full-time training (for areas identified in item 6a) in therapeutic radiological physics (35.961) or medical physics (35.51) under the supervision of \_\_\_\_\_
- N/A who is a medical physicist (35.961) or meets requirements for Authorized Medical Physicists (35.51);

**and**

- YES Completed 1 year of full-time work experience (at location providing radiation therapy services described and for topics identified in item 6a) for (specify use or device) \_\_\_\_\_
- N/A under the supervision of \_\_\_\_\_ who is a medical physicist (35.961) or meets requirements for Authorized Medical Physicists (35.51) (specify use or device) \_\_\_\_\_

MEDICAL USE TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

10. 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 Part 35, provide the following information for each) :

A. Name of Supervisor

Dr. Jong<sup>Yuan</sup> Kuo

B. Supervisor is:

Authorized User

Authorized Medical Physicist

Radiation Safety Officer

Authorized Nuclear Pharmacist

C. Supervisor meets requirements of Part 35, Section(s) 50

for medical uses in Part 35, Section(s) 50 (Radiation Safety Officer)

D. Address

THE HEART CENTER OF LAKE COUNTY  
5800 BROADWAY Suite A-J  
Merrillville, IN 46410

E. Materials License Number

13-32260-01

PART II -- PRECEPTOR ATTESTATION

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 training requirements in 35.590 or Part 35, Subpart J (except 35.980).

I attest the individual named in Item 1:

11a

has satisfactorily completed the requirements in Part 35, Section(s) and Paragraph(s) 50 as documented in section(s) 10 of this form.

11b. Select one

meets the requirements in  35.50(e)  35.51(c)  35.390(b)(1)(ii)(G)  35.690(c) for RSO types of use, as documented in section(s) 10 of this form.

11c.

has achieved a level of competency sufficient to independently operate a nuclear pharmacy (for 35.980); **or**  
 has achieved a level of competency sufficient to function independently as an authorized \_\_\_\_\_ for \_\_\_\_\_ uses (or units); **or**  
 has achieved a level of radiation safety knowledge sufficient to function independently as a Radiation Safety Officer for a medical use licensee ; **or**  
 N/A

11d.

I am an Authorized Nuclear Pharmacist; **or**  I am a Radiation Safety Officer; **or**  
 I meet the requirements of \_\_\_\_\_ section(s) of 10 CFR Part 35  
or equivalent Agreement State requirements to be a preceptor  AU or  AMP  
for the following byproduct material uses (or units): \_\_\_\_\_

A. Address

THE HEART CENTER OF LAKE COUNTY  
5800 BROADWAY Suite A-J  
Merrillville, In. 46410

B. Materials License Number

13-32260-01

C. NAME OF PRECEPTOR (print clearly)

Dr. Jong-Yuan Kuo

D. SIGNATURE -- PRECEPTOR

Jong Y. Kuo, M.D.

E. DATE

3/31/06

FedEx.  
emp: 316603 04APR06

Deliver By:  
05APR06  
A2

TRK# 8524 3591 9534 FORM 0215

60532 -IL-US

ORD  
NC ENLA



Weight Limit: 8 Ounces

# FedEx Envelope

51

52

**FedEx** US Airbill  
Express

FedEx Tracking Number 8524 3591 9534

1 From This portion can be removed for Recipient's records.  
Date 4/4/06 FedEx Tracking Number 852435919534

Sender's Name Michael McCullough Phone \_\_\_\_\_

Company DR ANDRE ARTIS

Address 5800 BROADWAY STE A-J Dept./Floor/Subs/Room \_\_\_\_\_

City MERRILLVILLE State IN ZIP 46410-2665

2 Your Internal Billing Reference \_\_\_\_\_

3 To Recipient's Name MATERIALS LICENSING SECTION Phone \_\_\_\_\_

Company U.S. Nuclear Regulatory Commission

Recipient's Address 2443 WARRENVILLE RD. Suite 210 Dept./Floor/Subs/Room \_\_\_\_\_

Address \_\_\_\_\_  
To request a package be held at a specific FedEx location, print FedEx address here.

City Lisle State IL ZIP 60532-4352



**Recipient's Copy**

**4a Express Package Service** Packages up to 150 lbs.  
 FedEx Priority Overnight Next business morning\*  FedEx Standard Overnight Next business afternoon\*  FedEx First Overnight Earliest next business morning delivery to select locations\*\*

FedEx 2Day Second business day\*  FedEx Express Saver Third business day\*  
FedEx Envelope rate not available. Minimum charge: One-pound rate.

**4b Express Freight Service** Packages over 150 lbs. \*\* To most locations  
 FedEx 1Day Freight\* Next business day\*\*  FedEx 2Day Freight Second business day\*\*  FedEx 3Day Freight Third business day\*\*

\* Call for Confirmation. \*\* Declared value limit \$500

**5 Packaging**  
 FedEx Envelope\*  FedEx Pak\* Includes FedEx Small Pak, FedEx Large Pak, and FedEx Sturdy Pak  FedEx Box  FedEx Tube  Other

**6 Special Handling** Include FedEx address in Section 3.  
 SATURDAY Delivery Available ONLY for FedEx Priority Overnight, FedEx 2Day, FedEx 1Day Freight, and FedEx 2Day Freight to select ZIP codes.  HOLD Weekday at FedEx Location Not available for FedEx First Overnight.  HOLD Saturday at FedEx Location Available ONLY for FedEx Priority Overnight and FedEx 2Day to select locations.

Does this shipment contain dangerous goods? One box must be checked.  
 No  Yes As per attached Shipper's Declaration  Yes Shipper's Declaration not required  Dry Ice Dry Ice, 9, UN 1845  Cargo Aircraft Only  
Dangerous goods (including Dry Ice) cannot be shipped in FedEx packaging.

**7 Payment** Bill to:  Sender Acct. No. in Section 1 will be billed.  Recipient  Third Party  Credit Card  Cash/Check  
Enter FedEx Acct. No. or Credit Card No. below. Obtain Recip. Acct. No.

Total Packages 1 Total Weight 8.02 Total Charges \_\_\_\_\_  
Credit Card Auth. \_\_\_\_\_

**8 Sign to Authorize Delivery Without a Signature**

By signing you authorize us to deliver this shipment without obtaining a signature and agree to indemnify and hold us harmless from any resulting claims. [Questions? Visit our Web site at fedex.com](http://www.fedex.com) or call 1.800.GoFedEx.1.800.463.3333. SPS® Rev. Data 11/03 • Part #15679 • ©1994-2003 FedEx • PRINTED IN U.S.A.

466

0307024303

Inse  
airb  
het

NO POUCH NEEDED.  
See back for peel and stick application instructions.

RECIPIENT: PEEL HERE