

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
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

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

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

www.eastlakecv.com



**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, 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: olra_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: <input type="text"/>			

**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:	
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> 35.100 <input checked="" type="checkbox"/> 35.200 <input type="checkbox"/> 35.300 </div> <div> <input type="checkbox"/> 35.400 </div> </div> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> 35.500 <input type="checkbox"/> 35.600 (remote afterloader) </div> <div> <input type="checkbox"/> 35.600 (teletherapy) </div> </div> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> 35.600 (gamma stereotactic radiosurgery) </div> <div> <input type="checkbox"/> 35.1000 (_____) </div> </div>	

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>	License/Permit Number listing supervising individual
Georges Ghafari, MD	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:

- | | |
|---------------------------------|--|
| <input type="checkbox"/> 35.100 | <input checked="" type="checkbox"/> 35.200 |
| <input type="checkbox"/> 35.300 | oral administration of less than or equal to 33 millicuries of sodium iodide I-131, for which a written directive is required |
| <input type="checkbox"/> 35.300 | oral administration of greater than 33 millicuries of sodium iodide I-131 |
| <input type="checkbox"/> 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)

Georges Ghafari, MD

Telephone Number

5864980440

Date

02/20/2025

Signature

Georges B Ghafari

**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, 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. 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			
Total Hours of Experience: <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			
Total Hours of Training: <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:	<input type="text"/>
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:

Name of Preceptor or Residency Program Director (Typed or Printed)

Telephone Number

Date

Signature

George B. Chilton

Certification Board of Nuclear Cardiology

Certifies That

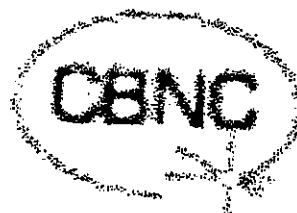
Zaid Riyadh Kasmikha, DO

HAVING MET THE REQUIREMENTS PRESENTED BY THIS BOARD FOR HONORARY
TRAINING IN THE UNITED STATES AND HAVING SATISFIED THE BOARD
THE REQUIREMENTS FOR A DOCTORATE IN NUCLEAR CARDIOLOGY
A DOCTORATE CERTIFIED BY THE SECRETARY OF

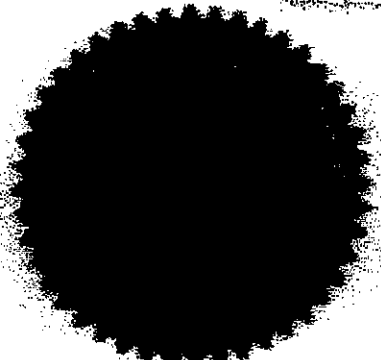
NUCLEAR CARDIOLOGY

VALID JANUARY 1, 2020 - MARCH 1, 2026

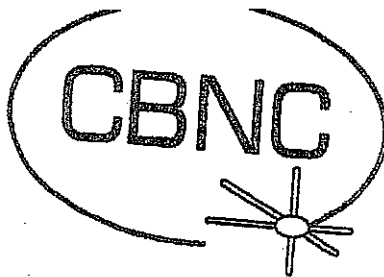
[Signature]



[Signature]



SECRETARY OF NUCLEAR CARDIOLOGY



Certification Board of Nuclear Cardiology

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

BOARD OF DIRECTORS

President

Thomas A. Holly, MD

Vice President

Raymond R. Russell, MD, PhD

Secretary

Mary L. Zasadil, MD

Representing the American Society of Nuclear Cardiology

Jeffrey A. Rosenblatt, MD

Edwin Wu, MD

Mary L. Zasadil, MD

Representing the American College of Cardiology

Assem Vashist, MBBS

At Large Directors

Lance T. Hall, MD

Thomas A. Holly, MD

Diwakar Jain, MD

Richard A. Key, PharmD

Edward J. Miller, MD, PhD

Raymond R. Russell, MD, PhD

Representatives of the CCCVI

James A. Arrighi, MD

Robert J. Gropler, MD

Howard C. Lewin, MD

Chief Executive Officer

Dawn M. Edgerton, MA

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 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

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

From: Kirsten Gregory <kgregory@eastlakecv.com>
Sent: Wednesday, February 19, 2025 8:54 AM
To: R3-DRSSMail Resource <R3-DRSSMail.Resource@nrc.gov>
Cc: Malek, Kristy <kmalek@eastlakecv.com>; Anthony Gianino <Agianino@eastlakecv.com>; edaher11@gmail.com; Kari Johnstone <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
Phone: (586)204-7502
Fax : (586) 498-0421