Michigan Medical Center

Midland

August 27, 2008

4005 Orchard Drive Midland, Michigan - **i8670** Phone (989) 839-3000 www.midmichigan.org

United States Nuclear Regulatory Commission Region III, Materials Licensing 2443 Warrenville Road, Suite 210 Lisle, IL 60532-4352

RE:

Amendment to NRC License No. 21-01549-02

MidMichigan Medical Center

Dear Sir/Madam:

We would like to amend our current NRC license to reflect the following change:

<u>Item #1</u>

Please add the following physician to our current NRC license:

Peter McKinley Peer, D.O. Group 35.100 and 35.200

We have enclosed a copy of his board certification by the AOBR and a copy of his State of Michigan license to practice medicine. Also enclosed is the Authorized User Training and Experience and Preceptor Attestation form.

Item #2

Please add the following physician to our current NRC license:

Thomas Arnold Hughes, M.D. Group 35.100 and 35.200

We have enclosed a copy of his board certification by the ABR and a copy of his State of Michigan license to practice medicine. Also enclosed is the Authorized User Training and Experience and Preceptor Attestation form.

Thank you for your cooperation. If you have any questions or require additional information, please contact our physics consultant, Sharon Updike at (734) 662-3197.

Sincerely,

Diane Nold Vice President

vice Preside

DN:jm

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The American Osteopathic Association

upon recommendation of the

American (Isteopathic Board of Radiology

certifies that

Peter M. Peer, II, B.G.

having met the prescribed qualifications and standards and passed the required examinations of this Board, is qualified as a specialist in

Diagnostic Kadiology

and is hereby amarded this certificate for the period from April 25, 2004-December 31, 2014

American Osteopathic Association

Certificale No. 1029

American Osteopathic Board of Radiology

P. Davaco, D. O Chair mark & finhelsters To, FNOCR Secretary

JENNIFER M. GRANHOLM GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

L1225867

BOARD OF OSTEOPATHIC MEDICINE AND SURGERY

PHYSICIAN LICENSE

PETER MCKINLEY PEER

PERMANENT I.D. NO.

EXPIRATION DATE

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

MIDLAND RADIOLOGY AC

PAGE 02

NRC FORM 318A (AUO)	U.B. NUCLEAR REGULATORY COMMEN	HON	,
AUTHORIZED USER TRA AND PRECEPTO (for uses defined under	INING AND EXPERIENCE OR ATTESTATION 5.100, 35.200, and 35.500) 5.290, and 36.690]	APPROVED BY EXPIRES: 10/81	CM6; NQ. 3196-012 1/6088
Name of Proposed Authorized User	State or Territory Where L	censed	
Peter M. Peer II, D.O.	m Michigan, Missouri		
Requested Authorization(s) (check all that is			
35.100 Uptake, dilution, and excretion a			
35.200 imaging and localization studies			
35.500 Sealed sources for diagnosis (s	pecify device)	
	RT I - TRAINING AND EXPERIENCE set one of the three methods below)		
the date of application or the individual r	certification, must have been obtained would have obtained released continuing eduction completed. Provide dates, duration, and uses checked above.	cation and experies	nce since
7 1. Board Cartification			
a. Provide a copy of the board certific	ation.		
 b. If using only 35,500 materials, stop Preceptor Attestation. 	here. If using 35,100 and 35,200 materi	nis, skip to end com	piete Part II
2. Current 35.390 Authorized User 5 s. Authorized user on Materials Licen	neking Additional 35,290 Authorization) R 35.390 or equival	ent Agmement
Btate requirements seeking author b. Supervised Work Expertence, (If more than one supervising indivicoples of this section.)	tration for 35.290.	d work experience,	provide multiple
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 eluste for radionuclidic purity, and processing the eluste with reagent kits to prepare lebeled radioactive drugs			
	Total Hours of Experience:		
Supervising individual	Ucenec/Permit Number authorized user	listing supervising inc	lividual as en
	low, or equivalent Agreement State requirement state requirement state requirement state requirements are superiorized in 32.290(c)(1)(ii)(G)	rements (check eff	thet apply).

MIDLAND RADIDLDGY AC

U.S. MUCLEAR REQULATORY COMMERSION IRC FORM 313A (AUG) AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued) 0-3057) PART II - PRECEPTOR ATTESTATION This part must be completed by the individual's preceptor. The preceptor does not have to be the supervising Note: 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) By checking the boxes below, the preceptor is attesting that the individual has knowledge to fulfill the duties of the position sought and not attesting to the individual's "general clinical competency." First Section Check one of the following for each use requested: For 35,190 **Board Certification** has estisfactorily completed the requirements in I attest that Peter M. Peer III D.O. Name of Present Authorized Use 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 it attest that has satisfactorily completed the 60 hours of training and Name of Present 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 linux authorized under 10 CFR 35.100. For 35,290 **Board Cartification** I attest that Peter M. Peer II, D.O. has satisfactorily completed the regultements in 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 Imminia and Experience I attest that has satisfactorily completed the 700 hours of training Name of Proposed Authorized User and experience, including a initilimum 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. **Becond Section** Complete the following for preceptor attretation and signature: [7] 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 Telephone Number AMOLAK SINGH, M.D 8/25/08 License/Permit Number/Feolity Neme 24-00513-32 University of Missouri - Columbia

The American Wound of Wadiology
Organized through the cooperation of the
American College of Radiology, the American Roentgen Ray Society,

American College of Radiology, the American Roentgen Ray Fociety,
the American Radium Society, the Radiological Society of North America,
the Section on Radiology of the American Medical Association,
the American Society for Therapeutic Radiology and Oncology, the Association of
University Radiologists, and American Association of Physicists in Medicine
Hereby certifies that

Thomas A. Hughes, MD

Has pursued an accepted course of graduate study and clinical work, has met certain standards and qualifications and has passed the examinations conducted under the authority of The American Board of Radiology

On this sixth day of June, 2007

Thereby demonstrating to the satisfaction of the Board that he is qualified to practice the specialty of

Diagnostic Radiology

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Lith Elichen Secretary Treasurer R.P. Hatter 5



Halid through 2017

Certificate No. 53484

AM Hligible

JENNIFER M. GRANHOLM GOVERNOR

STATE OF MICHIGAN

DEPARTMENT OF COMMUNITY HEALTH

BOARD OF MEDICINE

PHYSICIAN LICENSE

THOMAS ARNOLD HUGHES

PERMANENT I.D. NO.

EXPIRATION DATE

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MRC FORM 313A (ALID)	U.S. NUCLEAR REGULATORY COMMISSI	ION I	-
(for uses defined under [10 CFR 35.190,	AINING AND EXPERIENCE OR ATTESTATION 35.100, 35.200, and 35.500) 36.290, and 36.590]	APPROVED SOLPHARES; 1	BY OMB: NO. 3180-01 6/81/2008
Name of Proposed Authorized User	State or Territory Where Lio	ensed	
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Requested Authorization(s) (check all that i	apply)		
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36.200 imaging and localization studies	1		
35.500 Savied sources for diagnosis (s	Peoify device)	
PA	RT I - TRAINING AND EXPERIENCE less one of the three methods below)		
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 b. If using only 35.500 meterials, stop : Preceptor Attestation. 	here. If using 35.100 and 35.200 meterials,	skip to and cor	nplete Pari II
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Authorized user on Materials License	meeting 10 CFR 30	5.390 or equiva	lent Agreement
State requirements saviding authorize	etion for 35,290.		
 Supervised Work Experience. (If more than one supervising individed copies of this section.) 	uel is necessary to document supervised w	ork experience,	provide multiple
Description of Experience	Location of Experience/License or Permit Number of Facility	Clock Hours	Detea of Experience*
Eluting generator systems appropriate for the preparation of radioactive drugs for imaging and localization studies, measuring and testing the eluste for radioaccidic purity, and processing the eluste with respond kills to prepare imbalish radioactive drugs.			
	Total Hours of Experience:		
Supervising Individual	License/Permit Number listing	Supervising Indi	vidual as an
Supervisor meets the requirements below	v, or equivalent Agreement State requireme	nts (check all ti	nat apply).
	ttor experience in 32.290(c)(1)(8)(G)		
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