

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

Date: August 10, 2011

Re: USNRC Materials License No. 13-10205-01

Dear Mr. Reichhold,

This correspondence is sent to your office as a follow-up for additional information on Dr. Pinchouck's request to become an authorized user.

I contacted Mark S. Rzeszotarski, Assistant Residency Program Director of MetroHealth Medical Center, and we had erroneously calculated the hours of experience from his residency program. I have enclosed a new NRC FORM 313A (AUD) along with Dr. Rzeszotarski's correspondence letter confirming the number of required hours.

The credentials and requests of this individual were reviewed and approved by the Radiation Safety Committee as required.

Dr. Pinchouck's Ohio physician license number is 35.080798 and his Indiana physician license number is 01061463A.

If you have any questions, please feel free to contact me at (765) 298-5174 or Mr. Edward E. Wroblewski, M.A. Radiation Physicist, at St. Vincent Hospital, Indianapolis, IN at (317) 338-2381.

Sincerely,



Joseph M. Rastetter
Radiation Safety Officer

RECEIVED AUG 3 0-2011

**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

Mark J. Pinchouck, M.D.

State or Territory Where Licensed

IN 01061463A OH 35.080798

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	MetroHealth Medical Center Cleveland, OH	28	08/01 - 08/05
Radiation protection	MetroHealth Medical Center Cleveland, OH	12	08/01 - 08/05
Mathematics pertaining to the use and measurement of radioactivity	MetroHealth Medical Center Cleveland, OH	24	08/01 - 08/05
Chemistry of byproduct material for medical use <i>(not required for 35.590)</i>	MetroHealth Medical Center Cleveland, OH	8	08/01 - 08/05
Radiation biology	MetroHealth Medical Center Cleveland, OH	16	08/01 - 08/05

Total Hours of Training: 88

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: 800 hrs	
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	MetroHealth Medical Center Cleveland, OH	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	08/01 - 08/05
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters	MetroHealth Medical Center Cleveland, OH	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	08/01 - 08/05

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	MetroHealth Medical Center Cleveland, OH	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	08/01 - 08/05
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material	MetroHealth Medical Center Cleveland, OH	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	08/01 - 08/05
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures	MetroHealth Medical Center Cleveland, OH	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	08/01 - 08/05
Administering dosages of radioactive drugs to patients or human research subjects	MetroHealth Medical Center Cleveland, OH	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	08/01 - 08/05
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	MetroHealth Medical Center Cleveland, OH	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	08/01 - 08/05

Supervising Individual Anthony J. Minotti, M.D	License/Permit Number listing supervising individual as an authorized user 34-03749-10
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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 _____ 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 Mark J. Piachouck has satisfactorily completed the 700 hours of training

Name of Proposed Authorized User

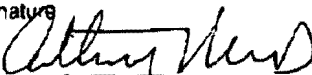
and experience, including a minimum of 80 hours of classroom and laboratory training, required by 10 CFR 35.290(c)(1), and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100 and 35.200.

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 Anthony J. Minotti	Signature 	Telephone Number (419) 625-7061	Date 08/10/2011
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License/Permit Number/Facility Name
NRC# 34-03749-10 MetroHealth Medical Center / Ohio Broad Scope #02110180045



MetroHealth Medical Center
2500 MetroHealth Drive, Cleveland Ohio 44109-1998

216-778-4021

Radiology

August 9, 2011

Ohio Broad Scope Radioactive Materials License # 02110180045

Dear Sirs:

This correspondence is provided to confirm that Marc J. Pinchouck, M.D. successfully completed a diagnostic residency program in our department. I was and continue to be the Assistant Residency Program Director for the training program. Marc completed five clinical months of nuclear medicine during his four years of training. That corresponds to at least 800 hours of clinical training (5 months times 8 hours per day times 5 days per week times 4 weeks per month). I have attached the summary pages from each of his semi-annual evaluations, demonstrating his participation and satisfactory performance in his nuclear medicine rotations. As Assistant Program Director, I attended each of these semi-annual reviews and Marc's clinical performance was always excellent. I have also included a copy of his training certificate and final evaluation letter as well as the preceptor form he filled out in 2005.

I was not the Radiation Safety Officer at the time of Marc's training, but was directly involved in providing him training in nuclear medicine, radiation protection, radiation biology, radiation instruments and radiation safety. Dr. Anthony J. Minotti was his authorized user preceptor during all of his years of training.

Sincerely,

Mark S. Rzeszotarski, Ph.D.
Assistant Program Director, Diagnostic Radiology Residency Program
Radiation Safety Officer
Department of Radiology
MetroHealth Medical Center
2500 MetroHealth Drive
Cleveland, OH 44109-1998
Phone: 216-778-4021, FAX: 216-778-4072, email: mrzeszotarsk@metrohealth.org

MetroHealth Medical Center

A TEACHING CENTER
OF

Case Western Reserve University

Cleveland, Ohio

This certifies that

Marc Joseph Pinchouck, M.D.

has faithfully and satisfactorily performed all duties as

Resident in Diagnostic Radiology

August 15, 2001 - August 14, 2005

*In Witness Whereof the undersigned have affixed their
signatures this 14th day of August, 2005*

Joseph W. Samarkis MD
CHAIR, DEPARTMENT

Robert D. Abravitz
DEAN, SCHOOL OF MEDICINE



John F. Silvers
PRESIDENT AND CHIEF EXECUTIVE OFFICER
THE METROHEALTH SYSTEM

Thomas Kelly, MD
CHAIR, BOARD OF TRUSTEES
THE METROHEALTH SYSTEM

**METROHEALTH MEDICAL CENTER
DEPARTMENT OF RADIOLOGY**

Final Evaluation: Marc Pinchouck, MD

Department Residency/Fellowship Performed In	Dates of Residency at MetroHealth
Diagnostic Radiology	8/15/2001 through 8/14/2005

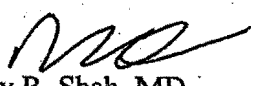
Marc Pinchouck, MD successfully completed the Diagnostic Radiology Residency Program at MetroHealth Medical Center from August 15, 2001 to August 14, 2005.

Dr. Pinchouck has proven himself to be a hard working, responsible and knowledgeable physician during his residency training with us. He is a mature, responsible, self-motivated achiever with a great eye for detail. Review of his monthly evaluations reveals a consistent record of superior ratings from her preceptors. He exhibits excellent interpersonal skills and is well liked by the clinical staff, fellow residents, technologists, and faculty. He is also highly respected by our referring physicians. There are no records of any adverse actions or disciplinary proceedings.

Dr. Pinchouck has proven competence in the six general competencies defines by the ACGME as follows:

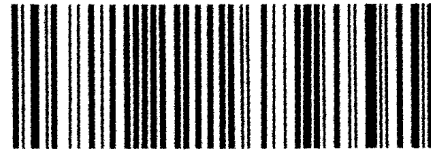
1. Medical knowledge
2. Patient Care
3. Interpersonal/Communication Skills
4. Professionalism
5. Systems-Based Practice

He has also demonstrated sufficient professional ability to practice diagnostic radiology competently and independently.

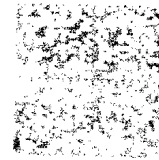

Rajiv R. Shah, MD
Program Director
Department of Radiology
MetroHealth Medical Center
Cleveland, OH 44109

Community
Health Network

CERTIFIED MAIL™



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AUG 25 2011

U.S. Nuclear Regulatory Commission
Region III
2443 Warrenville Road, Suite 210
Lisle, IL 60532-4352

ATTEN: Bill Reichhold

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