

**United States Nuclear Regulatory Commission**  
Region III, Materials Licensing  
2443 Warrenville Road  
Suite 210  
Lisle, IL 60532-4352  
630-829-9887

10-28-08

**RE: Amendment to NRC License No. 21-16732-01**  
**Northern Michigan Regional Hospital**

Dear Sir/Madam:

**Item #1**


Please add the following physician to our current NRC license.

**Ryan R. Hoenicke, M.D.** Group 35.100, 35.200 and 35.300 (for quantities less than, equal or greater than 33 mCi)

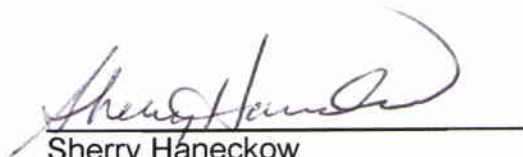
We have enclosed a copy of his ABR certificate with AU eligibility, State of Michigan license to practice medicine, NRC Form 313A (AUT), (AUD) and "Form A" from the ABR.

If you have any questions or require additional information please contact Mr Dryden at 231-487-4264.

Respectfully Yours,



Dan Dryden, MS, DABR, RSO  
Medical Physicist  
Northern Michigan Regional Hospital



Sherry Haneckow  
Director of Patient Care Operations  
Hospital Administration

cc. Dr. William Henry  
Dr. Ryan Hoenicke  
Steven Cross  
Kristin Hasse

DD/dd

RECEIVED OCT 29 2008

# 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*

**Ryan Robert Hoenicke, 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**



Certificate No. 56261

*H. Reed Hoenicke, MD*  
President

*Richard T. Morin*  
Secretary-Treasurer

*Hayden J. ...*  
Executive Director



Valid through 2017

**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 35.590]APPROVED BY OMB: NO. 3150-0120  
EXPIRES: 10/31/2008

Name of Proposed Authorized User

State or Territory Where Licensed

Ryan R. Hoenicke, M.D. Michigan, US

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 35.390 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 | Dates 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)(ii)(G)

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

☒ **3. Training and Experience for Proposed Authorized User**

a. Classroom and Laboratory Training.

| Description of Training  | Location of Training | Clock Hours | Dates of Training* |
|--|----------------------|-------------|--------------------|
| Radiation physics and instrumentation  |                      |             |                    |
| Radiation protection   |                      |             |                    |
| Mathematics pertaining to the use and measurement of radioactivity               |                      |             |                    |
| Chemistry of byproduct material for medical use <i>(not required for 35.590)</i> |                      |             |                    |
| Radiation biology  |                      |             |                    |
| <b>Total Hours of Training:</b>  |                      |             |                    |

b. Supervised Work Experience (completion of this table is not required for 35.590).  
*(If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this section.)*

| Supervised Work Experience   |  | Total Hours of Experience:                                  |                      |
|--|--|---|----------------------|
| Description of Experience<br>Must Include:   | Location of Experience/License or<br>Permit Number of Facility | Confirm   | Dates of Experience* |
| Ordering, receiving, and unpacking radioactive materials safely and performing the related radiation surveys   |  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                      |
| Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters |  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                      |

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

## 3. Training and Experience for Proposed Authorized User (continued)

## b. Supervised Work Experience. (continued)

| Description of Experience<br>Must Include:  | Location of Experience/License or<br>Permit Number of Facility | Confirm   | Dates of<br>Experience* |
|---|--|---|-------------------------|
| Calculating, measuring, and safely<br>preparing patient or human research<br>subject dosages  |  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                         |
| Using administrative controls to<br>prevent a medical event involving the<br>use of unsealed byproduct material   |  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                         |
| Using procedures to contain spilled<br>byproduct material safely and using<br>proper decontamination procedures   |  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                         |
| Administering dosages of radioactive<br>drugs to patients or human research<br>subjects   |  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                         |
| Eluting generator systems appropriate<br>for the preparation of radioactive<br>drugs for imaging and localization<br>studies, measuring and testing the<br>eluate for radionuclidic purity, and<br>processing the eluate with reagent<br>kits to prepare labeled radioactive<br>drugs |  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                         |

Supervising Individual

License/Permit Number listing supervising individual as an  
authorized userSupervisor meets the requirements below, or equivalent Agreement State requirements (*check one*).☐ 35.190    ☐ 35.290    ☐ 35.390    ☐ 35.390 + generator experience in 35.290(c)(1)(ii)(G)

## c. For 35.590 only, provide documentation of training on use of the device.

| Device | Type of Training | Location and Dates |
|--------|------------------|--------------------|
|        |                  |                    |
|        |                  |                    |

## d. For 35.500 uses only, stop here. For 35.100 and 35.200 uses, skip to and complete Part II Preceptor Attestation.



## 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)

## First Section

Check one of the following for each use requested:

For 35.190

## Board Certification

☒ I attest that Ryan Hoenicke, 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 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 Ryan Hoenicke, MD 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

Signature

Telephone Number

Date

Jeffrey Chestnut, MD



616-381-1812

5/27/08

License/Permit Number/Facility Name

21-00243-06/Spectrum Health Hospitals

**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

State or Territory Where Licensed

Ryan R. Hoenicke, M.D.

Michigan, US

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**

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

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

- a. 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

- b. 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.
- c. 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.

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

☐ 3. Training and Experience for Proposed Authorized Usera. 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                              |                      |             |                    |
| Radiation protection   |                      |             |                    |
| Mathematics pertaining to the use and measurement of radioactivity |                      |             |                    |
| Chemistry of byproduct material for medical use                    |                      |             |                    |
| Radiation biology  |                      |             |                    |
| Total Hours of Training:   |                      |             |                    |

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



## 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

License/Permit Number listing supervising individual as an authorized user

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  | Spectrum Health Hospitals<br>21-00243-06                    | 2/2004<br>and<br>3/2006 |
| Oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 1.22 gigabecquerels (33 millicuries)                        | 5  | Spectrum Health Hospitals<br>21-00243-06                    | 2/2004<br>and<br>3/2006 |
| 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   |  |   |                         |
| (List radionuclides)  |  |   |                         |

**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

Jeffrey Chestnut, MD

License/Permit Number listing supervising individual as an authorized user

21-00243-06

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

Ryan Hoenicke, MD  
Name of Proposed Authorized User

has satisfactorily completed the training and experience

requirements in 35.390(a)(1).

**OR**

Training and Experience

☐ I attest that

\_\_\_\_\_  
Name of Proposed Authorized User

has satisfactorily completed the 700 hours of training

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

**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 Ryan Hoenicke, MS 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 Ryan Hoenicke, MS 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 Ryan Hoenicke, MS 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 Ryan Hoenicke, MS 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

## 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 \_\_\_\_\_ 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

Jeffrey Chestnut, MD

Signature

J. Chestnut, MD

Telephone Number

616-381-1812

Date

5/27/09

License/Permit Number/Facility Name

21-00243-06 / Spectrum Health Hospitals

American Board of Radiology – Program Director Attestation

**COMPLIANCE WITH NRC TRAINING AND EXPERIENCE REQUIREMENTS**

More information can be found at the following link:

<http://www.nrc.gov/reading-rm/doc-collections/cfr/part035/part035-0290.html>

Ryan R. Horvath, MD  
Resident Name

GRMERC/MSU  
Program

23-10-18-2  
Program #

|   | YES                                 | NO                       |
|---|-------------------------------------|--------------------------|
| By the time of the ABR oral examination, this applicant will have successfully completed the hours of training and experience as outlined in 10 CFR 35.290 and 35.392.....  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| This applicant has taken part in $\geq 3$ cases of oral administration of I-131 therapy ( $\leq 33\text{mCi}$ ).....  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| The resident's logbook of these therapy experiences (date, dose, and preceptor) is attached.....  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| The work and experience cited above for § 35.290 was obtained under the supervision of an Authorized User (AU) who meets the requirements under relevant sections of § 35.290 or equivalent Agreement State requirements..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| The work and experience cited above for § 35.392 was obtained under the supervision of an Authorized User (AU) who meets the requirements under § 35.390, 35.392 or 35.394 or equivalent Agreement State requirements.....    | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Charles R. Luttenton  
Residency Program Director  
(Print Name)

Charles R. Luttenton MD  
Program Director  
(Signature)

12/20/07  
Date



STATE OF MICHIGAN - DEPARTMENT OF COMMUNITY HEALTH

BOARD OF MEDICINE  
PHYSICIAN  
LICENSE

RYAN ROBERT HOENICKE  
6751 AVALON DR SE  
CALEDONIA MI 49316

PERMANENT I.D. NO. 4301073851 EXPIRATION DATE 01/31/2010 1883072

**COMPLAINT INFORMATION:**

The issuance of this license should not be construed as a waiver, dismissal or acquiescence to any complaints or violations pending against the licensee, its agents or employees.

**WALL CERTIFICATE INFORMATION:**

If the box below is checked, you are eligible to purchase your State of Michigan Official Wall Certificate. Please call

1-800-875-3676 ☒

**FUTURE CONTACTS:**

You should direct all inquiries regarding this license or address changes to the:

DEPARTMENT OF COMMUNITY HEALTH

BOARD OF  
MEDICINE

YOUR LICENSE MUST BE DISPLAYED IN A PROMINENT PLACE.  
REVERSE SIDE OF LICENSE CONTAINS IMPORTANT INFORMATION.

P.O. BOX 30670  
LANSING MI 48909-8170

JENNIFER M. GRANHOLM  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF COMMUNITY HEALTH

L1030061

BOARD OF MEDICINE

PHYSICIAN  
LICENSE

RYAN ROBERT HOENICKE  
6751 AVALON DR SE  
CALEDONIA MI 49316

PERMANENT I.D. NO.

4301073851

EXPIRATION DATE

01/31/2010

1883072

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

I-131 Therapy Experience

Ryan P. Hoerich, M.D.  
Resident Name

GRMERC/MSU 23-10-18-2  
Program & Number

|    | <u>Date</u>    | <u>Dose Administered</u> | <u>Preceptor (AU) Print &amp; Sign Name</u>                                   |
|----|----------------|--------------------------|---|
| 1. | <u>2/4/04</u>  | <u>25.70 mCi</u>         | <u>Craig Moore, M.D.</u><br>Print Name<br><u>C. R. Moore, MD</u><br>Sign Name |
| 2. | <u>2/24/04</u> | <u>11.89 mCi</u>         | <u>Craig Moore, M.D.</u><br>Print Name<br><u>C. R. Moore, MD</u><br>Sign Name |
| 3. | <u>3/2/06</u>  | <u>20.50 mCi</u>         | <u>Craig Moore, M.D.</u><br>Print Name<br><u>C. R. Moore, MD</u><br>Sign Name |
| 4. | <u>3/23/06</u> | <u>22.10 mCi</u>         | <u>Craig Moore, M.D.</u><br>Print Name<br><u>C. R. Moore, MD</u><br>Sign Name |

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*The World Or*

**Envelope**

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231/487-4118  
NORTHERN MICHIGAN HOSPIT  
416 CONNABLE AVE  
PETOSKEY, MI 49770  
PKGID: 712545325585

CAD # 401287  
DATE: 28OCT08  
ACTUAL WGT: 1 LBS



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UNITED STATE NUCLEAR REGULATORY  
2443 WARRENVILLE RD. SUITE 210  
REGION 111 MATERIAL LICENSING  
LISLE, IL 60532

FedEx Revenue Barcode

BILL THIRD PARTY



Delivery Address Barcode (FedEx EDR)

FedEx STANDARD OVERNIGHT

WED

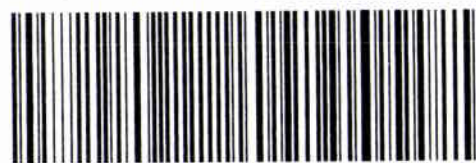
CAD # 401287 28OCT08  
TRK# 7125 4532 5585 FORM 0201

Deliver By:  
29OCT08  
A2

ORD

60532 -IL-US

XH BDFA



Align bottom of **Peel and Stick Airbill** here.