

**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: (05/31/2016)

Name of Proposed Authorized User State or Territory Where Licensed

Lingareddy Devireddy, MD

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)

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Training and Experience for Proposed Authorized User

a. Classroom and Laboratory Training.

Description of Training	Location of Training	Clock Hours	Dates of Training*
Radiation physics and instrumentation	St. John Hospital & Medical Center 22101 Moross Street Detroit, MI 48236 #21-03210-01	25	1/30/10 thru 2/24/10
Radiation protection	St. John Hospital & Medical Center 22101 Moross Street Detroit, MI 48236 #21-03210-01	25	1/30/10 thru 2/24/10
Mathematics pertaining to the use and measurement of radioactivity	St. John Hospital & Medical Center 22101 Moross Street Detroit, MI 48236 #21-03210-01	10	1/30/10 thru 2/24/10
Chemistry of byproduct material for medical use (<i>not required for 35.590</i>)	St. John Hospital & Medical Center 22101 Moross Street Detroit, MI 48236 #21-03210-01	10	1/30/10 thru 2/24/10
Radiation biology	St. John Hospital & Medical Center 22101 Moross Street Detroit, MI 48236 #21-03210-01	10	1/30/10 thru 2/24/10

Total Hours of Training: 80

b. **Supervised Work Experience** (completion of this table is not required for 35.590).
(If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this section.)

Supervised Work Experience	YES	Total Hours of Experience:	700	
Description of Experience Must Include:	Location of Experience/License or Permit Number of Facility	Confirm	Dates of Experience*	
Ordering, receiving, and unpacking radioactive materials safely and performing the related radiation surveys	StJohn Hospital & MC, 22101 Moross, Detroit, Mi #21-03210-01 AND Lingareddy Devireddy Cardio Office, 11900 E 12Mile, Warren #21-32388-01	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	SJ-1/30-2/24/10 & 11/2009 - 12/2011	
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters	StJohn Hospital & MC, 22101 Moross, Detroit, Mi #21-03210-01 AND Lingareddy Devireddy Cardio Office, 11900 E 12Mile, Warren #21-32388-01	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	SJ-1/30-2/24/10 & 11/2009 - 12/2011	

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Training and Experience for Proposed Authorized User (continued)

b. Supervised Work Experience. (continued)

Description of Experience Must Include:	Location of Experience/License or Permit Number of Facility	Confirm	Dates of Experience*
Calculating, measuring, and safely preparing patient or human research subject dosages	StJohnHospital&MC, 22101 Moross, Detroit, MI #21-03210-01 AND LingareddyDevireddy Cardio Office, 11900 E 12Mile, Warren #21-32388-01	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	SJ 1/30-2/24/10 & 11/09-12/11
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material	StJohnHospital&MC, 22101 Moross, Detroit, MI #21-03210-01 AND LingareddyDevireddy Cardio	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	SJ 1/30-2/24/10 & 11/09-12/11
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures	StJohnHospital&MC, 22101 Moross, Detroit, MI #21-03210-01 AND LingareddyDevireddy Cardio	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	SJ 1/30-2/24/10 & 11/09-12/11
Administering dosages of radioactive drugs to patients or human research subjects	StJohnHospital&MC, 22101 Moross, Detroit, MI #21-03210-01 AND LingareddyDevireddy Cardio	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	SJ 1/30-2/24/10 & 11/09-12/11
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	StJohnHospital&MC, 22101 Moross, Detroit, MI #21-03210-01 AND LingareddyDevireddy Cardio Office, 11900 E 12Mile, Warren #21-32388-01	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	SJ 1/30-2/24/10 & 11/09-12/11

Supervising Individual License/Permit Number listing supervising individual as an authorized user
 Dr. John Kalabat 21-03210-01

Supervisor meets the requirements below, or equivalent Agreement State requirements (check one).

35.190 35.290 35.390 35.390 + generator experience in 35.290(c)(1)(ii)(G)

c. For 35.590 only, provide documentation of training on use of the device.

Device	Type of Training	Location and Dates

d. For 35.500 uses only, stop here. For 35.100 and 35.200 uses, skip to and complete Part II Preceptor Attestation.

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 _____ 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 _____ 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 Lingareddy Devireddy has satisfactorily completed the 700 hours of training
Name of Proposed Authorized User

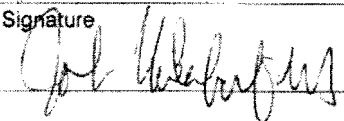
and experience, including a minimum of 80 hours of classroom and laboratory training, required by 10 CFR 35.290(c)(1), and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100 and 35.200.

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
John Kalabat, MD		(313) 343-7719	07/05/2012
License/Permit Number/Facility Name			
St. John Hospital, 22101 Moross, Detroit, Mi 48236 21-03210-01			

LINGAREDDY DEVIREDDY, M.D., P.C.

MACOMB MEDICAL BUILDING
11900 EAST 12 MILE RD., SUITE #103
WARREN, MICHIGAN 48093
TELEPHONE: (586) 574-0890
FAX: (586) 574-9321

LINGAREDDY DEVIREDDY, M.D., F.A.C.C.
DIPLOMATE, AMERICAN BOARD OF INTERVENTIONAL CARDIOLOGY
MEDICAL DIRECTOR, CARDIOVASCULAR SERVICES, ST. JOHN MACOMB HOSPITAL

LINGAREDDY DEVIREDDY, M.D., F.A.C.C.
SRINIVAS KONERU, M.D.

December 6, 2011

USNRC REGION 3
2443 Warrenville Rd, #210
Lisle, Illinois 60532-4351

RE: Experience of Dr. Lingareddy Devireddy, MD, PC

I confirm Dr. Lingareddy Devireddy, MD has over 700 hours of experience working with me in Nuclear Materials at our facility license # 21-32388-01. This training and experience is in basic radionuclide handling techniques and radiation safety applicable to the medical use of unsealed byproduct material for imaging and localization studies as described in 10 CFR 35.290.

If you have any questions please contact our physicist Laura Smith 313 609 2038.

Sincerely,



Srinivas Koneru, MD



Radiation Safety Office
22101 Moross Road
Detroit, MI
48236-2172
313.343.7719

July 5, 2012

RE: Regarding Authorized User Status for John Kalabat, MD

Our facility – St. John Hospital, 22101 Moross Rd., Detroit, MI #21-03210-01 - operates similar to an USNRC approved broad form license, with all of our Authorized Users approved internal to the facility. Since we keep track of all of our Authorized Users internally, I am writing a letter to confirm the following individual is approved, for each of the following authorized uses:

Kalabat, John P, M.D. 10 CFR 35.100, 35.200, 35.300 including Y-90
and is also the RSC Chair

If you have any questions, please feel free to contact me at email
laura.smith7@stjohn.org

Sincerely,

Laura T. Smith, MS
Radiation Safety Officer

Tran, Frank

From: Laura T. Smith- Physics [lsphysics@att.net]
Sent: Wednesday, September 05, 2012 1:40 PM
To: Tran, Frank
Cc: Matt B
Subject: Dr. Deverreddys NRC license
Attachments: Deverreddy NRC correct AU Paperwork 2012 form pg1.JPG; Deverreddy NRC correct AU paperwork 2012 form pg2.JPG; Deverreddy NRC correct AU paperwork 2012 form pg3.JPG; Deverreddy NRC correct AU paperwork 2012 form pg4.JPG; Deverreddy NRC correct AU paperwork 2012 200hrs.JPG; Deverreddy NRC correct AU paperwork 2012 AU sign.JPG; Deverreddy NRC correct AU paperwork 2012 training.JPG

Mr. Tran,

Thank you for the phone call this afternoon. I am sorry for the confusion regarding the incorrectly typed paperwork for Dr. Deverreddy- this was a secretarial clerical error, that was not questioned by me when I reviewed it. This paperwork was previously submitted as a license amendment, and I believe at the similar time as a license renewal (I thought the corrected AU paperwork was submitted in the license renewal - and I apologize for the huge inconvenience). I realize Dr. Deverreddy could not be in two places at one time, and he never was - I confirm he only took the Detroit course - but our facility secretary typed it on the las vegas certificate - and I just thought when I put the package together - oh, I guess he went to Vegas as well as here (not closely reviewing the dates of training) - we have run courses in Las Vegas previously - and we still cover accounts in the area, so it seems feasible he would train - and thought he might want to take more courses - Dr. Deverreddy loves educational courses - he is always asking me for education articles and information.

Please find attached the corrected and appropriate paperwork fo Dr. Deverreddy - with the NRC form, the signature from me as RSO of St. Johns (I performed his training). Please confirm via email you have this paperwork, and if you have any further questions (I will be in Battle Creek tomorrow, but am available by pager).

Thank you and again I apologize for the confusion on this.

Laura Smith
pager 313 609-2038
I prefer email communications

Tran, Frank

From: Laura T. Smith- Physics [lsphysics@att.net]
Sent: Thursday, September 06, 2012 3:22 PM
To: Tran, Frank
Subject: Re: Dr. Deverreddy's NRC license
Attachments: Deverreddy NRC corrected paperwork pg3.JPG; Deverreddy NRC corrected paperwork pg2.JPG

Please confirm receipt and correct attachments - via email.
I hope this is correct.

Laura Smith
pager 313 609-2038
I prefer email communications

From: "Tran, Frank" <Frank.Tran@nrc.gov>
To: "laura.smith7@stjohn.org" <laura.smith7@stjohn.org>; Laura T. Smith- Physics <lsphysics@att.net>
Sent: Thu, September 6, 2012 3:10:50 PM
Subject: Re: Dr. Deverreddy's NRC license

Ms. Smith:

As discussed with you by phone today, please revise pages 2 and 3 of Form 131A (AUD), scan and attached to this email and forward it to me (so that, you don't have to scan and resend every pages).

On page 3, please fill out section 4 (administering dosages training), supervising individual, St. John hospital's license number, and the supervisor's areas of authorization.

Please give me a call if you have any questions regarding this request.

Sincerely,

Frank Tran

From: Laura T. Smith- Physics [mailto:lsphysics@att.net]
Sent: Wednesday, September 05, 2012 1:40 PM
To: Tran, Frank
Cc: Matt B
Subject: Dr. Deverreddys NRC license

Mr. Tran,

Thank you for the phone call this afternoon. I am sorry for the confusion regarding the incorrectly typed paperwork for Dr. Deverreddy- this was a secretarial clerical error, that was not questioned by me when I reviewed it. This paperwork was previously submitted as a license amendment, and I believe at the similar time as a license renewal (I thought the corrected AU paperwork was submitted in the license renewal - and I apologize for the huge inconvenience). I realize Dr. Deverreddy could not be in two places at one time, and he never was - I confirm he only took the Detroit course - but our facility secretary typed it on the las vegas certificate - and I just thought when I put the package together - oh, I guess he went to Vegas as well as here (not closely reviewing the dates of training) - we have run courses in Las Vegas previously - and we still cover accounts in the area, so it seems feasible he would train - and thought he might want to take more courses - Dr. Deverreddy loves educational courses - he is always asking me for education articles and information.