



Advanced Cardiac Healthcare, P.L.C.

601 John Street, Suite 100, Kalamazoo, MI 49007 • (269) 373-1222 • 1-800-483-8333 • Fax (269) 373-6270 • Satellite Offices: Allegan • Vicksburg • Paw Paw

Douglas J. Wunderly, MD • Gilbert T. Olivares, MD • Joel H. Reinhoehl, MD • Christopher Rogers, DO
John F. Schonder, MD • Michael S. Pawlik, DO • Robert A. Williams, DO • Thomas A. Keller, MD
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Sean J. O'Neill, PA-C • Barbara L. Radawski, PA-C • Tracie L. White, ANP-C

April 19, 2007

United States Nuclear Regulatory Commission
Region III, Medical Licensing Section
2443 Warrenville Road, Ste 210
Lisle, IL 60532-4351

RE: Amendment to License No. 21-26784-01

To Whom It May Concern:

Please add Brett J. Eliuk, D.O. to our license for Groups 35.100 and 35.200 for
Cardiology Studies.

I have enclosed Dr. Eliuk's preceptor statement documenting his hours of training in
Nuclear Cardiology and well as accompanying documentation to support training.

Thank you in advance for your cooperation.

Sincerely,

Kurt G. Kuppler, MMA
Practice Administrator

enc

RECEIVED APR 24 2007

3/20/07

Certification Board of Nuclear Cardiology
19562 Club House Road
Montgomery Village MD 20886-3002

Dr. **Brett J. Eliuk** has completed a nuclear cardiology training program that meets the requirements for Level 2 as outlined in the *ACCF/ASNC COCATS Guidelines for Training in Nuclear Cardiology, revised 2006* within an accredited fellowship program.

Dr. **Brett J. Eliuk** completed Level 2 nuclear cardiology training between the dates of **08/01/2004** and **07/31/2007**.

I attest that Dr. **Brett J. Eliuk** is competent to independently function as an authorized user under NRC 10 CFR 35.200 uses.

The above-named applicant completed a minimum of 80 hours of classroom and laboratory training that meets the Nuclear Regulatory Commission (NRC) requirements as an INTEGRAL part of his/her fellowship/residency program.

The above-named applicant completed a minimum of 80 hours of classroom and laboratory training that meets the NRC requirements external to his/her fellowship program.

The above-named applicant is an Authorized User listed on a current Radioactive Materials Licence (RAM).

Sincerely,



(Signature Required)

Name of Preceptor: E. N. Papisifakis, D.O., F.A.C.C., F.S.N.C.

Title/Relationship to Applicant: Cardiology Fellowship Program Director

NRC/Agreement State License Number (on RAM License): 21-32502-01

Certified by: CBNC

Certification #: 030-36540




Certificate of Completion

This is to certify that

Brett J. Eliuk, D.O.

has completed the Nuclear Regulatory Commission Required Nuclear
Medicine Physics Course (80 hours)
January 13, 2007 - February 15, 2007

February 15, 2007



Ray A. Carlson, M.S.
Radiological Physics Service, Inc.
Plymouth, Michigan

**AUTHORIZED USER TRAINING AND EXPERIENCE
AND PRECEPTOR ATTESTATION**
(for uses defined under 35.100, 35.200, and 35.500)
[10 CFR 35.190, 35.290, and 35.590]

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

Name of Proposed Authorized User

BRETT J. ELUNK, D.O.

State or Territory Where Licensed

MICHIGAN

Requested Authorization(s) (check all that apply)

35.100 Uptake, dilution, and excretion studies

35.200 Imaging and localization studies

35.500 Sealed sources for diagnosis (specify device _____)

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 obtained 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. If using only 35.500 materials, stop here. If using 35.100 and 35.200 materials, skip to and complete Part II Preceptor Attestation.

2. Current 35.390 Authorized User Seeking Additional 35.290 Authorization

- a. Authorized user on Materials License _____ meeting 10 CFR 35.390 or equivalent Agreement State requirements seeking authorization for 35.290.
- b. Supervised Work Experience.
(If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this section.)

Description of Experience	Location of Experience/License or Permit Number of Facility	Clock Hours	Dates of Experience*
Eluting generator systems appropriate for the preparation of radioactive drugs for imaging and localization studies, measuring and testing the eluate for radionuclidic purity, and processing the eluate with reagent kits to prepare labeled radioactive drugs			

Total Hours of Experience:

Supervising Individual

License/Permit Number listing supervising individual as an authorized user

Supervisor meets the requirements below, or equivalent Agreement State requirements (check all that apply).

35.290

35.390 + generator experience in 32.290(c)(1)(ii)(G)

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Training and Experience for Proposed Authorized User

a. Classroom and Laboratory Training.

Description of Training	Location of Training	Clock Hours	Dates of Training*
Radiation physics and instrumentation			
Radiation protection			
Mathematics pertaining to the use and measurement of radioactivity			
Chemistry of byproduct material for medical use (not required for 35.590)			
Radiation biology			
Total Hours of Training:			

b. Supervised Work Experience (completion of this table is not required for 35.590).
(If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this section.)

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			
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			

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

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

b. Supervised Work Experience. (continued)

Description of Experience	Location of Experience/License or Permit Number of Facility	Clock Hours	Dates of Experience*
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			
Administering dosages of radioactive drugs to patients or human research subjects			
Eluting generator systems appropriate for the preparation of radioactive drugs for imaging and localization studies, measuring and testing the eluate for radionuclidic purity, and processing the eluate with reagent kits to prepare labeled radioactive drugs			

Total Hours of Experience:

Supervising Individual

License/Permit Number listing supervising individual as an authorized user

Supervisor meets the requirements below, or equivalent Agreement State requirements (*check one*).

- 35.190
 35.290
 35.390
 35.390 + generator experience in 35.290(c)(1)(ii)(G)

c. For 35.590 only, provide documentation of training on use of the device.

Device	Type of Training	Location and Dates

d. For 35.500 uses only, stop here. For 35.100 and 35.200 uses, skip to and complete Part II Preceptor Attestation.

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

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. (Not required to meet training requirements in 35.590)

First Section

Check one of the following for each use requested:

For 35.190

Board Certification

I attest that _____ has satisfactorily completed the requirements in

Name of Proposed Authorized User

10 CFR 35.190(a)(1) and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100.

OR

Training and Experience

I attest that _____ has satisfactorily completed the 60 hours of training and

Name of Proposed Authorized User

experience, including a minimum of 8 hours of classroom and laboratory training, required by 10 CFR 35.190(c)(1), and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100.

For 35.290

Board Certification

I attest that _____ has satisfactorily completed the requirements in

Name of Proposed Authorized User

10 CFR 35.290(a)(1) and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100 and 35.200.

OR

Training and Experience

I attest that BRETT J. EHLIK has satisfactorily completed the 700 hours of training

Name of Proposed Authorized User

and experience, including a minimum of 80 hours of classroom and laboratory training, required by 10 CFR 35.290(c)(1), and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100 and 35.200.

Second Section

Complete the following for preceptor attestation and signature:

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

- 35.190
- 35.290
- 35.390
- 35.390 + generator experience

Name of Preceptor

E. N. PAPASTEFANIS, D.O.

Signature

Telephone Number

734 458 3248

Date

3/20/07

License/Permit Number/Facility Name

21-32502-01

MIDWEST CATHODIC ASSOCIATES.

**TRAINING AND EXPERIENCE
AUTHORIZED USER OR RADIATION SAFETY OFFICER**

Approved by OMB
3150-0041
Expires 06-30-89

1. NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER Brett J. Eliuk, D.O.	2. STATE OR TERRITORY IN WHICH LICENSED TO PRACTICE MEDICINE Michigan
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3. CERTIFICATION

SPECIALITY BOARD A	CATEGORY B	MONTH AND YEAR CERTIFIED C

4. TRAINING RECEIVED IN BASIC RADIOISOTOPE HANDLING TECHNIQUES

FIELD OF TRAINING A	LOCATION AND DATE(S) OF TRAINING B	TYPE AND LENGTH OF TRAINING	
		Lecture/ Laboratory Coursed (Hours) C	Supervised Laboratory Experience (Hours) D
a. RADIATION PHYSICS AND INSTRUMENTATION	St. John Hospital Detroit, MI January 13, 2007 - February 15, 2007	15	12
b. RADIATION PROTECTION	St. John Hospital Detroit, MI January 13, 2007 - February 15, 2007	15	8
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY	St. John Hospital Detroit, MI January 13, 2007 - February 15, 2007	10	
d. RADIATION BIOLOGY	St. John Hospital Detroit, MI January 13, 2007 - February 15, 2007	10	
e. RADIOPHARMACEUTICAL CHEMISTRY	St. John Hospital Detroit, MI January 13, 2007 - February 15, 2007	10	

5. EXPERIENCE WITH RADIATION (Actual use of Radioisotopes or Equivalent Experience)

ISOTOPE	MAXIMUM AMOUNT	WHERE EXPERIENCE WAS GAINED	DURATION OF EXPERIENCE	TYPE OF USE
Tc-99m	1000	St. John Hospital - Detroit, MI	80 hours	Diagnostic
Mo-99	1000	St. John Hospital - Detroit, MI	80 hours	Diagnostic
Cs-137	0.250	St. John Hospital - Detroit, MI	80 hours	Diagnostic
Ba-133	0.250	St. John Hospital - Detroit, MI	80 hours	Diagnostic

M531122 028 CS-001
CUT OUT FOR WALLET CARD

STATE OF MICHIGAN - DEPARTMENT OF COMMUNITY HEALTH
BOARD OF PHARMACY
CONTROLLED SUBSTANCE LICENSE

BRETT JASON ELIUK
9974 CLEMENT CIRCLE E
LIVONIA MI 48150

PERMANENT I.D. NO. EXPIRATION DATE
5315011515 12/31/2008 1626852

COMPLAINT INFORMATION:

The issuance of this license should not be construed as a waiver, dismissal or acquiescence to any complaints or violations pending against the licensee, its agents or employees.

WALL CERTIFICATE INFORMATION:

If the box below is checked, you are eligible to purchase your State of Michigan Official Wall Certificate. Please call.

(NOT ELIGIBLE)

FUTURE CONTACTS:

You should direct all inquires regarding this license or address changes to the:

DEPARTMENT OF COMMUNITY HEALTH

BOARD OF
PHARMACY

P.O. BOX 30018
LANSING MI 48909-7518

YOUR LICENSE MUST BE DISPLAYED IN A PROMINENT PLACE.
REVERSE SIDE OF LICENSE CONTAINS IMPORTANT INFORMATION.

JENNIFER M. GRANHOLM
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH

L 769983

BOARD OF PHARMACY
CONTROLLED SUBSTANCE LICENSE


*THIS LICENSE VALID ONLY IF PROFESSIONAL LICENSE IS ACTIVE

BRETT JASON ELIUK
9974 CLEMENT CIRCLE E
LIVONIA MI 48150

PERMANENT I.D. NO. EXPIRATION DATE
5315011515 12/31/2008 1626852

THIS DOCUMENT IS DULY ISSUED
UNDER THE LAWS OF THE STATE
OF MICHIGAN.

The American Osteopathic Association
upon recommendation
of the

American  Osteopathic Board of Internal Medicine

certifies that

Brett J. Eliuk, D.O.

having met the requirements prescribed by this Board and having
satisfactorily passed the required examinations, is hereby designated
a Diplomate certified in the specialty of

Internal Medicine

2004 - 2014



American Osteopathic Association

Jim B. Croy
Executive Director

American Osteopathic Board of Internal Medicine

Michael N. Lakem DO
Chairman

Michael P. Lakem DO





Advanced

Cardiac Healthcare, P.L.C.

601 John Street, Suite 100, Kalamazoo, MI 49007

PRESORTED
FIRST CLASS



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U.S. Nuclear Regulatory Commission
Region III Medical Licensing Section
2443 Warrenville Rd, Ste 210
Lisle, IL 60532-4351

BAZOPMM 60592

