

PORT HURON HEART CENTER
CARDIOLOGY ASSOCIATES OF PORT HURON, P.C.

Johnson Zacharias, M.D.
Virender D. Parekh, M.D., F.A.C.C.
Vrajmohan C. Parikh, M.D., F.A.C.C.
Madhusudhan C. Reddy, M.D., F.A.C.C.
Sivaji Gundlapalli, M.D., F.A.C.C.
B. Ramesh Reddy, M.D., F.A.C.C.
Bashar Samman, M.D., F.A.C.C.
Suresh Tumma, M.D., F.A.C.C.
Ajay Krishen, M.D.
Elias Skaf, M.D.
Jody A., Britz, D.N.P., FNP-BC

July 1, 2011

United States Nuclear Regulatory Commission
Region III, Materials Licensing
2443 Warrenville Rd, Ste 210
Lisle, IL 60532-4352

OFFICES:

Main Office
1222 Tenth Ave
Port Huron MI 48060
Tele:(810) 985-9681
Fax:(810) 985-5310

Mercy Health Center
4190 24th Ave
Suite 203
Fort Gratiot MI 48059
Tele:(810) 989-7490
Fax: (810) 989-7433

Deckerville Community Hospital
3559 Pine Street
Deckerville MI 48427
Tele:(810) 376-2835
Fax: (810) 376-9713

McKenzie Memorial Hospital
120 Delaware Street
Sandusky MI 48471
Tele: (810) 648-3770
Fax: (810) 648-4204

Harbor Beach Hospital
210 First St
Harbor Beach MI 48441
Tele: (989) 479-3201
Fax: (989) 479-6441

River District Hospital
4100 South River Rd
East China MI 48054
Tele:(810) 329-7111
Fax:(810) 326-2544

Downriver Community Services
Downriver Medical Center
555 St. Clair River Dr
Algonac MI 48001
Tele: (810) 794-4917
Fax: (810) 794-7645

Yale Clinic Location
333 Gordon Dr
Yale MI 48097
Tele: (810) 985-9681
Fax: (810) 985-5310

RE: Notification of NRC License
Addition of Authorized User
Nuclear License No. 21-26548-01
Facility Name: Cardiology Associates of Port Huron

Dear Sir or Madam:

The purpose of this letter is to notify you of the addition of an authorized user to our current NRC license.

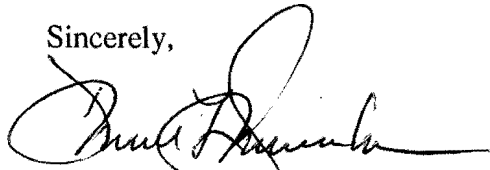
Please add the following physicians to our current NRC license;

ELIAS SKAF, M.D. Group 35.200

Please find the enclosed copy of the State of Michigan license to practice medicine, the certification Board of Nuclear Cardiology as well as preceptor forms.

Thank you for your cooperation. If you have any questions or require additional information, please contact our physics consultant, Laura Luna at 734-662-3197.

Sincerely,



Daniel Krumenaker
Office Manager
Cardiology Associates of Port Huron

RECEIVED AUG 02 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

State or Territory Where Licensed

ELIAS SKAF M.D.

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 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 _____ 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 ELIAS SKAF 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
BASHAR SAMMAN M.D.		810-985-9681	7-20-11
License/Permit Number/Facility Name			
CARDIOLOGY ASSOCIATES OF POET HURON 21-26548-01			

Certification Board of Nuclear Cardiology

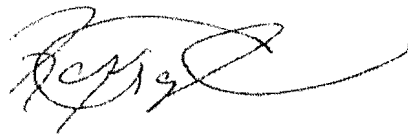
Incorporated 1996

Certifies that

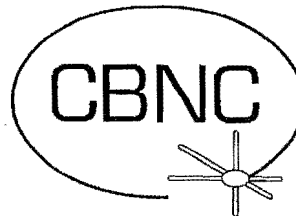
Elias Skaf, MD

HAVING MET THE REQUIREMENTS PRESCRIBED BY THIS BOARD
FOR PHYSICIANS TRAINED IN THE UNITED STATES
AND HAVING SATISFACTORILY PASSED THE REQUIRED EXAMINATION,
IS HEREBY DESIGNATED
A DIPLOMATE CERTIFIED IN THE SUBSPECIALTY OF
NUCLEAR CARDIOLOGY

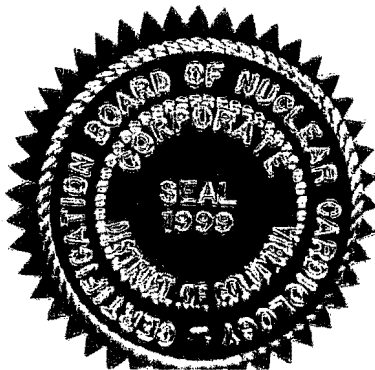
FOR THE PERIOD 2009 - 2019



President



Secretary



CERTIFICATE NUMBER: 7353

M430118

004 R -001
OUT OUT FOR WALLET CARD

STATE OF MICHIGAN - DEPARTMENT OF COMMUNITY HEALTH

**BOARD OF MEDICINE
PHYSICIAN
LICENSE**

**ELIAS SKAF
1521 GULL ROAD
KALAMAZOO MI 49048**

PERMANENT I.D. NO. EXPIRATION DATE
4301083143 01/31/2014 2764590

STATE OF MICHIGAN - DEPARTMENT OF COMMUNITY HEALTH

The issuance of this license should not be construed as a waiver, dismissal or acquiescence to any complaints or violations pending against the licensee, its agents or employees.

WALL CERTIFICATE INFORMATION:

If the box is checked, you may purchase a State of Michigan Official Wall Certificate. Please visit <http://tbsddp.com/certificates> or call

1-800-875-3676

X

FUTURE CONTACTS:

You should direct all inquires regarding this license or address changes to the:

DEPARTMENT OF COMMUNITY HEALTH

**BOARD OF
MEDICINE**

P.O. BOX 30670
LANSING MI 48909-8170

YOUR LICENSE MUST BE DISPLAYED IN A PROMINENT PLACE.
REVERSE SIDE OF LICENSE CONTAINS IMPORTANT INFORMATION.

JENNIFER M. GRANHOLM
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH L1904592

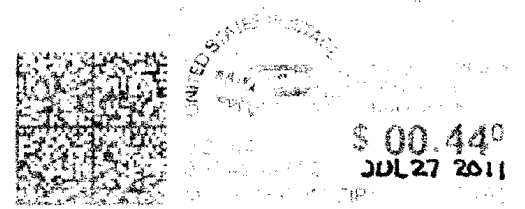
**BOARD OF MEDICINE
PHYSICIAN
LICENSE**

ELIAS SKAF

PERMANENT I.D. NO. EXPIRATION DATE
4301083143 01/31/2014 2764590

THIS DOCUMENT IS DULY ISSUED
UNDER THE LAWS OF THE STATE
OF MICHIGAN.

PORT HURON HEART CENTER
CARDIOLOGY ASSOCIATES OF PORT HURON P.C.
1222 TENTH AVENUE
PORT HURON, MICHIGAN 48060-3563



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