



October 19, 2011

United States
Nuclear Regulatory Commission
Region III
2443 Warrenville Road STE 210
Lisle, Illinois 60532-3452

Subject: Request for Amendment
License #21-26770-01

Dear Material Licensing Branch,

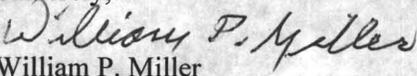
Caro Community Hospital requests the following amendment to our license number 21-26770-01.

1. Please remove the following physician's from our license:
Robert Katz, DO
David Kellam, DO
Michael Hecimovich, DO
Edward Schmidt, MD
2. Please add the following physician as an authorized user to our license:
Adam Schwaderer, DO

Enclosed is Form 313A (AUD) to add Adam Schwaderer, DO as an authorized user to our license number 21-26770-01.

Should you have any question or need information please feel free to contact Stacey Roth, Nuclear Medicine Supervisor at (989) 673-3141 extension 2247.

Sincerely,


William P. Miller
President and CEO

WPM/mak

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**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. 3160-0120
EXPIRES: 3/31/2012

Name of Proposed Authorized User ADAM SCHWADERER, D.O.	State or Territory Where Licensed MICHIGAN
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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)

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 ADAM SCHWADERER, DO 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 ADAM SCHWADERER, DO 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 KENNETH TARR, DO	Signature 	Telephone Number (989) 673-3141	Date 10/19/2011
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License/Permit Number/Facility Name
21-26770-01 CARO COMMUNITY HOSPITAL

Henry Ford Hospital

Detroit, Michigan

hereby certifies that

Adam Schwaderer, D.O.

has satisfied the graduate educational requirements for fellowship training in

Body Imaging

July 1, 2010 - June 30, 2011



Eric J. Scher, M.D.
Designated Institutional Official
Vice President, Medical Education



Daniel Myers, M.D.
Fellowship Program Director



Manuel L. Brown, M.D.
Department Chair



Kirksville College of Osteopathic Medicine



A. T. Still University of Health Sciences

*By the authority of the Board of Trustees
and upon recommendation of the faculty*

Adam Robert Schwaderer

has been awarded the degree of

Doctor of Osteopathic Medicine

*and is entitled to all rights, honors and privileges pertaining thereto
witness the seal of the university and the signatures of its officers at
Kirksville, Missouri, this fourth day of June, 2005.*

Thomas Thomas Odum, Ph.D.
Chairperson, Board of Trustees

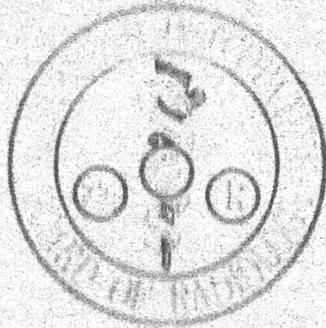
James J. McGovern, BS, MS, Ph.D.
University President

Philip C. Manning, D.D., FACP, FACC, FCCM
Vice President for Medical Affairs and Dean

The American Osteopathic Association

upon recommendation
of the

American Osteopathic Board of Radiology



certifies that

Adam R. Schwaderer, 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 1, 2010 - December 31, 2020

American Osteopathic Association

American Osteopathic Board of Radiology

A handwritten signature in dark ink, appearing to read "Adam R. Schwaderer", is written over the printed name of the American Osteopathic Board of Radiology.

Form B

I-131 Therapy Experience

Adam Schwaderer D.O.
Resident Name

Program & Number

	<u>Date</u>	<u>Dose Administered</u>	<u>Preceptor (AU) Print & Sign Name</u>
1.	<u>12/10/9</u>	<u>30</u>	<u>D. FINK / BEAUFORT MD</u> Print Name <u>D. FINK / BEAUFORT MD</u> Sign Name
2.	<u>12/22/9</u>	<u>10.8 mCi</u>	<u>PREEM MANAZAN, MD</u> Print Name <u>Preem, MD 25229</u> Sign Name
3.	<u>12/24/9</u>	<u>9 mCi</u>	<u>[Signature]</u> Print Name <u>Darlene FINK</u> Sign Name
4.	_____	_____	_____ Print Name _____ Sign Name

CARO COMMUNITY HOSPITAL
P.O. BOX 435
401 N. HOOPER ST.
CARO, MI 48723-0435

neopost

10/19/2011

US POSTAGE

FIRST-CLASS MAIL

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United States
Nuclear Regulatory Commission
Region III
2443 Warrenville Road STE 210
Lisle, Illinois 60532-3452

