

April 22, 2013

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 21-08892-01 Botsford General Hospital Control number: 580316

Dear Mr. O Dowd:

The purpose of this letter is to amend our current NRC Materials License to reflect the following changes:

Item #1 Please find the enclosed updated NRC form 313A (AUT)

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,

William Scheuber Administrator Professional and Support Services Botsford General Hospital

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AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (for uses defined under 35.300) [10 CFR 35.390, 35.392, 35.394, and 35.396] Name of Proposed Authorized User Timo thy Allen McKwight p Michigan Requested Authorization(s) (check all that apply): 35.300 Use of unsealed byproduct material for which a written directive is required OR 36.300 Oral administration of sodium iodide I-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries) 35.300 Oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 1.22 gigabecquerels (33 millicuries) 35.300 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 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 related continuing education and experience since the required tending and experience was completed. Provide dates, duration, and description of continuing education and experience related to the uses checked above.	NRC FORM 313A		ATORY COMMISSION	
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 35.390 36.392 35.394 35.490 35.690 b. If currently authorized for a subset of clinical uses under 35.300, provide documentation on additional required supervised case experience. The table in section 3.c. may be used to document this experience. Also provide completed Part II Preceptor Attestation. c. If currently authorized under 36.490 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. 	a. Authorize	ed User on Materials License	under th	ne requirements below or
 b. If currently authorized for a subset of clinical uses under 35.300, provide documentation on additional required supervised case experience. The table in section 3.c. may be used to document this experience. Also provide completed Part II Preceptor Attestation. 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. 	equivale	nt Agreement State requirements (check all that apply	<i>)</i> :	
 required supervised case experience. The table in section 3.c. may be used to document this experience. Also provide completed Part II Preceptor Attestation. 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. 	35.3	90 35.392 35.394 35.4	90 🗍 35.690	
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.	required sup	ervised case experience. The table in section 3.c. ma		
	documentat case experie	ion oπ classroom and laboratory training, supervised v ence. The tables in sections 3.a., 3.b., and 3.c. may b	vork experience, and	supervised clinical

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C FORM 313A (AUT) ⁰¹²⁾ AUTHORIZED USER TRA	AINING AND EXPERIENCE AND PRECEPTOR AT	NUCLEAR REGU	continued)
3. <u>Training and Experience f</u> a. Classroom and Laboratory T	or Proposed Authorized User Training 35.390 35.392 3] 36.396
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:		· ·
 b. Supervised Work Experience If more than one supervising of this page. 	a 35.390 35.392 35 Individual is necessary to document supervised tra	3.394	35.396 multiple copies
If more than one supervising of this page. Supervised Wo	r individual is necessary to document supervised tra ork Experience Total Hours of Exp	aining, provide r erience:	nultiple copies
If more than one supervising of this page. Supervised Wo Description of Experience Must Include:	r individual is necessary to document supervised tra	aining, provide r	
If more than one supervising of this page. Supervised Wo Description of Experience	r individual is necessary to document supervised transformed to the supervised transformed to the supervised transformed to the supervised transformed transformed to the supervised transformed trans	aining, provide r erience:	nultiple copies
If more than one supervising of this page. Supervised Wo Description of Experience Must include: Ordering, receiving, and unpacking radioactive materials safely and performing the	r individual is necessary to document supervised transformed to the supervised transformed to the supervised transformed to the supervised transformed transformed to the supervised transformed trans	ainīng, provide r erience: Confirm	nultiple copies
If more than one supervising of this page. Supervised Wo Description of Experience Must include: Ordering, receiving, and unpacking radioactive materials safely and performing the related radiation surveys Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of	r individual is necessary to document supervised transformed to the supervised transformed to the supervised transformed to the supervised transformed transformed to the supervised transformed trans	aining, provide r erience: Confirm Yes No	nultiple copies
If more than one supervising of this page. Supervised Wo Description of Experience Must Include: Ordering, receiving, and unpacking radioactive materials safely and performing the related radiation surveys Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters Calculating, measuring, and safely preparing patient or numan research subject	r individual is necessary to document supervised transformed to the supervised transformed to the supervised transformed to the supervised transformed transformed to the supervised transformed trans	aining, provide r erience: Confirm Yes No Yes No Yes	nultiple copies

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AUTHORIZED USER TRA	INING AND EXPERI	ENCE AND PRECEPTOR ATTESTATION (c	ontinued)
Training and Experience for I	Proposed Authorize	d User (continued)	
b. Supervised Work Experience	e (continued)		
Supervising Individual Supervising individual meets the apply)**;	e requirements below	License/Permit Number listing supervising ind authorized user , or equivalent Agreement State requirements	
	administering dosage	ac of	****
☐ 35,392 ☐ Oral Nai-131 ☐ 35,394 ☐ gigabecquere	requiring a written di els (33 millicuries)	rective in quantities less than or equal to 1.22 than 1.22 gigabecquerels (33 millicuries)	
- 35.396 Parenteral ad energy less th	ministration of beta-e	mitter, or photon-emitting radionuclide with a g a written directive is required ther radionuclide requiring a written directive	photon .
 Supervising Authorized User must h requesting authorized user status. 	ave experience in adminis	stering dosages in the same dosage category or categorie	es as the Individual
c. Supervised Clinical Case Exp If more than one supervising multiple copies of this page.		ary to document supervised work experience, p	provide
Description of Experience	Number of Cases Involving Personal Participation	Location of Experience/License or Permit Number of Facility	Dates of Experience*
	in the second		
odide I-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels	3	Botsford Hospitel 21-08892-01	8 19]11 6 24 11 3]4 11
Oral administration of sodium lodide I-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries) Oral administration of sodium odide I-131 requiring a written directive in quantities greater han 1.22 gigabecquerels (33 millicuries)	3		8/19/11
odide I-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries) Oral administration of sodium odide I-131 requiring a written directive in quantities greater han 1.22 gigabecquerels (33	3		8/19/11

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NRC FORM 313A (AUT)	U.S. NUCLEAR REGULATORY COMMISSIO	
AUTHORIZED USER TRAINING AND EXPERIE	NCE AND PRECEPTOR ATTESTATION (continued)	
3. Training and Experience for Proposed Authorized	<u>User</u> (continued)	
c. Supervised Clinical Case Experience (continued)		
Supervising Individual	License/Permit Number listing supervising individual as an authorized user	
Dr. Stephan Morse	21-08892-01	
Supervising Individual meets the requirements below, apply)**:	or equivalent Agreement State requirements (check all that	
35,390 With experience administering dosages of:		
35,392 Oral Nal-131 requiring a written directive in quantities less than or equal to 1.22		
35.394 Oral Nai-131 in quantities greater than 1.22 gigabecquerels (33 millicurles)		
energy less than 150 keV requiring a	-	
Parenteral administration of any othe	er radionuclide requiring a written directive	
** Supervising Authorized User must have experience in administer requesting authorized user status.	ring dosages in the same dosage catagory or catagories as the individual	
d. Provide completed Part II Preceptor Attestation.		
	eptor. The preceptor does not have to be the supervising or verifies training and experience required. If more than , obtain a separate preceptor statement from each.	
By checking the boxes below, the preceptor is attest the position sought and not attesting to the individual	ing that the individual has knowledge to fulfill the duties of "s "general clinical competency."	
irst Section heck one of the following for each requested authoriza	tion:	
For 35.390:		
Board Certification		
I attest that Timothy McKwight-D.C. Name of Proposed Authorized Yser	has satisfactorily completed the training and experience	
requirements in 35.390(a)(1).		
Ο	References and the second s	
Training and Experience	has satisfactorily completed the 700 hours of heiring	
Name of Proposed Authorized User	has satisfactorily completed the 700 hours of training	
and experience, including a minimum of 200 hour 10 CFR 35.390 (b)(1).	s of classroom and laboratory training, as required by	
FORM 313A (AUT) (05-2012)	PAGE 4	

NRC FORM 313A (AUT) U.S. NUCLEAR REGULATORY COMMISSIO
AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)
Preceptor Attestation (continued)
First Section (continued)
For 35.392 (Identical Attestation Statement Regardless of Training and Experience Pathway):
Name of Proposed Authorized User
and laboratory training, as required by 10 CFR 35.392(c)(1), and the supervised work and clinical case experience required in 35.392(c)(2).
For 35,394 (Identical Attestation Statement Regardless of Training and Experience Pathway):
has satisfactorily completed the 80 hours of classroom
and laboratory training, as required by 10 CFR 35.394 (c)(1), and the supervised work and clinical case experience required in 35.394(c)(2).
Second Section
Vi attest that Time the McKungt has satisfactorily completed the required clinical case
experience required in 35.390(b)(1)(ii)G listed below;
Oral Nal-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)
, 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
Third Section
I attest that Troubly Wickwin LADO, has satisfactorily achieved a level of competency to
function Independently 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-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

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NRC FORM 313A (AUT)	U.S. NUCLEAR REGULATORY COMMISSION
AUTHORIZED USER TRAINING AND EXPERIE	NCE AND PRECEPTOR ATTESTATION (continued)
Fourth Section	
<u>For 35,396:</u>	
Current 35.490 or 35.690 authorized user:	
Name of Proposed Authorized User	is an authorized user under 10 CFR 35,490 or 35.690
or equivalent Agreement State requirements, has laboratory training, as required by 10 CFR 35.396	s satisfactorily completed the 80 hours of classroom and 6 (d)(1), and the supervised work and clinical case hieved a level of competency sufficient to function
Parenteral administration of any beta-emitter, than 150 keV for which a written directive is re	or photon-emitting radionuclide with a photon energy less
Parenteral administration of any other radionu	clide for which a written directive is required
O	R
Board Certification:	
I attest that Name of Proposed Authorized User	has satisfactorily completed the board certification
35.396(d)(2), and has achieved a level of compete authorized user for:	or photon-emitting radionuclide with a photon energy less
Parenteral administration of any other radionuc	
Fifth Section Complete the following for preceptor attestation and sig	nature:
. I meet the requirements below, or equivalent Agreem	ent State requirements, as an authorized user for:
35.390 35.392 35.394	35.396
I have experience administering dosages in the follow requesting authorization.	ring categories for which the proposed Authorized User is
Oral Nal-131 requiring a written directive in quantit millicuries)	ties less than or equal to 1.22 gigabecquereis (33
Oral Nal-131 in quantities greater than 1.22 gigabe	ecquerels (33 millicuries)
Parenteral administration of beta-emitter, or photor 150 keV requiring a written directive is required	n-emitting radionuclide with a photon energy less than
Parenteral administration of any other radionuclide	requiring a written directive
STEPHAN R. MRGRSE, Signature	ALZE ZH8-471-8374 3/21/23
icense/Permit Number/Facility Name 21-08892-01 Botsford	General Hospital
RC FORM 313A (AUT) (05-2012)	PAGE 6



of the

certifies that

Timothy Allen McKnight D.O.

having met the prescribed qualifications and standards and passed the required examinations of this Board, is qualified as a specialist in

Diagnostic Kadiology

and is hereby awarded this certificate for the period from

July 1, 2011 - December 31, 2021

American Osteopathic Association

Axentive Birecto

Aertificate No. 1221

American Osteopathic Board of Radiology

Secretary



BOTSFORD

28050 Grand River Avenue Farmington Hills, MI 48336-5933

ADDRESS SERVICE REQUESTED



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UNITED STATES NUCLEAR REGULATORY COMMISSION

Region III Materials Licensing Branch 2443 Warrenville Road Suite 210 Lisle, IL 60532-4352