

Duane C. Berkompas, M.D.
Randy Klein, PA-C.

Robert Wolyn, M.D.
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DATE: 04/21/08
 TO: NRC - Materials Licensing FAX NUMBER: (630) 515-1078
 FROM: Robert Wolyn, MD FACILITY: mmhc Cardiovascular
 REGARDING: Adding an authorized user
to license 21-32410-01.

NUMBER OF PAGES INCLUDING COVER: 6

IF THERE WERE ANY PROBLEMS WITH THIS TRANSMITTAL, PLEASE CONTACT US AT THE OFFICE INDICATED ABOVE. THIS MESSAGE IS INTENDED ONLY FOR THE INDIVIDUAL TO WHOM IT IS ADDRESSED. IT CONTAINS INFORMATION THAT MAY BE CONFIDENTIAL UNDER LAW. IF YOU ARE NOT THE INTENDED RECIPIENT OR AGENT RESPONSIBLE FOR DELIVERING THIS MESSAGE, DO NOT READ, COPY OR DISTRIBUTE THIS MATERIAL. IF YOU HAVE RECEIVED THIS MESSAGE IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE AND RETURN THE MESSAGE TO US BY MAIL. THANK YOU.



April 21, 2008

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

Dear Sir:

Please add Duane Berkompas, MD, as an authorized user for 35.200, to Byproduct material license no. 21-32410-01. I have attached his Medical Use Training and Experience and Preceptor Attestation and a copy of his Nuclear Cardiology Board certificate.

If there are any questions please call our medical physicist: Ray A. Carlson, M.S. at (734) 455-4730 office/ (734) 395-7361 cell.

Sincerely,

A handwritten signature in black ink, appearing to read "R. Wolyn".

Robert Wolyn, MD

Duane C. Berkompas, M.D.
Randy Klein, PA-C.

Robert Wolyn, M.D.
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|---|------------------------------------|---|
| NRC FORM 313A (10-2005) | U.S. NUCLEAR REGULATORY COMMISSION | APPROVED BY OMB: 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)

Duane C. Berkompas, MD

2. For Physicians, Podiatrists, Dentists, Pharmacists -- State or Territory Where Licensed

Michigan

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 | Corscan - The Nuclear Imaging Company | combined | June - Sept 2006 |
| Radiation Protection | on line & on site training St. Louis, Missouri | 80 hours | June - Sept 2006 |
| Mathematics Pertaining to the Use and Measurement of Radioactivity | " | | June - Sept 2006 |
| Radiation Biology | " | | June - Sept 2006 |
| Chemistry of Byproduct Material for Medical Use | " | | June - Sept 2006 |
| OTHER Review of Regulations regarding medical use of radioisotopes | " | | |
| | | | |

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:

Authorized User

Authorized Medical Physicist

Radiation Safety Officer

Authorized Nuclear Pharmacist

C. Supervisor meets requirements of Part 35, Section(s) _____

for medical uses in Part 35, Section(s) _____

D. Address _____

E. Materials License Number _____

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 35.690 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) A as documented in section(s) 35.290 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 _____ for _____ 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 35.290 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): _____

A. Address

4100 Lake Drive SE, Suite 200
Grand Rapids, MI 49546

B. Materials License Number

21-32410-01

C. NAME OF PRECEPTOR (print clearly)

Robert Wolyn, MD

D. SIGNATURE -- PRECEPTOR

R Wolyn

E. DATE

4/18/08

Certificate of Completion
Authorized User Classroom and Laboratory
Training Program

Duane Berkompas, M.D.

has successfully completed 80 hours of classroom and laboratory training that included:

Radiation physics and instrumentation;

Radiation protection;

Mathematics pertaining to the use and measurement of radioactivity;

Chemistry of byproduct material for medical use;

Radiation biology; Generator elution for 10CFR35.290(ii)(G) and

Review of regulations regarding the medical use of radiol isotopes.

Corscan

The Nuclear Imaging Company
www.corscanplus.com

Steven W. Walter, MD

Steven W. Walter, MD
Program Director
General Manager and CEO
Corscan
910 528 6251
Authorized User and RSO NRC No. 47-25351-01

September 19, 2006

Date

Certification Board of Nuclear Cardiology

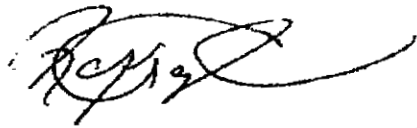
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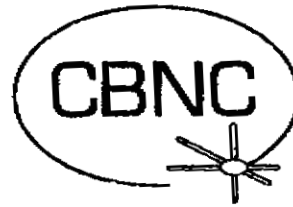
Duane C. Berkompas, MD

HAVING MET THE REQUIREMENTS PRESCRIBED BY THIS BOARD
FOR PHYSICIANS TRAINED IN THE UNITED STATES
AND HAVING SATISFACTORILY PASSED THE REQUIRED EXAMINATION,
IS HEREBY DESIGNATED
A DIPLOMATE CERTIFIED IN THE SUBSPECIALTY OF
NUCLEAR CARDIOLOGY

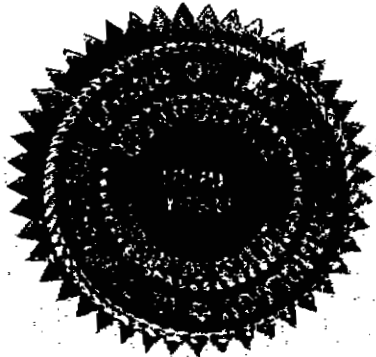
FOR THE PERIOD 2007 • 2017



President



Secretary



CERTIFICATE NUMBER: 5191