

Oakwood Southshore
Medical Center

5450 Fort St.
Trenton, Michigan
48183-4625

734.671.3800



April 2, 2007

U.S. Nuclear Regulatory Commission
Region III
Materials Licensing Branch
2443 Warrenville Road
Suite 210
Lisle, Illinois 60532

Re: Amendment to 21-16656-01

Dear Madam or Sir:

We wish to amend our Material's License 21-16656-01 as follows:

AUTHORIZED USERS

The following authorized users are no longer with our facility. Please delete the following users:

Chang Y. Han, M.D.
Dennis Vollman, D.O.

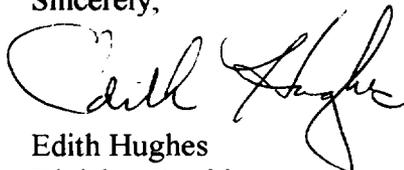
We wish to update the authorized use for the following physician:

Michael D. Arsenault, D.O. Add 35.300, specific to training
required in 35.392 and 35.394

In support of this request we have enclosed a completed NRC 313A (AUT) form as required.

If you have any questions, please contact our Medical Nuclear Physicist, Thomas M. Kumpuris, M.S., DABR of Medical Physics Consultants, Inc. 800.321.2207 and tkumpuris@mpcphysics.com.

Sincerely,



Edith Hughes
Division President

RECEIVED APR 09 2007

**AUTHORIZED USER TRAINING AND EXPERIENCE
AND PRECEPTOR ATTESTATION**
(for uses defined under 35.300)
[10 CFR 35.390, 35.392, 35.394, and 35.396]

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

Name of Proposed Authorized User

MICHAEL D. ARSENAULT, D.O.

State or Territory Where Licensed

MICHIGAN

Requested Authorization(s) (check all that apply):

35.300 Use of unsealed byproduct material for which a written directive is required

OR

35.300 Oral administration of sodium iodide I-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)

35.300 Oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 1.22 gigabecquerels (33 millicuries)

35.300 Parenteral administration of any beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV for which a written directive is required

35.300 Parenteral administration of any other radionuclide for which a written directive is required

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 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. For 35.390, provide documentation on supervised clinical case experience. The table in section 3.c. may be used to document this experience.
- c. For 35.396, provide documentation on classroom and laboratory training, supervised work experience, and supervised clinical case experience. The tables in sections 3.a., 3.b., and 3.c. may be used to document this experience.
- d. Skip to and complete Part II Preceptor Attestation.

2. Current 35.300, 35.400, or 35.600 Authorized User Seeking Additional Authorization

a. Authorized User on Materials License _____ under the requirements below or equivalent Agreement State requirements (check all that apply):

35.390 35.392 35.394 35.490 35.690

b. If currently authorized for a subset of clinical uses under 35.300, provide documentation on additional required supervised case experience. The table in section 3.c. may be used to document this experience. Also provide completed Part II Preceptor Attestation.

c. If currently authorized under 35.490 or 35.690 and requesting authorization for 35.396, provide documentation on classroom and laboratory training, supervised work experience, and supervised clinical case experience. The tables in sections 3.a., 3.b., and 3.c. may be used to document this experience. Also provide completed Part II Preceptor Attestation.

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Training and Experience for Proposed Authorized User

a. Classroom and Laboratory Training 35.390 35.392 35.394 35.396

Description of Training	Location of Training	Clock Hours	Dates of Training*
Radiation physics and instrumentation	Oakwood Hospital	48	01/01/2002 08/05/2002
Radiation protection		16	05/06/2002 08/05/2002
Mathematics pertaining to the use and measurement of radioactivity	Oakwood Hospital Henry Ford Hospital		03/25/02 -06/24/2002 07/2002
Chemistry of byproduct material for medical use	Oakwood Hospital Henry Ford Hospital	28	07/02/2002 09/2002
Radiation biology	Oakwood Hospital Henry Ford Hospital	28	06/24/2002 09/2002
Total Hours of Training:		120	

b. Supervised Work Experience 35.390 35.392 35.394 35.396

If more than one supervising individual is necessary to document supervised training, provide multiple copies of this page.

Description of Experience	Location of Experience/License or Permit Number of Facility	Clock Hours	Dates of Experience*
Ordering, receiving, and unpacking radioactive materials safely and performing the related radiation surveys	OAKWOOD HOSPITAL 21-04515-01		1/03 - 4/04
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters			
Calculating, measuring, and safely preparing patient or human research subject dosages			
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material			
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures			

Total Hours of Supervised Work Experience:

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Training and Experience for Proposed Authorized User (continued)

b. Supervised Work Experience (continued)

Supervising Individual REZA ABGHARI, M.D.	License/Permit Number listing supervising individual as an authorized user 21-04515-01
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Supervising individual meets the requirements below, or equivalent Agreement State requirements (check all that apply)**:

- 35.390 With experience administering dosages of:
 - 35.392 Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)
 - 35.394 Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)
 - 35.396 Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required
 - Parenteral administration of any other radionuclide requiring a written directive

** Supervising Authorized User must have experience in administering dosages in the same dosage category or categories as the individual requesting authorized user status.

c. Supervised Clinical Case Experience

If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this page.

Description of Experience	Number of Cases Involving Personal Participation	Location of Experience/License or Permit Number of Facility	Dates of Experience*
Oral administration of sodium iodide I-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)	75	OAKWOOD HOSPITAL 21-04515-01	1/03 - 4/04
Oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 1.22 gigabecquerels (33 millicuries)	12	OAKWOOD HOSPITAL 21-04515-01	1/03 - 4/04
Parenteral administration of any beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV for which a written directive is required	N/A		
Parenteral administration of any other radionuclide for which a written directive is required	N/A		
(List radionuclides)			

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Training and Experience for Proposed Authorized User (continued)

c. Supervised Clinical Case Experience (continued)

Supervising Individual REZA ABGHARI, M.D.	License/Permit Number listing supervising individual as an authorized user 21-04515-01
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Supervising individual meets the requirements below, or equivalent Agreement State requirements (check all that apply)**:

- 35.390 With experience administering dosages of:
 - 35.392 Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)
 - 35.394 Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)
 - 35.396 Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required
 - Parenteral administration of any other radionuclide requiring a written directive

** Supervising Authorized User must have experience in administering dosages in the same dosage category or categories as the individual requesting authorized user status.

d. Provide completed Part II Preceptor Attestation.

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.

First Section

Check one of the following for each requested authorization:

For 35.390: N/A

Board Certification

I attest that _____ has satisfactorily completed the training and experience requirements in 35.390(a)(1).
Name of Proposed Authorized User

OR

Training and Experience

I attest that _____ has satisfactorily completed the 700 hours of training and experience, including a minimum of 200 hours of classroom and laboratory training, as required by 10 CFR 35.390 (b)(1).
Name of Proposed Authorized User

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

Preceptor Attestation (continued)

First Section (continued)

For 35.392 (Identical Attestation Statement Regardless of Training and Experience Pathway):

I attest that MICHAEL D. ARSENAULT, D.O. has satisfactorily completed the 80 hours of classroom
Name of Proposed Authorized User

and laboratory training, as required by 10 CFR 35.392(c)(1), and the supervised work and clinical case experience required in 35.392(c)(2).

For 35.394 (Identical Attestation Statement Regardless of Training and Experience Pathway):

I attest that MICHAEL D. ARSENAULT, D.O. has satisfactorily completed the 80 hours of classroom
Name of Proposed Authorized User

and laboratory training, as required by 10 CFR 35.394 (c)(1), and the supervised work and clinical case experience required in 35.394(c)(2).

Second Section

I attest that MICHAEL D. ARSENAULT, D.O. has satisfactorily completed the required clinical case
Name of Proposed Authorized User

experience required in 35.390(b)(1)(ii)G listed below:

- Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)
- Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)
- Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required
- Parenteral administration of any other radionuclide requiring a written directive

Third Section

I attest that MICHAEL D. ARSENAULT, D.O. has satisfactorily achieved a level of competency to
Name of Proposed Authorized User

function independently as an authorized user for:

- Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)
- Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)
- Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required
- Parenteral administration of any other radionuclide requiring a written directive

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

Fourth Section

For 35.396: N/A

Current 35.490 or 35.690 authorized user:

I attest that _____ is an authorized user under 10 CFR 35.490 or 35.690

Name of Proposed Authorized User

or equivalent Agreement State requirements, has satisfactorily completed the 80 hours of classroom and laboratory training, as required by 10 CFR 35.396 (d)(1), and the supervised work and clinical case experience required by 35.396(d)(2), and has achieved a level of competency sufficient to function independently as an authorized user for:

Parenteral administration of any beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV for which a written directive is required

Parenteral administration of any other radionuclide for which a written directive is required

OR

Board Certification:

I attest that _____ has satisfactorily completed the board certification

Name of Proposed Authorized User

requirements of 35.396(c), has satisfactorily completed the 80 hours of classroom and laboratory training required by 10 CFR 35.396 (d)(1) and the supervised work and clinical case experience required by 35.396(d)(2), and has achieved a level of competency sufficient to function independently as an authorized user for:

Parenteral administration of any beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV for which a written directive is required

Parenteral administration of any other radionuclide for which a written directive is required

Fifth Section

Complete the following for preceptor attestation and signature:

I meet the requirements below, or equivalent Agreement State requirements, as an authorized user for:

35.390 35.392 35.394 35.396

I have experience administering dosages in the following categories for which the proposed Authorized User is requesting authorization.

Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)

Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)

Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required

Parenteral administration of any other radionuclide requiring a written directive

Name of Preceptor REZA ABGHARI, M.D.	Signature Reza Abghari	Telephone Number 313.593.7320	Date 3-27-2007
License/Permit Number/Facility Name 21-04515-01			

Dr. Michael D. Arsenault, MD was involved in the following I131 Therapies for Cancer Therapy or Hyperthyroid Treatment (preceptor was Dr. Reza Abghari, MD):

01/13/2003	I131	12 mCi	11/13/2003	I131	15 mCi
01/14/2003	I131	18 mCi	11/13/2003	I131	15 mCi
01/15/2003	I131	12 mCi	11/13/2003	I131	10 mCi
01/20/2003	I131	12 mCi	01/15/2004	I131	18 mCi
01/22/2003	I131	15 mCi	01/16/2004	I131	10 mCi
01/23/2003	I131	100 mCi	01/19/2004	I131	15 mCi
01/24/2003	I131	30 mCi	01/21/2004	I131	18 mCi
01/31/2003	I131	110 mCi	01/26/2004	I131	18 mCi
01/31/2003	I131	12 mCi	01/26/2004	I131	12 mCi
02/03/2003	I131	14 mCi	02/02/2004	I131	18 mCi
02/03/2003	I131	12 mCi	02/05/2004	I131	12 mCi
02/04/2003	I131	14 mCi	02/06/2004	I131	12 mCi
06/03/2003	I131	15 mCi	02/06/2004	I131	10 mCi
06/03/2003	I131	18 mCi	02/06/2004	I131	100 mCi
06/05/2003	I131	12 mCi	02/09/2004	I131	18 mCi
06/05/2003	I131	12 mCi	02/13/2004	I131	15 mCi
06/16/2003	I131	15 mCi	02/19/2004	I131	12 mCi
06/16/2003	I131	12 mCi	02/26/2004	I131	12 mCi
06/20/2003	I131	12 mCi	02/27/2004	I131	100 mCi
06/20/2003	I131	12 mCi	03/01/2004	I131	15 mCi
06/27/2003	I131	15 mCi	03/05/2004	I131	12 mCi
09/22/2003	I131	30 mCi	03/05/2004	I131	15 mCi
09/22/2003	I131	12 mCi	03/05/2004	I131	100 mCi
09/25/2003	I131	120 mCi	03/08/2004	I131	15 mCi
09/26/2003	I131	18 mCi	03/18/2004	I131	15 mCi
09/26/2003	I131	12 mCi	03/22/2004	I131	30 mCi
09/30/2003	I131	10 mCi	03/23/2004	I131	12 mCi
09/30/2003	I131	10 mCi	03/26/2004	I131	8 mCi
10/01/2003	I131	16 mCi	03/31/2004	I131	15 mCi
10/02/2003	I131	16 mCi	04/02/2004	I131	30 mCi
10/08/2003	I131	11 mCi	04/12/2004	I131	100 mCi
10/09/2003	I131	120 mCi	04/12/2004	I131	16 mCi
10/10/2003	I131	10 mCi	04/14/2004	I131	12 mCi
10/13/2003	I131	104 mCi	04/16/2004	I131	15 mCi
10/16/2003	I131	10 mCi	04/16/2004	I131	15 mCi
10/22/2003	I131	12 mCi	04/16/2004	I131	12 mCi
10/23/2003	I131	15 mCi	04/16/2004	I131	10 mCi
10/24/2003	I131	18 mCi	04/26/2004	I131	18 mCi
10/27/2003	I131	10 mCi	04/29/2004	I131	25 mCi
10/27/2003	I131	12 mCi			
10/28/2003	I131	15 mCi			
10/31/2003	I131	12 mCi			
10/31/2003	I131	10 mCi			
11/03/2003	I131	18 mCi			
11/03/2003	I131	15 mCi			
11/03/2003	I131	100 mCi			
11/10/2003	I131	100 mCi			
11/10/2003	I131	100 mCi			

Signed:

Date:



1-26-2007

Dr. Reza Abghari, MD

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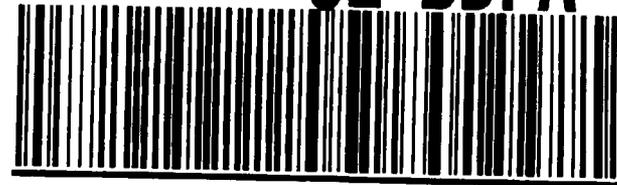
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3 To

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Company Region III Materials Licensing Branch

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- FedEx Priority Overnight
Next business morning. * Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected.
- FedEx Standard Overnight
Next business afternoon. Saturday Delivery NOT available.
- FedEx 2Day
Second business day. * Thursday shipments will be delivered on Monday unless SATURDAY Delivery is selected. FedEx Envelope rate not available. Minimum charge: One-pound rate.
- FedEx Express Saver
Third business day. * Saturday Delivery NOT available.

Packages up to 100 lbs.
FedEx First Overnight
Earliest next business morning delivery to select locations. * Saturday Delivery NOT available.

4b Express Freight Service

- FedEx 1Day Freight*
Next business day. * Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected.
- FedEx 2Day Freight
Second business day. * Thursday shipments will be delivered on Monday unless SATURDAY Delivery is selected.

Packages over 150 lbs.
FedEx 3Day Freight
Third business day. * Saturday Delivery NOT available.

* Call for Confirmation.

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

- SATURDAY Delivery
Not available for FedEx Standard Overnight, FedEx First Overnight, FedEx Express Saver, or FedEx 3Day Freight.
 - 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
Shipper's Declaration required.
 - Dry Ice
Dry Ice, 9, UN 1845
 - Cargo Aircraft Only

7 Payment

Obtain Recip. Acct. No. Sender Acct. No. in Section 1 will be billed. Recipient Third Party Credit Card Cash/Check

Total Packages Total Weight Total Charges

Credit Card Auth.

Your liability is limited to \$200 unless you declare a higher value. See the current FedEx Service Guide for details.

8 NEW Residential Delivery Signature Options

- No Signature Required
Package may be left without obtaining a signature.
- Direct Signature
Anyone at recipient's address may sign for delivery. Fee applies.
- Indirect Signature
If no one is available at recipient's address, anyone at a neighboring address may sign for delivery. Fee applies.

519