



MID-MICHIGAN PHYSICIANS, P.C.

MID MICHIGAN PHYSICIANS
IMAGING CENTER

February 1, 2010

UNITED STATES NUCLEAR REGULATORY COMMISSION
Region III, Materials Licensing Section
2443 Warrenville Road
Suite 210
Lisle, IL 60532-4352

**Re: Adding authorized users to license No. 21-32527-01, Mid-Michigan
Physicians, P.C.**

1. Please amend our license to add **Kara Hoisington, D.O.** as an authorized user (AU) for 10CFR35.100, 35.200, and 35.300 limited to written directions involving the oral administration of sodium iodide I-131 requiring a written directive in quantities both less than 1.22 gigabecquerels (33 millicuries) and greater than 1.22 gigabecquerels (33 millicuries). Please find the enclosed NRC Form 313A(AUD) and 313A(AUT) for your review.
2. Please amend our license to add **Meketa Schlega, M.D.** as an AU for 10CFR35.100, 200, and 300, limited to written directions involving the oral administration of sodium iodide I-131 requiring a written directive in quantities less than 1.22 gigabecquerels (33 millicuries). Dr. Schlega was an AU on Genesys Regional Medical Center, license # 21-26740-01, amendment #10 (copy enclosed).
3. Please amend our license to add **Roger J. Rohr, D.O., and Lyle Mindlin, D.O.** as authorized users for 10CFR35.100, and 35.200. Dr. Rohr was an AU on Genesys Regional Medical Center, license # 21-26740-01, amendment #10 (copy enclosed). Dr. Mindlin was an AU on Central Michigan Community Hospital, license # 21-08966-01, amendment #46 (no copy enclosed).

Thank you for your cooperation.

Sincerely,

RECEIVED FEB 09 2010

Administration
Mid-Michigan Physicians, P.C.

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
Kara, Hoisington DO

State or Territory Where Licensed
MI

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	<i>William Beaumont Hospital Royal Oak, MI 21-01333-01</i>	<i>2</i>	<i>4/1/08-5/30/08</i>
	<i>Mount Clemens Regional Medical Center 21-04080-01</i>	<i>0</i>	<i>7/1/07-6/30/09</i>
	<i>Henry Ford Health - Warren Campus 21-04082-01</i>	<i>0</i>	<i>7/1/07-6/30/09</i>

Total Hours of Experience: *2*

Supervising Individual
ERIC S. LANGER, D.O.

License/Permit Number listing supervising individual as an authorized user
MOUNT CLEMENS REGIONAL MEDICAL CENTER 21-04080-01
HENRY FORD HEALTH - WARREN CAMPUS 21-04082-01

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	Beaumont Hospital NM department Royal Oak, MI	1	March 1 - April 30, 2008
	Health + Radiological Seminars, Inc Boston, MA	20	4/30 - 5/31/9 5/28 - 31/9
Radiation protection	Beaumont Hospital NM department Royal Oak, MI	1	March 1 - April 30, 2008
	Health + Radiological Seminars, Inc Boston, MA	5	4/30 - 5/31/9 5/28 - 31/9
Mathematics pertaining to the use and measurement of radioactivity	Beaumont Hospital NM department Royal Oak, MI	1	3/1 - 4/30/8
	Health + Radiological Seminars, Inc Boston, MA	20	4/30 - 5/31/9 5/28 - 31/9
Chemistry of byproduct material for medical use (not required for 35.590)	Beaumont Hospital NM department Royal Oak, MI	1	3/1 - 4/30/8
	Health + Radiological Seminars, Inc Boston, MA	20	4/30 - 5/31/9 5/28 - 31/9
Radiation biology	Beaumont Hospital NM department Royal Oak, MI	1	3/1 - 4/30/8
	Health + Radiological Seminars, Inc Boston, MA	15	4/30 - 5/31/9 5/28 - 31/9
Total Hours of Training:		85	

**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	648	Confirm	Dates of Experience*
Ordering, receiving, and unpacking radioactive materials safely and performing the related radiation surveys	Beaumont Hospital 21-01333-01 Mt Clemens Regional Medical Center 21-04080-01		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	March 1 - April 30 2008 July 1 2007 - June 30, 2009
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters	Beaumont Hospital 21-01333-01 Mt Clemens Regional Medical Center 21-04080-01		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	March 1 - April 30 2008 July 1, 2007 - June 30, 2009

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	Beaumont Hospital 21-01333-01 Mt. Clemens Regional Medical Center 21-04080-01 Henry Ford Macomb-Warren Campus 21-04082-01	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	July 1, 2007- June 30, 2009
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material	Beaumont Hospital 21-01333-01 MCRMC 21-04080-01 HF-Macomb-Warren Campus 21-04082-01	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	July 1, 2007- June 30, 2009
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures	MCRMC 21-04080-01	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	July 1, 2007- June 30, 2009
Administering dosages of radioactive drugs to patients or human research subjects	Beaumont Hospital 21-01333-01 MCRMC 21-04080-01 HF-Macomb Warren Campus 21-04082-01	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	July 1, 2007- June 30, 2009
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	Beaumont Hospital 21-01333-01 MCRMC 21-04080-01 HF-Macomb Warren Campus 21-04082-01	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	July 1, 2007- June 30, 2009

Supervising Individual

ERIC S. LANGER, D.O.

License/Permit Number listing supervising individual as an authorized user:
MOUNT CLEMENS REGIONAL MED. CENTER #21-04080-01
HENRY FORD MACOMB-WARRREN CAMPUS #21-04082-01

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 _____ 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 Kara Hoisington, DO 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 _____ 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 Kara Hoisington, DO 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

ERIC S. LANGER, D.O.

Signature

Eric S. Langer

Telephone Number

(586) 932-8480

Date

11/9/09

License/Permit Number/Facility Name

21-09080-01 / FRONT CLINICALS REGIONAL MED. CENTER / 21-04082-01 / HENRY FORD (MADONIS - WARREN) CLINICALS

Filed 12-7-09

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

Kara Huisington, DO

State or Territory Where Licensed

MI

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.

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	Beaumont Hospital Royal Oak, MI Health & Radiological Seminars Boston, MA	2 20	3/1 - 4/30/08 4/30 - 5/31/09 5/28 - 31/09
Radiation protection	Royal Oak, MI Boston, MA	2 85	3/1 - 4/30/08 4/30 - 5/31/09 5/28 - 31/09
Mathematics pertaining to the use and measurement of radioactivity	Royal Oak, MI Boston, MA	2 20	3/1 - 4/30/08 4/30 - 5/31/09 5/28 - 31/09
Chemistry of byproduct material for medical use	Royal Oak, MI Boston, MA	2 20	3/1 - 4/30/08 4/30 - 5/31/09 5/28 - 31/09
Radiation biology	Royal Oak, MI Boston, MA	2 15	3/1 - 4/30/08 4/30 - 5/31/09 5/28 - 31/09
Total Hours of Training:			85

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: 648	
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	William Beaumont Hospital Royal Oak, Michigan 21-01333-01	<input checked="" type="checkbox"/> Yes	4/1/08 - 5/30/08
	Mount Clemens Regional Medical Center 21-04080-01	<input type="checkbox"/> No	7/1/07 - 6/30/09
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters	William Beaumont Hospital Royal Oak, Michigan 21-01333-01	<input checked="" type="checkbox"/> Yes	4/1/08 - 5/30/08
	Mount Clemens Regional Medical Center 21-04080-01	<input type="checkbox"/> No	7/1/07 - 6/30/09
Calculating, measuring, and safely preparing patient or human research subject dosages	William Beaumont Hospital Royal Oak, Michigan 21-01333-01	<input checked="" type="checkbox"/> Yes	4/1/08 - 5/30/08
	Mount Clemens Regional Medical Center 21-04080-01	<input type="checkbox"/> No	7/1/07 - 6/30/09
	Henry Ford Medical - Warren Campus	<input type="checkbox"/> No	7/1/07 - 6/30/09
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material	William Beaumont Hospital Royal Oak, Michigan 21-01333-01	<input checked="" type="checkbox"/> Yes	4/1/08 - 5/30/08
	Mount Clemens Regional Medical Center 21-04080-01	<input type="checkbox"/> No	7/1/07 - 6/30/09
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures	William Beaumont Hospital Royal Oak, Michigan 21-01333-01	<input checked="" type="checkbox"/> Yes	4/1/08 - 5/30/08
	Mount Clemens Regional Medical Center 21-04080-01	<input type="checkbox"/> No	7/1/07 - 6/30/09

NRC FORM 313A (AUT)
(2-2009)

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)

Supervising Individual

Eric Langer, DO

License/Permit Number listing supervising individual as an authorized user

MOUNT CLEMENS REG. MED. CNTR: 21-0480-01

HENRY FORD MALCOMB-WARREN: 21-04082-01

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)	<i>19 I131 dx 12 whole body scans</i>	<i>MOUNT CLEMENS REGIONAL MEDICAL CENTER # 030-02040 21-04080-01 HENRY FORD MALCOMB-WARREN COMPLEX # 030-02042 21-04082-01</i>	<i>7/1/07 - 6/30/09 7/1/07 - 6/30/09</i>
Oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 1.22 gigabecquerels (33 millicuries)	<i>6 I131 dx</i>	<i>MOUNT CLEMENS REGIONAL MEDICAL CENTER # 030-02040 21-04080-01 HENRY FORD MALCOMB-WARREN COMPLEX # 030-02042 21-04082-01</i>	<i>7/1/07 - 6/30/09 7/1/07 - 6/30/09</i>
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	<i>35</i>	<i>MOUNT CLEMENS REGIONAL MEDICAL CENTER # 030-02040 21-04080-01 HENRY FORD MALCOMB-WARREN COMPLEX # 030-02042 21-04082-01</i>	<i>7/1/07 - 6/30/09 7/1/07 - 6/30/09</i>
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

ERIC S. LANGER, D.O.

License/Permit Number listing supervising individual as an authorized user

MAINE CLINICAL MED. CML: 21-0480-01

NEWY ROAD MAINE - WILMOT CAMPUS: 21-0482-01

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 _____ 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 Kara Hoisington, DO 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 Kara Hoisington, DO 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 Kara Hoisington, DO 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 Kara Hoisington, DO 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 EARL S. LANGER, D.O.	Signature <i>Earl S. Langer</i>	Telephone Number (588) 939-8480	Date 11/9/09
License/Permit Number/Facility Name 21-04080-01 # 21-04080-01 / MOUNT CLEMENS REGIONAL MED. CENTER / 21-04082-02 / HENRY ISAD HILCOMS - WARREN CO. OHIO			

**MATERIALS LICENSE
SUPPLEMENTARY SHEET**

License Number
21-26740-01

Docket or Reference Number
030-34188

Amendment No. 10

- D. Any manual brachytherapy procedure permitted by 10 CFR 35.400.
- E. Shielding in a linear accelerator.
- F. To be used in Amersham/Tech Ops Model 773 calibration device for survey instrument calibration.
- G. Twenty-eight sources of varying activities to be used in a Siemens Medical Systems Profile Attenuation Correction System transmission line source housing device for medical radiography in humans. Four sources in their shipping containers for replacement sources.

CONDITIONS

10. A. Licensed material may be used at the licensee's facilities located at One Genesys Parkway, Grand Blanc, Michigan.

B. Licensed materials in items 6. C and 6. E. may be used at the licensee's facilities located at the Radiation Oncology Center, 302 Kensington Avenue, Flint, Michigan.

11. A. Radiation Safety Officer: John J. Frederick, D.O.

B. Assistant Radiation Safety Officer (Brachytherapy): Ibrahim S. Abdulhay, Ph.D.

12. Licensed material is only authorized for use by or under the supervision of:

A. Individuals permitted to work as an authorized user in accordance with 10 CFR 35.13 and 35.14.

B. The following individuals are authorized users for medical use as indicated:

Authorized Users

Material and Use

Byung Ho Chang, M.D. 10 CFR 35.100, 35.200 and gadolinium-153 in Profile Attenuation Correction System devices for medical radiography.

John Dobson, M.D. 10 CFR 35.100, 35.200 and gadolinium-153 in Profile Attenuation Correction System devices for medical radiography.

Anthony M. Parillo, M.D. 10 CFR 35.100, 35.200 and gadolinium-153 in Profile Attenuation Correction System devices for medical radiography.

Roger J. Rohr, D.O. 10 CFR 35.100, 35.200 and gadolinium-153 in Profile Attenuation Correction System devices for medical radiography.

John J. Frederick, D.O. 10 CFR 35.100, 35.200, 35.300 and gadolinium-153 in Profile Attenuation Correction System devices for medical radiography.

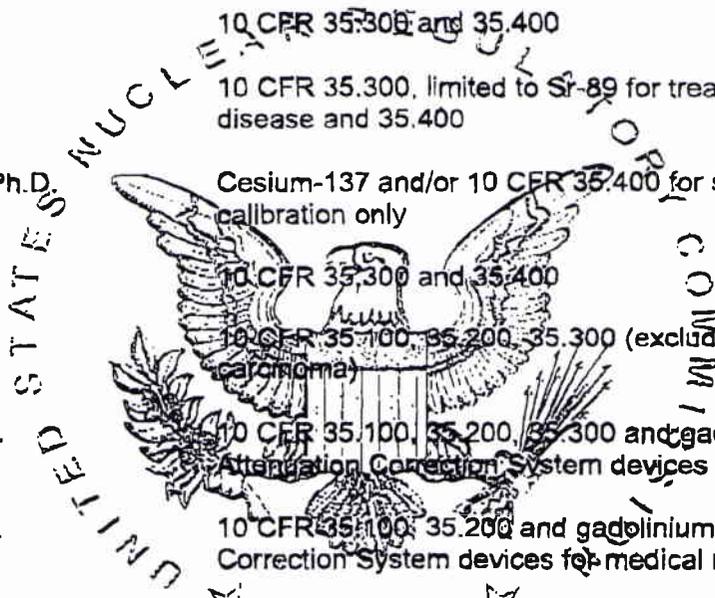
**MATERIALS LICENSE
SUPPLEMENTARY SHEET**

License Number
21-26740-01

Docket or Reference Number
030-34188

Amendment No. 10

- Ronald E. Weigel, D.O. 10 CFR 35.100, 35.200, 35.300 and gadolinium-153 in Profile Attenuation Correction System devices for medical radiography.
- Khalid Latif, M.D. 10 CFR 35.100, 35.200, 35.300 and gadolinium-153 in Profile Attenuation Correction System devices for medical radiography.
- Robert J. Yochim, M.D. 10 CFR 35.100, 35.200, 35.300 and gadolinium-153 in Profile Attenuation Correction System devices for medical radiography.
- Haesook S. Kim, M.D. 10 CFR 35.300 and 35.400
- Dong-Whan Oh, M.D. 10 CFR 35.300, limited to Sr-89 for treatment of metastatic bone disease and 35.400
- Ibrahim S. Abdulhay, Ph.D. Cesium-137 and/or 10 CFR 35.400 for survey instrument calibration only
- Ahmed M. Akl, M.D. 10 CFR 35.300 and 35.400
- Meketa Schlega, M.D. 10 CFR 35.100, 35.200, 35.300 (excluding Iodine-131 for thyroid carcinoma)
- Edward F. Martin, D.O. 10 CFR 35.100, 35.200, 35.300 and gadolinium-153 in Profile Attenuation Correction System devices for medical radiography.
- John S. Morrison, D.O. 10 CFR 35.100, 35.200 and gadolinium-153 in Profile Attenuation Correction System devices for medical radiography.
- Michael A. Gedwill, D.O. 10 CFR 35.100 and 35.200.



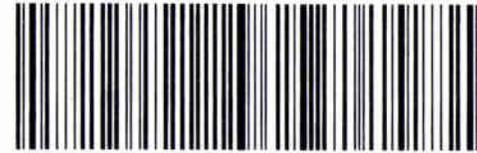
- 13. In addition to the possession limits in Item 8, the licensee shall further restrict the possession of licensed material to quantities below the minimum limit specified in 10 CFR 30.35(d) for establishing decommissioning financial assurance.
- 14. The licensee is authorized to receive, possess, and use sealed sources of gadolinium-153 where the radioactivity exceeds the maximum amount of radioactivity specified in this license provided:
 - A. Such possession does not exceed the quantity per source specified in Item 8 by more than 20 percent for gadolinium-153; and
 - B. Records of the licensee show that no more than the maximum amount of radioactivity per source specified in this license was ordered from the supplier or transferor of the byproduct material; and
 - C. The levels of radiation for the Siemens Medical Systems E-cam Attenuation Correction Profile device do not exceed those specified in the Sealed Source and Device Registry Sheet.

FedEx
TRK#
0200 8664 2030 3863

TUE - 09 FEB A1
** 2DAY **

SE ENLA

60532
IL-US
ORD



Emp# 539657 05FEB10 LANA

FedEx Express US Airbill

8664 2030 3863

0200

FedEx Retrieval Copy

1 From

Date: 2/5/10 Sender's FedEx Account Number: 8664 2030 3863

Sender's Name: [Handwritten] Phone: [Handwritten]

Company: [Handwritten]

Address: [Handwritten] Dept./Floor/Suite/Room: [Handwritten]

City: [Handwritten] State: [Handwritten] ZIP: [Handwritten]

2 Your Internal Billing Reference

3 To

Recipient's Name: [Handwritten] Phone: [Handwritten]

Company: [Handwritten]

Recipient's Address: [Handwritten] Dept./Floor/Suite/Room: [Handwritten]

Address: [Handwritten] City: [Handwritten] State: [Handwritten] ZIP: [Handwritten]

fedex.com 1800.GoFedEx 1800.463.3339

Insert airbill here



8664 2030 3863

Paperboard
MINIMUM 30% POST CONSUMER CONTENT

4a Express Package Service

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

2 FedEx 2Day
Second business day. * Thursday shipments will be delivered on Monday unless SATURDAY Delivery is selected. FedEx Envelope rate not available. Major.

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

4 FedEx Express Saver
Next business day. * Saturday Delivery NOT available.

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

6 Packages up to 150 lb.
Earliest next business morning delivery to select locations. * Saturday Delivery NOT available.

4b Express Freight Service

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

5 Packaging

6 FedEx Envelope* 2 FedEx Flat Box

6 Special Handling

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

Does this shipment contain dangerous goods?
No 4 Yes 5
Dangerous goods (including dry ice) cannot be shipped in FedEx packaging.

6 Dry Ice
Dry Ice, 3, UN 1845

7 Payment Bill to:

1 Sender
Acct. No. in Section 1 will be billed.

2 Recipient
Enter FedEx Acct. No. or Credit Card No. below.

3 Third Party
Obtain Recip. Acct. No.

4 Credit Card

5 Cash/Check

Total Packages: [Handwritten] Total Weight: [Handwritten]

8 Residential Delivery Signature Options

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

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

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

520

fedex.com 1800.GoFedEx 1800.463.3339