



416 Connable Avenue  
Petoskey, Michigan 49770-2297  
616/348-4000

584  
PUBLIC/PDR  
030-11715

December 4, 1996

United States Nuclear Regulatory Commission  
Region III, Materials Licensing  
801 Warrendale Road  
Lisle, IL 60532-4351

**RE: 1. Notification of Authorized User for NRC License No. 21-16732-01**

Dear Sir/Madam:

We would like to notify you that Dr. Riordan should to be added to our license as an authorized user for part 10 CFR 35.300. Dr. Riordan is currently listed on our license for parts 10 CFR 35.100 and 35.200. He has performed the necessary procedures listed in 10 CFR 35.930, and is Board certified by the American Osteopathic Board of Radiology in July of 1994.

Thank you for your cooperation. If you have any questions or require additional information, please contact Dan Dryden at (616) 348-4264.

Sincerely,

Pam Porter, Vice President  
Patient Care Operations

Dan Dryden, Radiation Safety Officer  
Medical Physicist

cc. Dr. Petrocelli  
Dr. Riordan  
Pam MacFalda

Enc.

DD/dd

Committed to  
Intensive Caring

▲  
Quality  
Partnership  
Stewardship

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pm: 12-11-96

RECEIVED

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REGION III

ML  
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**EXHIBIT 2  
SUPPLEMENT A**

**NRC FORM 313M SUPPLEMENT A**  
(9-81)

**U.S. NUCLEAR REGULATORY COMMISSION**

**TRAINING AND EXPERIENCE  
AUTHORIZED USER OR RADIATION SAFETY OFFICER**

Approved by OMB  
3150-0041  
Expires 9-30-86

1. NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER  William K. Riordan, D.O.	2. STATE OR TERRITORY IN WHICH LICENSED TO PRACTICE MEDICINE Michigan
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3. CERTIFICATION		
SPECIALTY BOARD A	CATEGORY B	MONTH 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	MICHIGAN STATE UNIVERSITY/AOA RADIOB & PHYS OF RAD & NUCL MED Radiology Department East Lansing, MI 48824 (1990-94)	100	
b. RADIATION PROTECTION	MICHIGAN STATE UNIVERSITY Radiology Department East Lansing, Michigan 48824 1990-1994	30	
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY	MICHIGAN STATE UNIVERSITY Radiology Department East Lansing, Michigan 48824 1990-1994	20	
d. RADIATION BIOLOGY	MICHIGAN STATE UNIVERSITY Radiology Department East Lansing, MI 48824 1990-1994	20	
e. RADIOPHARMACEUTICAL CHEMISTRY	Wm. Beaumont Hospital Royal Oak, Michigan and Pontiac Osteopathic Hospital Pontiac, Michigan 1990-1994	30	

5. EXPERIENCE WITH RADIATION. (Actual use of Radioisotopes or Equivalent Experience)				
ISOTOPE	MAXIMUM AMOUNT	WHERE EXPERIENCE WAS GAINED	DURATION OF EXPERIENCE	TYPE OF USE
Mo 99	20.0	Wm. Beaumont Hospital Royal Oak, Michigan  and	500 Hours	Diagnostic and Therapeutic
Tc 99m	20.0			
I-131	15			
I-125	1			
X 133	20			
TL 201	4	Pontiac Osteopathic Hosp.		
I-123	5	Pontiac, Michigan		

**EXHIBIT 3  
SUPPLEMENT B**

<b>SUPPLEMENT</b>	<b>U. S. NUCLEAR REGULATORY COMMISSION</b>
<b>PRECEPTOR STATEMENT</b>	

*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.*

<b>1. PROPOSED PHYSICIAN USER'S NAME AND ADDRESS</b>  FULL NAME William K. Riordan, D.O.  STREET ADDRESS Radiology Department Pontiac Osteopathic Hospital CITY STATE ZIP CODE 50 N. Perry Street Pontiac, Michigan 48342	<b>KEY TO COLUMN C</b> <b>PERSONAL PARTICIPATION SHOULD CONSIST OF:</b> 1-Supervised examination of patients to determine the suitability for radionuclide 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.
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**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 sheet.) D
	Thyroid scan	157	
	Thyroid uptake	6	
	Lung perfusion scan	64	
	Xenon ventilation study	30	
	Aerosol ventilation scan	34	
	Renal flow scan	33	
	Brain scan	123	
	Liver/spleen scan	103	
	Bone scan	771	
	Gastroesophageal study	7	
	LeVeen shunt study		
	Cystogram	25	
	Dacryocystogram		
	Cardiac perfusion scan	362	
	Cardiac stress ventriculogram	70	
	Cardiac rest ventriculogram	97	
	Gallium scan	25	
	Hepatobiliary	271	
	Testicular	68	
	GI Bleeding	20	
	In III WBC	35	
	Pet Heart	15	
	Pet Brain	15	
	Gastric Emptying	6	

## EXHIBIT 3 (Continued)

PROPOSED PHYSICIAN USER

William K. Riordan, D.O.

## 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 sheet.) D
P-32 (Soluble)	TREATMENT OF POLYCYTHEMIA VERA, LEUKEMIA, AND BONE METASTASES		
P-32 (Colloid)	INTRACAVITARY TREATMENT		
I-131	TREATMENT OF THYROID CARCINOMA	1	
	TREATMENT OF HYPERTHYROIDISM	4	
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	4	
Sn-113/ In-113m	GENERATOR		
Tc-99m	REAGENT KITS	6	
Other	Patient dose preparation	40	
	Capintec calibration	6	

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

LOCATION

DATES

CLOCK HOURS OF EXPERIENCE

Wm. Beaumont Hospital, Troy Michigan

9/16/92 to 9/18/92

24

Pontiac Osteopathic Hospital, Pontiac, MI

January 1994

6

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

## a. NAME OF SUPERVISOR

David A. Kellam, D.O., F.A.O.C.R.  
Program Director, Michigan State University

## b. NAME OF INSTITUTION

Oakland Division  
Pontiac Osteopathic Hospital

## c. MAILING ADDRESS

50 N. Perry Street  
Pontiac, MI 48342

## d. CITY

## 5. PRECEPTOR'S SIGNATURE

*David A. Kellam, D.O.*

## 7. PRECEPTOR'S NAME (Print name type or print)

David A. Kellam, D.O., F.A.O.C.R.

## 6. DATE

*May 14, 1994*

## 8. MATERIALS LICENSE NUMBER(S)

21-04081-03

## EXHIBIT 3 (Continued)

PROPOSED PHYSICIAN USER <u>William K. Riordan, D.O.</u>			
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	2	
	TREATMENT OF HYPERTHYROIDISM	6	
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	TELETHERAPY TREATMENT		
Sr-90	TREATMENT OF EYE DISEASE		
	RADIOPHARMACEUTICAL PREPARATION		
Mo-99/ Tc-99m	GENERATOR		
Sn-113/ In-113m	GENERATOR		
Tc-99m	REAGENT KITS		
Other			
3. DATES AND TOTAL NUMBER OF HOURS RECEIVED IN CLINICAL RADIOISOTOPE TRAINING			
LOCATION		DATES	CLOCK HOURS OF EXPERIENCE
4. THE TRAINING AND EXPERIENCE INDICATED ABOVE WAS OBTAINED UNDER THE SUPERVISION OF:		5. PRECEPTOR'S SIGNATURE	
a. NAME OF SUPERVISOR <u>Janice M. Schwinke, M.D.</u>		<u>Janice M. Schwinke MD</u>	
b. NAME OF INSTITUTION <u>Northern Michigan Hospital</u>		7. PRECEPTOR'S NAME (Please type or print)	
c. MAILING ADDRESS <u>416 Connable Ave.</u>		<u>Janice M. Schwinke MD</u>	
d. CITY <u>Petoskey MI 49770</u>		8. DATE	
e. MATERIALS LICENSE NUMBER(S) <u>21-16732-01</u>		<u>11-26-96</u>	

# The American Osteopathic Association

upon recommendation  
of the

## American Osteopathic Board of Radiology



certifies that

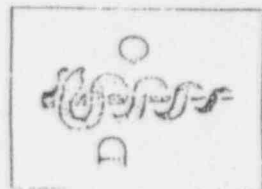
**William Kenna Jordan, D.O.**

having met the prescribed qualifications and standards and  
passed the required examinations of this Board,  
is qualified as a specialist in

### Diagnostic Radiology

and is hereby awarded this certificate as of

July 14, 1994



American Osteopathic Association

*Robert Fisher*  
Executive Director

American Osteopathic Board of Radiology

*John K. Allen, D.O.*  
Chairman

*Michael K. Hillman, D.O. F.A.O.R.*  
Secretary

Certificate No. 0794



DATE: 12-17-96

CORRESPONDENCE CLARIFICATION SHEET

REVIEWER: BJ HOLT  
LICENSEE: NORTHERN MI HOSP.  
LICENSE NUMBER: 21-16732-01

The following correspondence has been received from the above licensee and it is not clear what action(s) is(are) required: Please review this correspondence and indicate which of the following applies, and please return to Debbie Hersey, as soon as possible.

☐ Additional Information to Control No. \_\_\_\_\_  
Process in as a new action, additional information, and no fee required.

☐ Process as new licensing action. Review has already been started on Control No. \_\_\_\_\_ and this information cannot be combined with current in-house action.

☐ Can be combined with Control No. \_\_\_\_\_. Review has not started.

☐ Appears to be information for the license file - file it.

☐ Licensee is adding Nuclear Pharmacists.

☐ Amendment is necessary \_\_\_\_\_. Amendment is not necessary \_\_\_\_\_.  
(Information for license file)

☒ Licensee is adding authorized users.

☒ A check is included \_\_\_\_\_. No check is included ☒.

Amendment is necessary \_\_\_\_\_. Amendment is not necessary ☒ (This is a Notification) BJH

☐ Process in as a new licensing action:

- A. Amendment \_\_\_\_\_  
B. Renewal \_\_\_\_\_  
C. New License Application \_\_\_\_\_

☐ Other: \_\_\_\_\_

Thank You For Your Help!!!

10/16/96