



**Eastlake  
Cardiovascular, P.C.**

[www.eastlakecv.com](http://www.eastlakecv.com)

George B Ghanem, MD FACC FASE • Thomas A LaLonde, MD FACC FACP • Georges B Ghafari MD FACC FASE  
Thomas P Davis MD FACC • Joan S Crawford, DO FACC, FASE, FASNC • Marc O Gosselin, DO, FACC  
Anthony J Kawa DO FACC • Jon Mojares MD FACC • Edouard Daher MD, FACC FSVM  
Basil Dudar MD FACC • Michael T. Tucciarone MD FACC FSCAI • David J Rodriguez MD FACC  
Heather Franke DO • Zaid Kasmikha, DO FACC Joel Skaistis MD • Clarissa L Dass DO  
Crystal Marsh DO • Rami Zein DO • Amy Webster NP • Kathryn Lewis NP  
Jennifer Helhowski PA-C • Lynda Raheema PA-C • Anthony Gianino BSN-MA, COO

February 18, 2025

Nuclear Regulatory Commission  
Region III  
2056 Westings Avenue, Suite 400  
Naperville, IL 60563-2657

**Subject: License amendment for RSO**  
**License Number: 21-26393-01 (Eastlake Cardiovascular, PC)**

To Whom It May Concern:

Please amend the above referenced license number with the following information:

Change RSO from Georges B Ghafari, MD to Edouard Daher, MD. Dr. Daher is listed as an authorized user on our license # 21-36393-01.

Please remove Thomas Davis, MD and Marc Gosselin, DO from our license.

Please add Zaid Kasmikha, DO to our license. Dr. Kasmikha's board certification is attached.

Sincerely,

Georges B. Ghafari, MD, FACC, FASE

24211 Little Mack Ave  
St. Clair Shores, MI 48080  
Phone: 586-498-0440  
Fax: 586-498-0421

2061 W Auburn Rd  
Rochester Hills, MI 4830  
Phone: 248-923-2002  
Fax: 248-759-4892

16815 Jefferson Ave # 110  
Grosse Pointe, MI 48230  
Phone: 313-509-2212  
Fax: 313-509-2202

43650 Garfield Rd, Suite 100  
Clinton Township, MI 48038  
Phone: 586-226-6700  
Fax: 586-948-8530



George B Ghanem, MD FACC FASE • Thomas A LaLonde, MD FACC FACP • Georges B Ghafari MD FACC FASE  
 Thomas P Davis MD FACC • Joan S Crawford, DO FACC, FASE, FASNC • Marc O Gosselin, DO, FACC  
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**Memo To:** Dr. Edouard Daher, M.D. - Radiation Safety Officer  
**From:** Chief Operations Officer  
**Subject:** Delegation of Authority  
**Date:** February 20, 2025

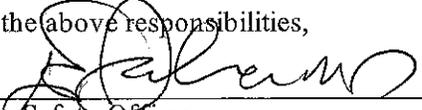
You, **Edouard Daher, M.D.**, have been appointed radiation safety officer and are responsible for ensuring the safe and secure use of radiation. You are responsible for managing the Radiation Protection Program, identifying radiation protection problems, initiating, recommending, or providing corrective actions, verifying implementation of corrective actions, stopping unsafe activities, and ensuring compliance with regulations.

You are hereby delegated the authority necessary to meet those responsibilities, including prohibiting the use of byproduct material by employees who do not meet the necessary requirements and shutting down operations, when justified, to maintain radiation safety.

You are required to notify management if staff does not cooperate and does not address radiation safety issues. In addition, you are free to raise issues with the **U.S. Nuclear Regulatory Commission** at any time. It is estimated that you will spend **as needed** hours per week conducting radiation protection activities.

  
 \_\_\_\_\_  
 Anthony Gianino, COO

2/11/2025  
 \_\_\_\_\_  
 Date

I accept the above responsibilities,  
  
 \_\_\_\_\_  
 Radiation Safety Officer

2/18/25  
 \_\_\_\_\_  
 Date

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**RADIATION SAFETY OFFICER OR  
ASSOCIATE RADIATION SAFETY OFFICER  
TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION**  
[10 CFR 35.57, 35.50]

Estimated burden per response to comply with this mandatory collection request: 4.3 hours. Submittal of the application is necessary to determine that the applicant is qualified and that adequate procedures exist to protect the public health and safety. Send comments regarding burden estimate to the FOIA, Library, and Information Collections Branch (T-6 A10M), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by email to [Infocollections.Resource@nrc.gov](mailto:Infocollections.Resource@nrc.gov), and the OMB Reviewer at: OMB Office of Information and Regulatory Affairs, (3150-0120), Attn: Desk Officer for the Nuclear Regulatory Commission, 725 17th Street NW, Washington, DC 20503; email: [oina\\_submission@omb.eop.gov](mailto:oina_submission@omb.eop.gov). The NRC may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the document requesting or requiring the collection displays a currently valid OMB control number.

Name of Individual

RSO

ARSO

Edouard Daher, MD

Requested Authorization(s) *The license authorizes the following medical uses (check all that apply):*

- 35.100     35.200     35.300     35.400     35.500     35.600 (remote afterloader)
- 35.600 (teletherapy)     35.600 (gamma stereotactic radiosurgery)     35.1000 ( \_\_\_\_\_ )

**PART I -- TRAINING AND EXPERIENCE**  
**(Select one of the five 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 the board certification process has been recognized by the Commission or an Agreement State under 10 CFR 35.50;
  - (i) Go to the table in 5c and describe training provider and dates of training for each type of use for which authorization is sought.
  - (ii) Stop here
- c. If the board certification was issued on or before October 24, 2005 and is listed in 10 CFR 35.57 (a)(2);
  - (i) Provide documentation demonstrating that the individual was using the requested materials and uses on or before October 24, 2005;
  - (ii) Stop here

OR

**2. Current Radiation Safety Officer (RSO) or Associate Radiation Safety Officer (ARSO) Seeking Authorization to Be Recognized as a RSO or ARSO for the Additional Medical Uses Checked Above**

- a. Use the table in section 5.c. to describe training in radiation safety, regulatory issues, and emergency procedures for the additional types of medical use for which recognition as RSO or ARSO is sought.
- b. If board certified, provide a copy of the certificate and stop here.
- c. If not board certified and not listed on a medical use license as an RSO before January 14, 2019, skip to and complete Part II Preceptor Attestation.

OR

**3. Authorized User (AU), Authorized Medical Physicist (AMP), or Authorized Nuclear Pharmacist (ANP) identified on a license or permit in accordance with 10 CFR 35.50 (c)(2)**

- a. Provide license number.
- b. Use the table in section 5.c. to describe training in radiation safety, regulatory issues, and emergency procedures for all types of medical use on the license.
- c. Stop here.

OR

**RADIATION SAFETY OFFICER OR  
ASSOCIATE RADIATION SAFETY OFFICER  
TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION [10 CFR 35.57, 35.50] (continued)**

**4. Individuals applying simultaneously to be the RSO and AU on a new license**

- a. Documentation of training and experience to be a new AU is attached
- b. The new license application is attached.
- c. Stop here.

**OR**

**5. Structured Educational Program for Proposed RSO or ARSO**

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			
Radiation biology			
Radiation dosimetry			

**Total Hours of Training:**

**RADIATION SAFETY OFFICER OR  
ASSOCIATE RADIATION SAFETY OFFICER  
TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION [10 CFR 35.57, 35.50] (continued)**

**5. Structured Educational Program for Proposed RSO or ARSO (continued)**

**b. Supervised Radiation Safety 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 Training/ License or Permit Number of Facility	Dates of Training*
Shipping, receiving, and performing related radiation surveys		
Using and performing checks for proper operation of instruments used to determine the activity of dosages, survey meters, and instruments used to measure radionuclides		
Securing and controlling byproduct material		
Using administrative controls to avoid mistakes in administration of byproduct material		
Using procedures to prevent or minimize radioactive contamination and using proper decontamination procedures		
Using emergency procedures to control byproduct material		
Disposing of byproduct material		
Licensed Material Used (e.g., 35.100, 35.200, etc.)+ <div style="border: 1px solid black; height: 40px; width: 100%; margin-top: 5px;"></div>		

+ Choose all applicable sections of 10 CFR Part 35 to describe radioisotopes and quantities used: 35.100, 35.200, 35.300, 35.400, 35.500, 35.600 remote afterloader units, 35.600 teletherapy units, 35.600 gamma stereotactic radiosurgery units, emerging technologies (provide list of devices).

**RADIATION SAFETY OFFICER OR  
ASSOCIATE RADIATION SAFETY OFFICER  
TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION [10 CFR 35.57, 35.50] (continued)**

**5. Structured Educational Program for Proposed RSO or ARSO (continued)**

b. Supervised Radiation Safety Experience (continued)

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

Supervising Individual  Georges Ghafari, MD	License/Permit Number listing supervising individual as a Radiation Safety Officer or Associate Radiation Safety Officer  21-26393-01
The supervising individual is authorized as the for the following medical uses:  <input type="checkbox"/> 35.100 <input checked="" type="checkbox"/> 35.200 <input type="checkbox"/> 35.300 <input type="checkbox"/> 35.500 <input type="checkbox"/> 35.600 (remote afterloader) <input type="checkbox"/> 35.600 (gamma stereotactic radiosurgery)	<input type="checkbox"/> Radiation Safety Officer or the <input type="checkbox"/> Associate Radiation Safety Officer  <input type="checkbox"/> 35.400 <input type="checkbox"/> 35.600 (teletherapy) <input type="checkbox"/> 35.1000 ( _____ )

c. Describe training in radiation safety, regulatory issues, and emergency procedures for all types of medical use on the license for the RSO or types of use for which the ARSO will be listed on the license.

Description of Training	Training Provided By	Dates of Training*
Radiation safety, regulatory issues, and emergency procedures for 35.100, 35.200, and 35.500 uses	Geroges Ghafari, MD	12/2006 to present
Radiation safety, regulatory issues, and emergency procedures for 35.300 uses		
Radiation safety, regulatory issues, and emergency procedures for 35.400 uses		
Radiation safety, regulatory issues, and emergency procedures for 35.600 - teletherapy uses		
Radiation safety, regulatory issues, and emergency procedures for 35.600 - remote afterloader uses		
Radiation safety, regulatory issues, and emergency procedures for 35.600 - gamma stereotactic radiosurgery uses		
Radiation safety, regulatory issues, and emergency procedures for 35.1000, specify use(s):		

**RADIATION SAFETY OFFICER OR  
ASSOCIATE RADIATION SAFETY OFFICER  
TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION [10 CFR 35.57, 35.50] (continued)**

**5. Structured Educational Program for Proposed RSO or ARSO (continued)**

c. Training in radiation safety, regulatory issues, and emergency procedures for all types of medical use on the license (continued)

Supervising Individual <i>If training was provided by supervising RSO, ARSO, AU, AMP, or ANP. (If more than one supervising individual is necessary to document supervised training, provide multiple copies of this page.)</i>  Georges Ghafari, MD	License/Permit Number listing supervising individual  21-26393-01
License/Permit lists supervising individual as:  <input checked="" type="checkbox"/> Radiation Safety Officer <input type="checkbox"/> Associate Radiation Safety Officer <input type="checkbox"/> Authorized User <input type="checkbox"/> Authorized Nuclear Pharmacist <input type="checkbox"/> Authorized Medical Physicist  Authorized as RSO, ARSO, AU, ANP, or AMP for the following medical uses: <input type="checkbox"/> 35.100 <input type="checkbox"/> 35.200 <input type="checkbox"/> 35.300 <input type="checkbox"/> 35.400 <input type="checkbox"/> 35.500 <input type="checkbox"/> 35.600 (remote afterloader) <input type="checkbox"/> 35.600 (teletherapy) <input type="checkbox"/> 35.600 (gamma stereotactic radiosurgery) <input type="checkbox"/> 35.1000 ( _____ )	

d. Skip to and complete Part II Preceptor Attestation.

**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.

**First Section**

**Structured Educational Program for Proposed RSO or ARSO**

I attest that Edouard Daher, MD has satisfactorily completed  
Name of Proposed RSO/ARSO  
a structural educational program consisting of both 200 hours of classroom and laboratory training and one year of full-time radiation safety experience as required by 10 CFR 35.50(b)(1).

**AND**

**Second Section**

I attest that Edouard Daher, MD has training in  
Name of Proposed RSO/ARSO  
radiation safety, regulatory issues, and emergency procedures for the following types of use:

**Check all that apply:**

- 35.100     35.200
- 35.300    oral administration of less than or equal to 33 millicuries of sodium iodide I-131, for which a written directive is required
- 35.300    oral administration of greater than 33 millicuries of sodium iodide I-131
- 35.300    Parenteral administration of any radioactive drug that contains a radionuclide that is primarily used for its electron emission, beta radiation characteristics, alpha radiation characteristics, or photon energy of less than 150 keV, for which a written directive is required

**RADIATION SAFETY OFFICER OR  
ASSOCIATE RADIATION SAFETY OFFICER  
TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION [10 CFR 35.57, 35.50] (continued)**

**PART II – PRECEPTOR ATTESTATION (continued)**

Check all *that apply*:

- 35.400
- 35.500
- 35.600 remote afterloader units
- 35.600 teletherapy units
- 35.600 gamma stereotactic radiosurgery units
- 35.1000 emerging technologies, including:

**Third Section**

**AND**

I attest that Edouard Daher, MD  
Name of Proposed Radiation Safety Officer or Associate Radiation Safety Officer

is able to independently fulfill the radiation safety-related duties as:

A Radiation Safety Officer for a medical use licensee.

**OR**

An Associate Radiation Safety Officer for a medical use licensee.

**Fourth Section**

**Complete the following for Preceptor Attestation and signature**

I am the Radiation Safety Officer for       I am the Associate Radiation Safety Officer for

Name of Facility: Eastlake Cardiovascular, PC

License/Permit Number: 21-26393-01

Name of Preceptor (Typed or printed)	Telephone Number	Date
Georges Ghafari, MD	5864980440	02/20/2025

Signature 



**AUTHORIZED USER TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION**  
(for uses defined under 35.100, 35.200, and 35.500)  
[10 CFR 35.57, 35.190, 35.290, and 35.590]

Estimated burden per response to comply with this mandatory collection request: 4.3 hours. Submittal of the application is necessary to determine that the applicant is qualified and that adequate procedures exist to protect the public health and safety. Send comments regarding burden estimate to the FOIA, Library, and Information Collections Branch (T-6 A10M), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by email to [infocollections.Resource@nrc.gov](mailto:infocollections.Resource@nrc.gov), and the OMB Reviewer at: OMB Office of Information and Regulatory Affairs, (3150-0120), Attn: Desk Officer for the Nuclear Regulatory Commission, 725 17th Street NW, Washington, DC 20503; email: [oir\\_submission@omb.eop.gov](mailto:oir_submission@omb.eop.gov). The NRC may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the document requesting or requiring the collection displays a currently valid OMB control number.

Name of Proposed Authorized User

Zaid Kasmikha, DO

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. For a board certification issued on or before October 24, 2005 that is listed in 10 CFR 35.57(b)(2)(i), provide the following:  
 (i) Documentation that the individual performed each use checked above on or before October 24, 2005.  
 (ii) Dates, duration, and description of continuing education and experience within the past seven years for each use checked above.  
 c. Stop here.

**2. Current 35.390 Authorized User Seeking Additional 35.290 Authorization**

- a. Authorized user on Materials License \_\_\_\_\_ meeting 10 CFR 35.390, 10 CFR 35.57 for 35.300 uses, 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			
<b>Total Hours of Experience:</b> <input type="text"/>			
Supervising Individual	License/Permit Number listing supervising individual as an authorized user or authorized nuclear pharmacist		

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)     35.55     35.57 for 35.200 uses

c. If board certified, provide a copy of the certificate and stop here. If not board certified, skip to and complete Part II Preceptor Attestation.

**AUTHORIZED USER TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION**  
**(for uses defined under 35.100, 35.200, and 35.500)**  
**[10 CFR 35.57, 35.190, 35.290, and 35.590](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			
<b>Total Hours of Training:</b> <input type="text"/>			

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		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters		<input type="checkbox"/> Yes <input type="checkbox"/> No	

**AUTHORIZED USER TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION**  
(for uses defined under 35.100, 35.200, and 35.500)  
[10 CFR 35.57, 35.190, 35.290, and 35.590](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		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Administering dosages of radioactive drugs to patients or human research subjects		<input type="checkbox"/> Yes <input type="checkbox"/> 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		<input type="checkbox"/> Yes <input type="checkbox"/> No*	

Supervising Individual	License/Permit Number listing supervising individual as an authorized user or an authorized nuclear pharmacist for generator training
------------------------	---

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)  
 35.55     35.57 for 35.200 uses

\*Not required for 10 CFR 35.100 use.

**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, EXPERIENCE AND PRECEPTOR ATTESTATION**  
**(for uses defined under 35.100, 35.200, and 35.500)**  
**[10 CFR 35.57, 35.190, 35.290, and 35.590](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 not attesting to the individual's "general clinical competency."

**First Section**

**Check one of the following for each use requested:**

For 35.190

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 is able to independently fulfill the radiation safety-related duties as an authorized user for the medical uses authorized under 10 CFR 35.100.

For 35.290

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 is able to independently fulfill the radiation safety-related duties as an authorized user for the medical uses under 10 CFR 35.100 and 35.200.

**Second Section**

**Complete one of the following for attestation and signature:**

Authorized User:  
 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    35.57 for 35.200 uses

**OR**

Residency Program Director:  
 I affirm that the attestation represents the consensus of the residency program faculty where at least one faculty member is an authorized user who meets the requirements below or equivalent Agreement State requirements for:  
 35.190    35.290    35.390    35.390 + generator experience    35.57 for 35.200 uses

I affirm that this facility member concurs with the attestation I am providing as program director.

I affirm that the residency training program is approved by the:  
 Residency Review Committee of the Accreditation Council for Graduate Medical Education  
 Royal College of Physicians and Surgeons of Canada  
 Council on Post-Graduate Training of the American Osteopathic Association

I affirm that the residency training program includes training and experience specified in:  
 35.190    35.290

Name of Facility:	License/Permit Number:
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Name of Preceptor or Residency Program Director (Typed or Printed)	Telephone Number	Date
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Signature *George B. Chilton*

# Certification Board of Nuclear Cardiology

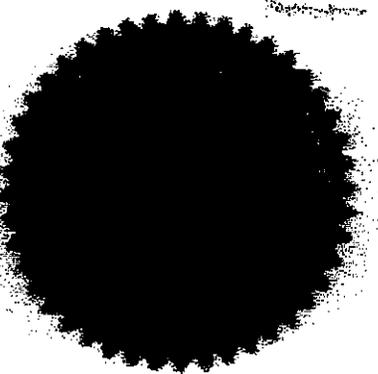
Certifies That

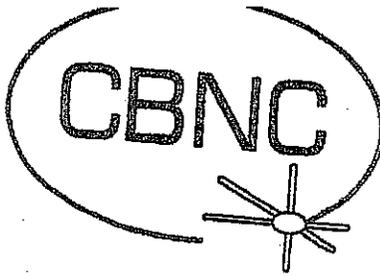
**Zaid Riyadh Kasmikha, DO**

HAVING MET THE REQUIREMENTS ESTABLISHED BY THIS BOARD FOR HONORARY  
TRAINING IN THE UNITED STATES AND HAVING THE SAID TRAINING  
THE HONORARY EXAMINATION, & HONORARY CERTIFICATION  
A DOCUMENT CERTIFIED BY THE SECRETARY OF

**NUCLEAR CARDIOLOGY**

VALID JANUARY 1, 2025 - MARCH 1, 2026





# Certification Board of Nuclear Cardiology

A Division of the Council for Certification in Cardiovascular Imaging  
EXPERT IMAGERS • QUALITY CARE

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February 2016

Zaid R. Kasmikha, DO  
4852 Lenomar Ct.  
West Bloomfield, MI 48322

Dear Dr. Kasmikha:

Eligibility ID: NC20117

We are pleased to inform you that the Certification Board of Nuclear Cardiology (CBNC) has determined that your score on the certification examination of December 2015 meets the standards the Board has established for certification in nuclear cardiology. Congratulations on your achievement!

The passing score of 104 questions correct was determined by an independent panel of peers, representing the disciplines involved in the practice of nuclear cardiology, drawn from both private practice and academia.

The number of questions you answered correctly was 121. The enclosed diagnostic report shows the number of questions for which you provided the correct response in each content area.

As of now, you have "Testamur" status with CBNC. Please be aware that this status has no real standing; however, once we receive documentation from you that you have passed your Cardiology, Nuclear Medicine or Radiology boards and evidence of a current, unrestricted medical license, we will change your status to Diplomate. To do this, you can fax a copy of your Cardiology, Nuclear Medicine or Radiology passing score letter, your certificate or a printout from the certification board website, with a copy of your current, unrestricted license to FAX 240-631-8152. We will then mail your certificate and at that time you will be listed as a Diplomate on the CBNC website. Please note that you must provide CBNC with documentation of your successful primary board certification within 6 years of passing the CBNC examination, and that your certification period will date from January 2016.

As you may recall, on your application for the exam you were asked to identify the name you wanted to appear on your certificate if you passed. Please review the name below to be certain it is correct. If you see an error, please inform us immediately.

Certificate Name: Zaid Riyadh Kasmikha, DO

It is important for future communications that you keep CBNC informed of any address and/or email changes. You can update contact information by login to your online CBNC account or by creating yourself an online CBNC account at [www.cccvi.org/cbnc](http://www.cccvi.org/cbnc) or send a signed request by fax to 240-631-8152.

On behalf of the Certification Board of Nuclear Cardiology, I wish to thank you for your participation in the CBNC examination. Again, congratulations on your success.

Sincerely,

Thomas A. Holly, M.D.  
President

Enclosure

## Martha Pavon

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**From:** Tammy Tomczak  
**Sent:** Wednesday, February 19, 2025 11:36 AM  
**To:** Martha Pavon  
**Cc:** Sandy Pavon  
**Subject:** FW: Amendment to license  
**Attachments:** auth user attestation ZK.pdf; delegation of authority.pdf; request to ammend license.pdf; auth user attestation ED.pdf

Good morning, Martha 😊

Can you please add the attached to ADAMS?

Thank you!!  
Tammy

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**From:** Kirsten Gregory <[kgregory@eastlakecv.com](mailto:kgregory@eastlakecv.com)>  
**Sent:** Wednesday, February 19, 2025 8:54 AM  
**To:** R3-DRSSMail Resource <[R3-DRSSMail.Resource@nrc.gov](mailto:R3-DRSSMail.Resource@nrc.gov)>  
**Cc:** Malek, Kristy <[kmalek@eastlakecv.com](mailto:kmalek@eastlakecv.com)>; Anthony Gianino <[Agianino@eastlakecv.com](mailto:Agianino@eastlakecv.com)>; edaher11@gmail.com; Kari Johnstone <[kjohnstone@eastlakecv.com](mailto:kjohnstone@eastlakecv.com)>  
**Subject:** [External\_Sender] Amendment to license

Good Morning,

Please see the attachments regarding request to amend our current license # 21-26393-01 (Eastlake Cardiovascular, PC).

Thank you for your assistance. If you require any further information, please do not hesitate to contact me.

Kirsten Gregory

Administrative Assistant



Email: [kgregory@eastlakecv.com](mailto:kgregory@eastlakecv.com)  
Phone: (586)204-7502  
Fax : (586) 498-0421