



Roberto A. Corpus, M.D., F.A.C.C.
Anthony B. Ochoa, M.D., F.A.C.C.
Mark S. Smith, M.D., F.A.C.C.

Control number 318053

06/10/2009

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

**RE: Amendment to NRC License No. 21-32511-01
Great Lakes Cardiology P.C.**

Dear Mr Reichhold:

We would like to amend our current NRC license to reflect the following changes.

Item #1 Please add the following physician to our current NRC license.

Anthony B. Ochoa M.D. Group 35.200

We have enclosed a copy of his Board Certification and his State of Michigan license to practice medicine and NRC Form 313A.

Thank you for your cooperation. If you have any questions or require additional information, please contact me at 231-935-5762.

Sincerely,

Roberto Corpus, MD
Radiation Safety Officer

RECEIVED JUN 12 2009



829 N. Center Avenue, Suite 220
Gaylord, Michigan 49735
989-731-9531
1-800-882-1642
FAX 989-731-9535

558 Ashmun Street
Sault Ste. Marie, Michigan 49783
906-635-5955
1-800-882-1642
FAX 906-635-5596

1221 Sixth Street, Suite 204
Traverse City, Michigan 49684
231-935-5750
1-800-882-1642
FAX 231-935-5759



Control Number
318053

NRC FORM 313A (AUD)
(3-2009)

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 35.590]

APPROVED BY OMB: NO. 3150-0120
EXPIRES: 3/31/2012

Name of Proposed Authorized User

State or Territory Where Licensed

Anthony B Ochoa M.D.

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 35.390 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			
Total Hours of Training:			

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 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		<input type="checkbox"/> Yes <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 <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 Must Include:	Location of Experience/License or Permit Number of Facility	Confirm	Dates of Experience*
Calculating, measuring, and safely preparing patient or human research subject dosages		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Administering dosages of radioactive drugs to patients or human research subjects		<input type="checkbox"/> Yes <input type="checkbox"/> No	
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		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Supervising Individual _____ License/Permit Number listing supervising individual as an authorized user _____

Supervisor 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)

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 _____ 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 Anthony B Ochoa M.D. 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

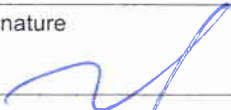
and experience, including a minimum of 80 hours of classroom and laboratory training, required by 10 CFR 35.290(c)(1), and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100 and 35.200.

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 <u>Roberto CORPUS M.D.</u>	Signature 	Telephone Number <u>231-935-5762</u>	Date <u>6/10/09</u>
License/Permit Number/Facility Name <u>21-32511-01</u>			

REQUEST FOR ADDITIONAL INFORMATION

FAX (630) 515-1078

To: Roberto A. Corpus, M.D., Radiation Safety Officer
Location: Great Lakes Cardiology, P.C.
Date: May 20, 2009

We need the following information to complete our review to add Dr. Ochoa as an authorized user for the materials in 10 CFR 35.200.


Please complete the NRC Form 313A (AUD) (copy enclosed) to document the training and experience for Dr. Ochoa to be added as a user. Please see the instructions, " Licensing Guidance for using the NRC FORM 313A Series for Forms, January 2008" (copy enclosed).

Since Dr. Ochoa's board certification is recognized by the NRC under 10 CFR Part 35 (see enclosed copy), you may wish to follow the "Board Certification" pathway under Part I, Training and Experience.

If you wish to pursue the matter, you may resubmit your request as additional information to Control 318053.

Please call me at 630-829-9839 if you have any questions.

From the desk of



Bill Reichhold

Certification Board of Nuclear Cardiology

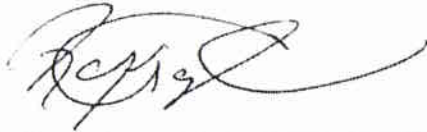
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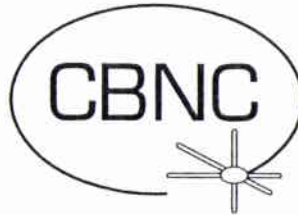
Anthony Brian Ochoa, MD

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 2008 - 2018



President



Secretary



CERTIFICATE NUMBER: 6483

BOARD OF MEDICINE

PHYSICIAN
LICENSE

ANTHONY BRIAN OCHOA MD

PERMANENT I.D. NO.

EXPIRATION DATE

4301075199

01/31/2012

2290583

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

BOARD OF PHARMACY
CONTROLLED SUBSTANCE LICENSE

*THIS LICENSE VALID ONLY IF PROFESSIONAL LICENSE IS ACTIVE

ANTHONY BRIAN OCHOA

PERMANENT I.D. NO.

EXPIRATION DATE

5315025845

01/31/2012

2290191

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OF MICHIGAN.

Great Lakes Cardiology P.C.
1221 Sixth St Suite 207
Traverse City, Mi

49684



Control number
318053

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

