

W.J. Vernier, D.O.
1459 Fort Street
Wyandotte, Michigan 48192

6 February 1985

RECEIVED

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United States Nuclear Regulatory Commission
Region III, Office of Materials Licensing
799 Roosevelt Road
Glen Ellyn, Illinois 60137

U.S. N.R.C.
LIC. FEE MGMT. BRANCH

ATTENTION: Mr. Bruce Mallett, Ph.D.

Per Bill Hack
02 2/22/85

RE: Request for amendment to NRC License No. 21-13761-01.

We hereby request the following change to our NRC License.

1. The addition of Irving Gold, D.O. as an authorized user.
NRC Forms 313M Supplement A & B are enclosed.

If any additional information is needed regarding this matter,
please contact William D. Hack, M.P.H. at 313-662-3197.
Attached is the \$120.00 amendment fee.

Sincerely,

William J. Vernier D.O.

W.J. Vernier, D.O.

WV:mpc

Attachments

Applicant	<i>Feb 24</i>
Check No.	<i>1 3299</i>
Amount	<i>\$120</i>
Type of Fee	<i>7c and</i>
Date Check Rec'd	<i>2/21/85</i>
By	<i>[Signature]</i>

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REGION III

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21-13761-02 PDR

CONTROL NO. 7 8 3 3 4

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

1. NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER WILLIAM VERNIER DO		2. STATE OR TERRITORY IN WHICH LICENSED TO PRACTICE MEDICINE MICHIGAN
3. CERTIFICATION		
SPECIALTY BOARD A	CATEGORY B	MONTH AND YEAR CERTIFIED C
RADIOLOGY GENERAL PRACTICE	BOARD ELIGIBLE BOARD CERTIFIED	RESIDENCY COMPLETED JULY 1984 1978

4. TRAINING RECEIVED IN BASIC RADIOISOTOPE HANDLING TECHNIQUES

KIND 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
PHYSICS AND RADIATION PROTECTION	Beaumont Hosp. March- April 1983 Harper Grace Hosp. 1984	38hrs.	
RADIATION PROTECTION	Beaumont Hosp. March- April 1983 Harper Grace Hosp. 1984	5 hrs.	
MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY	Beaumont Hosp. March- April 1983 Harper Grace 1984	8 hrs.	
RADIATION BIOLOGY	Beaumont Hosp. March - April 1983 Harper Grace 1984	5 hrs.	
RADIOPHARMACEUTICAL CHEMISTRY	Beaumont Hosp. March - April 1983	-	30 hrs.

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

ISOTOPE	MAXIMUM AMOUNT	WHERE EXPERIENCE WAS GAINED	DURATION OF EXPERIENCE	TYPE OF USE
Tc99m	MO99 Gen.CI/Gen	Beaumont Hosp. Royal Oak, MI	Two months	diagnostic
Tc99m	100-200 MCI	Beaumont	Two Months	Diagnostic
Tc99m	Unit Dose	Botsford Gen Hosp	3 yrs. 1981-1984	Diagnostic
I 131	Unit Dose	Botsford & Beaumont	3 yrs. 1931-1984	Diagnostic
XC 133	Unit Dose	Botsford & Beaumont	3 yrs. 1981-1984	Diagnostic

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		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.
FULL NAME		
IRVING GOLD D.O.		
STREET ADDRESS		
409 KINGSFIELD		
CITY	STATE	ZIP CODE
WEST BLOOMFIELD	MICHIGAN	48033

2. CLINICAL TRAINING AND EXPERIENCE OF ABOVE NAMED PHYSICIAN

ISPL	CONDITIONS DIAGNOSED OR TREATED	NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION	COMMENTS
	B	C	
	DIAGNOSIS OF THYROID FUNCTION		
	REGULATION OF BLOOD AND PLASMA VOLUME		
	THYROID FUNCTION STUDIES		
	THYROID FUNCTION STUDIES	-	
	KIDNEY FUNCTION STUDIES		
	IN VITRO STUDIES		
OTHER			
Te-99m	DETECTION OF TUMORS	10	
I-131	THYROID IMAGING	100	
P-32	EYE TUMOR LOCALIZATION	-	
Sr-75	PANCREAS IMAGING	-	
Yb-169	CISTERNOGRAPHY	4	
Xe-133	BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES	100	
OTHER			
Te-99m	BRAIN IMAGING	50	
	CARDIAC IMAGING	100	
	THYROID IMAGING	100	
	SALIVARY GLAND IMAGING	100	
	BLOOD POOL IMAGING	60	
	PLACENTA LOCALIZATION	-	
	LIVER AND SPLEEN IMAGING	240	
	LUNG IMAGING	100	
	BONE IMAGING	230	
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	-	
	TREATMENT OF HYPERTHYROIDISM	-	
Au-198	INTRACAVITARY TREATMENT	-	
Co-60 or Cs-137	INTERSTITIAL TREATMENT	-	
	INTRACAVITARY TREATMENT	-	
Cs-137 or Co-60	INTERSTITIAL TREATMENT	-	
	TELE THERAPY TREATMENT	-	
Cs-137	TREATMENT OF EYE DISEASE	-	
	RADIO PHARMACEUTICAL PREPARATION	-	
Mo-99 Tc-99m	GENERATOR	-	
Co-60	GENERATOR	-	
Co-60	REAGENT KITS	-	
Others			

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

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

a. NAME OF SUPERVISOR

b. NAME OF INSTITUTION

c. MAILING ADDRESS

d. CITY

e. MATERIALS LICENSE NUMBER(S)

5. PRECEPTOR'S SIGNATURE

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

8. DATE

Stephan R. Morse DO.

STEPHAN R. MORSE DO.

JULY 6, 1984

Botsford General Hospital

28050 Grand River

Farmington Hills Michigan

21-08892-01

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	KEY TO COLUMN C
FULL NAME	PERSONAL PARTICIPATION SHOULD CONSIST OF:
IRVING GOLD D.O.	1-Supervised examination of patients to determine the suitability for radioisotope diagnosis and/or treatment and recommendation for prescribed dosage.
STREET ADDRESS	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.
5409 KINGSFIELD	3-Adequate period of training to enable physician to manage radioactive patients and follow patients through treatment and/or course of treatment.
CITY STATE ZIP CODE	
W. BLOOMFIELD MICH. 48033	

2. CLINICAL TRAINING AND EXPERIENCE OF APPLICANT

CONDITIONS DIAGNOSED OR TREATED		NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION	COMMENTS
B		C	D
ANALYSIS OF THYROID FUNCTION		1391	
DETERMINATION OF BLOOD AND BLOOD PLASMA VOLUME		26	
HEART FUNCTION STUDIES		--	
RESPIRATORY FUNCTION STUDIES		1	
GASTRIC FUNCTION STUDIES		--	
OTHER		See attached	
Tc-99m			
P-32		0	
I-131		0	
P-32		0	
Sm-75		0	
Y-90		0	
Y-90		0	
X-133		55	
OTHER		See attached	
Tc-99m	BRAIN IMAGING and Flow	134	
	CARDIAC IMAGING	262	
	THYROID IMAGING	100	
	SALIVARY GLAND IMAGING	0	
	BLOOD POOL IMAGING	189	
	PLACENTA LOCALIZATION	0	
	LIVER AND SPLEEN IMAGING 196 & 7	198	
	LUNG IMAGING	58	
OTHER	BONE IMAGING	430	
	OTHER	See attached	

PRECEPTOR STATEMENT (Continued)

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

ISOTOPE	CONDITIONS DIAGNOSED OR TREATED	NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION	COMMENTS <i>(Additional information or comments may be submitted in duplicate on separate sheets.)</i>
A	B	C	D
P-32 (Soluble)	TREATMENT OF POLYCYTHEMIA VERA, LEUKEMIA, AND BONE METASTASES	1	
P-32 (Colloidal)	INTRACAVITARY TREATMENT	0	
I-131	TREATMENT OF THYROID CARCINOMA	0	
	TREATMENT OF HYPERTHYROIDISM	15	
Au-198	INTRACAVITARY TREATMENT	-	
Co-60 or Cs-137	INTERSTITIAL TREATMENT	-	
	INTRACAVITARY TREATMENT	-	
	INTERSTITIAL TREATMENT	-	
	TELETHERAPY TREATMENT	-	
	TREATMENT OF EYE DISEASE	-	
	RADIOPHARMACEUTICAL PREPARATION		
	GENERATOR		
	ISOTOPE		
	RESISTIVITY		
Other			

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

3/1 - 4/30/83

360 Hours

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

a. NAME OF SUPERVISOR

Howard J. Dworkin, M.D.

b. NAME OF INSTITUTION

William Beaumont Hospital

c. MAILING ADDRESS

3601 West 13 Mile Road

d. CITY

Royal Oak

e. TELEPHONE NUMBER

21-01333-01

5. PRECEPTOR'S SIGNATURE

Howard J. Dworkin

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

Howard J. Dworkin, M.D.

8. DATE

February 23, 1984

FORM 213M SUPPLEMENT B

CONTROL NO. 78834



UNITED STATES
NUCLEAR REGULATORY COMMISSION
REGION III
799 ROOSEVELT ROAD
GLEN ELLYN, ILLINOIS 60137

BETWEEN: William O. Miller, Chief
License Fee Management Branch
Office of Administration

Regional License Section
Material Licensing Branch
FCMS, Office of Nuclear Material
Safety & Safeguards

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: W. J. Vernier, D. O.
Application Dated: February 6, 1985
Control No.: CONTROL NO. 78334
License No.: 21-13761-02

2. FEE ATTACHED

Amount: \$120.00
Check No.: 13299

3. COMMENTS

Signed P. McElroy
Date 2/22/85

B. LICENSE FEE MANAGEMENT BRANCH

1. Fee Category and Amount: 7C \$120
2. Correct Fee Paid. Application may be processed for:
- Amendment ✓
- Renewal _____
- License _____

Signed COG
Date 2/4/85

NOTE TO: License Fee Management Branch, ADM

FROM: Region III

SUBJECT: VOIDED APPLICATION

Control Number 78334

Applicant W.J. Vernier, D.O.

Date Voided 8/30/85

Reason for Void Lack of response to
deficiency letter and threat
to abandon

Signature Vachulon

Attachment:
Application

Oh
LFMB

7.26.27
78334
No refund
COP
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