

PETERSBURG HOSPITAL COMPANY, LLC
d/b/a SOUTHSIDE REGIONAL MEDICAL CENTER
NUCLEAR MEDICINE DEPARTMENT
801 SOUTH ADAMS STREET
PETERSBURG, VA 23803

*NMJB1*June 26th, 2007

Nuclear Regulatory Commission
Licensing Assistance Team
ATTN. Penny Lanzisera
475 Allendale Road
King of Prussia, PA 19406-1415

SUBJECT: 1. Request to delete authorized user (s).

Dear Penny Lanzisera:

030 03301

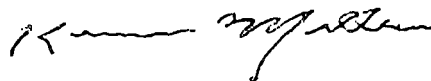
I would like to delete the following physician (s) from our NRC Materials License.
45-00317-02.

1. John C. Chinault, M.D.
2. Sonia Crimaldi, M.D.
3. Joel F. Parker, M.D.
4. James A. Urso, M.D.

If I can provide anymore information please contact me at (804) 862-5584, or
kevin_mullen@chs.net.

Thank you for your cooperation.

Sincerely,



Kevin Mullen
Director of Nuclear Medicine

140719

NMSS/RGN1 MATERIALS-002

PETERSBURG HOSPITAL COMPANY, LLC
d/b/a SOUTHSIDE REGIONAL MEDICAL CENTER
NUCLEAR MEDICINE DEPARTMENT
801 SOUTH ADAMS STREET
PETERSBURG, VA 23803

June 26th, 2007

Nuclear Regulatory Commission
Licensing Assistance Team
ATTN. Penny Lanzisera
475 Allendale Road
King of Prussia, PA 19406-1415

030033d

SUBJECT: 1. Request to add authorized users to NRC License No. 45-00317-02.

Dear Penny Lanzisera:

I would like to add the following physician to our NRC materials license
Materials and Use 35.300

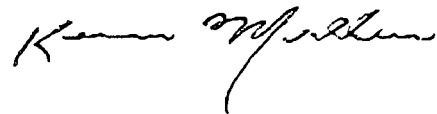
1. Rekha Nugaram, M.D.

Rekha Nugaram, M.D. has previously been on NRC Materials License 21-04127-02 for Thyroid Therapy. I have included her NRC Form 313A, Medical Use Training and Experience and Preceptor Attestation from mentioned license.

If I can provide anymore information please contact me at (804) 862-5584, or kevin_mullen@chs.net.

Thank you for your cooperation.

Sincerely,



Kevin Mullen
Director of Nuclear Medicine



Harper University Hospital
Detroit Medical Center / Wayne State University

July 11, 2006

Rekha Nugaram, M.D.
Division of Endocrinology
Harper Hospital / Wayne State University
3990 John R.
Detroit, Michigan 48201

Dear Dr. Nugaram:

The Radiation Safety Committee of Harper University Hospital under NRC Materials License 21-04127-02 has conducted today a full review of your application for authorized use for the following category:

HUMAN USE – 10 CFR 35.100, 35.392 and 35.394
Thyroid Diagnosis & Therapy Only

After careful review of your credentials and Medical Use Training and Experience Preceptor Attestation form, the committee's decision is **full and unconditional approval** of this authorized human use application.

If you have any questions or concerns regarding this action, please contact the committee chairman, Monte Harvill, M.D. of Diagnostic Imaging or myself.

Sincerely,

Richard N. Joyrich, M.D., DABNM
Radiation Safety Officer
Harper University Hospital

| | | | |
|---|--|---|-------------------------------------|
| NRC FORM 313A (10-2005) | U.S. NUCLEAR REGULATORY COMMISSION | APPROVED BY QMB: NO. 3150-0120 EXPIRES: 10/31/2008 | |
| 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) REKHA NUGARAM Authorized User 10 CFR 35.190 ; 35.392 ; 35.394 | | | |
| 2. For Physicians, Podiatrists, Dentists, Pharmacists -- State or Territory Where Licensed MICHIGAN BOARD OF MEDICINE 4301076674 | | | |
| 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 | AACE NUCLEAR MEDICINE COURSE KANSAS CITY, MO | 25 | SEPT. 24, 2005 TO OCT 1, 2005 |
| Radiation Protection | as above | 25 | as above |
| Mathematics Pertaining to the Use and Measurement of Radioactivity | as above | 10 | as above |
| Radiation Biology | as above | 10 | as above |
| Chemistry of Byproduct Material for Medical Use | as above | 10 | as above |
| OTHER | | | |

NRC FORM 313A
(10-2005)

U.S. NUCLEAR REGULATORY COMMISSION

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 |
|---------------------------|-----------------------------------|---|--|
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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 |
|--------------|---------------------------|---|--------------------------------|---|--|
| Iodine-131 | < 33mCi (Hyperthyroidism) | 3 | DR. NANDALAL BAGCHI | 21-04127-02 | 11/30/06 - 3/22/07 |
| | | | | | |
| | | | | | |
| Iodine-131 | > 33 mCi (Thyroid Cancer) | 3 | DR. NANDALAL BAGCHI | 21-04127-02 | 3/6/06 - 4/19/06 |
| | | | | | |
| | | | | | |
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NRC FORM 313A
(10-2005)

U.S. NUCLEAR REGULATORY COMMISSION

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) |
|--|--|-------|---|
| | Not applicable | | |

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) _____

NRC FORM 313A
(10-2005)

U.S. NUCLEAR REGULATORY COMMISSION

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

B. Supervisor is:

DR. NANDALAL BAGCHI

☒ Authorized User☐ Authorized Medical Physicist☐ Radiation Safety Officer☐ Authorized Nuclear Pharmacist

C. Supervisor meets requirements of Part 35, Section(s) 190 ; 392 ; 394

for medical uses in Part 35, Section(s) 100 ; 392 ; 394

D. Address

HARPER UNIVERSITY HOSPITAL
3990 JOHN R
DETROIT, MI - 48201

E. Materials License Number

21-04127-02

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) 190 ; 392 ; 394 as documented in section(s) 5, 6b 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 _____ types of use, as documented in section(s) _____ of this form.

☒ N/A

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 user for 35.100 ; 392 ; 394 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 190 ; 392 ; 394 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): 100 ; 392 ; 394

A. Address

HARPER UNIVERSITY HOSPITAL
3990 JOHN R
DETROIT, MI - 48201

B. Materials License Number

21-04127-02

C. NAME OF PRECEPTOR (print clearly)

DR. NANDALAL BAGCHI

D. SIGNATURE - PRECEPTOR

Nandalal Bagchi

E. DATE

5/16/06



American Association of Clinical Endocrinologists

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Editor-in-Chief, *Endocrine Practice*

EMERITUS 2008

Yank D. Coble, Jr., MD, MACP, MACE
Jacksonville, FL

October 5, 2005

Rekha Nugaram, MD

Dear Dr. Nugaram:

The American Association of Clinical Endocrinologists (AACE) certifies that you successfully completed the following educational activity:

Program Title: AACE Nuclear Medicine Course

Date: September 24-October 1, 2005

Location: Kansas City, MO

Awarded: 80.25 category 1 credit(s) toward the AMA Physician's Recognition Award

The American Association of Clinical Endocrinologists (AACE) is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

The American Association of Clinical Endocrinologists designates this educational activity for a maximum of 80.25 category 1 credits toward the AMA Physician's Recognition Award. Each physician should claim only those credits that he/she actually spent in the activity.

Please feel free to contact the AACE office if you have any questions.

Sincerely,

AACE CME Department

**PERSONAL INFORMATION WAS REMOVED
BY NRC. NO COPY OF THIS INFORMATION
WAS RETAINED BY THE NRC.**

The Voice of Clinical Endocrinology

THE AMERICAN BOARD OF INTERNAL MEDICINE

INCORPORATED 1936

ATTESTS THAT

Rekha Nugaram

HAS MET THE REQUIREMENTS OF THIS BOARD AND IS HEREBY

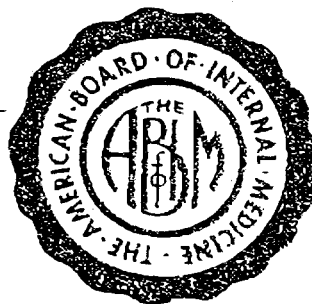
CERTIFIED FOR THE PERIOD 2003 THROUGH 2013

AS A DIPLOMATE IN

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NUMBER 221844

2003

This is to acknowledge the receipt of your letter/application dated

6/26/2007, and to inform you that the initial processing which includes an administrative review has been performed.

☒ AMEND. 45-00317-02
There were no administrative omissions. Your application was assigned to a technical reviewer. Please note that the technical review may identify additional omissions or require additional information.

☐ Please provide to this office within 30 days of your receipt of this card

A copy of your action has been forwarded to our License Fee & Accounts Receivable Branch, who will contact you separately if there is a fee issue involved.

Your action has been assigned Mail Control Number 140719.
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.