

VOID SHEET

TO: License Fee Management Branch

FROM: Bob Hattone Region III

SUBJECT: VOIDED APPLICATION

Control Number: 89338

Applicant: Borgess Medical Center

Date Voided: 5-22-90

Reason for Void: Incorporated into Renewal
after review

Robert G. Hattone Jr. 5-22-90
Signature Date

Attachment:
Official Record Copy of
Voided Action

FOR LFMB USE ONLY

Final Review of VOID Completed:

- Refund Authorized and processed
- No Refund Due
- Fee Exempt or Fee Not Required

Comments: _____

Log completed
Processed by: CJ

RECEIVED
90 JUN 25 11:20

ML30

BETWEEN:

LICENSE FEE MANAGEMENT BRANCH, ARM
AND
REGIONAL LICENSING SECTIONS

(FOR LFMS USE)
INFORMATION FROM LT:

PROGRAM CODE: 02120
STATUS CODE: 2
FEE CATEGORY: 7C
EXP. DATE: 19900430
FEE COMMENTS:

LICENSE FEE TRANSMITTAL

A. REGION *Ty*

1. APPLICATION ATTACHED
APPLICANT/LICENSEE: BORGESS MEDICAL CTR.
RECEIVED DATE: 900507
DOCKET NO: 3002115
CONTROL NO.: 389338
LICENSE NO.: 21-12275-02
ACTION TYPE: AMENDMENT

2. FEE ATTACHED
AMOUNT: *\$180.00*
CHECK NO.: *16253*

3. COMMENTS

SIGNED *P. Dittell*
DATE *5-2-90*

B. LICENSE FEE MANAGEMENT BRANCH (CHECK WHEN MILESTONE 03 IS ENTERED *1-1*)

1. FEE CATEGORY AND AMOUNT: *7C \$120*

2. CORRECT FEE PAID. APPLICATION MAY BE PROCESSED FOR:
AMENDMENT
RENEWAL
LICENSE

3. OTHER _____

SIGNED *G. J. / 1990*
DATE

CONVERSATION RECORD

TIME

DATE

TYPE

 VISIT CONFERENCE TELEPHONE INCOMING OUTGOING

ROUTING

NAME/SYMBOL

INT

Location of Visit/Conference:

NAME OF PERSON(S) CONTACTED OR IN CONTACT

ORGANIZATION (Office, dept., bureau)

TELEPHONE NO.

~~Tracy King~~ Tracy King~~Tracy King~~ MPC

1000000000

SUBJECT

Dr. Ayerick, H.P. needs documentation to satisfy 35.920(b)(2) on days A-D item 5 (Clock Hours)

SUMMARY

Tracy will respond to request by alerting Management of the required information.

ACTION REQUIRED

NAME OF PERSON DOCUMENTING CONVERSATION

SIGNATURE

DATE

ACTION TAKEN

SIGNATURE

TITLE

DATE

Robert E. Hattone Jr.

Reviewer

5-23-90

Borgess Medical Center
1521 Guit Road
Kalamazoo, Michigan 49001
Telephone 616-383-7000

Member of
Sisters of St. Joseph
Health System, Inc.
Nasareth, Michigan

April 18, 1990

BORGESS
Medical Center

U.S. Nuclear Regulatory Commission
Region III - Materials Licensing Section
799 Roosevelt Road
Glen Ellyn, IL 60137

RE: AMENDMENT TO LICENSE NUMBER: 21-12275-02

Dear Sirs:

Please amend our license to include John A. Azevedo, M.D. for Group 35.200, limited to cardiac imaging and studies of cardiac function. Please note our license is currently under renewal and this change should be reflected in the new license.

Enclosed please find Supplement A and Supplement B in duplicate, as well as the \$120.00 amendment fee.

Sincerely,

Georgiann Ellis

Georgiann Ellis, Vice President
Professional and Ambulatory Services

GE/lmr
Encl

RECEIVED
90 MAY 14 10:34
U.S.N.R.C.

Log	<i>May 17</i>
Remitter	<i>Kalamazoo cond. for</i>
Check No.	<i>16753</i>
Amount	<i>\$120</i>
Fee Category	<i>cond</i>
Type of Fee	<i>cond</i>
Date Check Rec'd.	
Date Completed	<i>5/19/90</i>
By:	<i>[Signature]</i>

RECEIVED
MAY 07 1990
REGION III

MAY 7 1990

CONTROL NO. 89338

EXHIBIT 2
SUPPLEMENT A

SUPPLEMENT		U.S. NUCLEAR REGULATORY COMMISSION		
TRAINING AND EXPERIENCE AUTHORIZED USER OR RADIATION SAFETY OFFICER				
1. NAME OF PROPOSED AUTHORIZED USER OR RADIATION SAFETY OFFICER John A. Azevedo, M.D.			2. FOR PHYSICIANS, STATE OR TERRITORY WHERE LICENSED Michigan (Indiana)	
3. CERTIFICATION				
SPECIALTY BOARD A	CATEGORY B	MONTH AND YEAR CERTIFIED C		
American Board of Internal Medicine		September 1983		
American Board of Internal Medicine Subspecialty of Cardiovascular Disease		November 1987		
4. TRAINING RECEIVED IN BASIC RADIOISOTOPE HANDLING TECHNIQUES				
FIELD OF TRAINING A	LOCATION AND DATE(S) OF TRAINING B	TYPE AND LENGTH OF TRAINING		
		CLOCK HOURS IN LECTURE OR LABORATORY	CLOCK HOURS OF SUPERVISED ON-THE-JOB EXPERIENCE	
a. RADIATION PHYSICS AND INSTRUMENTATION	200 Hour Continuing Medical Education Program in Nuclear Cardiology Sponsored by	100		
b. RADIATION PROTECTION	Institute For Nuclear Medical Education Held at Chicago, Illinois on the following dates:	30		
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY	Sept. 9-17, 1989; December 2-10, 1989 (See Attached Copies of Certificates)	20		
d. RADIATION BIOLOGY		20		
e. RADIOPHARMACEUTICAL CHEMISTRY		30		
5. EXPERIENCE WITH RADIATION. (Actual use of Radioisotopes or Equivalent Experience)				
ISOTOPE	mCi USED AT ONE TIME	LOCATION	CLOCK HOURS	TYPE OF USE
Tl Tc	3mCi 30mCi	Borgess Medical Center Kalamazoo Cardiology, P.C. Both at Kalamazoo, Mich		Cardiac Imaging Cardiac Imaging

NUCLEAR MEDICAL EDUCATION PROGRAM

AFFIDAVIT OF ACADEMIC COMPLETION

This document is to attest that

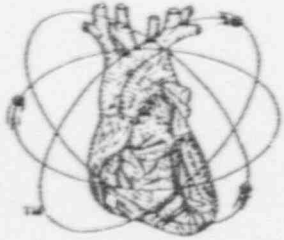
JOHN A. AZEVEDO, MD

has successfully completed the didactic program

RADIOPHARMACEUTICALS

and has provided evidence of achieving the objectives of this program

The program provides the following levels of accomplishment



- 50 didactic instructional hours (DIH)
- 50 CME credit hours in Category I of the PRA of the American Medical Association* and in category 2A of the American Osteopathic Association

6 December 1989

Date Commenced

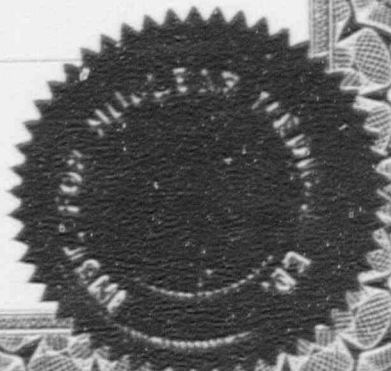
Authorized signature

074976

Affidavit

**separate documentation of CME is provided by Education Design Inc.*

INSTITUTE FOR NUCLEAR MEDICAL EDUCATION
supported by NCSystems, Inc.



NUCLEAR MEDICAL EDUCATION PROGRAM
AFFIDAVIT OF ACADEMIC COMPLETION

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THE PRINCIPLES OF RADIATION PHYSICS

and has provided evidence of achieving the objectives of this program

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of the American Medical Association* and

in category 2A of the

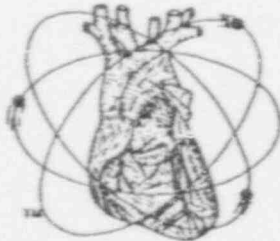
American Osteopathic Association

9 September 1989

Date Commenced

074887

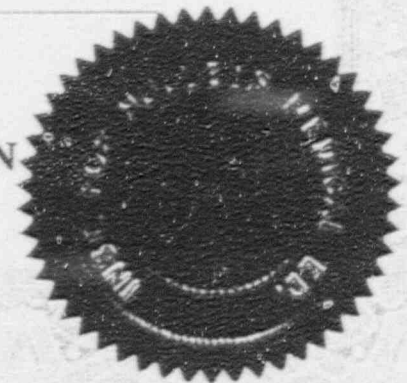
Affidavit




Authorized signature

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NUCLEAR MEDICAL EDUCATION PROGRAM

AFFIDAVIT OF ACADEMIC COMPLETION

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MEDICAL RADIATION INSTRUMENTATION

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The program provides the following levels of accomplishment

50 didactic instructional hours (DIH)

50 CME credit hours in Category I of the PRA

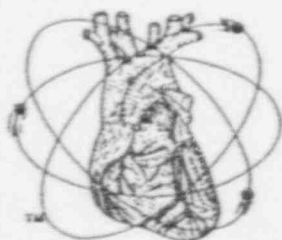
of the American Medical Association* and

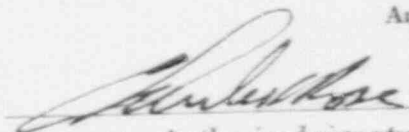
in category 2A of the

American Osteopathic Association

13 September 1989

Date Commenced



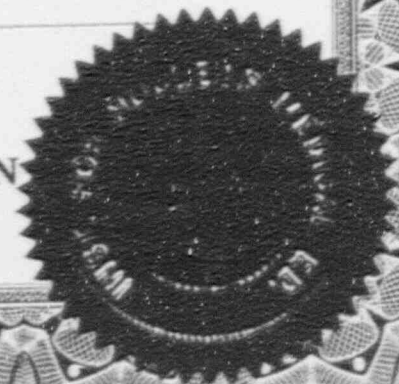

Authorized signature

074886

Affidavit

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NUCLEAR MEDICAL EDUCATION PROGRAM
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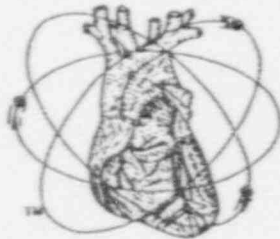
JOHN A. AZEVEDO, MD

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MEDICAL RADIATION PROTECTION

and has provided evidence of achieving the objectives of this program

The program provides the following levels of accomplishment



50 didactic instructional hours (DIH)

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of the American Medical Association* and

in category 2A of the

American Osteopathic Association

2 December 1989

Date Commenced

Authorized signature

074975

Affidavit

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INSTITUTE FOR NUCLEAR MEDICAL EDUCATION
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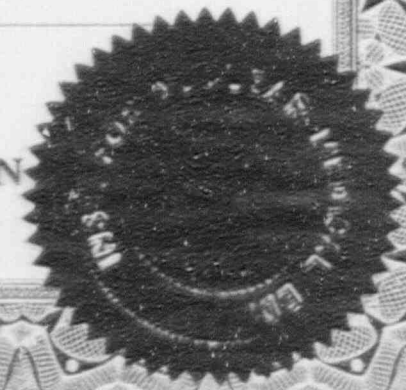


EXHIBIT 3
SUPPLEMENT B

SUPPLEMENT		U. S. NUCLEAR REGULATORY COMMISSION	
PRECEPTOR STATEMENT			
Supplement B must be completed by the applicant physician's preceptor. If more than one preceptor is necessary to document experience, obtain a separate statement from each.			
1. PROPOSED PHYSICIAN USER'S NAME AND ADDRESS FULL NAME John A. Azevedo, M.D. STREET ADDRESS 1535 Gull Road - Suite 205 CITY STATE ZIP CODE Kalamazoo Mich 49001		KEY TO COLUMN C PERSONAL PARTICIPATION SHOULD CONSIST OF: 1-Supervised examination of patients to determine the suitability for rad isotope diagnosis and/or treatment and recommendation for proscribed dosage. 2-Collaboration in dose calibration and actual administration of dose to the patient including calculation of the radiation dose, related measurements and plotting of data. 3-Adequate period of training to enable physician to manage radioactive patients and follow patients through diagnosis and/or course of treatment.	
2. CLINICAL TRAINING AND EXPERIENCE OF ABOVE NAMED PHYSICIAN			
ISOTOPE A	CONDITIONS DIAGNOSED OR TREATED B	NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION C	COMMENTS (Additional information or comments may be submitted in duplicate on separate sheets.) D
	Thyroid scan		This includes evaluation of patients for studies, performance of the studies, and interpretation of the studies
	Thyroid uptake		
	Lung perfusion scan		
	Xenon ventilation study		
	Aerosol ventilation scan		
	Renal flow scan		
	Brain scan		
	Liver/spleen scan		
	Bone scan		
	Gas bronchopneumal study		
	LeYeen shunt study		
	Cystogram		
	Dacryocystogram		
	Cardiac perfusion scan.	31	
Cardiac stress ventriculogram	950		
Cardiac rest ventriculogram	950		
Gallium scan			

EXHIBIT 3 (Continued)

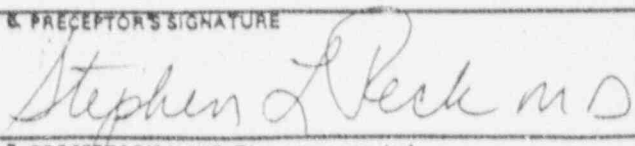
PROPOSED PHYSICIAN USER			
John A. Azevedo, M.D.			
PRECEPTOR STATEMENT (Continued)			
2. CLINICAL TRAINING AND EXPERIENCE OF ABOVE NAMED PHYSICIAN (Continued)			
ISOTOPE <small>A</small>	CONDITIONS DIAGNOSED OR TREATED <small>B</small>	NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION <small>C</small>	COMMENTS <small>(Additional information or comments may be submitted in duplicate on separate sheets.)</small> <small>D</small>
P-32 <i>(Sakubw)</i>	TREATMENT OF POLYCYTHEMIA VERA, LEUKEMIA, AND BONE METASTASES		
P-32 <i>(Colloid)</i>	INTRACAVITARY TREATMENT		
I-131	TREATMENT OF THYROID CARCINOMA		
	TREATMENT OF HYPERTHYROIDISM		
Au-198	INTRACAVITARY TREATMENT		
Co-60 or Cs-137	INTERSTITIAL TREATMENT		
	INTRACAVITARY TREATMENT		
I-125 or Ir-192	INTERSTITIAL TREATMENT		
	TELE THERAPY TREATMENT		
Sr-90	TREATMENT OF EYE DISEASE		
	RADIOPHARMACEUTICAL PREPARATION		
Mo-99/ Tc-99m	GENERATOR	6	
Sn-113/ In-113m	GENERATOR		
Tc-99m	REAGENT KITS	6	
Other			
3. DATES AND TOTAL NUMBER OF HOURS RECEIVED IN CLINICAL RADIOISOTOPE TRAINING			
	LOCATION	DATES	CLOCK HOURS OF EXPERIENCE
	Borgess Medical Center & Kalamazoo Cardiology, P.C. Both at Kalamazoo, Michigan	4-25-89 Thru 3-12-90	981
4. THE TRAINING AND EXPERIENCE INDICATED ABOVE WAS OBTAINED UNDER THE SUPERVISION OF:		5. PRECEPTOR'S SIGNATURE	
a. NAME OF SUPERVISOR Stephen L. Peck, M.D.			
b. NAME OF INSTITUTION Borgess Medical Center			
c. MAILING ADDRESS 1521 Gull Road			
d. CITY Kalamazoo, Michigan 49001			
e. MATERIALS LICENSE NUMBER(S) 21-12275-02 ; 21-24540-01	7. PRECEPTOR'S NAME (Please type or print) Stephen L. Peck, M.D.		8. DATE 4/18/90

EXHIBIT 2
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3. CERTIFICATION				
SPECIALTY BOARD A	CATEGORY B	MONTH AND YEAR CERTIFIED C		
American Board of Internal Medicine		September 1983		
American Board of Internal Medicine Subspecialty of Cardiovascular Disease		November 1987		
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d. RADIATION BIOLOGY		20		
e. RADIOPHARMACEUTICAL CHEMISTRY		30		
5. EXPERIENCE WITH RADIATION. (Actual use of Radioisotopes or Equivalent Experience)				
ISOTOPE	mCi USED AT ONE TIME	LOCATION	CLOCK HOURS	TYPE OF USE
Tl Tc	3mCi 30mCi	Borgess Medical Center Kalamazoo Cardiology, P.C. Both at Kalamazoo, Mich		Cardiac Imaging Cardiac Imaging

NUCLEAR MEDICAL EDUCATION PROGRAM
AFFIDAVIT OF ACADEMIC COMPLETION

This document is to attest that

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RADIOPHARMACEUTICALS

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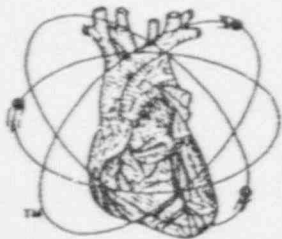
of the American Medical Association* and

in category 2A of the

American Osteopathic Association

6 December 1989

Date Commenced



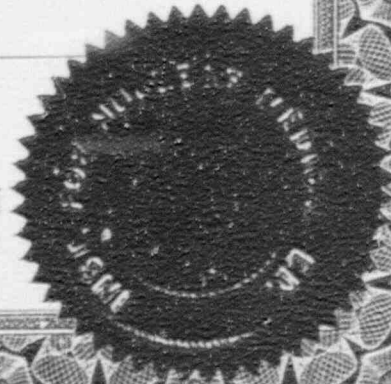
[Handwritten Signature]
Authorized signature

074976

Affidavit

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INSTITUTE FOR NUCLEAR MEDICAL EDUCATION
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CONTROL NO. 89338

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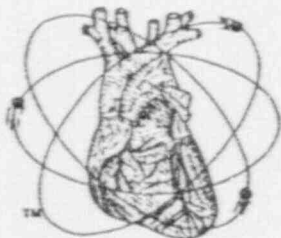
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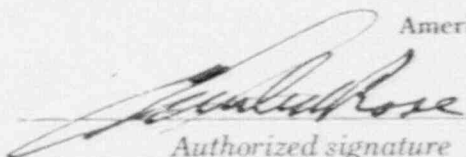
in category 2A of the

American Osteopathic Association

9 September 1989

Date Commenced




Authorized signature

074887

Affidavit

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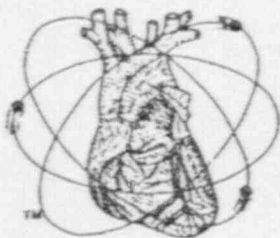
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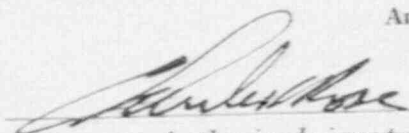
in category 2A of the

American Osteopathic Association

13 September 1989

Date Commenced



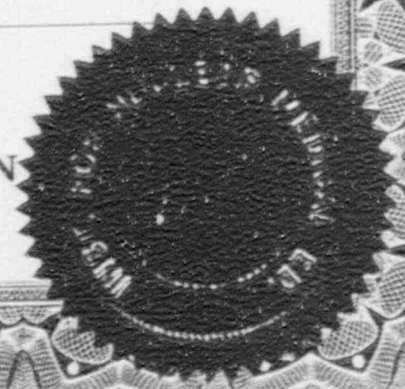

Authorized signature

J74886

Affidavit

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CONTROL NO. 89338

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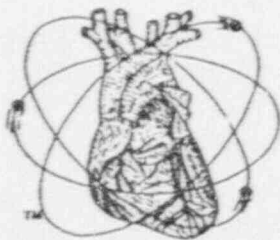
American Osteopathic Association

2 December 1989

Date Commenced

074975

Affidavit



[Handwritten Signature]
Authorized signature

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INSTITUTE FOR NUCLEAR MEDICAL EDUCATION
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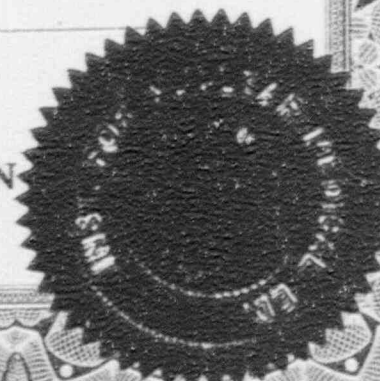
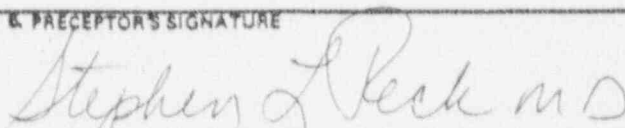


EXHIBIT 3 (Continued)

PROPOSED PHYSICIAN USER			
John A. Azevedo, M.D.			
PRECEPTOR STATEMENT (Continued)			
2. CLINICAL TRAINING AND EXPERIENCE OF ABOVE NAMED PHYSICIAN (Continued)			
ISOTOPE	CONDITIONS DIAGNOSED OR TREATED	NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION	COMMENTS <small>(Additional information or comments may be submitted in duplicate on separate sheets.)</small>
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4. THE TRAINING AND EXPERIENCE INDICATED ABOVE WAS OBTAINED UNDER THE SUPERVISION OF:		5. PRECEPTOR'S SIGNATURE	
a. NAME OF SUPERVISOR Stephen L. Peck, M.D.			
b. NAME OF INSTITUTION Borgess Medical Center			
c. MAILING ADDRESS 1521 Gull Road		7. PRECEPTOR'S NAME <small>(Please type or print)</small> Stephen L. Peck, M.D.	
d. CITY Kalamazoo, Michigan 49001		8. DATE 4/18/90	
9. MATERIALS LICENSE NUMBER(S) 21-12275-02 ; 21-24540-01			