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facsimile transmittal

To: James M Fax: 6232145213

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From: Laura T. Smith Date: 9/15/2009

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Re: Dr. Kalata Pages: 3

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CC:

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- Urgent     For Review     Please Comment     Please Reply     Please Recycle

Notes:

Thank you, page me if you need me, I do have a dentist appointment today between 2:30-3:30, but free the rest of the day.

Laura Smith ©

313 609 2038  
 cell 586 215 5947



NRC FORM 313A (AUG) (2-2007)	U.S. NUCLEAR REGULATORY COMMISSION <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 35.590]	APPROVED BY OMB: NO. 3160-0120 EXPIRES: 10/31/2009
Name of Proposed Authorized User Michael A. Kalata, D.O.		State or Territory Where Licensed Michigan
Requested Authorization(s) (check all that apply) <input checked="" type="checkbox"/> 35.100 Uptake, dilution, and excretion studies <input checked="" type="checkbox"/> 35.200 Imaging and localization studies <input type="checkbox"/> 35.500 Sealed sources for diagnosis (specify device _____)		
<b>PART I - TRAINING AND EXPERIENCE</b> (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.		
<input type="checkbox"/> 1. <b>Board Certification</b> 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.		
<input type="checkbox"/> 2. <b>Current 35.290 Authorized User Seeking Additional 35.290 Authorization</b> 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
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)		
<input type="checkbox"/> 35.290 <input type="checkbox"/> 35.390 + generator experience in 32.280(c)(1)(ii)(G)		

NRC FORM 313A (AUG) (2-2007)	U.S. NUCLEAR REGULATORY COMMISSION <b>AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)</b>	
<b>PART II - PRECEPTOR ATTESTATION</b>		
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:		
<b>For 35.190</b>		
<input type="checkbox"/> <b>Board Certification</b> I attest that _____ has satisfactorily completed the requirements in _____ <small>Name of Proposed Authorized User</small> 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		
<input type="checkbox"/> <b>Training and Experience</b> I attest that _____ has satisfactorily completed the 60 hours of training and <small>Name of Proposed Authorized User</small> 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.		
<b>For 35.290</b>		
<input type="checkbox"/> <b>Board Certification</b> I attest that _____ has satisfactorily completed the requirements in _____ <small>Name of Proposed Authorized User</small> 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 Michael A. Kula, Jr., D.O. has satisfactorily completed the 700 hours of training

Name of Proposed Authorized User

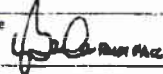
and experience, including a minimum of 80 hours of classroom and laboratory training, required by 10 CFR 35.290(c)(1), and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100 and 35.200.

**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
- 35.250
- 35.360
- 35.380 + generator experience

Name of Preceptor	Signature	Telephone Number	Date
Kevin J. Berlin, D.O.		734-675-2220	
License/Permit Number/Facility Name			
A1-2630 DOWNRIVER CARBIDISBY CONSULTANTS, PC			