

Dec. 6. 2011 10:50AM

No. 9869 P. 2

| NRC FORM 313A (AUG 1999)  |   | U.S. NUCLEAR REGULATORY COMMISSION                          |                      |
|---|---|---|----------------------|
| AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)   |   |   |                      |
| <input type="checkbox"/> 3. <u>Training and Experience for Proposed Authorized User</u>   |   |   |                      |
| 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 (not required for 35.590)   |   |   |                      |
| Radiation biology   |   |   |                      |
| Total Hours of Training:  |   |   |                      |
| b. Supervised Work Experience (completion of this table is not required for 35.590).<br>(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<br><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<br><input type="checkbox"/> No |                      |

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|  |   |  |                                 |   |                        |
|--|---|--|---------------------------------|---|------------------------|
| <p>NRG FORM 313A (AUD)<br/>(8-2009)</p>  | <p>U.S. NUCLEAR REGULATORY COMMISSION</p> |  |                                 |   |                        |
| <p><b>AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)</b></p>  |   |  |                                 |   |                        |
| <p><b>PART II - PRECEPTOR ATTESTATION</b></p>  |   |  |                                 |   |                        |
| <p><b>Note:</b> 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)</p> <p>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."</p>   |   |  |                                 |   |                        |
| <p><b>First Section</b><br/>Check one of the following for each use requested:</p>   |   |  |                                 |   |                        |
| <p><u>For 35.190</u></p>   |   |  |                                 |   |                        |
| <p><u>Board Certification</u></p> <p><input checked="" type="checkbox"/> I attest that <u>Saifuddin Johns</u> has satisfactorily completed the requirements in<br/><small>Name of Proposed Authorized User</small></p> <p>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.</p> <p style="text-align: center;">OR</p> <p><u>Training and Experience</u></p> <p><input type="checkbox"/> I attest that _____ has satisfactorily completed the 60 hours of training and<br/><small>Name of Proposed Authorized User</small></p> <p>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.</p>                         |   |  |                                 |   |                        |
| <p><u>For 35.290</u></p>   |   |  |                                 |   |                        |
| <p><u>Board Certification</u></p> <p><input checked="" type="checkbox"/> I attest that <u>Saifuddin Johns</u> has satisfactorily completed the requirements in<br/><small>Name of Proposed Authorized User</small></p> <p>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.</p> <p style="text-align: center;">OR</p> <p><u>Training and Experience</u></p> <p><input type="checkbox"/> I attest that _____ has satisfactorily completed the 700 hours of training<br/><small>Name of Proposed Authorized User</small></p> <p>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.</p> |   |  |                                 |   |                        |
| <p><b>Second Section</b><br/>Complete the following for preceptor attestation and signature:</p> <p><input checked="" type="checkbox"/> I meet the requirements below, or equivalent Agreement State requirements, as an authorized user for:</p> <p><input checked="" type="checkbox"/> 35.190    <input checked="" type="checkbox"/> 35.290    <input checked="" type="checkbox"/> 35.390    <input checked="" type="checkbox"/> 35.390 + generator experience</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Name of Preceptor<br/><u>Indira Jones</u></td> <td style="width: 30%;">Signature<br/><u>[Signature]</u></td> <td style="width: 20%;">Telephone Number<br/><u>412-647-0104</u></td> <td style="width: 20%;">Date<br/><u>12/8/11</u></td> </tr> </table> <p>License/Permit Number/Facility Name<br/><u>Agreement State License - No. PA-190, Univ. of Pittsburgh</u></p>                    |   | Name of Preceptor<br><u>Indira Jones</u> | Signature<br><u>[Signature]</u> | Telephone Number<br><u>412-647-0104</u> | Date<br><u>12/8/11</u> |
| Name of Preceptor<br><u>Indira Jones</u>   | Signature<br><u>[Signature]</u>           | Telephone Number<br><u>412-647-0104</u>  | Date<br><u>12/8/11</u>          |   |                        |

|  |  |   |  |  |                      |
|--|--|---|--|--|----------------------|
| NRC FORM 313A (AUG) (2-2009)   |  | U.S. NUCLEAR REGULATORY COMMISSION                          |  | APPROVED BY OMB: NO. 3160-0120<br>EXPIRES: 3/31/2012 |                      |
| <b>AUTHORIZED USER TRAINING AND EXPERIENCE<br/>         AND PRECEPTOR ATTESTATION</b><br>(for uses defined under 35.100, 35.200, and 35.500)<br>[10 CFR 35.190, 35.290, and 35.590]  |  |   |  |  |                      |
| Name of Proposed Authorized User<br><i>Saifuddin Vohra DO</i>  |  |   | State or Territory Where Licensed<br><i>Michigan</i>                       |  |                      |
| Requested Authorization(s) (check all that apply)  |  |   |  |  |                      |
| <input checked="" type="checkbox"/> 35.100 Uptake, dilution, and excretion studies   |  |   |  |  |                      |
| <input checked="" type="checkbox"/> 35.200 Imaging and localization studies  |  |   |  |  |                      |
| <input checked="" type="checkbox"/> 35.500 Sealed sources for diagnosis (specify device <i>gadolinium 153 transmission source</i> )  |  |   |  |  |                      |
| <b>PART I -- TRAINING AND EXPERIENCE</b><br>(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. |  |   |  |  |                      |
| <input checked="" type="checkbox"/> <b>1. Board Certification</b>  |  |   |  |  |                      |
| 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.  |  |   |  |  |                      |
| <input type="checkbox"/> <b>2. Current 35.390 Authorized User Seeking Additional 35.290 Authorization</b>  |  |   |  |  |                      |
| 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.<br>(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>  |  |   |  |  |                      |
| 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).  |  |   |  |  |                      |
| <input type="checkbox"/> 35.290 <input type="checkbox"/> 35.390 + generator experience in 32.290(c)(1)(ii)(G)  |  |   |  |  |                      |

NRG FORM 578A (ADD)  
(2-2009)

U.S. NUCLEAR REGULATORY COMMISSION

**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<br>Must include:   | Location of Experience/License or<br>Permit Number of Facility | Confirm   | Dates of<br>Experience* |
|--|--|---|-------------------------|
| Calculating, measuring, and safely preparing patient or human research subject dosages   |  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                         |
| Using administrative controls to prevent a medical event involving the use of unsealed byproduct material  |  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                         |
| Using procedures to contain spilled byproduct material safely and using proper decontamination procedures  |  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                         |
| Administering dosages of radioactive drugs to patients or human research subjects  |  | <input type="checkbox"/> Yes<br><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<br><input type="checkbox"/> No |                         |

Supervising individual \_\_\_\_\_ License/Permit Number listing supervising individual as an authorized user \_\_\_\_\_

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

☐ 35.180 ☐ 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.**

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March 20, 2012

Radiation Safety Office  
22101 Moross Road  
Detroit, MI  
48236-2172  
313.343.7719

US NRC  
Materials Licensing Branch  
2443 Warrenville Rd, Suite 210  
Lisle, IL 60532-4352  
ATTN: License Amendment

We wish to both amend our license at St. John Macomb-Oakland Hospital Macomb Center #21-01190-05 to include a new authorized user for 35.100, 35.200.

- Saifuddin Tayyab Vohra, DO. Appropriate paperwork is attached. Please note, Dr. Vohra is qualified for 35.500, but we are not requesting that approval at this time.

If added information or further clarification is needed, we request that this be done via email to minimize any delay in achieving final resolution on the amendment to Laura T. Smith, consulting physicist for location.

Sincerely,

A handwritten signature in black ink, appearing to read "Laura T. Smith".

Laura T. Smith, MS, DABR  
Medical Physicist  
Radiation Safety Officer  
Pager: 313 609-2038  
[lsphysics@att.net](mailto:lsphysics@att.net)  
[laura.smith7@stjohn.org](mailto:laura.smith7@stjohn.org)

# The American Board of Radiology

Organized through the cooperation of the  
 American College of Radiology, the American Roentgen Ray Society,  
 the American Radium Society, the Radiological Society of North America,  
 the Section on Radiology of the American Medical Association,  
 the American Society for Radiation Oncology, the Association of  
 University Radiologists, and the American Association of Physicists in Medicine

Hereby certifies that

**Saifuddin Tayyab Vohra, MD**

Has pursued an accepted course of graduate study  
 and clinical work, has met certain standards and qualifications, including  
 passing the examinations conducted under the authority of  
 The American Board of Radiology,  
 demonstrating to the satisfaction of the Board that he is qualified to practice  
 and is therefore awarded the Board's certification in the specialty of

**Diagnostic Radiology**

Effective June 30, 2010



*Sam J. Henry*  
 President

*Richard J. Monahan*  
 Secretary

*Raymond J. ...*  
 Treasurer

Certificate No. 58229

Valid through 2020

.....  
**facsimile transmittal**

To: Chris

Fax:

515 10746  
1 630 522 3025

From: Laura T. Smith

Date:

Re: License Amendment

Pages: 7

CC:

☐ Urgent

☐ For Review

☐ Please Comment

☐ Please Reply

☐ Please Recycle

.....  
**Notes:**

Email if questions

[Laura.smith7@stjohn.org](mailto:Laura.smith7@stjohn.org)

[lsphysics@att.net](mailto:lsphysics@att.net)

Laura Smith, MS, DABR

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