



8/20/09

U.S. Nuclear Regulatory Commission, Region III  
Division of Materials Licensing  
2443 Warrenville Rd.  
Suite 210  
Lisle, IL, 60532 4352

The following is a proposed amendment to the license of St. Joseph Mercy, Port Huron, (21 15638 01). Attached are supporting documents as needed.

1. We request an amendment to correct a misspelling in the Amendment processed in December 2008; the facility name is **St. Joseph Mercy, Port Huron**, not **St. Joseph's Mercy, Port Huron**. This was a typographical error in the amendment request as presented in 2008.
2. We request that Dr. Edward Mauch, M.D., be added as an Authorized User under 10CFR35.100, 200, and 300 (Sodium Iodides less than 33mCi)
3. Two items were brought to light during an inspection on 8/19/09.
  - a. It seems that the numbering of our amendments is incorrect; Amendment #26 was issued on 11/6/06, and then again on 10/10/08. The latter should have been #27, and in accordance, the above requested amendment should be #29 (#27, which should have been #28 was issued on 1/6/09.)
  - b. On the amendment of 10/10/08, items 6D and 6F were combined into 6D. However, item 10B still refers to 6F.

J. Charles Smith, M.S., Radiation Safety Officer  
810 985 1564  
[smithch@trinity-health.org](mailto:smithch@trinity-health.org)

# 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*

**Edward James Mauch, 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 third day of June, 2008*

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

**Diagnostic Radiology**

AH Eligible



Certificate No. 54926

*N. Reed Jennrich, MD*  
President

*Richard L. Monin*  
Secretary-Treasurer

*Hayden S. Rubin*  
Executive Director



Valid through 2018

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: Edward March 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 35.390 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)

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

U.S. NUCLEAR REGULATORY COMMISSION

**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 (not required for 35.590) |                      |             |                    |
| 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 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<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 |                      |

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

U.S. NUCLEAR REGULATORY COMMISSION

**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<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 |                      |
| Administering dosages of radioactive drugs to patients or human research subjects  |   | <input type="checkbox"/> Yes<br><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<br><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.**

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

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 Edward March 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

ed. m.  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 Edward March 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<br><u>Richard N Joyrich MD</u>          | Signature<br><u>[Signature]</u> | Telephone Number<br><u>313 745 4545</u> | Date<br><u>7/24/09</u> |
| License/Permit Number/Facility Name<br><u>Z1-04127-02</u> |                                 | <u>Harper University Hospital</u>       |                        |

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

U.S. NUCLEAR REGULATORY COMMISSION

**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: 3/31/2012

Name of Proposed Authorized User

*Edward March*

State or Territory Where Licensed

*Michigan*

Requested Authorization(s) (check all that apply):

- 35.300 Use of unsealed byproduct material for which a written directive is required
- OR**
- ~~35.300~~ 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.

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

U.S. NUCLEAR REGULATORY COMMISSION

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

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

a. 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  |                      |             |                    |
| <b>Total Hours of Training:</b>                                    |                      |             |                    |

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 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<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 |                      |

NRC FORM 313A (AUT)  
(3-2008)

U.S. NUCLEAR REGULATORY COMMISSION

**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  | Harper University Hospital<br>21-02/127-02                  | 11/2/07 - 2/7/08     |
| Oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 1.22 gigabecquerels (33 millicuries)                        |  |   |                      |
| 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)  |  |   |                      |

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

U.S. NUCLEAR REGULATORY COMMISSION

**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 | 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.

**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.

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 requested authorization:

For 35.390:

Board Certification

I attest that Edward March MD has satisfactorily completed the training and experience requirements in 35.390(a)(1).  
Name of Proposed Authorized User

OR

Training and Experience

I attest that \_\_\_\_\_ 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).  
Name of Proposed Authorized User

NRC FORM 313A (AUT)

(3-2009)

U.S. NUCLEAR REGULATORY COMMISSION

**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 Edward March m has satisfactorily completed the 80 hours of classroom 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).  
Name of Proposed Authorized User

**For 35.394 (Identical Attestation Statement Regardless of Training and Experience Pathway):**

I attest that \_\_\_\_\_ has satisfactorily completed the 80 hours of classroom 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).  
Name of Proposed Authorized User

**Second Section**

I attest that Edward March m has satisfactorily completed the required clinical case experience required in 35.390(b)(1)(ii)G listed below:  
Name of Proposed Authorized User

- 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 Edward March m has satisfactorily achieved a level of competency to function independently as an authorized user for:  
Name of Proposed Authorized User

- 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

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

U.S. NUCLEAR REGULATORY COMMISSION

**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<br><i>Richard N. Joyrich</i>                                       | Signature<br><i>Richard N. Joyrich</i> | Telephone Number<br><i>313 745 8585</i> | Date<br><i>7/24/09</i> |
| License/Permit Number/Facility Name<br><i>21-04127-02 Harper University Hospital</i> |  |   |                        |

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>

Edward Mawle

Resident Name

Wayne State University/

Detroit Medical Center 4202521096

Program

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 ( $\leq 23\text{mCi}$ ).....  | <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"/> |

Wilbur L. Smith, M.D.  
Residency Program Director  
(Print Name)

Wilbur L. Smith  
Program Director  
(Signature)

2-11-05  
Date

Form B

I-131 Therapy Experience

Edward March

Resident Name

Wayne State University/  
Detroit Medical Center

4202521096

Program & Number

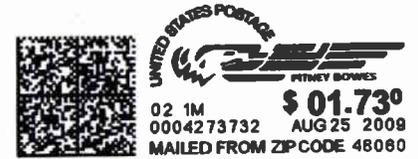
| <u>Date</u>       | <u>Dose Administered</u> | <u>Preceptor (AU) Print &amp; Sign Name</u>                                 |
|-------------------|--------------------------|---|
| 1. <u>11-2-07</u> | <u>54mCi</u>             | <u>Richard W. Jennings</u><br>Print Name<br><u>[Signature]</u><br>Sign Name |
| 2. <u>11-4-07</u> | <u>250mCi</u>            | <u>[Signature]</u><br>Print Name<br><u>[Signature]</u><br>Sign Name         |
| 3. <u>2-6-08</u>  | <u>15mCi</u>             | <u>[Signature]</u><br>Print Name<br><u>[Signature]</u><br>Sign Name         |
| 4. <u>2-7-08</u>  | <u>29.2mCi</u>           | <u>[Signature]</u><br>Print Name<br><u>[Signature]</u><br>Sign Name         |

The preceding ABR forms do not have to be completed for a resident to take the ABR exam including the Nuclear Medicine section of the exam. Completing the form documents the training and allows the candidate to receive authorized user (AU)-eligible designation on his/her certificate

Candidates who fulfill all the requirements listed on Form A and Form B and who pass all their ABR exams will receive an ABR certificate that contains the additional designation "AU-eligible". This means that the person is eligible through the ABR pathway to be approved by the NRC as an AU of medical radionuclides for imaging and localization studies and for oral administration of sodium iodide I-131 requiring a written directive ( $\leq 33\text{mCi}$ ). NRC approval is obtained upon written application to the NRC/Agreement State and also requires submission of an NRC preceptor form which has been completed and signed by the preceptor who must be an AU. The forms are available on the NRC website.



ST. JOSEPH MERCY  
PORT HURON  
2601 Electric Avenue  
Port Huron, MI 48060



REMARKABLE MEDICINE. REMARKABLE CARE.

U.S. Nuclear Regulatory  
Commission, Region III  
2443 Warrenville Rd. Suite 210  
Lisle, IL, 60532-4352

