



**HENRY FORD  
MACOMB HOSPITALS**

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DATE: Feb 7, 2008

TIME: 0900

TO: NAME: Materials Licensing Section

COMPANY: Nuclear Regulatory Commission

FAX #: 630-829-9782

COMMENTS: Attached is a request to add an authorized user to our license

\_\_\_\_\_

\_\_\_\_\_

FROM: NAME: Michael E. Ward

DEPT: Nuclear Medicine

FAX #: 586-263-2927

TOTAL # OF PAGES INCLUDING COVER LETTER: 11

IF YOU DID NOT RECEIVE ALL THE PAGES, PLEASE CALL:

NAME: Michael E. Ward

PHONE: 586-263-2465

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## HENRY FORD MACOMB HOSPITALS

15855 Nineteen Mile Road  
Clinton Township, Michigan 48038  
(586) 268-2300

February 4, 2008

UNITED STATES NUCLEAR REGULATORY COMMISSION  
Region III, Materials Licensing Section  
2443 Warrenville Road  
Suite 210  
Lisle, IL 60532-4352

Re: License No. 21-11850-01

Please amend our license to add Khurran Rashid, M.D. for 35.100, 35.200, and 35.300.  
A copy of Dr. Rashid's ABNM Board Certification and NRC Form 313A(AUT) is  
enclosed for your review.

Thank you for your cooperation with this matter. If you have any questions or require  
additional information, please contact our physicist, Michelle L. Kritzman, at  
(734) 662-3197.

Sincerely,

A handwritten signature in black ink, appearing to read "Barbara W. Rossmann".

Barbara W. Rossmann  
President & Chief Executive Officer

# *The American Board of Nuclear Medicine*

*Incorporated 1971*

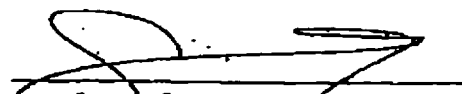
*Certifies that*

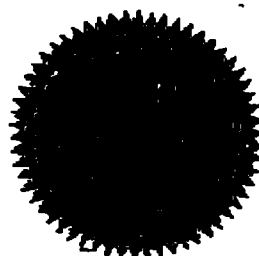
*Khurram Rashid*

*has met the requirements of this Board and is qualified  
during the period of 2006 through 2016 to practice as a Specialist  
in all aspects of Clinical and Laboratory*

*Nuclear Medicine*

*including but not limited to Radiobioassay, Nuclear Imaging,  
In Vivo Measurements & Therapy with Unsealed Radionuclides*


  
*Christopher J. Palestro, M.D.*  
*Chairman*



*07603*

*Number*

*United States*

  
*Marcello F. DiCarli, M.D.*  
*Secretary-Treasurer*

NRC FORM 313A (AUT)  
(3-2007)

U.S. NUCLEAR REGULATORY COMMISSION

**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

Khurran Rashid

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**

- Provide a copy of the board certification.
- For 35.390, provide documentation on supervised clinical case experience. The table in section 3.c. may be used to document this experience.
- 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.
- Skip to and complete Part II Preceptor Attestation.

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

- 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

- 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.
- 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.

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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 ☒ 35.390 ☒ 35.392 ☒ 35.394 ☐ 35.396

Description of Training	Location of Training	Clock Hours	Dates of Training*
Radiation physics and instrumentation	UNIVERSITY OF CONNECTICUT FARMINGTON, CT.	28	7/1/04 to 6/30/2006
Radiation protection	" " "	6	Residential training in
Mathematics pertaining to the use and measurement of radioactivity	" " "	6	Nuclear Medicine
Chemistry of byproduct material for medical use	" " "	38	
Radiation biology	" " "	8	-
<b>Total Hours of Training:</b>		86	

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.

Supervised Work Experience		Total Hours of Experience:	
Description of Experience Must Include:	Location of Experience/License or Permit Number of Facility	Confirm	Dates of Experience*
Ordering, receiving, and unpacking radioactive materials safely and performing the related radiation surveys	Danbury Hospital Connecticut	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/1/2004 to 6/30/2006
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters	"	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	"
Calculating, measuring, and safely preparing patient or human research subject dosages	"	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	"
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material	"	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	"
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures	"	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	"

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(3-2007)

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)

Supervising Individual

Shiv m. Gupta MD

License/Permit Number listing supervising individual as an authorized user

NRC License No. 06-08544-01

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)	4	Danbury Hospital Connecticut	7/1/04 to 6/30/2006
Oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 1.22 gigabecquerels (33 millicuries)	17	"	"
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	1	"	"
Parenteral administration of any other radionuclide for which a written directive is required			
(List radionuclides)			

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U.S. NUCLEAR REGULATORY COMMISSION

## 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

Shiv m. Gupta MD

License/Permit Number listing supervising individual as an authorized user

NRC License No. 06-08544-01

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:Board Certification

☒ I attest that Khurram Rashid MD has satisfactorily completed the training and experience

Name of Proposed Authorized User

requirements in 35.390(a)(1).

OR

Training and Experience

☐ I attest that \_\_\_\_\_ has satisfactorily completed the 700 hours of training

Name of Proposed Authorized User

and experience, including a minimum of 200 hours of classroom and laboratory training, as required by 10 CFR 35.390 (b)(1).

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## 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 Khuram Rashid MD 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 \_\_\_\_\_ 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 Khuram Rashid MD 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 Khuram Rashid MD 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



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## AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

## Fourth Section

## For 35.396:

## 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 Khurram Rasheed MD 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

Signature

Telephone Number

Date

Shiv M Gupta MD

Shiv M Gupta MD

203-797-7222

Jan 2, 2008

License/Permit Number/Facility Name

NRC License # 06-08544-01 - Danbury Hospital, CT, 06810

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## LOG OF RESIDENT'S RADIOPHARMACEUTICAL USE IN THERAPY

Name Khurram Rashid Site Danbury Hosp.Dates From 7-1-04 To 6-30-06

	Date	Procedure/Pharm/Amount	PtID	M/F	Age	Role +	Supervisor
①	7/15/04	Radioactive Iodine ablation of thyroid	0154907	M	34	②/P	Dr. Gupta
②	7/27/04	Radioactive Iodine ablation of thyroid (Repeat)	0004251	F	47	②/P	Dr. Gupta
③	7/29/04	Radioactive Iodine ablation of thyroid	0005408	F	44	②/P	Dr. Gupta
④	1/20/05	" " "	0151801	M	37	O/P	Dr. Gupta
⑤	3/8/05	" " "	0080703	M	43	O/P	Dr. Gupta
⑥	3/16/05	" " "	0674915	F	39	O/P	Dr. Gupta
⑦	3/28/05	" " "	344360	F	64	O/P	Dr. Johnson
⑧	4/11/05	" " "	59355	F	35	O/P	Dr. Gupta
⑨	4/28/05	" " "	388594	F	58	O/P	Dr. Johnson
⑩	5/2/05	" " "	532070	F	65	O/P	Dr. Gupta
⑪	5/5/05	" " "	248963	F	24	O/P	Dr. Gupta
⑫	5/6/05	Quadrant	115330	M	81	O/P	Dr. Gupta
⑬	5/19/05	Radioactive I <sup>131</sup> ablation	332895	F	50	O/P	Dr. Gupta
⑭	5/18/05	" " " "	507403	F	52	O/P	Dr. Gupta
⑮	5/23/05	" " " "	783268	M	55	O/P	Dr. Gupta
⑯	5/31/05	" " " "	30105	M	51	O/P	Dr. Johnson
⑰	6/7/05	" " " "	71567	F	78	O/P	" "
⑱	6/16/05	" " " "	302081	F	36	O/P	" "
⑲	7/19/05	" " " "	610361	F	44	O/P/C	Dr. Gupta
⑳	7/25/05	" " " "	439959	F	38	O/P	" "
㉑	7/28/05	" " " "	759907	M	34	O/P	" "

Role+ O = observed P = participated C = calculated dose W = wrote report

