



MERCY HEALTH

January 16, 2017

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

**Re: Amendment to License No. 21-02187-01
Mercy Health Partners, d/b/a Mercy Health Muskegon**

Please amend our license to add the following Physician as authorized user:

Scott C. Harris, DO, 10 CFR 35.200 use

A copy of form 313A with his training and experience is enclosed for your review.

Thank you for your cooperation in this matter. If you have any questions concerning this request, please contact Jennifer Hann Fisher, MS, at 231-672-2011 or fishjeh@mercyhealth.com or Dawn Edwards, MS, at 313-662-3197 or dedwards@mpcphysics.com.

Sincerely,

F. Remington Sprague, MD
Vice-President and Chief Medical Officer
Mercy Health Muskegon

RECEIVED JAN 27 2017



**AUTHORIZED USER TRAINING AND EXPERIENCE
AND PRECEPTOR ATTESTATION**
(for uses defined under 35.100, 35.200, and 35.500)
[10 CFR 35.190, 35.290, and 35.590]

APPROVED BY OMB: NO. 3150-0120
EXPIRES: 06/30/2019

Name of Proposed Authorized User

Scott C. Harris, DO, FACC

State or Territory Where Licensed

Michigan

Requested Authorization(s) (check all that apply)

- 35.100 Uptake, dilution, and excretion studies
 35.200 Imaging and localization studies
 35.500 Sealed sources for diagnosis (specify device) _____

PART I -- TRAINING AND EXPERIENCE
(Select one of the three methods below)

* Training and Experience, including board certification, must have been obtained within the 7 years preceding the date of application or the individual must have obtained related continuing education and experience since the required training and experience was completed. Provide dates, duration, and description of continuing education and experience related to the uses checked above.

1. Board Certification

- a. Provide a copy of the board certification.
 b. If using only 35.500 materials, stop here. If using 35.100 and 35.200 materials, skip to and complete Part II Preceptor Attestation.

2. Current 35.390 Authorized User Seeking Additional 35.290 Authorization

- a. Authorized user on Materials License _____ meeting 10 CFR 35.390 or equivalent Agreement State requirements seeking authorization for 35.290.
 b. Supervised Work Experience.
 (If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this section.)

Description of Experience	Location of Experience/License or Permit Number of Facility	Clock Hours	Dates of Experience*
Eluting generator systems appropriate for the preparation of radioactive drugs for imaging and localization studies, measuring and testing the eluate for radionuclidic purity, and processing the eluate with reagent kits to prepare labeled radioactive drugs			

Total Hours of Experience:

Supervising Individual

License/Permit Number listing supervising individual as an authorized user

Supervisor meets the requirements below, or equivalent Agreement State requirements (check all that apply).

- 35.290 35.390 + generator experience in 32.290(c)(1)(ii)(G)

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Training and Experience for Proposed Authorized User

a. Classroom and Laboratory Training.

Description of Training	Location of Training	Clock Hours	Dates of Training*
Radiation physics and instrumentation	Corscan Authorized User and Laboratory Training	16 Hours	11/2007-10/2011
	Thoracic Cardiovascular Institute, Lansing, MI	4 Hours	6/2010
	ASNC 2016 Scientific Sessions on Demand	20 Hours	9/2016-12/2016
Radiation protection	Corscan Authorized User and Laboratory Training	16 Hours	11/2007-10/2011
	Thoracic Cardiovascular Institute, Lansing, MI	4 Hours	6/2010
	ASNC 2016 Scientific Sessions on Demand	10 Hours	9/2016-12/2016
Mathematics pertaining to the use and measurement of radioactivity	Corscan Authorized User and Laboratory Training	16 Hours	11/2007-10/2011
	ASNC 2016 Scientific Sessions on Demand	5 Hours	9/2016-12/2016
Chemistry of byproduct material for medical use (not required for 35.590)	Corscan Authorized User and Laboratory Training	16 Hours	11/2007-10/2011
	ASNC 2016 Scientific Sessions on Demand	5 Hours	9/2016-12/2016
Radiation biology	Corscan Authorized User and Laboratory Training	16 Hours	11/2007-10/2011
	ASNC 2016 Scientific Sessions on Demand	10 Hours	9/2016-12/2016
Total Hours of Training:		138	

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		Yes	Total Hours of Experience:	960
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	Thoracic Cardiovascular Institute:(#21-20313-01)	<input checked="" type="checkbox"/> Yes	7/2007-6/2010	
	Mercy Health Partners: (21-02187-01)	<input type="checkbox"/> No	10/2016	
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters	Thoracic Cardiovascular Institute: (#21-20313-01)	<input checked="" type="checkbox"/> Yes	7/2007-6/2010	
	Mercy Health Partners: (21-02187-01)	<input type="checkbox"/> No	10/2016	

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Training and Experience for Proposed Authorized User (continued)

b. Supervised Work Experience. (continued)

Description of Experience Must Include:	Location of Experience/License or Permit Number of Facility	Confirm	Dates of Experience*
Calculating, measuring, and safely preparing patient or human research subject dosages	Thoracic Cardiovascular Institute, Lansing, MI (License#: 21-20313-01)	<input checked="" type="checkbox"/> Yes	7/2007-6/2010
	Mercy Health Partners, (License#: 21-02187-01)	<input type="checkbox"/> No	10/2016
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material	Thoracic Cardiovascular Institute, Lansing, MI (License#: 21-20313-01)	<input checked="" type="checkbox"/> Yes	7/2007-6/2010
		<input type="checkbox"/> No	
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures	Thoracic Cardiovascular Institute:(#21-20313-01)	<input checked="" type="checkbox"/> Yes	7/2007-6/2010
	Mercy Health partners, (License#: 21-02187-01)	<input type="checkbox"/> No	10/2016
Administering dosages of radioactive drugs to patients or human research subjects	Thoracic Cardiovascular Institute:(#21-20313-01)	<input checked="" type="checkbox"/> Yes	7/2007-6/2010
	Mercy Health Partners, (License#: 21-02187-01)	<input type="checkbox"/> No	10/2016
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	Thoracic Cardiovascular Institute, Lansing, MI (License#: 21-20313-01)	<input checked="" type="checkbox"/> Yes	7/2007-6/2010
		<input type="checkbox"/> No	

Supervising Individual	License/Permit Number listing supervising individual as an authorized user
Michael Brown, MD(TCI)/Thomas J. Hill,MD,MercyHealth	TCI License#: 21-20313-01 / MHP License#: 21-02187-01

Supervisor meets the requirements below, or equivalent Agreement State requirements (*check one*).

- 35.190
 35.290
 35.390
 35.390 + generator experience in 35.290(c)(1)(ii)(G)

c. For 35.590 only, provide documentation of training on use of the device.

Device	Type of Training	Location and Dates

d. For 35.500 uses only, stop here. For 35.100 and 35.200 uses, skip to and complete Part II Preceptor Attestation.

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

PART II – PRECEPTOR ATTESTATION

Note: This part must be completed by the individual's preceptor. The preceptor does not have to be the supervising individual as long as the preceptor provides, directs, or verifies training and experience required. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each. (Not required to meet training requirements in 35.590)

By checking the boxes below, the preceptor is attesting that the individual has knowledge to fulfill the duties of the position sought and not attesting to the individual's "general clinical competency."

First Section

Check one of the following for each use requested:

For 35.190

Board Certification

I attest that _____ has satisfactorily completed the requirements in
Name of Proposed Authorized User

10 CFR 35.190(a)(1) and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100.

OR

Training and Experience

I attest that _____ has satisfactorily completed the 60 hours of training and
Name of Proposed Authorized User

experience, including a minimum of 8 hours of classroom and laboratory training, required by 10 CFR 35.190(c)(1), and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100.

For 35.290

Board Certification

I attest that _____ has satisfactorily completed the requirements in
Name of Proposed Authorized User

10 CFR 35.290(a)(1) and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100 and 35.200.

OR

Training and Experience

I attest that Scott C. Harris, DO 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

Michael Brown, DO

Signature

Telephone Number

(517) 483-7550

Date

12/22/2016

License/Permit Number/Facility Name

NRC License#: 21-01430-01 Edward W. Sparrow Hospital



Mercy Campus
1500 E. Sherman Boulevard
Muskegon, MI 49444

PRESORTED
FIRST CLASS



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