



Mid-Michigan Diagnostics

Mid Michigan Diagnostics
8373 Saginaw
Grand Blanc, MI 48439
December 3, 2010

Nuclear Licensing Branch
U.S. Nuclear Regulatory Commission, Region III
2443 Warrenville Road
Lisle, IL 60532-4352

Dear Sir/Madame,

We would like to amend license # 21-32601-01 in the following manner:

Add a physician authorized user, Majed Al Nounou, M.D., for 35.200
Imaging and Localization studies where a written directive is not
required.

Please see attached documentation of Dr. Nounou's training and
experience.

If you have any questions, please contact our consulting physicist,
Vincent McCormick, M.S., at (734)395-9323.

Thank you very much for your consideration.

Sincerely,


OFFICE MANAGER
12/1/2010

Attachments

RECEIVED DEC 13 2010

(3/2009)
10 CFR 30.33, 33,
34.31, 36, 39, and 47

APPLICATION FOR MATERIALS LICENSE

Estimated burden per response to comply with this mandatory collection request: 4.3 hours. Submittal of the application is necessary to determine that the applicant is qualified and that adequate procedures exist to protect the public health and safety. Send comments regarding burden estimate to the Records and FOIA/Privacy Services Branch (T-5 F53), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to infocollcts.resource@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NE08-10202 (3150-0120), Office of Management and Budget, Washington, DC 20503. If a means used to impose an information collection does not display a currently valid OMB control number, the NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.

INSTRUCTIONS: SEE THE APPROPRIATE LICENSE APPLICATION GUIDE FOR DETAILED INSTRUCTIONS FOR COMPLETING APPLICATION. SEND TWO COPIES OF THE ENTIRE COMPLETED APPLICATION TO THE NRC OFFICE SPECIFIED BELOW.

APPLICATION FOR DISTRIBUTION OF EXEMPT PRODUCTS FILE APPLICATIONS WITH: IF YOU ARE LOCATED IN:

OFFICE OF FEDERAL & STATE MATERIALS AND ENVIRONMENTAL MANAGEMENT PROGRAMS
DIVISION OF MATERIALS SAFETY AND STATE AGREEMENTS
U.S. NUCLEAR REGULATORY COMMISSION
WASHINGTON, DC 20555-0001

ILLINOIS, INDIANA, IOWA, MICHIGAN, MINNESOTA, MISSOURI, OHIO, OR WISCONSIN, SEND APPLICATIONS TO:

MATERIALS LICENSING BRANCH
U.S. NUCLEAR REGULATORY COMMISSION, REGION I
7445 WASHINGTON ROAD, SUITE 710
Lisle, IL 60532-4357

ALL OTHER PERSONS FILE APPLICATIONS AS FOLLOWS:

IF YOU ARE LOCATED IN:

ALABAMA, CONNECTICUT, DELAWARE, DISTRICT OF COLUMBIA, FLORIDA, GEORGIA, KENTUCKY, MAINE, MARYLAND, MASSACHUSETTS, NEW HAMPSHIRE, NEW JERSEY, NEW YORK, NORTH CAROLINA, PENNSYLVANIA, PUERTO RICO, RHODE ISLAND, SOUTH CAROLINA, TENNESSEE, VERMONT, VIRGINIA, VIRGIN ISLANDS, OR WEST VIRGINIA, SEND APPLICATIONS TO:

ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, COLORADO, HAWAII, IDAHO, KANSAS, LOUISIANA, MISSISSIPPI, MONTANA, NEBRASKA, NEVADA, NEW MEXICO, NORTH DAKOTA, OKLAHOMA, OREGON, PACIFIC TRUST TERRITORIES, SOUTH DAKOTA, TEXAS, UTAH, WASHINGTON, OR WYOMING, SEND APPLICATIONS TO:

LICENSING ASSISTANCE TEAM
DIVISION OF NUCLEAR MATERIALS SAFETY
U.S. NUCLEAR REGULATORY COMMISSION, REGION IV
475 ALLENDALE ROAD
KING OF PRUSSIA, PA 19406-1415

NUCLEAR MATERIALS LICENSING BRANCH
U.S. NUCLEAR REGULATORY COMMISSION, REGION IV
612 E. LAMAR BOULEVARD, SUITE 600
ARLINGTON, TX 76011-4725

PERSONS LOCATED IN AGREEMENT STATES SEND APPLICATIONS TO THE U.S. NUCLEAR REGULATORY COMMISSION ONLY IF THEY WISH TO POSSESS AND USE LICENSED MATERIAL IN STATES SUBJECT TO U.S. NUCLEAR REGULATORY COMMISSION JURISDICTIONS.

1. THIS IS AN APPLICATION FOR: (Check appropriate item)

- a. NEW LICENSE
- b. AMENDMENT TO LICENSE NUMBER **21-32601-01**
- c. RENEWAL OF LICENSE NUMBER

7. NAME AND MAILING ADDRESS OF APPLICANT (include ZIP code)

**Mid Michigan Diagnostics
8373 Saginaw
Grand Blanc, MI 48439**

3. ADDRESS WHERE LICENSED MATERIAL WILL BE USED OR POSSESSED

Mobile Service

4. NAME OF PERSON TO BE CONTACTED ABOUT THIS APPLICATION

Vincent McCormick, M.S.

TELEPHONE NUMBER

(734) 395-9323

5. SUBMIT ITEMS 6 THROUGH 11 ON 8-1/2 X 11 PAPER. THE THIRD AND SCOPE OF INFORMATION TO BE PROVIDED IS DESCRIBED IN THE LICENSE APPLICATION GUIDE.

6. RADIOACTIVE MATERIAL
a. Element and mass number, chemical and/or physical form, and quantity and amount which will be possessed at any one time.

8. PURPOSE(S) FOR WHICH LICENSED MATERIAL WILL BE USED

7. INDIVIDUAL(S) RESPONSIBLE FOR RADIATION SAFETY PROGRAM AND THEIR TRAINING EXPERIENCE

9. TRAINING FOR INDIVIDUALS WORKING IN OR FREQUENTING RESTRICTED AREAS

8. FACILITIES AND EQUIPMENT

10. RADIATION SAFETY PROGRAM

11. WASTE MANAGEMENT

12. LICENSE FEES (See 10 CFR 170 and Section 170.31)

FEE CATEGORY AMOUNT ENCLOSED \$

13. CERTIFICATION (Must be completed by applicant). THE APPLICANT UNDERSTANDS THAT ALL STATEMENTS AND REPRESENTATIONS MADE IN THIS APPLICATION ARE BINDING UPON THE APPLICANT.

THE APPLICANT AND ANY OFFICIAL EXECUTING THIS CERTIFICATION ON BEHALF OF THE APPLICANT, I HEREBY CERTIFY THAT THIS APPLICATION IS PREPARED IN CONFORMITY WITH TITLE 10, CODE OF FEDERAL REGULATIONS, PARTS 30.32, 33, 34, 35, 36, 39, AND 40, AND THAT ALL INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF THEIR KNOWLEDGE AND BELIEF.

WARNING: 18 U.S.C. SECTION 1001(A)(1) OF JUNE 25, 1948 (42 STAT. 2464) MAKES IT A CRIMINAL OFFENSE TO MAKE A WILLFULLY FALSE STATEMENT OR REPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION.

CERTIFYING OFFICER (Type printed name and title)

SIGNATURE

DATE

FOR NRC USE ONLY

TYPE OF FEE FEE LOG FEE CATEGORY AMOUNT RECEIVED CHECK NUMBER COMMENTS

APPROVED BY: DATE



A Passion for Patient Care

5/22/07

Certification Board of Nuclear Cardiology
19562 Club House Road
Montgomery Village MD 20886-3002

Dr. **Majed Al Nounou** has completed a nuclear cardiology training program that meets the requirements for Level 2 as outlined in the *ACCF/ASNC COCATS Guidelines for Training in Nuclear Cardiology, revised 2006* within an accredited fellowship program.

Dr. **Majed Al Nounou** completed Level 2 nuclear cardiology training between the dates of **07/01/2004** and **06/30/2007**.

I attest that Dr. **Majed Al Nounou** is competent to independently function as an authorized user under NRC 10 CFR 35.200 uses.

The above-named applicant completed a minimum of 80 hours of classroom and laboratory training that meets the Nuclear Regulatory Commission (NRC) requirements as an INTEGRAL part of his/her fellowship/residency program.

The above-named applicant completed a minimum of 80 hours of classroom and laboratory training that meets the NRC requirements external to his/her fellowship program.

The above-named applicant is an Authorized User listed on a current Radioactive Materials Licence (RAM).

Sincerely,

(Signature Required)

Name of Preceptor: Claudia Gidea, M.D.

Title/Relationship to Applicant: Director of Nuclear Cardiology Lab, Michael Reese Hos

NRC/Agreement State License Number (on RAM License): IL-01097-01

Certified by: CBNC

Certification #: **2357**

Certificate of Completion

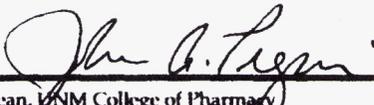
The University of Arkansas for Medical Sciences
and the
University of New Mexico Health Science Center
certify that

Majed Nounou

has completed the 200 hours of didactic education
requirements for Authorized user education as specified
by the Nuclear Regulatory Commission.



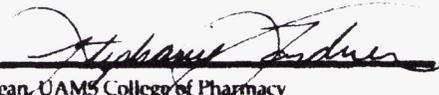
Authorized User of Radioactivity Education and Training



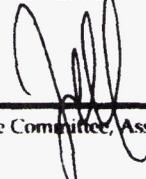
Dean, UNM College of Pharmacy



Executive Committee, Professor



Dean, UAMS College of Pharmacy



Executive Committee, Associate Professor

May 28, 2008

APPLICATION FORM - 2009 CBNC CERTIFICATION EXAM

Office Use

JUL 11 2009

Please note that the application forms constitute just one part of the required documentation. Be sure that you include all documents listed on the "Application Information and Checklist" pages.

Received: _____
 Amount: \$895 Type MC
 Reviewer: #0

PLEASE TYPE OR PRINT LEGIBLY (This information MUST be provided to determine eligibility) MD DO Other _____

1. Print **Official** Name Below as listed on the Government Issued Photo ID you will use to identify yourself at the testing site (First, Middle/Middle Initial, Last, Suffix):
Majed A. Nounou
2. Print Name below as you wish it to appear on your certificate if you pass the Examination (may be different from Official Name):
Majed Al Nounou
3. Preferred Address: Home Office (check ONLY one)

Facility Name (list above if applicable)
12266 Morningside Circle
 Street (list above) Grand Blanc MI Suite/Apt Number 48439 US
 City (list above) Grand Blanc State MI Postal Code 48439 Country US

4. Office Tel: 810-664-4870 5. Mobile Tel #: 810-618-6969
 6. Fax #: 810-664-0921 7. Home #: _____
 8. Email (used to contact applicant ONLY): majedalnounou@yahoo.com

9. Preferred Contact Method for Questions: Home Phone Office Phone Mobile Phone Email Address
10. Date of Birth (mm/dd/yyyy): 04/12/70 11. Gender: M F 12. Social Security # (Optional): _____
 13. Preceptor Name: Claudia Gidea, MD 14. Preceptor Phone Number: 312-942-5020

15. My medical training included the following (list medical school/fellowship/residency, earliest to most recent)

FACILITY (NAME/LOCATION)	SPECIALTY	DATES ATTENDED	DATE COMPLETED
<u>Damascus University College of Medicine</u>	<u>MD</u>	<u>9/1/1989</u>	<u>4/1/1997</u>
<u>Seton Hall University school of GME</u>	<u>ABIM</u>	<u>7/1/2000</u>	<u>6/30/03</u>
<u>Michael Reese Hospital</u>	<u>Cardiology Fellowship</u>	<u>7/1/04</u>	<u>6/30/07</u>

16. I hold a current, unconditional, unrestricted license to practice medicine in the following state(s) or country(ies):
MI

17. Board Certification:
 I am board-certified in Cardiology, Nuclear Medicine and/or Radiology by a board which holds membership in either the American Board of Medical Specialties (ABMS), or the Bureau of Osteopathic Specialists of the AOA or hold a non U.S. specialty certificate. (Please list no more than 3 certifications). Testamur candidates certified in internal medicine must list the date of their Internal Medicine certification (see information following page).

1. Internal Medicine Date Certified: 8/19/03
 2. Cardiovascular Medicine Date Certified: 11/2/07
 3. Interventional Cardiology Date Certified: 11/10/08

I do not reside or practice in the United States; the board certification requirement in my country is as follows:

I have carefully reviewed CBNC's Eligibility Requirements and my supporting documentation. I have enclosed the necessary written verification with precise wording for my background. I understand that documentation which does not meet CBNC's requirements as outlined in this booklet or which does not include the required wording cannot be accepted. If my documentation is incorrect or incomplete I will be charged a resubmission fee of \$50. I am aware that I can contact the CBNC office for guidance on submission of my documentation prior to submitting my application.

Signature: Majed A. Nounou Date: 7/10/09



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Search



VERIFY A LICENSE/REGISTRATION

Name and Address

Name : MAJED AL NOUNOU
Address : Flint, MI 48507

Profession and License/Registration Information

Profession : Medicine		Type : Medical Doctor	
Permanent ID #	Status	Issue Date	Expiration Date
4301091738	Active	04/03/2008	01/31/2012 ✓

Complaint(s)

Open Formal Complaints
 None

Disciplinary Action

Disciplinary Action
 None

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DISCLAIMER

The **Issue Date** is the date the license/registration was first issued. Please note this information is not always available in the database. The **Expiration Date** given above is the date the license/registration expired or will expire. The license/registration may not have been active from the **Issue Date** to the **Expiration Date**. There may have been periods of non-licensure or registration.

For those licensees/registrants who have actions listed in the **Disciplinary Action** section above, the date the licensee/registrant complied with their board order is listed for all disciplinary actions subsequent to January 1, 2005. The date of compliance is not listed for disciplinary actions that began prior to that date. You should check with our office to confirm the status of the cases if the date of compliance is not listed.

You may fax a request for additional information under the Freedom of Information Act (FOIA) at **517-241-1212** or contact Mary E. Hess, Asst. FOIA Coordinator at BHP-FOIAINFO@michigan.gov for directions on how to obtain more information regarding the license/registration history or disciplinary actions.

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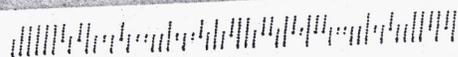
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Verify Another Physician's Certification:		by...	Name	Candidate #	NPI #
Dr. Majed Nounou					
Certification Area	Certification Status	Certification History	Comments		
Interventional Cardiology	Certified	Certified 11/10/2008, Certificate valid through 12/31/2018			
Cardiovascular Disease	Certified	Certified 11/02/2007, Certificate valid through 12/31/2017 ✓			
Internal Medicine	Certified	Certified 08/19/2003, Certificate valid through 12/31/2013			

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MID-MICHIGAN DIAGNOSTICS
8273 S. SAGINAW ST
GRAND BLANC, MI 48439



U.S. NRC REGION III
2443 Warrenville Road
Suite 210
Lisle, Illinois 60532-4352