



**Michigan**  
**Medical Center**  
Midland

4005 Orchard Drive  
Midland, Michigan 48670  
Phone (989) 839-3000  
www.midmichigan.org

August 27, 2008

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:

**Item #1**

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

DN:jm

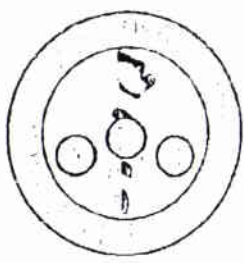
Enclosures

RECEIVED AUG 28 2008

# The American Osteopathic Association

upon recommendation  
of the

# American Osteopathic Board of Radiology



certifies that

**Peter M. Peer, II, D.O.**

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

**Diagnostic Radiology**

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

American Osteopathic Association

*John B. Craig*  
Executive Director

Certificate No. 1029

American Osteopathic Board of Radiology

*P. Duaso, D.O.*  
Chair

*Frank A. Lindelstein, D.O., F.A.O.C.R.*  
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

5101014841

12/31/2010

2080712

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

NRC FORM 313A (A/D) (10-2007)	U.S. NUCLEAR REGULATORY COMMISSION	APPROVED BY OMB: NO. 3100-0120 EXPIRES: 10/31/2008
<b>AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION</b> (for uses defined under 35.100, 35.200, and 35.500) [10 CFR 35.190, 35.290, and 35.600]		

Name of Proposed Authorized User <b>Peter M. Peer II, D.O.</b>	State or Territory Where Licensed <input checked="" type="checkbox"/> Michigan, Missouri <input type="checkbox"/>
---	--

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 35.190 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	Date 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)(i)(G)

NRC FORM 313A (AUC)  
(10-007)

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)

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

I attest that Peter M. Peer II, D.O. 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 Peter M. Peer II, D.O. 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 \_\_\_\_\_ 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

AMOLAK SINGH, M.D.

Signature

[Signature]

Telephone Number

573-862-7955

Date

8/25/08

License/Permit Number/Facility Name

24-00513-32 University of Missouri - Columbia



# The American Board of Radiology

Organized through the cooperation of the  
American College of Radiology, the American Roentgen Ray Society,  
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**

AM Eligible



Certificate No. 53484

*Phyllis O. Anderson, MD*  
President

*Lith Eichen*  
Secretary-Treasurer

*R.P. Heston, MD*  
Executive Director



Valid through 2017

JENNIFER M. GRANHOLM  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF COMMUNITY HEALTH

L1348389

BOARD OF MEDICINE

PHYSICIAN  
LICENSE

THOMAS ARNOLD HUGHES

PERMANENT I.D. NO.

EXPIRATION DATE

4301091121

01/31/2011

2202778

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

**NRC FORM 313A (AUG) (10-2007)** **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 35.500)

APPROVED BY ONS: NO. 3180-0120  
EXPIRES: 10/31/2008

---

Name of Proposed Authorized User: **Thomas Hughes, MD** 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 35.290 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	Date 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			
<b>Total Hours of Experience:</b>			

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 (AUG) (10-2007) PRINTED ON RECYCLED PAPER PAGE 1



**NRC FORM 312A (AUG 2007) 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)

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  
 I attest that Thomas Hughes, MD 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 80 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(o)(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 35.200**

Board Certification  
 I attest that Thomas Hughes, MD has satisfactorily completed the requirements in  
Name of Proposed Authorized User  
 10 CFR 35.200(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 \_\_\_\_\_ 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 35.200(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>Vaseem Chengazi</u>	Signature <u>VASEEM U. CHENGAZI</u>	Telephone Number <u>585-275-1417</u>	Date <u>08/26/07</u>
License/Permit Number/Facility Name <u>New York State Dept Health/436/UNIVERSITY of Rochester</u>			

**FedEx** US Airbill  
Express

FedEx Tracking Number **8652 1934 2980**

**1 From** This portion can be removed for Recipient's records.

Date 8/27/02 FedEx Tracking Number 865219342980

Sender's Name Diana N... Phone 941 331 3374

Company ...

Address ...

City ... State IL ZIP 48670-0001

**2 Your Internal Billing Reference**

Reference: ...

**3 To** Recipient's Name

Recipient's Name ... Phone 630 829 9500

Company U.S. Nuclear Regulatory Commission

Recipient's Address Region III Office of Materials

Address 3773 Warrenville Rd Suite 210

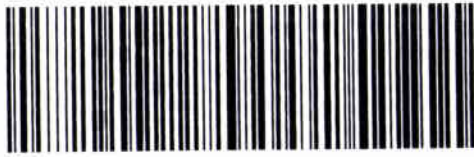
City Lisle State IL ZIP 60532-4352



*The World On Time*

FedEx TRACK 8652 1934 2980

**NY ENLA**



Emp# 696216 27AUG08 MBSA

**THU - 28 AUG A2  
PRIORITY OVERNIGHT**

**60532  
IL-US  
ORD**

**Recipient's Copy**

**4a Express Package Service** Packages up to 150 lbs.

FedEx Priority Overnight Next business morning\* Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected.

FedEx Standard Overnight Next business afternoon\* Saturday Delivery NOT available.

FedEx First Overnight Earliest next business morning delivery to select locations.\* Saturday Delivery NOT available.

FedEx 2Day Second business day\*\* Thursday shipments will be delivered on Monday unless SATURDAY Delivery is selected.

FedEx Express Saver Third business day\*\* Saturday Delivery NOT available.

**4b Express Freight Service** Packages over 150 lbs.

FedEx 1Day Freight\* Next business day\*\* Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected.

FedEx 2Day Freight Second business day\*\* Thursday shipments will be delivered on Monday unless SATURDAY Delivery is selected.

FedEx 3Day Freight Third business day\*\* Saturday Delivery NOT available.

**5 Packaging**

FedEx Envelope\*  FedEx Pak\*  FedEx Box  FedEx Tube  Other

**6 Special Handling** Include FedEx address in Section 3.

SATURDAY Delivery Not available for FedEx Standard Overnight, FedEx First Overnight, FedEx Express Saver, or FedEx 2Day freight.

HOLD Weekday at FedEx Location Not available for FedEx First Overnight.

HOLD Saturday at FedEx Location Available ONLY for FedEx Priority Overnight and FedEx 2Day to select locations.

Does this shipment contain dangerous goods? One box must be checked.

No  Yes As per attached Shipper's Declaration.  Yes Shipper's Declaration not required.  Dry Ice Dry Ice, 8.00 1985  Cargo Aircraft Only

**7 Payment** Bill to: Enter FedEx Acct. No. or Credit Card No. below. Obtain Recip. Acct. No.

Sender  Recipient  Third Party  Credit Card  Cash/Check

Total Packages  Total Weight  Credit Card Auth.

\*Our liability is limited to \$100 unless you declare a higher value. See the current FedEx Service Guide for details.

**8 Residential Delivery Signature Options** If you require a signature, check Direct or Indirect.

No Signature Required Package may be left without obtaining a signature for delivery.

Direct Signature Someone at recipient's address may sign for delivery. Fee applies.

Indirect Signature If no one is available at recipient's address, someone at a neighboring address may sign for delivery. Fee applies.

fedex.com 1.800.GoFedEx 1.800.463.3339

RT 593 C 2980  
FZ 595 08.28