



PROVIDENCE HOSPITAL

16001 WEST NINE MILE ROAD
PO. BOX 2043
SOUTHFIELD, MICHIGAN 48037
313 424-3000

January 7, 1985

Nuclear Regulatory Commission
799 Roosevelt Road
Glen Ellyn, Illinois 60137

30-2022

21-02802-03

Re: Training and experience

Residents at Providence Hospital attend 4 years of lectures in Medical Physics, 35 hrs weeks/yr, 2 hrs/week. In addition, they receive approximately 480 hours of supervised laboratory experience. This breaks down as follows: (lecture hrs/supervised laboratory experience, in hours)

Radiation Physics & Instrumentation	160/90
Radiation Protection	66/80
Mathematics pertaining to radioactivity	26/53
Radiation Biology	20/373
Radiopharmaceutical Chemistry	7/53

Thomas Kasza
Diagnostic Physicist

8506100508 850531
REG3 LIC30
21-16425-01 PDR

Member - Daughters of Charity
Health Systems, Inc.

CONTROL NO. 78265

TRAINING AND EXPERIENCE AUTHORIZED USER OR RADIATION SAFETY OFFICER

1. NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER

Jehan R. Barbat

2. STATE OR TERRITORY IN
WHICH LICENSED TO
PRACTICE MEDICINE

3. CERTIFICATION

SPECIALTY BOARD
ACATEGORY
BMONTH AND YEAR CERTIFIED
C

4. TRAINING RECEIVED IN BASIC RADIOISOTOPE HANDLING TECHNIQUES

FIELD OF TRAINING A	LOCATION AND DATE(S) OF TRAINING B	TYPE AND LENGTH OF TRAINING	
		LECTURE/ LABORATORY COURSES (Hours) C	SUPERVISED LABORATORY EXPERIENCE (Hours) D
a. RADIATION PHYSICS AND INSTRUMENTATION	See Attached Letter	160	80
b. RADIATION PROTECTION		66	80
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY		26	53
d. RADIATION BIOLOGY		20	373
e. RADIOPHARMACEUTICAL CHEMISTRY		7	53

5. EXPERIENCE WITH RADIATION. (Actual use of Radioisotopes or Equivalent Experience)

ISOTOPE	MAXIMUM AMOUNT	WHERE EXPERIENCE WAS GAINED	DURATION OF EXPERIENCE	TYPE OF USE
	Group I to V,	35,100; at Providence -	See attachments.	

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. APPLICANT PHYSICIAN'S NAME AND ADDRESS

FULL NAME

Jehan R. Barbat

STREET ADDRESS

CITY

STATE

ZIP CODE

KEY TO COLUMN C

PERSONAL PARTICIPATION SHOULD CONSIST OF:

1-Supervised examination of patients to determine the suitability for radiisotope diagnosis and/or treatment and recommendation for prescribed 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

EDUCATION, 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
I-131 or I-125	DIAGNOSIS OF THYROID FUNCTION	42	
	DETERMINATION OF BLOOD AND BLOOD PLASMA VOLUME		
	LIVER FUNCTION STUDIES		
	FAT ABSORPTION STUDIES		
	KIDNEY FUNCTION STUDIES	12	
	IN VITRO STUDIES		
OTHER			
I-125	DETECTION OF THROMBOSIS		
I-131	THYROID IMAGING	50	
P-32	EYE TUMOR LOCALIZATION		
Sr-75	PANCREAS IMAGING	6	
Yb-169	CISTERNOGRAPHY		
Xe-133	BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES	120	
OTHER			
Tc-99m	BRAIN IMAGING	450	
	CARDIAC IMAGING - PYP	120	
	THYROID IMAGING	10	
	SALIVARY GLAND IMAGING		
	BLOOD POOL IMAGING	300	
	PLACENTA LOCALIZATION		
	LIVER AND SPLEEN IMAGING	600	
	LUNG IMAGING	120	
	BONE IMAGING	480	
	OTHER		

PRECEPTOR STATEMENT (Continued)

2. CLINICAL TRAINING AND EXPERIENCE OF ABOVE NAMED PHYSICIAN (Continued)

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
P-32 (Soluble)	TREATMENT OF POLYCYTHEMIA VERA, LEUKEMIA, AND BONE METASTASES	6	
P-32 (Colloidal)	INTRACAVITARY TREATMENT	6	
I-131	TREATMENT OF THYROID CARCINOMA	4	
	TREATMENT OF HYPERTHYROIDISM	16	
Au-198	INTRACAVITARY TREATMENT		
Co-60 or Cs-137	INTERSTITIAL TREATMENT		
	INTRACAVITARY TREATMENT		
I-125 or Ir-192	INTERSTITIAL TREATMENT		
	TELETHERAPY TREATMENT		
Sr-90	TREATMENT OF EYE DISEASE		
	RADIOPHARMACEUTICAL PREPARATION		
Mo-99/ Tc-99m	GENERATOR	3	
Sn-113/ In-113m	GENERATOR		
Tc-99m	REAGENT KITS	25	
Other			

3. DATES AND TOTAL NUMBER OF HOURS RECEIVED IN CLINICAL RADIOISOTOPE TRAINING

November 1, 1980 to October 31, 1984

4. THE TRAINING AND EXPERIENCE INDICATED ABOVE WAS OBTAINED UNDER THE SUPERVISION OF:

a. NAME OF SUPERVISOR

Phillip E. Perkins, M. D.

b. NAME OF INSTITUTION

Providence Hospital

c. MAILING ADDRESS

16001 West Nine Mile Rd. P.O. Box 2043

d. CITY

Southfield, Michigan 48037

5. MATERIALS LICENSE NUMBER(S)

21-02802-13

6. PRECEPTOR'S SIGNATURE

P.E. Perkins M.D.

7. PRECEPTOR'S NAME (Please type or print)

Phillip E. Perkins, M. D.

8. DATE

January 7, 1985

TRAINING AND EXPERIENCE
AUTHORIZED USER OR RADIATION SAFETY OFFICER

1. NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER

2. STATE OR TERRITORY IN
WHICH LICENSED TO
PRACTICE MEDICINE

DR. RAMANAN S. VENKAT

MICHIGAN

3. CERTIFICATION

SPECIALTY BOARD
A

CATEGORY
B

MONTH AND YEAR CERTIFIED
C

DIAGNOSTIC RADIOLOGY

1980, JUNE

4. TRAINING RECEIVED IN BASIC RADIOISOTOPE HANDLING TECHNIQUES

FIELD OF TRAINING A	LOCATION AND DATE(S) OF TRAINING B	TYPE AND LENGTH OF TRAINING	
		LECTURE/ LABORATORY COURSES (Hours) C	SUPERVISED LABORATORY EXPERIENCE (Hours) D
a. RADIATION PHYSICS AND INSTRUMENTATION	THE METHODIST HOSPITAL, Dept of NUCLEAR MEDICINE 506 6th St. BROOKLYN, NY 11215	80	20
b. RADIATION PROTECTION	"	20	20
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY	"	10	10
d. RADIATION BIOLOGY	"	40	
e. RADIOPHARMACEUTICAL CHEMISTRY	"	20	10

5. EXPERIENCE WITH RADIATION. (Actual use of Radioisotopes or Equivalent Experience)

ISOTOPE	MAXIMUM AMOUNT	WHERE EXPERIENCE WAS GAINED	DURATION OF EXPERIENCE	TYPE OF USE
Tc-99m I-131 I-123 Ga-67 Thallium-201 Xe-133		THE METHODIST HOSPITAL, Dept of NUCLEAR MEDICINE 506 6th St. BROOKLYN, NY 11215	SIX MONTHS	FOR DIAGNOSTIC NUCLEAR MEDICINE

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. APPLICANT PHYSICIAN'S NAME AND ADDRESS

FULL NAME

DR. RAMANAN S. VENKAT

STREET ADDRESS

1429 DEVONSHIRE

CITY

STATE

ZIP CODE

GROSSE POINTE PARIS MI 48230

KEY TO COLUMN C

PERSONAL PARTICIPATION SHOULD CONSIST OF:

1-Supervised examination of patients to determine the suitability for radioisotope diagnosis and/or treatment and recommendation for prescribed 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
I-131 or I-125	DIAGNOSIS OF THYROID FUNCTION	800	
	DETERMINATION OF BLOOD AND BLOOD PLASMA VOLUME	4	
	LIVER FUNCTION STUDIES	5	
	FAT ABSORPTION STUDIES	-	
	KIDNEY FUNCTION STUDIES	-	
	IN VITRO STUDIES	6	
OTHER	Gallium scans	60	
I-125	DETECTION OF THROMBOSIS	2	
I-131	THYROID IMAGING	20	
P-32	EYE TUMOR LOCALIZATION	-	
Sr-75	PANCREAS IMAGING	5	
Yb-169	CISTERNOGRAPHY	2	
Xe-133	BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES	70	
OTHER			
Tc-99m	BRAIN IMAGING	270	
	CARDIAC IMAGING	60	
	THYROID IMAGING	41	
	SALIVARY GLAND IMAGING	-	
	BLOOD POOL IMAGING	10	
	PLACENTA LOCALIZATION	-	
	LIVER AND SPLEEN IMAGING	187	
	LUNG IMAGING	120	
	BONE IMAGING	110	
OTHER			

PRECEPTOR STATEMENT (Continued)

2. CLINICAL TRAINING AND EXPERIENCE OF ABOVE NAMED PHYSICIAN (Continued)

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
P-32 (Soluble)	TREATMENT OF POLYCYTHEMIA VERA, LEUKEMIA, AND BONE METASTASES		
P-32 (Colloidal)	INTRACAVITARY TREATMENT		
I-131	TREATMENT OF THYROID CARCINOMA	1	
	TREATMENT OF HYPERTHYROIDISM	2	
Au-198	INTRACAVITARY TREATMENT		
Co-60 or Cs-137	INTERSTITIAL TREATMENT		
	INTRACAVITARY TREATMENT		
I-125 or Ir-192	INTERSTITIAL TREATMENT		
Co-60 or Cs-137	TELE THERAPY TREATMENT		
Sr-90	TREATMENT OF EYE DISEASE		
	RADIOPHARMACEUTICAL PREPARATION		
Mo-99/ Tc-99m	GENERATOR	2	
Sn-113/ In-113m	GENERATOR		
Tc-99m	REAGENT KITS		
Other			

3. DATES AND TOTAL NUMBER OF HOURS RECEIVED IN CLINICAL RADIOISOTOPE TRAINING

600 Hours

4. THE TRAINING AND EXPERIENCE INDICATED ABOVE WAS OBTAINED UNDER THE SUPERVISION OF:

1. NAME OF SUPERVISOR
Dr. David C. Yang, M.D.

2. NAME OF INSTITUTION
DIRECTOR, NICHOLS CLINIC THE METROPOLITAN

3. MAILING ADDRESS
506 8th St

4. CITY
Brooklyn NY 11215

5. MATERIALS LICENSE NUMBER(S)
54-3

6. PRECEPTOR'S SIGNATURE

David C. Yang, M.D.

7. PRECEPTOR'S NAME (Please type or print)

DAVID C. YANG

8. DATE

4/5/83