



MACOMB  
CARDIOVASCULAR  
GROUP PC

A. LEWIS KATZOWITZ, D.O. • JOHN KAZMIENSKI, D.O. • BRIAN LITCH, D.O. • LARRY ROTHSTEIN, D.O. • BETH BOWLING, M.D. • BLAIR DEYOUNG, D.O. • TIMOTHY LOGAN, D.O.

August 29, 2011

UNITED STATES NUCLEAR REGULATORY COMMISSION  
Region III, Materials Licensing Section  
2443 Warrenville Rd  
Suite 210  
Lisle, IL 60532-4352

RE: Additional information for control number: 575458  
Amendment to license # 21-23633-01

Please find the enclosed NRC 313a(aud) form for your review.

Thank you for your cooperation with this matter. If you have any questions or require additional information, please contact our physicist, Michelle Kritzman, at (734) 662-3197.

Sincerely,

A. Lewis Katzowitz, D.O.  
Administrative Office  
General Hospital Medical Assoc.  
d/b/a Macomb Cardiovascular Group

**NRC FORM 313A (AUD)** (10-2007) **U.S. NUCLEAR REGULATORY COMMISSION**

**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 OMS: NO. 3130-0120  
 EXPIRES: 10/31/2008

Name of Proposed Authorized User: Timothy David Logan, DO 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 descriptor 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 end 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)

MPC, Inc.

NRC FORM 313A (AUD)  
 (10-2007)

U.S. NUCLEAR REGULATORY COMMISSION

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

**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	

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 (10-2007) **AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)**  
 U.S. NUCLEAR REGULATORY COMMISSION

**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 35.600 uses only, stop here. For 35.100 and 35.200 uses, skip to and complete Part II Preceptor Attestation.**

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**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 Timothy David Logan, MD 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 <u>A.L. KATZONITZ MD</u>	Signature <u>[Signature]</u>	Telephone Number <u>586-468-8500</u>	Date <u>8-30-11</u>
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License/Permit Number/Facility Name

**General Hospital Medical Associates d/b/a Macomb Cardiovascular Group #21-23633-01**



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**FAX COVER LETTER**

TO: N. R. C.

FAX NUMBER: (630) 515 1078

DATE: 8.31.11

FROM: MARILYN DICHIERA

RE: Amendment to license #21-23633-01

NUMBER OF PAGES: 6 (including this page)

COMMENTS: Attn: Toyé Simmons

Additional info for control # 575458'

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