

GARDEN CITY HOSPITAL
CARDIOLOGY / NEUROLOGY SERVICES
(734) 458-3248
FAX (734) 458-3239

CONFIDENTIAL
FAX

DATE: 6/7/07
TO: Dr. J. MULLAUER
FAX #: (630)-829-9873
FROM: B. ELWIK, D.O. / ADVANCED CARDIAC HEALTHCARE
PHONE #: (734) 355-9739

OF PAGES: _____ (INCLUDING COVER PAGE)

COMMENTS: MAIL CONTROL # 316191

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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. Reinoehl, 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

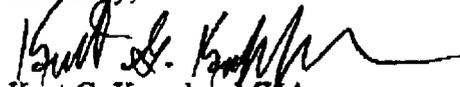
To Whom It May Concern:

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, MHA
Practice Administrator

enc



CARDIOLOGY SERVICES

HEALTHCARE THAT WORKS...FOR YOU

6245 INKSTER ROAD • GARDEN CITY, MICHIGAN 48135-2599 • (734) 458-3245

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 License (RAM).

Sincerely,

[Handwritten signature]

(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

NRC FORM 313A (AUD) (10-2006)

U.S. NUCLEAR REGULATORY COMMISSION

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. ELIUK, 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)

NRC FORM 313A (AUD)
 (10-2006)

U.S. NUCLEAR REGULATORY COMMISSION

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	21-32502-01	N/A	08/04 - 07/07
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters	21-32502-01	N/A	08/04 - 07/07
Calculating, measuring, and safely preparing patient or human research subject dosages	21-32502-01	N/A	08/04 - 07/07

NRC FORM 313A (AUD)
(10-2006)

U.S. NUCLEAR REGULATORY COMMISSION

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	21-32502-01	~10	08/04-07/07
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures	21-32502-01	~10	08/04-07/07
Administering dosages of radioactive drugs to patients or human research subjects	21-32502-01	~10	08/04-07/07
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	21-32502-01 ST. JOHN HOSPITAL, DETROIT, MI	~8	08/04-07/07

Total Hours of Experience:

Supervising Individual

[Handwritten Signature]

License/Permit Number listing supervising individual as an authorized user

21-32502-01

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.

NRC FORM 313A (AUD)
(10-2000)

U.S. NUCLEAR REGULATORY COMMISSION

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. ELLIOTT 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 <u>E. N. PAPASTEFANIS, D.O.</u>	Signature <u>[Signature]</u>	Telephone Number <u>734 458 3248</u>	Date <u>3/20/07</u>
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License/Permit Number/Facility Name
21-32502-01 MEDWEST RADIOLOGY ASSOCIATES

NRC Form 313M SUPPLEMENT A
 (8-86)

U.S. NUCLEAR REGULATORY COMMISSION

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

Approved by OMB
 3150-0041
 Expires 05-30-89

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

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 Course (Hours) C	Supervisor 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