

Estimated burden per response to comply with this mandatory collection request: 15 minutes. This notification is required so that NRC may schedule inspection of the activities to ensure that they are conducted in accordance with requirements for protection of 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 infocollects@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0013), 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.

## REPORT OF PROPOSED ACTIVITIES IN NON-AGREEMENT STATES, AREAS OF EXCLUSIVE FEDERAL JURISDICTION, OR OFFSHORE WATERS

(Please read the instructions before completing this form)

1. NAME OF LICENSEE (Person or firm proposing to conduct the activities described below) <b>ProMEDICA Northwest Ohio Cardiology Consultants</b>		2. TYPE OF REPORT <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> CHANGE	
3. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be located) <b>2940 N. McCORD Rd Toledo, Ohio 43615</b>		4. LICENSEE CONTACT AND TITLE <b>JULIA ARTHUR Testing Manager</b>	
5. TELEPHONE NUMBER (Include Area Code) <b>419-842-3006</b>		6. FACSIMILE NUMBER (Include Area Code) <b>419-842-3040</b>	

7. ACTIVITIES TO BE CONDUCTED UNDER THE GENERAL LICENSE GIVEN IN 10 CFR 150.20

WELL LOGGING  LEAK TESTING AND/OR CALIBRATIONS  TELE THERAPY/IRRADIATOR SERVICE

PORTABLE GAUGES  OTHER (Specify) ⇒ **Mobile Nuclear Medicine Service**

RADIOGRAPHY ⇒ REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS)

8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE <b>ProMedica Northwest Ohio Cardiology Consultants 770 Riverside Dr. #106 Adrian, Michigan 49221</b>		9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Street and Number or other location. Give as complete an address or directions as possible.) <b>770 Riverside Dr. #106 Adrian, Michigan 49221</b>	
10. CLIENT TELEPHONE NUMBER (Include Area Code) <b>517-266-0525</b>		11. WORK LOCATION TELEPHONE NUMBER (Include Area Code) <b>517-266-0525</b>	

12. DATES SCHEDULED		13. NUMBER OF WORK DAYS	14. ADD	15. DELETE	16. LOCATION REFERENCE NUMBER
FROM	TO				NUMBER TO BE ASSIGNED BY NRC
<b>1/7/2011</b>	<b>12/31/2011</b>	<b>2x/month 26 days</b>			

LIST ADDITIONAL WORK SITES ON SEPARATE SHEET(S) TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 9-16 ABOVE.

17. LIST RADIOACTIVE MATERIAL, WHICH WILL BE POSSESSED, USED, INSTALLED, SERVICED, OR TESTED (Include description of type and quantity of radioactive material, sealed sources, or devices to be used.)

**Reg unit dose per patient as needed for cardiac imaging  
Co-57 sealed source - no single source to exceed 5mCi  
flexible flood source PFOGR-057-10m**

18. AGREEMENT STATE SPECIFIC LICENSE WHICH AUTHORIZES THE UNDERSIGNED TO CONDUCT ACTIVITIES WHICH ARE THE SAME, EXCEPT FOR LOCATION OF USE, AS SPECIFIED IN ITEM 9 ABOVE. (One copy of the specific license must accompany the initial NRC Form 241.)	LICENSE NUMBER <b>0222049000104</b>	STATE <b>OH</b>	EXPIRATION DATE <b>2-1-2013</b>
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19. CERTIFICATION (MUST BE COMPLETED BY APPLICANT)

I, THE UNDERSIGNED, HEREBY CERTIFY THAT:

- All information in this report is true and complete.
- I have read and understand the provision of the general license 10 CFR 150.20 printed on the instructions of this form; and I understand that I am required to comply with these provisions as to all byproduct, source, or special nuclear material which I possess and use in non-Agreement States or offshore waters under the general license for which this report is filed with the U.S. Nuclear Regulatory Commission.
- I understand that activities, including storage, conducted in non-Agreement States under general license 10 CFR 150.20 are limited to a total of 180 days in calendar year. With the exception of work conducted in off-shore waters, which is authorized for an unlimited period of time in the calendar year.
- I understand that I may be inspected by NRC at the above listed work site locations and at the Licensee home office address for activities performed in non-Agreement States or offshore waters.
- I understand that conduct of any activities not described above, including conduct of activities on dates or locations different from those described above or without NRC authorization, may subject me to enforcement action, including civil or criminal penalties.

CERTIFYING OFFICER - RSO or Management Representative (Name and Title) <b>Paul Bertacher M.D.</b>	SIGNATURE <i>Paul Bertacher</i>	DATE <b>1-3-2011</b>
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WARNING: False statements in this certificate may be subject to civil and/or criminal penalties. NRC regulations require that submissions to the NRC be complete and accurate in all material respects. 18 U.S.C. Section 1001 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.

FOR NRC USE ONLY	REVIEWING OFFICIAL (Typed/Printed Name and Title)	SIGNATURE	DATE	TOTAL USAGE - DAYS TO DATE
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OHIO DEPARTMENT OF HEALTH  
LICENSE FOR RADIOACTIVE MATERIAL

Pursuant to Chapter 3748 of the Ohio Revised Code, and in reliance on statements and representations made by the licensee, a license is hereby issued authorizing the licensee named herein to receive, acquire, possess, and transfer radioactive material as designated below; to use such material for the purpose(s) and at the place(s) designated below; to deliver or transfer such material to persons authorized to receive it in accordance with the applications of Chapter 3748 of the Ohio Revised Code and all rules promulgated thereunder. This license is subject to all applicable rules, regulations and orders of the Ohio Department of Health now or hereinafter in effect and to any conditions specified below.

LICENSEE	LICENSE NUMBER
1. <i>ProMedica Northwest Ohio Cardiology Consultants, LLC</i> MOBILE	3. 02220490001
2. 2940 North McCord Rd. Toledo, Ohio 43615	EXPIRATION DATE
	4. February 1, 2013
	FILE - ID NUMBER
	5. 501221 - 2855

- |   |                                  |  |
|---|----------------------------------|--|
| 6. RADIOACTIVE MATERIAL   | 7. CHEMICAL AND/OR PHYSICAL FORM | 8. MAXIMUM QUANTITY THAT LICENSEE MAY POSSESS AT ANY ONE TIME UNDER THIS LICENSE |
| A. Any radioactive material permitted by rule 3701:1-58-34 of the Ohio Administrative Code. | A. Any radiopharmaceutical form  | A. As needed   |
| B. Cobalt-57  | B. Sealed source                 | B. As needed, no single source to exceed 555 MBq (15 mCi)                        |

## 9. Authorized Use(s)

- A. Diagnostic imaging and localization as permitted by rule 3701:1-58-34 of the Ohio Administrative Code.
- B. Check, calibration, and reference sources.

CONDITIONS

10. Licensed material may only be used at the licensee's facilities located at:
- A. 2940 North McCord Road, Toledo, Ohio 43615
- B. At temporary client sites for which the licensee has a letter signed by the management of each client for which services are rendered that permits the use of radioactive material at the client's address and clearly delineates the authority and responsibility of the licensee and the client as required by rule 3701:1-58-31 (A)(1) of the Ohio Administrative Code.
11. The Radiation Safety Officer for this license is: **Thomas Pappas, M.D.**
12. Licensed material shall be limited by the procedures outlined in Sections 6, 7, and 8 of this license. Materials may only be used by, or under the supervision of, the below listed individual(s) designated in writing:
- |                            |  |
|----------------------------|--|
| <u>Authorized User(s):</u> | <u>Authorized Use(s):</u>  |
| A. Paul Berlacher, M.D.    | A. Uses permitted by rule 3701:1-58-34 of the Ohio Administrative Code |
| B. James F. Bingle, M.D.   | B. Uses permitted by rule 3701:1-58-34 of the Ohio Administrative Code |
| C. John R. Letcher, M.D.   | C. Uses permitted by rule 3701:1-58-34 of the Ohio Administrative Code |
| D. Thomas Pappas, M.D.     | D. Uses permitted by rule 3701:1-58-34 of the Ohio Administrative Code |

OHIO DEPARTMENT OF HEALTH LICENSE FOR RADIOACTIVE MATERIALS SUPPLEMENTARY SHEET	Page 2 of 2
	License Number 02220490001
	File - ID Number 501221 - 2855
	Amendment No. 6

13. Licensed material (excluding generators) may be delivered to mobile coaches that are located at temporary medical client facilities and occupied by licensee personnel who are able to receive the material in person in accordance with license application dated October 22, 2007.
14. The licensee must provide to the Ohio Department of Health, as a notification, the client site address(es) to which deliveries will be made, in advance of the initiation of such deliveries. The licensee must provide an up to date listing of these client locations whenever there is a change in the listing.
15. All persons performing activities meeting the definition of "Nuclear Medicine Technologists" as specified in R.C. 4773.01 shall be licensed and in good standing with the State of Ohio.
16. All sealed sources that are used or obtained shall have been evaluated and approved under the provisions of rule 3701:1-46-49 of the Ohio Administrative Code or by equivalent NRC or Agreement State regulation.
17. 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 rule 3701:1-40-17(B) of the Ohio Administrative Code for establishing decommissioning financial assurance.
18. In addition to the requirements in rule 3701:1-58-30 of the Ohio Administrative Code any patient administered gamma emitting radiopharmaceuticals or permanent brachytherapy sources shall be provided a patient release card to include:
- (1) The patient's name.
  - (2) The radionuclide administered and its activity.
  - (3) The facility name which administered the radionuclide.
  - (4) The date of the administration of the radionuclide.
  - (5) The expiration date of the card.
- The card is not applicable to those patients who are institutionalized (Hospitals, Nursing Homes, Correctional Institutions, etc.) or whose radiation levels do not exceed 0.1 mR/hr at one meter.
19. Except as specifically provided otherwise in this license, the licensee shall conduct its program in accordance with the statements, representations, and procedures contained in the documents, including any enclosures, listed below. The Ohio Department of Health's statutes, rules, and orders shall govern unless statements, representations, and procedures in the licensee's application and correspondence are more restrictive than the regulations.
- A. Renewal application dated October 22, 2007; and facsimile dated January 10, 2008
  - B. Amendment #5 to license 02220490001; renewed in its entirety
  - C. Letter dated February 13, 2009 and fax dated March 26, 2009 (Amendment #6)

For the Ohio Department of Health

DATE:

4/2/09

BY:



Robert E. Owen, Chief  
Bureau of Radiation Protection  
on behalf of the Director of Health

**FAX TRANSMISSION**

**TO:** Name / Company / Department  
 Regional Administrator  
 Attn: Reciprocity Request

**Phone** 630-829-9887  
**FAX** 630-515-1259

**FROM:** Name  
 TTH Cardiac Testing Dept.

Company / Department  
 Julia Arthur

**Fax** 419-842-3040  
**Phone** 419-842-3006

Date sent: 1-3-11 Number of pages: 4

You are being faxed the number of pages above, including this cover sheet. If you do not receive the entire number of pages, or if there are problems with the quality or legibility, please contact the above person at the department / phone number listed above.

Comments: NRC Form 241 + copy of RAN license  
Payment to follow.

**NOTE TO FAX RECIPIENT:**

You are required to notify us at the location above if your fax number changes.

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