

BOTSFORD

HOSPITAL

February 15, 2011

United States Nuclear Regulatory Commission
Region III, Office of Materials Licensing
2443 Warrenville Road
Suite 210
Lisle IL 60532-4352

Re: Amendment to NRC License 21-08892-01
Botsford General Hospital

Dear Sir/Madam:

The purpose of this letter is to amend our current NRC Materials License to reflect the following changes:

Item #1 Please delete the following authorized users from our NRC Material License:

Michael Kaplan, M.D.

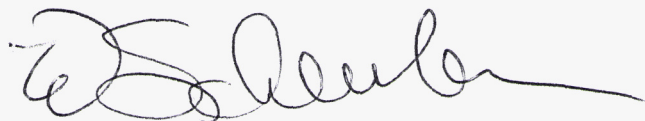
Robert Stomel, D.O.

Item #2 Please add the following authorized user to our NRC Material License:

Rocky C. Saenz, D.O.

Please find the enclosed NRC form 313A (AUD) and a copy of the American Osteopathic Board of Radiology certification for your review.

Thank you for your cooperation. If you have any questions or require additional information, please contact our physicist, Kevin B. Miller at 734-662-3197.



William Scheuber
Administrator Professional and Support Services
Botsford General Hospital

RECEIVED MAR 09 2011

**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

Rocky C. Saez, D.O.

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)

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 (<i>not required for 35.590</i>)			
Radiation biology			
Total Hours of Training:			

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 <input checked="" 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 <input type="checkbox"/> No	

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 <input type="checkbox"/> No	
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Administering dosages of radioactive drugs to patients or human research subjects		<input type="checkbox"/> Yes <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 <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.

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 Rocky C Saewz 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 _____ 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 Rocky C. Saewz 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:

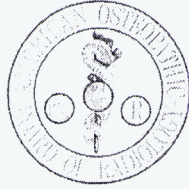
I meet the requirements below, or equivalent Agreement State requirements, as an authorized user for:

- 35.190
- 35.290
- 35.390
- 35.390 + generator experience

Name of Preceptor	Signature	Telephone Number	Date
STEPHAN R. MORSE, D.O.	<i>[Signature]</i>	248- 471-8274	1/26/11
License/Permit Number/Facility Name			
21-08892-01	BOSTFORD HOSPITAL		

upon recommendation
of the

American Osteopathic Board of Radiology



certifies that

Rocky Charles Saenz, D.O.

having met the prescribed qualifications and standards and
passed the required examinations of this Board,
is qualified as a specialist in

Diagnostic Radiology

and is hereby awarded this certificate for the period from
July 28, 2005-December 31, 2015



American Osteopathic Association

Jim B. Coog
Executive Director

Certificate No. 1070

American Osteopathic Board of Radiology

Franklin V. Jones, MD, FACR
Chair
Mark C. ...

Official Use Only – Security-Related Information

NRC FORM 374A

U.S. NUCLEAR REGULATORY COMMISSION

PAGE 3 of 5 PAGES

**MATERIALS LICENSE
SUPPLEMENTARY SHEET**

License Number
21-08892-01

Docket or Reference Number
030-02077

Amendment No. 64

Authorized Users

Material and Use

~~Robert Stomel, D.O.~~

10 CFR 35.200.

Eugene Tryciecky, D.O.

10 CFR 35.100 and 35.200.

Michael Schwartz, M.D.

10 CFR 35.100 and 35.200.

Michael M. Kaplan, M.D.

10 CFR 35.100, 35.200 and 35.300 (for iodine-131, oral administration of sodium iodide-131 equal to or less than 33 millicuries).

James A. Lyddon, D.O.

10 CFR 35.100 and 35.200.

Steven Lewin, D.O.

10 CFR 35.100 and 35.200.

Alvaro A. Martinez, M.D.

10 CFR 35.600, limited to iridium-192 for use in a High Dose-Rate Remote Afterloader Unit.

Donald Brabbins, M.D.

10 CFR 35.600, limited to iridium-192 for use in a High Dose-Rate Remote Afterloader Unit.

Greg Gustafson, M.D.

10 CFR 35.600, limited to iridium-192 for use in a High Dose-Rate Remote Afterloader Unit.

Frank Vicini, M.D.

10 CFR 35.600, limited to iridium-192 for use in a High Dose-Rate Remote Afterloader Unit.

Peter Chen, M.D.

10 CFR 35.600, limited to iridium-192 for use in a High Dose-Rate Remote Afterloader Unit.

Gary Gustafson, M.D.

10 CFR 35.600, limited to iridium-192 for use in a High Dose-Rate Remote Afterloader Unit.

Jannifer Stromberg, M.D.

10 CFR 35.600, limited to iridium-192 for use in a High Dose-Rate Remote Afterloader Unit.

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Next business afternoon.* Saturday Delivery NOT available.

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Second business day.* Thursday shipments will be delivered on Monday unless SATURDAY Delivery is selected.

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Third business day.* Saturday Delivery NOT available.

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

FedEx 2Day Freight
Second business day.** Thursday shipments will be delivered on Monday unless SATURDAY Delivery is selected.

FedEx 3Day Freight
Third business day.** Saturday Delivery NOT available.

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One box must be checked.

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