



Cardiovascular Associates, P.C.



Nuclear Cardiology
Accredited Nuclear Cardiology Laboratory



ICAEI
Accredited Interventional Radiology Laboratory



ICAVL
Accredited Vascular Laboratory

OSWALD BOSTIC, B.S.C., M.D., F.R.C.P., (C)
JUAN C. ROJAS, M.D.
LUIS E. OSTERBERGER, M.D.
VIJAY KUDESIA, M.D., F.A.C.C.
LEANDRO PEREZ SEGURA, M.D.

27177 LAHSER ROAD, SUITE 103
SOUTHFIELD, MICHIGAN 48034
TELEPHONE: (248) 357-1360
FAX: (248) 357-1745

14049 E. 13 MILE ROAD, SUITE 1
WARREN, MICHIGAN 48088
TELEPHONE: (586) 415-0100
FAX: (586) 415-0108

September 23, 2012

UNITED STATES NUCLEAR REGULATORY COMMISSION
Region III, Materials Licensing Section
2443 Warrenville Road
Suite 210
Lisle, IL 60532-4352

Re: Amendment for NRC License: 21-15166-01
Mail Control Number 578133

Dear Sir/Madam:

I am providing the additional information to add Dr. L. Perez Segura as an authorized user to our NRC License.

If you require any additional information please contact our Radiation Safety Officer, Cari Dzanbazoff, at (734) 662-3197 or myself, Diane Dormal, CNMT at (248) 357-5366

Sincerely,

Diane Dormal, CNMT
Cardiovascular Associates, P.C.

NRC FORM 313A (AUD)
(05-2012)

U.S. NUCLEAR REGULATORY COMMISSION

**AUTHORIZED USER TRAINING AND EXPERIENCE
AND PRECEPTOR ATTESTATION**
(for uses defined under 35.100, 35.200, and 35.500)
[10 CFR 35.190, 35.290, and 35.590]

APPROVED BY OMB: NO. 3150-0120
EXPIRES: (05/31/2015)

Name of Proposed Authorized User

State or Territory Where Licensed

Leandro Perez - Segura, MD

Michigan

Requested Authorization(s) (check all that apply)

- 35.100 Uptake, dilution, and excretion studies
- 35.200 Imaging and localization studies
- 35.500 Sealed sources for diagnosis (specify device) _____

PART I - TRAINING AND EXPERIENCE
(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.

1. Board Certification

- 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.

2. Current 35.390 Authorized User Seeking Additional 35.290 Authorization

- 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.
(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			

Total Hours of Experience:

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).

- 35.290
- 35.390 + generator experience in 32.290(c)(1)(ii)(G)

NRC FORM 313A (AUD)
(05-2012)

U.S. NUCLEAR REGULATORY COMMISSION

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

PART II - PRECEPTOR ATTESTATION

Note: 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)

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."

First Section

Check one of the following for each use requested:

For 35.190

Board Certification

I attest that Leandro Perez-Segura, MD has satisfactorily completed the requirements in
Name of Proposed Authorized User

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.

OR

Training and Experience

I attest that _____ has satisfactorily completed the 60 hours of training and
Name of Proposed Authorized User

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.

For 35.290

Board Certification

I attest that Leandro Perez-Segura, MD has satisfactorily completed the requirements in
Name of Proposed Authorized User

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.

OR

Training and Experience

I attest that _____ has satisfactorily completed the 700 hours of training
Name of Proposed Authorized User

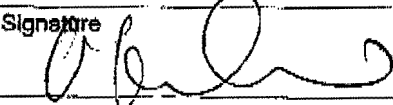
and experience, including a minimum of 80 hours of classroom and laboratory training, required by 10 CFR 35.290(c)(1), and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100 and 35.200.

Second Section

Complete the following for preceptor attestation and signature:

I meet the requirements below, or equivalent Agreement State requirements, as an authorized user for:

- 35.190
- 35.290
- 35.390
- 35.390 + generator experience

Name of Preceptor	Signature	Telephone Number	Date
Vijay Kudesia, M.D.		(248) 357-1360	9/20/12
License/Permit Number/Facility Name			
21-15166-01 Cardiovascular Associates, P.C.			

Certification Board of Nuclear Cardiology

Incorporated 1996

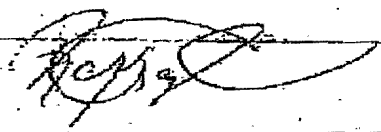
Certifies that

Leandro Perez Segura, MD

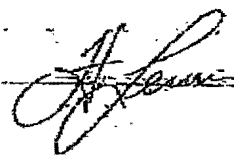
HAVING MET THE REQUIREMENTS PRESCRIBED BY THIS BOARD
FOR PHYSICIANS TRAINED IN THE UNITED STATES
AND HAVING SATISFACTORILY PASSED THE REQUIRED EXAMINATION,
IS HEREBY DESIGNATED

A DIPLOMATE CERTIFIED IN THE SUBSPECIALTY OF
NUCLEAR CARDIOLOGY

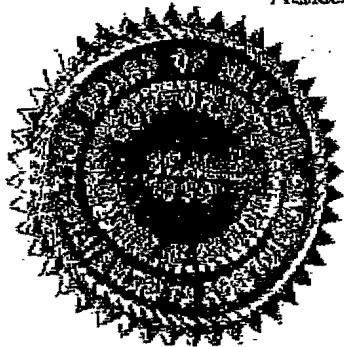
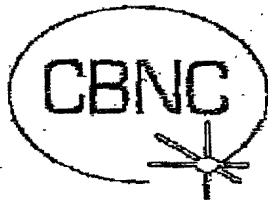
FOR THE PERIOD 2009 - 2019



President



Secretary



CERTIFICATE NUMBER: 7255



Cardiovascular Associates, P.C.



Nuclear Cardiology
Accredited Nuclear Cardiology Laboratory



ICAEL
Accredited Echocardiography Laboratory



27177 LAHSER ROAD, SUITE 103
SOUTHFIELD, MICHIGAN 48034
TELEPHONE: (248) 357-1360
FAX: (248) 357-1745

14049 E. 13 MILE ROAD, SUITE 1
WARREN, MICHIGAN 48068
TELEPHONE: (586) 415-0100
FAX: (586) 415-0108

OSWALD BOSTIC, B.S.C., M.D., F.R.C.P., (C)
JUAN C. ROJAS, M.D.
LUIS E. OSTERBERGER, M.D.
VIJAY KUDESIA, M.D., F.A.C.C.
LEANDRO PEREZ SEGURA, M.D.

Fax

To: *attn: Dennis* From: *Diane Jomel*

Fax: Pages: *5*

Phone: Date: *9/24/12*

Re: *Liscense # 21-15166-01* CC:

Urgent For Review Please Comment Please Reply Please Recycle

● **Comments:** This transmission is intended for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential, or exempt from disclosure under applicable law. Any dissemination, distribution, or copying of any information contained in this transmission is strictly prohibited.

If you have received this transmission in error, please notify us immediately.