



550 Munson Avenue, Traverse City, Michigan 49684 (616) 922-8400

NUCLEAR REGULATORY COMMISSION  
MATERIALS LICENSING DIVISION  
799 ROOSEVELT RD.  
GLEN ELLYN, ILLINOIS 60137

DEAR SIR:

Please amend By-product Material License No. 21-17362-01 to  
add Sam P. Copeland, D.O. as an authorized user.

Attached is a check for \$120.00 for the amendment fee.

If there are any questions, please contact Mr. Ray A. Carlson,  
(313) 494-7364.

Sincerely,

*Patrick Barrett, Adm. Dir. Radiological Services*

PATRICK BARRETT

PB:sm

III

Applicant	<i>Aug 12</i>
Check No.	<i>35357</i>
Amount	<i>\$120</i>
Pay to the order of	<i>NC</i>
Date	<i>8/13/85</i>
Signature	<i>[Signature]</i>
Print Name	<i>[Signature]</i>

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REGION III

CONTROL NO. 7 947 1

8509170011 850808  
REG3 LIC30  
21-17362-01 PDR

Touching Lives to Make Them Better

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

1. NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER  Sam P. Copeland, 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
American Osteopathic Board of Radiology	Diagnostic Radiology	Pending

**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	Beaumont Hospital, Royal Oak, Mich. (July 1982 - June 1983) St. Joseph Mercy Hospital, Pontiac, Mich.	100	
b. RADIATION PROTECTION	(Sept. 1983 - June 1984) "	30	
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY	"	20	
d. RADIATION BIOLOGY	"	20	
e. RADIOPHARMACEUTICAL CHEMISTRY	"	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	1500 mCi	Pontiac Osteopathic Hosp.	680 Hours	Diagnostic
Tc-99m	1500 mCi	Pontiac Osteopathic Hosp.	680 Hours	Diagnostic
I-131	25 mCi	Pontiac Osteopathic Hosp.	680 Hours	Diag./Therapy
P-32	3 mCi	Pontiac Osteopathic Hosp.	680 Hours	Therapy
Tl-201	3 mCi	Pontiac Osteopathic Hosp.	680 Hours	Diagnostic
Yb-169	2 mCi	Pontiac Osteopathic Hosp.	680 Hours	Diagnostic
Ga-67	3 mCi	Pontiac Osteopathic Hosp.	680 Hours	Diagnostic
Xe-133	10 mCi	Pontiac Osteopathic Hosp.	680 Hours	Diagnostic
I-129	10 uCi	Pontiac Osteopathic Hosp.	680 Hours	Diagnostic

# 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	1	
P-32 (Colloidal)	INTRACAVITARY TREATMENT		
I-131	TREATMENT OF THYROID CARCINOMA		
	TREATMENT OF HYPERTHYROIDISM	1	
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	5	
Sn-113/ In-113m	GENERATOR		
Tc-99m	REAGENT KITS	5	
Other			

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

August 1982 - July 1985 (680 Hours)

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

a. NAME OF SUPERVISOR

David A. Kellam, D.O.

b. NAME OF INSTITUTION

Pontiac Osteopathic Hospital

c. MAILING ADDRESS

50 N. Perry

d. CITY

Pontiac, Mich. 48058

## 5. MATERIALS LICENSE NUMBER(S)

21-04081-03

## 6. PRECEPTOR'S SIGNATURE

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

David A. Kellam, D.O.

## 8. DATE

July 15, 1985

## 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 Sam P. Copeland III, D.O.		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.
STREET ADDRESS 220 Woodview Court		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.
CITY Rochester	STATE MI	3-Adequate period of training to enable physician to manage radioactive patients and follow patients through diagnosis and/or course of treatment.
ZIP CODE 48063		

## 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	10	Beaumont Hospital, Royal Oak, Mich. (June & July 1984)
	DETERMINATION OF BLOOD AND BLOOD PLASMA VOLUME		
	LIVER FUNCTION STUDIES		
	FAT ABSORPTION STUDIES		
	KIDNEY FUNCTION STUDIES	5	
	IN VITRO STUDIES	20	
OTHER	Tl-201 Cardiac	196	
I-125	DETECTION OF THROMBOSIS		
I-131	THYROID IMAGING		
P-32	EYE TUMOR LOCALIZATION		
Se-75	PANCREAS IMAGING		
Yb-169	CISTERNOGRAPHY	2	
Xe-133	BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES	80	
OTHER			
Tc-99m	BRAIN IMAGING	20	
	CARDIAC IMAGING	12	
	THYROID IMAGING	80	
	SALIVARY GLAND IMAGING	4	
	BLOOD POOL IMAGING	48	
	PLACENTA LOCALIZATION		
	LIVER AND SPLEEN IMAGING	240	
	LUNG IMAGING	80	
	BONE IMAGING	160	
OTHER	Ga-67 Soft Tissue	20	