

One Hurley Plaza Flint, Michigan 48503

November 11, 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 21-00338-02

Hurley Medical Center

Dear Sir/Madam:

The purpose of this letter is to amend our current NRC license to reflect the following changes.

Please add the following individuals to our NRC license.

Anant Patel, M.D.	35.100, 35.200, 35.300
Gurkan Ege, M.D.	35.100, 35 .200, 35.300
Gagandeep Singh. M.D.	35.100, 35.200, 35.300

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.

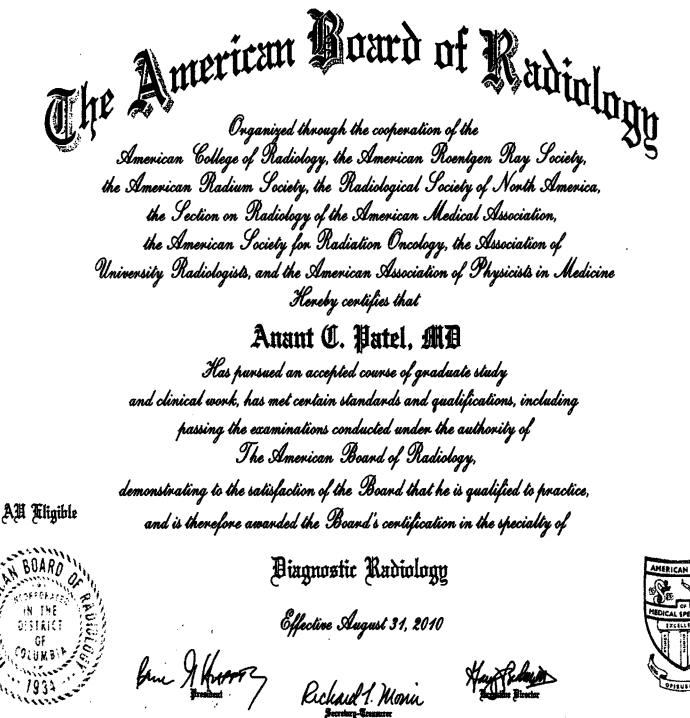
Sincerely,

Mucy Den.

Melany Gavulic Chief Operating Officer Hurley Medical Center

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* · · ·



Certificate No. 57861

Halid through 2020

AND PRECEPT((for uses defined under 3	U.S. NUCLEAR REGULATORY COMMISS AINING AND EXPERIENCE OR ATTESTATION 35.100, 35.200, and 35.500) 35.290, and 35.590]		(OMB: NO. 3150-0120 /2012
Name of Proposed Authorized User	State or Territory Where Li	censed	
Anant PATEL, M.D	MicHiGAN		
Requested Authorization(s) (check all that a	apply)		
🗙 35.100 Uptake, dilution, and excretion s	studies		
35.200 Imaging and localization studies	6		
35.500 Sealed sources for diagnosis (s	pecify device)	
	RT I TRAINING AND EXPERIENCE lect one of the three methods below)		
the date of application or the individual n	d certification, must have been obtained w nust have obtained related continuing edu s completed. Provide dates, duration, and uses checked above.	cation and experie	nce since
1. Board Certification			
a. Provide a copy of the board certific	ation.		
Preceptor Attestation.	here. If using 35.100 and 35.200 materia	-	nplete Part II
2. Current 35.390 Authorized User S	eeking Additional 35.290 Authorization	1	
 Authorized user on Materials Licens State requirements seeking authori 		35.390 or equival	ent Agreement
b. Supervised Work Experience. (If more than one supervising indivicopies of this section.)	idual is necessary to document supervised	l work experience,	provide multiple
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 li authorized user	sting supervising inc	lividual as an
	low, or equivalent Agreement State requir erator experience in 32.290(c)(1)(ii)(G)	ements (check all	that apply).

NRC FORM 313A (AUD) (3-2009)

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 <i>(not required for 35.590)</i>			
Radiation biology			
Τα	tal 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		Yes No		
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters		Yes		

Training and Experience for Proposed	Authorized User (continued)		
b. Supervised Work Experience. (continu	ued)		
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		Yes	
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material		Yes	
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures		Yes No	
Administering dosages of radioactive drugs to patients or human research subjects		Yes 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		Ves	
Supervising Individual	License/Permit Number listing authorized user	3 supervising indi	vidual as an
Supervisor meets the requirements below	v, or equivalent Agreement State requireme	ents (check one	ງ.
35.190 35.290 35	5.390 35.390 + generator experier	nce 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.

Complete the following for preceptor attestation and signature: X I meet the requirements below, or equivalent Agreement State requirements, as an authoriz X 35.190 X 35.290 X 35.390 Signature Telephone Number Apparao Mukk Amala, M.D.	ATORY COMMISSIC ontinued)	
Individual as long as the preceptor provides, directs, or verifies training and experience requires one preceptor is necessary to document experience, obtain a separate preceptor statement fro required to meet training requirements in 35.590) By checking the boxes below, the preceptor is attesting that the individual has knowledge to ful position sought and not attesting to the individual's "general clinical competency." First Section For 35.190 Beard Certification X attest that Amant Patu MiD has satisfactorily completed the requirement 10 CFR 35.190(a)(1) and has achieved a level of competency sufficient to function independ authorized user for the medical uses authorized under 10 CFR 35.100. OR Training and Experience ☐ 1 attest that Anant Patu MiD has satisfactorily completed the 60 hours of Statest that Anant Patu MiD has satisfactorily completed the 60 hours of Statest that Anant Patu MiD has satisfactorily completed the 60 hours of Statest that Anant Patu MiD has satisfactorily completed the 60 hours of Statest that Anant Patu MiD has satisfactorily completed the 60 hours of Statest that Anant Patu MiD has satisfactorily completed the 60 hours of Statest that Anant Patu MiD has satisfactorily completed the 60 hours of Statest that Anant Patu MiD has satisfactorily completed the requireme Name of Proposed Authorized User Statest that Anant Pate MiD has satisfactorily completed the requireme Name of Proposed Authorized User 10 CFR 35.290(a)(1) and has achieved a level of competency sufficient to function independently a authorized user for the medical uses authorized under 10 CFR 35.100 and 35.200. CR Training and Experience Name of Proposed Authorized User 10 cFR 35.290(a)(1) and has achieved a level of competency sufficient to function independently a authorized user for the medical uses authorized under 10 CFR 35.100 and 35.200. CR Training and Experience Including a minimum of 80 hours of classroom and laboratory training, requ CFR 35.290(a)(1), and has achieved a level of		
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Name of Preceptor Apparao Mukkamala, M.D. H.R. Lenner 810-2629828	ed user for:	
Apparao Mukkamara, M.D. AR R. Learn & 810-2629828		
	Date	
	11/14/11	
HURLEY MEDICAL CENTER		

NRC FORM 313A ((3-2009)	AUT) U.S. NU	CLEAR REGULATORY COMMISSION	
	THORIZED USER TRAINING AN AND PRECEPTOR ATTES (for uses defined under 3 [10 CFR 35.390, 35.392, 35.394,	TATION (5.300)	APPROVED BY OMB: NO. 3150-0120 EXPIRES: 3/31/2012
Name of Propose Anan	Authorized User Fatel M.D.	State or Territory Where Licens	ed
Requested Aut	norization(s) (check all that apply):		
⊠ 35.300	Use of unsealed byproduct material for w	which a written directive is require	ed
OR			
35.300	Oral administration of sodium iodide I-13 1.22 gigabecquerels (33 millicuries)	1 requiring a written directive in	quantities less than or equal to
35.300	Oral administration of sodium iodide I-13 gigabecquerels (33 millicuries)	1 requiring a written directive in	quantities greater than 1.22
35.300	Parenteral administration of any beta-ent than 150 keV for which a written directive		clide with a photon energy less
35.300	Parenteral administration of any other ra	dionuclide for which a written dir	ective is required
		ING 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 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. 			
X 1. Board (Certification		
a. Provide	a copy of the board certification.		
	390, provide documentation on supervise I to document this experience.	d clinical case experience. The	table in section 3.c. may
and su	396, provide documentation on classroom pervised clinical case experience. The tal ent this experience.		
d. Skip to	and complete Part II Preceptor Attestation	n.	
2. Current	35.300, 35.400, or 35.600 Authorized U	ser Seeking Additional Author	rization
	ed User on Materials License		er the requirements below or
equival	ent Agreement State requirements (check	(all that apply):	
35.3	390 35.392 35.394	35.490 35.69	0
require	ntly authorized for a subset of clinical user d supervised case experience. The table nce. Also provide completed Part II Prec	in section 3.c. may be used to de	
docum clinical	ntly authorized under 35.490 or 35.690 ar entation on classroom and laboratory train case experience. The tables in sections 3 nce. Also provide completed Part II Preci	ing, supervised work experience 3.a., 3.b., and 3.c. may be used t	, and supervised
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NRC FORM 313A (AUT) (3-2009)

		,				ESTATION (co	
3. <u>Training and Experience for</u> a. Classroom and Laboratory Tr		d Authoriz 35.390		35.392	35	394	35.396
					00.	Clock	Dates of
Description of Training		Locat	tion of Tra	ining		Hours	Training*
Radiation physics and instrumentation							
Radiation protection							
Mathematics pertaining to the use and measurement of radioactivity							
Chemistry of byproduct material for medical use							
Radiation biology							
	Total Ho	ours of Trai	ining:				
b. Supervised Work Experience		35.390		35.392	35.	394	35.396
If more than one supervising of this page.	L		- الجبيبية ⁻		- L		
Supervised Work Experience				Total He	ours of		
				Experie	nce:	,	,
Description of Experience Must Include:	L	ocation of E. Permit N	Experience Number of		or	Confirm	Dates of Experience
Ordering, receiving, and unpacking radioactive materials safely and performing the related radiation surveys						Yes	
Performing quality control procedures on instruments used to determine the activity of dosages and performing						Ves	
checks for proper operation of survey meters							
checks for proper operation of						Yes	
checks for proper operation of survey meters Calculating, measuring, and safely preparing patient or human research subject							

	ing and	Experience for Proposed Authorized User (continued)
b. Su	pervised	Work Experience (continued)
Supen	vising Ind	ividual License/Permit Number listing supervising individual as an authorized user
Super apply)		dividual meets the requirements below, or equivalent Agreement State requirements (check all that
		With experience administering dosages of
35	5.390 5.392	With experience administering dosages of: Oral Nal-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)
35 35 35 35	5.390 5.392 5.394	Oral Nal-131 requiring a written directive in quantities less than or equal to 1.22
35 35 35 35	5.390 5.392	Oral Nal-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)

c. Supervised Clinical Case Experience If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this page.

Description of Experience	Number of Cases Involving Personal Participation	Location of Experience/License or Permit Number of Facility	Dates of Experience*
Oral administration of sodium iodide I-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)	4	Hurley Medical Center #21-00338-02	2/2007- 3/2008 2/2009- 10/2009
Oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 1.22 gigabecquerels (33 millicuries)	4	Huerey Medical Center #21-00338-02	12/2007 - 3/2008 2/2009 - 10/2009
Parenteral administration of any beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV for which a written directive is required			
Parenteral administration of any other radionuclide for which a written directive is required			
(List radionuclides)			

NRC FORM 313A (AUT	т)	U.S. NUCLEAR REGULATORY COMMISSION
(3-2009)		ICE AND PRECEPTOR ATTESTATION (continued)
3. Training and	Experience for Proposed Authorized L	Jser (continued)
c. Supervised	d Clinical Case Experience (continued)	
Supervising Ind	lividual	License/Permit Number listing supervising individual as an authorized user
	rao Mukkamala, MD	21-00338-02
Supervising in apply)**:	idividual meets the requirements below, c	or equivalent Agreement State requirements (check all that
X 35.390	With experience administering dosages	of:
X 35.392 X 35.394	Oral Nal-131 requiring a written direct gigabecquerels (33 millicuries)	ctive in quantities less than or equal to 1.22
35.396	X Oral Nal-131 in quantities greater that	an 1.22 gigabecquerels (33 millicuries)
00.000		nitter, or photon-emitting radionuclide with a photon
	(manual)	er radionuclide requiring a written directive
	Authorized User must have experience in administer uthorized user status.	ring dosages in the same dosage category or categories as the individual
		PTOR ATTESTATION
individual a	as long as the preceptor provides, directs	ceptor. The preceptor does not have to be the supervising b, or verifies training and experience required. If more than be, obtain a separate preceptor statement from each.
	ng the boxes below, the preceptor is attest bught and not attesting to the individual's "	ting that the individual has knowledge to fulfill the duties of the 'general clinical competency."
First Section Check one of the	following for each requested authoriza	ation:
<u>For 35.390:</u>		
Board Cer	rtification	
X I attest	that <u>Anant Patel</u> , M. Name of Proposed Authorized User	\underline{D} , has satisfactorily completed the training and experience
require	ements in 35.390(a)(1).	
	(OR
Training a	and Experience	
I attest		has satisfactorily completed the 700 hours of training
	Name of Proposed Authorized User	
	perience, including a minimum of 200 hou R 35.390 (b)(1).	urs of classroom and laboratory training, as required by

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NRC FORM 313A (AUT) (3-2009)	U.S. NUCLEAR REGULATORY COMMISSION						
	NING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)						
Preceptor Attestation (continued)							
First Section (continued)							
For 35.392 (Identical Attestation Statement Regardless of Training and Experience Pathway):							
I attest that	has satisfactorily completed the 80 hours of classroom						
	required by 10 CFR 35.392(c)(1), and the supervised work and clinical case						
For 35.394 (Identical Attestatio	n Statement Regardless of Training and Experience Pathway):						
I attest that	has satisfactorily completed the 80 hours of classroom						
	Proposed Authorized User required by 10 CFR 35.394 (c)(1), and the supervised work and clinical case 394(c)(2).						
Second Section							
Vattest that Anan-	Froposed Authorized User						
experience required in 35.3	390(b)(1)(ii)G listed below:						
Oral Nal-131 requiring a gigabecquerels (33 mill	a written directive in quantities less than or equal to 1.22 licuries)						
U Oral Nal-131 in quantiti	es greater than 1.22 gigabecquerels (33 millicuries)						
	on of beta-emitter, or photon-emitting radionuclide with a photon eV requiring a written directive is required						
Parenteral administration	on of any other radionuclide requiring a written directive						
Third Section							
1 attest that Ana	H + Pate / H has satisfactorily achieved a level of competency to Proposed Authorized User						
function independently as a	an authorized user for:						
Oral Nal-131 requiring a gigabecquerels (33 mill	a written directive in quantities less than or equal to 1.22 licuries)						
Oral Nal-131 in quantiti	es greater than 1.22 gigabecquerels (33 millicuries)						
	on of beta-emitter, or photon-emitting radionuclide with a photon eV requiring a written directive is required						
Parenteral administration	on of any other radionuclide requiring a written directive						

NRC FORM 313A (AUT) 3-2009)		U.S. NUCLEAR REGULATORY COMMISSION
	R TRAINING AND EXPER	RIENCE AND PRECEPTOR ATTESTATION (continued)
ourth Section		
For 35.396:		
<u>Current 35.490 or 35.</u>	690 authorized user:	
I attest that	Name of Proposed Authorized User	is an authorized user under 10 CFR 35.490 or 35.690
laboratory training, experience require	as required by 10 CFR 35.	has satisfactorily completed the 80 hours of classroom and .396 (d)(1), and the supervised work and clinical case achieved a level of competency sufficient to function
	inistration of any beta-emit	ter, or photon-emitting radionuclide with a photon energy less is required
Parenteral adm	inistration of any other radi	onuclide for which a written directive is required
		OR
Board Certification:		
I attest that		has satisfactorily completed the board certification
na nuine na na na Ar	Name of Proposed Authorized User	and the OO have af stars an and taken to the initial
required by 10 CFI	R 35.396 (d)(1) and the sup has achieved a level of com	ompleted the 80 hours of classroom and laboratory training pervised work and clinical case experience required by petency sufficient to function independently as an
	inistration of any beta-emiti or which a written directive i	ter, or photon-emitting radionuclide with a photon energy less is required
Parenteral adm	instration of any other radio	onuclide for which a written directive is required
ifth Section		
omplete the following for	preceptor attestation and	signature:
I meet the requirement	ts below, or equivalent Agr	eement State requirements, as an authorized user for:
35.390	35.392 🔀 35.394	35.396
X I have experience adr requesting authorizati		ollowing categories for which the proposed Authorized User is
Oral Nal-131 requi millicuries)	ring a written directive in qu	uantities less than or equal to 1.22 gigabecquerels (33
Y Oral Nal-131 in qu	antities greater than 1.22 gi	igabecquerels (33 millicuries)
	tration of beta-emitter, or pl a written directive is require	hoton-emitting radionuclide with a photon energy less than ed
Parenteral adminis	tration of any other radionu	clide requiring a written directive
lame of Preceptor Appa Rao Mukkar icense/Permit Number/Facility	NAUA MO H.R.	100000 Telephone Number Date \$10-242-8828 11/16/11
	cal Center	÷

The American Radium Society, the Radiological Society of North America, the Section on Radiology of the American Medical Association, the American Society for Radiation Oncology, the Association of University Radiologists, and the American Association of Physicists in Medicine Hereby certifies that

Gurkan Ege, MD

Has pursued an accepted course of graduate study and clinical work, has met certain standards and qualifications and has passed the examinations conducted under the authority of The American Board of Radiology On this third day of June, 2009

Thereby demonstrating to the satisfaction of the Board that he is qualified to practice the specialty of

Biagnostic Radiology

AH Fligible



Certificate No. 44075

n. Reed Demnich MA

Richard I. Monin

Øalid through 2019

(for	AND PRECEPT	AINING AND EXPERIENCE OR ATTESTATION 35.100, 35.200, and 35.500) 35.290, and 35.590]		PPROVED BY XPIRES: 3/31	OMB: NO. 3150-0120 /2012		
Name of Proposed	Authorized User	State or Territory When	re Licensed				
GURKI	AN EGE,	MD MICHIGAN	1 43	201088	943		
	prization(s) (check all that						
X 35.100 Uptak	e, dilution, and excretion	studies					
🗙 35.200 Imagi	ng and localization studies	3					
35.500 Seale	d sources for diagnosis (s	pecify device)			
		RT I TRAINING AND EXPERIENCE					
the date of ap the required tr education and	plication or the individual r	d certification, must have been obtaine nust have obtained related continuing e s completed. Provide dates, duration, a uses checked above.	education a	and experies	nce since		
	a copy of the board certific				alata Dart II		
	or Attestation.	here. If using 35.100 and 35.200 mat	lenais, skip		ipiete Fait ii		
2. Current:	35.390 Authorized User S	2. Current 35.390 Authorized User Seeking Additional 35.290 Authorization					
State rec	ed user on Materials Licen quirements seeking author	se meeting 10 C) or equival	ent Agreement		
State red b. Supervis (<i>If more</i>)	uirements seeking author ed Work Experience.	se meeting 10 C	CFR 35.390	·			
State rec b. Supervis (If more copies o	quirements seeking author ed Work Experience. than one supervising indiv	ise meeting 10 C ization for 35.290.	CFR 35.390	·			
State rec b. Supervis (If more copies of Descri Eluting gene appropriate radioactive of localization testing the e purity, and p	quirements seeking author ed Work Experience. than one supervising indiv f this section.) ption of Experience erator systems for the preparation of drugs for imaging and studies, measuring and eluate for radionuclidic processing the eluate t kits to prepare labeled	ization for 35.290. idual is necessary to document supervi Location of Experience/License	CFR 35.390	experience, Clock	provide multiple Dates of		
State rec b. Supervis (If more copies of Descri Eluting gene appropriate radioactive of localization testing the e purity, and p with reagent	quirements seeking author ed Work Experience. than one supervising indiv f this section.) ption of Experience erator systems for the preparation of drugs for imaging and studies, measuring and eluate for radionuclidic processing the eluate t kits to prepare labeled	ization for 35.290. idual is necessary to document supervi Location of Experience/License	CFR 35.390	experience, Clock	provide multiple Dates of		
State rec b. Supervis (If more copies of Descri Eluting gene appropriate radioactive of localization testing the e purity, and p with reagent	quirements seeking author ed Work Experience. than one supervising indiv f this section.) ption of Experience erator systems for the preparation of drugs for imaging and studies, measuring and studies, measuring and eluate for radionuclidic processing the eluate t kits to prepare labeled drugs	nse meeting 10 C ization for 35.290. idual is necessary to document supervio Location of Experience/License Permit Number of Facility	CFR 35.390	experience, Clock Hours	provide multiple Dates of Experience*		

NRC FORM 313A (AUD)

U.S. NUCLEAR REGULATORY COMMISSION

⁹ 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</i> 35.590)			
Radiation biology			
Tc	otal 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		Yes	
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters		Yes	

FORM 313A (AUD) ⁹⁾ AUTHORIZED USER TRAINING AN		-			TORY COMMISS ontinued)
Training and Experience for Proposed	Authorized Us	er (continued)			
b. Supervised Work Experience. (contin	ued)				
Description of Experience Must Include:		Experience/License or Number of Facility	Co	nfirm	Dates of Experience
Calculating, measuring, and safely preparing patient or human research subject dosages				Yes No	
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material				Yes No	
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures				Yes No	
Administering dosages of radioactive drugs to patients or human research subjects				Yes 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				Yes No	
Supervising Individual		License/Permit Number I authorized user	isting supervis	sing indi	ividual as an
Supervisor meets the requirements below	•	Agreement State requii 35.390 + generator exp	-		

í

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.

3-2009)	AUTHORIZED	USER TRAININ	G AND EXPERI	ENCE AND PRECEP	FOR ATTESTATION (c	NTORY COMMISSION Intinued)
			PART II - PREC		DN	
Note:						
				testing that the individ I's "general clinical cor	ual has knowledge to full npetency."	ill the duties of th
	ection one of the follow	ving for each u	se requested:			
For	35.190					
	Board Certification	<u>n</u>				
	I attest that	GULKAN Name of Propo	EGE, M.D.	has satisfactorily o	ompleted the requirement	nts in
				el of competency suffice ed under 10 CFR 35.1	cient to function independ	lently as an
				OR		
	Training and Exp	<u>erience</u>				
	I attest that	Name of Propo	sed Authorized User	has satisfactorily o	ompleted the 60 hours o	f training and
	35.190(c)(1),	ncluding a minir and has achiev	num of 8 hours c ed a level of con		atory training, required b unction independently as 00.	
For	35.290					
	Board Certification	<u>on</u>				
	I attest that	GUY KAN Name of Propo	EGE, MD	has satisfactorily c	ompleted the requirement	nts in
				el of competency suffic ed under 10 CFR 35.1	tient to function independ 00 and 35.200.	lently as an
				OR		
	Training and Exp	erience				
	I attest that			has satisfactorily c	ompleted the 700 hours	of training
	CFR 35.290(ce, including a r c)(1), and has a	chieved a level o		laboratory training, requ nt to function independer 00 and 35.200.	
Secon	d Section				***********	* 7 = 4 = 4 = 4 = 4 = 4 = 4 = 4
	ete the following	for preceptor	attestation and	signature:		
	X I meet the red	quirements belo	w, or equivalent	Agreement State requ	lirements, as an authoriz	ed user for:
	₹ 35.190	₹ 35.290	35.390	35.390 + gene	rator experience	
lame o		NALA M.D.		on &	Telephone Number	Date ////////////////////////////////////
Lubh	/Permit Number/Fac		V N J < K (A		010-262-1028	11/10/11

AND PRECEP (for uses def	RAINING AND EXPERIENCE TOR ATTESTATION ined under 35.300) .392, 35.394, and 35.396]	APPROVED BY OMB: NO. 3150-0120 EXPIRES: 3/31/2012
lame of Proposed Authorized User	State or Territory Where Lice	nsed
GURKAN EGE, MD	Michigan	
Requested Authorization(s) (check all the		
35.300 Use of unsealed byprodu	ict material for which a written directive is requ	ired
OR		
35.300 Oral administration of so 1.22 gigabecquereis (33	dium iodide I-131 requiring a written directive i millicurles)	n quantities less than or equal to
35.300 Oral administration of so gigabecquerels (33 millio	dium iodide I-131 requiring a written directive i suries)	n quantities greater than 1.22
35.300 Parenteral administration than 150 keV for which a	of any beta-emitter, or photon-emitting radior written directive is required	uclide with a photon energy less
35.300 Parenteral administration	of any other radionuclide for which a written o	lirective is required
•	elect one of the three methods below)	
of application or the individual must l experience was completed. Provide to the uses checked above.	pard certification, must have been obtained window the related continuing education and experien dates, duration, and description of continuing	ice since the required training and
of application or the individual must l experience was completed. Provide	have related continuing education and experien	ice since the required training and
of application or the individual must l experience was completed. Provide to the uses checked above.	nave related continuing education and experien dates, duration, and description of continuing	ice since the required training and
of application or the individual must l experience was completed. Provide to the uses checked above. 1. <u>Board Certification</u> a. Provide a copy of the board certification	nave related continuing education and experien dates, duration, and description of continuing ication. on on supervised clinical case experience. Th	ice since the required training and education and experience related
 of application or the individual must l experience was completed. Provide to the uses checked above. I. Board Certification a. Provide a copy of the board certification b. For 35.390, provide documentation be used to document this experience. c. For 35.396, provide documentation 	nave related continuing education and experien dates, duration, and description of continuing ication. on on supervised clinical case experience. Th	ice since the required training and education and experience related e table in section 3.c. may vised work experience,
 of application or the individual must l experience was completed. Provide to the uses checked above. I. Board Certification a. Provide a copy of the board certification b. For 35.390, provide documentation be used to document this experience. c. For 35.396, provide documentation and supervised clinical case experience. 	nave related continuing education and experien dates, duration, and description of continuing fication. on on supervised clinical case experience. The nce. on on classroom and laboratory training, super mence. The tables in sections 3.a., 3.b., and 3	ice since the required training and education and experience related e table in section 3.c. may vised work experience,
 of application or the individual must l experience was completed. Provide to the uses checked above. I. <u>Board Certification</u> a. Provide a copy of the board certifies b. For 35.390, provide documentable be used to document this experience. c. For 35.396, provide documentable and supervised clinical case expendence experience. d. Skip to and complete Part II Precomplete 	nave related continuing education and experien dates, duration, and description of continuing fication. on on supervised clinical case experience. The nce. on on classroom and laboratory training, super mence. The tables in sections 3.a., 3.b., and 3	ice since the required training and education and experience related e table in section 3.c. may vised work experience, 3.c. may be used to
 of application or the individual must l experience was completed. Provide to the uses checked above. I. <u>Board Certification</u> a. Provide a copy of the board certifies b. For 35.390, provide documentable be used to document this experience. c. For 35.396, provide documentable and supervised clinical case expendencement this experience. d. Skip to and complete Part II Precommendation 	ave related continuing education and experien dates, duration, and description of continuing ication. on on supervised clinical case experience. The nce. on on classroom and laboratory training, super mence. The tables in sections 3.a., 3.b., and 3 eptor Attestation.	ice since the required training and education and experience related e table in section 3.c. may vised work experience, 3.c. may be used to
 of application or the individual must l experience was completed. Provide to the uses checked above. 1. <u>Board Certification</u> a. Provide a copy of the board certifies b. For 35.390, provide documentations be used to document this experience. c. For 35.396, provide documentation and supervised clinical case experience. d. Skip to and complete Part II Precessory. 2. <u>Current 35.300, 35.400, or 35.60</u> 	ave related continuing education and experiendates, duration, and description of continuing ication. In on supervised clinical case experience. The nce. In on classroom and laboratory training, super mence. The tables in sections 3.a., 3.b., and 3 eptor Attestation.	e table in section 3.c. may vised work experience, a.c. may be used to
 of application or the individual must l experience was completed. Provide to the uses checked above. I. <u>Board Certification</u> a. Provide a copy of the board certifies b. For 35.390, provide documentations be used to document this experience. c. For 35.396, provide documentation and supervised clinical case expendence and supervised clinical case expendence. d. Skip to and complete Part II Preceips. a. Authorized User on Materials Lice 	ave related continuing education and experiendates, duration, and description of continuing ication. In on supervised clinical case experience. The nce. In on classroom and laboratory training, super mence. The tables in sections 3.a., 3.b., and 3 eptor Attestation.	ace since the required training and education and experience related e table in section 3.c. may vised work experience, 3.c. may be used to <u>prization</u> der the requirements below or
 of application or the individual must l experience was completed. Provide to the uses checked above. I. <u>Board Certification</u> a. Provide a copy of the board certifies b. For 35.390, provide documentable be used to document this experience. c. For 35.396, provide documentable and supervised clinical case expendencement this experience. d. Skip to and complete Part II Precedore 2. <u>Current 35.300, 35.400, or 35.60</u> a. Authorized User on Materials Lice equivalent Agreement State requires b. If currently authorized for a subset 	nave related continuing education and experiendates, duration, and description of continuing dates, duration, and description of continuing fication. In on supervised clinical case experience. The nce. In on classroom and laboratory training, supermence. The tables in sections 3.a., 3.b., and 3 approximately the section. In on classroom and laboratory training, supermence. The tables in sections 3.a., 3.b., and 3 approximately the section. In on classroom and laboratory training, supermence. The tables in sections 3.a., 3.b., and 3 approximately the sections 3.a., 3.b., and 3 approximately the section of the sect	ace since the required training and education and experience related e table in section 3.c. may vised work experience, 3.c. may be used to <u>orization</u> der the requirements below or 390 entation on additional

NRC FORM 313A (AUT) (3-2009)

	ING AND EXPERIENCE AND PRECEPTOR AT	TESTATION (co	ontinued)
3. <u>Training and Experience for</u>	Ferrit Market Ferrit		
a. Classroom and Laboratory Tra	aining 35.390 35.392 3	5.394	35.396
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			
Radiation biology			
	Total Hours of Training:	1	1
b. Supervised Work Experience If more than one supervising i of this page.	35.390 35.392 3 individual is necessary to document supervised tr	hearing a	35.396 ultiple copies
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		Yes	
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters		Yes	
Calculating, measuring, and safely preparing patient or human research subject dosages		Yes	
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material		Yes	
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures		Yes No	

200						
3.		d Experience for Proposed Authored Work Experience (continued)	orized User (continued)			
	Supervising In	dividual	License/Permit Number listing supervising individual as an authorized user			
	Supervising individual meets the requirements below, or equivalent Agreement State requirements (check all the apply)**:					
	35.390	With experience administering do	osages of:			
	35.392	Oral Nal-131 requiring a writte gigabecquerels (33 millicuries	ten directive in quantities less than or equal to 1.22 s)			
		Oral Nal-131 in quantities gre	eater than 1.22 gigabecquerels (33 millicuries)			
	35.396	Decenteral administration of t	beta-emitter, or photon-emitting radionuclide with a photon			
		energy less than 150 keV req	quiring a written directive is required			

c. Supervised Clinical Case Experience If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this page.

Description of Experience	Number of Cases Involving Personal Participation	Location of Experience/License or Permit Number of Facility	Dates of Experience*
Oral administration of sodium iodide I-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)	4	Sti Louis University #4202821110	912005 +0 5/2006
Oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 1.22 gigabecquerels (33 millicuries)	3	Hurley Medical Center # 21-00338-02	8/2010 to 10/2011
Parenteral administration of any beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV for which a written directive is required			
Parenteral administration of any other radionuclide for which a written directive is required			
(List radionuclides)			

AUINC	THE WAY AND AND AND AND AND ADDREAD ATTACK	(امدر بدائه
	DRIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (con	
	nd Experience for Proposed Authorized User (continued) sed Clinical Case Experience (continued)	
Supervising I		idual as an
Aρρ Supervising apply)**:	WAO MUKNAMALA MD 21-00336-02 individual meets the requirements below, or equivalent Agreement State requirements (c	check all that
35.390	With experience administering dosages of:	
⊠ 35.392 ⊠ 35.394		
35.396	Oral Nal-131 in quantities greater than 1.22 gigabecquerels (33 millicuries) Parenteral administration of beta-emitter, or photon-emitting radionuclide with a ph energy less than 150 keV requiring a written directive is required	noton
	Parenteral administration of any other radionuclide requiring a written directive	
	g Authorized User must have experience in administering dosages in the same dosage category or categories a authorized user status.	is the individual
ote: This part	PART II – PRECEPTOR ATTESTATION t must be completed by the individual's preceptor. The preceptor does not have to be the	supervising
Individua one prec	t must be completed by the individual's preceptor. The preceptor does not have to be the al as long as the preceptor provides, directs, or verifies training and experience required. approximation of the preceptor statement from the preceptor statement from the preceptor statement from the preceptor statement from the preceptor is necessary to document experience, obtain a separate preceptor statement from the preceptor is necessary to document experience.	lf more than each.
Individua one prec By checki	t must be completed by the individual's preceptor. The preceptor does not have to be the al as long as the preceptor provides, directs, or verifies training and experience required.	lf more than each.
Individua one prec By checki position s rst Section	t must be completed by the individual's preceptor. The preceptor does not have to be the al as long as the preceptor provides, directs, or verifies training and experience required. Septor is necessary to document experience, obtain a separate preceptor statement from a sing the boxes below, the preceptor is attesting that the individual has knowledge to fulfill t	lf more than each.
Individua one prec By checki position s rst Section	t must be completed by the individual's preceptor. The preceptor does not have to be the al as long as the preceptor provides, directs, or verifies training and experience required, ceptor is necessary to document experience, obtain a separate preceptor statement from e sing the boxes below, the preceptor is attesting that the individual has knowledge to fulfill t sought and not attesting to the individual's "general clinical competency."	lf more than each.
Individua one prec By checki position s rst Section heck one of the <u>For 35.390:</u>	t must be completed by the individual's preceptor. The preceptor does not have to be the al as long as the preceptor provides, directs, or verifies training and experience required, ceptor is necessary to document experience, obtain a separate preceptor statement from e sing the boxes below, the preceptor is attesting that the individual has knowledge to fulfill t sought and not attesting to the individual's "general clinical competency."	lf more than each.
Individua one prec By checki position s rst Section heck one of the <u>For 35.390:</u>	t must be completed by the individual's preceptor. The preceptor does not have to be the al as long as the preceptor provides, directs, or verifies training and experience required. Septor is necessary to document experience, obtain a separate preceptor statement from a sing the boxes below, the preceptor is attesting that the individual has knowledge to fulfill t sought and not attesting to the individual's "general clinical competency."	if more than each. the duties of the
Individua one preci By checki position s rst Section heck one of the <u>For 35.390:</u> <u>Board Ce</u>	t must be completed by the Individual's preceptor. The preceptor does not have to be the al as long as the preceptor provides, directs, or verifies training and experience required. Septor is necessary to document experience, obtain a separate preceptor statement from each the preceptor is attesting that the individual has knowledge to fulfill the sought and not attesting to the individual's "general clinical competency." refollowing for each requested authorization: refification st that <u>GURKAN EGE, MD</u> has satisfactorily completed the training and set of the training and set of the training and the t	if more than each. the duties of the
Individua one preci By checki position s rst Section heck one of the <u>For 35.390:</u> <u>Board Ce</u> I attes	t must be completed by the Individual's preceptor. The preceptor does not have to be the al as long as the preceptor provides, directs, or verifies training and experience required. Septor is necessary to document experience, obtain a separate preceptor statement from a sing the boxes below, the preceptor is attesting that the individual has knowledge to fulfill t sought and not attesting to the individual's "general clinical competency." The following for each requested authorization: ertification st that <u>GUTKAN EGE, MD</u> Name of Proposed Authorized User	if more than each. the duties of the
Individua one preci By checki position s rst Section heck one of the <u>For 35.390:</u> <u>Board Ce</u> [X] I attes requir	t must be completed by the Individual's preceptor. The preceptor does not have to be the al as long as the preceptor provides, directs, or verifies training and experience required. Septor is necessary to document experience, obtain a separate preceptor statement from o sing the boxes below, the preceptor is attesting that the individual has knowledge to fulfill the sought and not attesting to the individual's "general clinical competency." e following for each requested authorization: st that <u>GUCKAN EGE, MD</u> Name of Proposed Authorized User rements in 35.390(a)(1).	if more than each. the duties of the
Individua one preci By checki position s rst Section heck one of the For 35.390: Board Ce I attes requir	t must be completed by the individual's preceptor. The preceptor does not have to be the al as long as the preceptor provides, directs, or verifies training and experience required. In sector is necessary to document experience, obtain a separate preceptor statement from or stage the boxes below, the preceptor is attesting that the individual has knowledge to fulfill the sought and not attesting to the individual's "general clinical competency." The following for each requested authorization: ertification st that <u>GUCKAN EGE, MD</u> has satisfactorily completed the training and Name of Proposed Authorized User rements in 35.390(a)(1).	If more than each. the duties of the

C FORM 313A (AUT)	USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)
eceptor Attestation	
First Section (con	
·	·
For 35.392 (Identic	cal Attestation Statement Regardless of Training and Experience Pathway):
I attest that	has satisfactorily completed the 80 hours of classroom
and laborator experience re	Name of Proposed Authorized User ry training, as required by 10 CFR 35.392(c)(1), and the supervised work and clinical case equired in 35.392(c)(2).
For 35.394 (Identic	al Attestation Statement Regardless of Training and Experience Pathway):
I attest that	has satisfactorily completed the 80 hours of classroom
and laborator experience re	y training, as required by 10 CFR 35.394 (c)(1), and the supervised work and clinical case equired in 35.394(c)(2).
Second Section	
I atlest that	Gurkan Eac, MD has satisfactorily completed the required clinical case
experience re	quired in 35.390(b)(1)(ii)G listed below:
Oral Nal-1 gigabecqu	131 requiring a written directive in quantities less than or equal to 1.22 Jerels (33 millicuries)
Oral Nal-1	31 in quantities greater than 1.22 gigabecquerels (33 millicuries)
Parentera energy les	administration of beta-emitter, or photon-emitting radionuclide with a photon as than 150 keV requiring a written directive is required
Parentera	administration of any other radionuclide requiring a written directive

Third Section	
X I attest that	Gurkan Equ. MD has satisfactorily achieved a level of competency to
function indep	endentiy as an authorized user for:
Oral Nal-1 gigabecqu	31 requiring a written directive in quantities less than or equal to 1.22 erels (33 millicuries)
Oral Nal-1	31 in quantities greater than 1.22 gigabecquerels (33 millicuries)
Parenteral	administration of beta-emitter, or photon-emitting radionuclide with a photon s than 150 keV requiring a written directive is required
Derenteral	administration of any other radionuclide requiring a written directive

IRC FORM 313A (AUT)		U.S. NUCLEAR REGULATORY COMMISSION
	JSER TRAINING AND EXPERI	ENCE AND PRECEPTOR ATTESTATION (continued)
ourth Section		
For 35.396:		
Current 35.490 or	35.690 authorized user:	
I attest that	Name of Proposed Authorized User	is an authorized user under 10 CFR 35.490 or 35.690
laboratory train experience req	greement State requirements, hing, as required by 10 CFR 35.3	as satisfactorily completed the 80 hours of classroom and 96 (d)(1), and the supervised work and clinical case achieved a level of competency sufficient to function
	dministration of any beta-emitte V for which a written directive is	er, or photon-emitting radionuclide with a photon energy less required
Parenteral a	idministration of any other radio	nuclide for which a written directive is required
		OR
Board Certificatio	<u>n:</u>	
I attest that	Name of Proposed Authorized User	has satisfactorily completed the board certification
authorized user	for:	etency sufficient to function independently as an r, or photon-emitting radionuclide with a photon energy less required
		nuclide for which a written directive is required

ifth Section omplete the following	for preceptor attestation and s	signature:
I meet the requirer	nents below, or equivalent Agree	ement State requirements, as an authorized user for:
35.390	35.392 35.394	35.396
i have experience requesting authoria		lowing categories for which the proposed Authorized User is
Oral Nal-131 re millicuries)	quiring a written directive in qua	intities less than or equal to 1.22 gigabecquerels (33
Oral Nal-131 in	quantities greater than 1.22 gigs	abecquerels (33 millicuries)
Parenteral adm 150 keV requiri	inistration of beta-emitter, or phong a written directive is required	oton-emitting radionuclide with a photon energy less than
	inistration of any other radionucl	
lame of Preceptor Appn Rao Mu	Kkamata Hot V. R.A	10000 1114/11 10000 1114/11 10000 1114/11
icense/Permit Number/Faci HURLey Med	ica Center	/
I I		PAGE

Form B

Date

I-131 Therapy Experience

GURKAN GE

1. 12/28/05 23 mG

2. 1/29/05 14 mli

3. 4/26/06 <u>lomb</u>

4. 4/26/06 Marci

Resident Name

Dose Administered

H4202821110 St Louis University School of Medicine Program & Number Nuclear Medicine Program

Preceptor (AU) Print & Sign Name

Print Name

Sign Name

Print Name

Sign Name

MAN Print Name

Sign Name

MAN Print Name

Sign Name

American Board of Radiology - Program Director Attestation

COMPLIANCE WITH NRC TRAINING AND EXPERIENCE REQUIREMENTS

More information can be found at the following link: <u>http://www.nrc.gov/reading-rm /doc-collections/cfr/part035/part035-0290.html</u>

GURKAN EGE	St Laus University	4202821110
Resident Name	Program	Program #

By the time of the ABR oral examination, this applicant will have successfully completed the hours of training and experience as outlined in 10 CFR 35.290 and 35.392	20
This applicant has taken part in \geq 3 cases of oral administration of I-131 therapy (\leq 33mCi)	20
The resident's logbook of these therapy experiences (date, dose, and preceptor) is attached	
The work and experience cited above for § 35.290 was obtained under the supervision of an Authorized User (AU) who meets the requirements under relevant sections of § 35.290 or equivalent Agreement State requirements	
The work and experience cited above for § 35.392 was obtained under the supervision of an Authorized User (AU) who meets the requirements under § 35.390, 35.392 or 35.394 or equivalent Agreement State requirements.	

Residency Program Director (Print Name)

Program Director (Signature)

Unlen_

-12-2009

YES

NO

The American Board of Radiology American College of Radiclegy, the American Rientgen Ray Society. the American Radium Lociety, the Readiclegical Society of North America, the Section on Radiology of the American Medical Association. the American Society for Radiation Oncology, the Association of University Radiclogists, and the American Association of Physicists in Medicine Hereby certifies that

Gagandeep Singh, MI

Has pursued an accepted course of graduate study and clinical work, has met certain standards and qualifications, including passing the examinations conducted under the authority of The American Board of Radiology. demonstrating to the satisfaction of the Board that he is qualified to practice. and is therefore awarded the Board's certification in the specialty of

All Eligible



Diagnostic Radiology

Effective June 30, 2010

free Hours

Richard I Monie Becretary-Treasurer

Hay Beday in

Halid through 2020

Certificate No. 57967

NRC FORM 313A (AUD) (3-2009)		EAR REGULATORY COMMISSION		
AUTHORIZED USER TR AND PRECEPT (for uses defined under [10 CFR 35.190,	TOR ATTESTA1 r 35.100, 35.200	TION 0, and 35.500)	APPROVED BY EXPIRES: 3/31/	7 OMB: NO. 3150-0120 /2012
Name of Proposed Authorized User		State or Territory Where License	ed	
GAGANDEEP SINGI	И	Michigan		
Requested Authorization(s) (check all that	www.			
35.100 Uptake, dilution, and excretion				
X 35.200 Imaging and localization studie	es			
35.500 Sealed sources for diagnosis (specify device)	
		G AND EXPERIENCE hree methods below)		
 Training and Experience, including boat the date of application or the individual the required training and experience was education and experience related to the 	ard certification, must must have obtained as completed. Prov	ist have been obtained within ad related continuing education vide dates, duration, and desc	on and experier	nce since
1. Board Certification				
a. Provide a copy of the board certific	ication.			
b. If using only 35.500 materials, sto Preceptor Attestation.	p here. If using 35	i.100 and 35.200 materials, sl	kip to and com	plete Part II
2. <u>Current 35.390 Authorized User</u>	Seeking Addition	al 35.290 Authorization		
a. Authorized user on Materials Licer State requirements seeking author		meeting 10 CFR 35.3	390 or equivale	ent Agreement
b. Supervised Work Experience. (If more than one supervising indivicual copies of this section.)	vidual is necessary	/ to document supervised wol	rk expe r ience,	provide multiple
Description of Experience		f Experience/License or t 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 authorized user	supervising ind	ividual as an
Supervisor meets the requirements be 35.290 35.390 + ge		i Agreement State requirement state requirement state requirement state requirement state requirement of the state	nts (check all t	'hat apply).

NRC FORM 313A (AUD) (3-2009)

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			
Τα	tal 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		Yes No		
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters		Yes No		

Training and Experience for Proposed	Authorized User (continued)		
b. Supervised Work Experience. (contin	ued)		
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		Yes	
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material		Yes No	
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures		Yes No	
Administering dosages of radioactive drugs to patients or human research subjects		Yes 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		Yes	
Supervising Individual	License/Permit Number listing authorized user	J supervising indi	vidual as an
	v, or equivalent Agreement State requireme 5.390 35.390 + generator experier		-

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.

3-2009)	IRM 313A (AUD) 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."
	Section I one of the following for each use requested:
For	35.190
	Board Certification
	I attest that $\frac{6AGANDCCP}{Name of Proposed Authorized User}$ has satisfactorily completed the requirements in
	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
	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 GAGANDGEP SINGN has satisfactorily completed the requirements in
	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.
econ	d Section
;omp	lete the following for preceptor attestation and signature:
	\mathbf{X} I meet the requirements below, or equivalent Agreement State requirements, as an authorized user for:
	X 35.190 X 35.290 X 35.390 35.390 + generator experience
ame o	of Preceptor Signature Telephone Number Date
App	arao Mukkamara, M.D. A.R. Record 810-2629828 11/16/11
11	/Permit Number/Facility Name
<u>+</u>	URLEY MEDICAL CENTER

NRC FORM 313A	AUT)	U.S. NUCLE	AR REGULATORY COMMISSION			
	ITHORIZED USER TF AND PRECEPT (for uses defi [10 CFR 35.390, 35.	APPROVED BY OMB: NO. 3150-0120 EXPIRES: 3/31/2012				
Name of Propos	ed Authorized User		State or Territory Where Licens	ed		
GAGAN	DEEP SINGV	1	MICHIGAN			
Requested Aut	horization(s) (check all that	t apply):				
35.300	Use of unsealed byprodu	ct material for whic	h a written directive is requir	ed		
OR						
35.300	Oral administration of soc 1.22 gigabecquerels (33 i	lium iodide I-131 re millicuries)	equiring a written directive in	quantities less than or equal to		
35.300	Oral administration of soc gigabecquerels (33 millic		equiring a written directive in	quantities greater than 1.22		
35.300	Parenteral administration than 150 keV for which a			clide with a photon energy less		
35.300	Parenteral administration	of any other radio	nuclide for which a written dir	ective is required		
			G AND EXPERIENCE hree methods below)			
of applicati experience	on or the individual must h was completed. Provide of checked above.	ave related continu	ing education and experience	in the 7 years preceding the date e since the required training and ducation and experience related		
The second of th	a copy of the board certifi	inction				
b. For 35.		n on supervised cl	inical case experience. The	table in section 3.c. may		
c. For 35. and su	 c. For 35.396, provide documentation on classroom and laboratory training, supervised work experience, and supervised clinical case experience. The tables in sections 3.a., 3.b., and 3.c. may be used to document this experience. 					
d. Skip to	and complete Part II Prece	eptor Attestation.				
2. Current	35.300, 35.400, or 35.600) Authorized User	Seeking Additional Autho	rization		
a. Authoriz	a. Authorized User on Materials License under the requirements below or					
equival	equivalent Agreement State requirements (check all that apply):					
35.	390 35.392	35.394	35.490 35.69	90		
require		nce. The table in s	nder 35.300, provide docume section 3.c. may be used to d or Attestation.			
docume clinical	c. If currently authorized under 35.490 or 35.690 and requesting authorization for 35.396, provide documentation on classroom and laboratory training, supervised work experience, and supervised clinical case experience. The tables in sections 3.a., 3.b., and 3.c. may be used to document this experience. Also provide completed Part II Preceptor Attestation.					
NRC FORM 313A (AUT)	(3-2009)	PRINTED ON RECY	CLED PAPER	PAGE 1		

3. Training and Experience for	Propose	d Authorized	<u>User</u>			
a. Classroom and Laboratory Tr	aining	35.390	35.392	35.3	394	35.396
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						
Radiation biology						
	Total Ho	urs of Trainir	ng:		1	
b. Supervised Work Experience		35.390	35.392	35.3		35.396
If more than one supervising of this page.	individual				· · · · · · · · · · · · · · · · · · ·	
Supervised Work Experience			Total H Experie			
Description of Experience Must include:	L		erience/License		Confirm	Dates of Experience
Ordering, receiving, and unpacking radioactive materials safely and performing the related radiation surveys					Yes No	
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters					Yes	
Calculating, measuring, and safely preparing patient or human research subject dosages					Yes No	
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material					Yes No	
Using procedures to contain spilled byproduct material safely and using proper					Yes	

	d Experience for Proposed Aut ed Work Experience (continued)		
Supervising I	· · · · · · · · · · · · · · · · · · ·	License/Permit Number listing supervising individual as an authorized user	
Supervising apply)**:	individual meets the requirement With experience administering	s below, or equivalent Agreement State requirements (check all that dosages of:	
35.392 Oral Nal-131 requiring a gigabecquerels (33 million of the sector) 35.394 Oral Nal-131 in quantitie	ritten directive in quantities less than or equal to 1.22 ies)		
	Oral Nal-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)		
05 000	Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required		
35.396			

requesting authorized user status.

c. Supervised Clinical Case Experience

If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this page.

Description of Experience	Number of Cases Involving Personal Participation	Location of Experience/License or Permit Number of Facility	Dates of Experience*
Oral administration of sodium iodide I-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)	4	HURLEY MEDICAL CENTER NRC NO- 21-00338-02	
Oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 1.22 gigabecquerels (33 millicuries)	4	HURLEY MEDICAL CENTER NRC NO - 21-00338-02	JAN 2007 JUNE 2010
Parenteral administration of any beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV for which a written directive is required			
Parenteral administration of any other radionuclide for which a written directive is required			
(List radionuclides)			

NRC FORM 313A (AUT)	U.S. NUCLEAR REGULATORY COMMISSION				
(3-2009) AUTHORIZ	ED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)				
3. Training and E	xperience for Proposed Authorized User (continued)				
c. Supervised C	Clinical Case Experience (continued)				
Supervising Indivi	dual License/Permit Number listing supervising individual as an				
A A	oparao Mukkamala, MD 21-00338-02				
	vidual meets the requirements below, or equivalent Agreement State requirements (check all that				
🗙 35.390 V	Vith experience administering dosages of:				
X 35.392 X 35.394	C Oral Nal-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)				
35.396	X Oral Nal-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)				
	Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required				
	Parenteral administration of any other radionuclide requiring a written directive				
	horized User must have experience in administering dosages in the same dosage category or categories as the individual prized user status.				
	PART II - PRECEPTOR ATTESTATION				
Notes This past my					
individual as	st be completed by the individual's preceptor. The preceptor does not have to be the supervising long as the preceptor provides, directs, or verifies training and experience required. If more than or is necessary to document experience, obtain a separate preceptor statement from each.				
	the boxes below, the preceptor is attesting that the individual has knowledge to fulfill the duties of the ht and not attesting to the individual's "general clinical competency."				
First Section Check one of the fo	llowing for each requested authorization:				
For 35.390:					
Board Certi	ication				
l attest th	Name of Proposed Authorized User				
requirem	ents in 35.390(a)(1).				
	OR				
Training and	1 Experience				
I attest th					
level . accor of	Name of Proposed Authorized User				
	rience, including a minimum of 200 hours of classroom and laboratory training, as required by 85.390 (b)(1).				

NRC FORM 313A (AUT)	U.S. NUCLEAR REGULATORY COMMISSION			
(3-2009) AUTHORIZEI	D USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)			
Preceptor Attestation	(continued)			
First Section (cont	tinued)			
For 35.392 (Identic	cal Attestation Statement Regardless of Training and Experience Pathway):			
I attest that	has satisfactorily completed the 80 hours of classroom			
	Name of Proposed Authorized User			
	ry training, as required by 10 CFR 35.392(c)(1), and the supervised work and clinical case equired in 35.392(c)(2).			
For 35.394 (Identic	cal Attestation Statement Regardless of Training and Experience Pathway):			
I attest that	has satisfactorily completed the 80 hours of classroom			
	Name of Proposed Authorized User			
	ry training, as required by 10 CFR 35.394 (c)(1), and the supervised work and clinical case equired in 35.394(c)(2).			
Second Section				
I attest that	CAGANDECP SINGN has satisfactorily completed the required clinical case			
experience re	equired in 35.390(b)(1)(ii)G listed below:			
	131 requiring a written directive in quantities less than or equal to 1.22 uerels (33 millicuries)			
Oral Nal-	131 in quantities greater than 1.22 gigabecquerels (33 millicuries)			
	al administration of beta-emitter, or photon-emitting radionuclide with a photon ss than 150 keV requiring a written directive is required			
Parentera	I administration of any other radionuclide requiring a written directive			
Third Section				
I attest that	GHAANDCEP SINGM has satisfactorily achieved a level of competency to			
function inde	pendently as an authorized user for:			
Oral Nal-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)				
Oral Nal-	Oral Nal-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)			
Parentera	Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required			
	administration of any other radionuclide requiring a written directive			

NRC FORM 313A (AUT)		U.S. NUCLEAR REGULATORY COMMISSION		
(3-2009) AUTHORIZE	D USER TRAINI	NG AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)		
Fourth Section				
<u>For 35.396:</u>				
Current 35.490	or 35.690 autho	rized user:		
I attest that	Name of Pro	is an authorized user under 10 CFR 35.490 or 35.690		
laboratory ti experience	t Agreement Stat alning, as require	e requirements, has satisfactorily completed the 80 hours of classroom and ed by 10 CFR 35.396 (d)(1), and the supervised work and clinical case 6(d)(2), and has achieved a level of competency sufficient to function		
		of any beta-emitter, or photon-emitting radionuclide with a photon energy less written directive is required		
Parenter	al administration	of any other radionuclide for which a written directive is required		
		OR		
Board Certifica	ation:			
I attest that		has satisfactorily completed the board certification		
requirements of 35.396(c), has satisfactorily completed the 80 hours of classroom and laboratory training required by 10 CFR 35.396 (d)(1) and the supervised work and clinical case experience required by 35.396(d)(2), and has achieved a level of competency sufficient to function independently as an authorized user for:				
		of any beta-emitter, or photon-emitting radionuclide with a photon energy less written directive is required		
Parenter	al adminstration of	of any other radionuclide for which a written directive is required		
Fifth Section Complete the followi	ng for preceptor	attestation and signature:		
K meet the requ	irements below, o	or equivalent Agreement State requirements, as an authorized user for:		
🔀 35.390	∑ 35.392	35.394 35.396		
I have experier requesting auth		dosages in the following categories for which the proposed Authorized User is		
Oral Nal-13 millicuries)	1 requiring a writt	en directive in quantities less than or equal to 1.22 gigabecquerels (33		
X Oral Nal-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)				
Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required				
Parenteral a	Parenteral administration of any other radionuclide requiring a written directive			
and a state of the	KAMALA, M.D	Signature Telephone Number Date T-R. New 810-262-9828 11/16/11		
License/Permit Number/	• ~ /	(
Flurley ME	DICAL LEATER	PAGE 6		

HURLEY MEDICAL CENTER DEPT. OF RADIOLOGIC SERVICES ONE HURLEY PLAZA FLINT, MI 48503-5993

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