NRC FORM 313 (8-2000) 10 CFR 30, 32, 33, 34, 35, 36, 39, and 40

U.S. NUCLEAR REGULATORY COMMISSION

APPLICATION FOR MATERIAL LICENSE

APPROVED BY OMB: NO. 3150-0120 EXPIRES: 08/31/2002

Estimated burden per response to comply with this mandatory collection request: 7.4 hours. Submittal of the application is necessary to determine that the applicant is qualified and that adequate procedures exist to protect the public health and safety. Send comments regarding burden estimate to the Records Management Branch (T-6 E6), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to bjs1@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0000), Office of Management and Budget, Washington, DC 20503. If a means used to impose an information collection does not display a currently valid OMB control number, the NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.

INSTRUCTIONS: SEE THE APPROPRIATE LICENSE APPLICATION GUIDE FOR DETAILED INSTRUCTIONS FOR COMPLETING APPLICATION. SEND TWO COPIES OF THE ENTIRE COMPLETED APPLICATION TO THE NRC OFFICE SPECIFIED BELOW.

APPLICATION FOR DISTRIBUTION OF EXEMPT PRODUCTS FILE APPLICATIONS WITH:

DIVISION OF INDUSTRIAL AND MEDICAL NUCLEAR SAFETY
OFFICE OF NUCLEAR MATERIALS SAFETY AND SAFEGUARDS
U.S. NUCLEAR REGULATORY COMMISSION
WASHINGTON, DC 20555-0001

ALL OTHER PERSONS FILE APPLICATIONS AS FOLLOWS:

IF YOU ARE LOCATED IN:

CONNECTICUT, DELAWARE, DISTRICT OF COLUMBIA, MAINE, MARYLAND, MASSACHUSETTS, NEW HAMPSHIRE, NEW JERSEY, NEW YORK, PENNSYLVANIA, RHODE ISLAND, OR VERMONT, SEND APPLICATIONS TO:

LICENSING ASSISTANT SECTION
NUCLEAR MATERIALS SAFETY BRANCH
U.S. NUCLEAR REGULATORY COMMISSION, REGION I
475 ALLENDALE ROAD
KING OF PRUSSIA, PA 19406-1415

ALABAMA, FLORIDA, GEORGIA, KENTUCKY, MISSISSIPPI, NORTH CAROLINA, PUERTO RICO, SOUTH CAROLINA, TENNESSEE, VIRGINIA, VIRGIN ISLANDS, OR WEST VIRGINIA, SEND APPLICATIONS TO:

SAM NUNN ATLANTA FEDERAL CENTER
U. S. NUCLEAR REGULATORY COMMISSION, REGION II
61 FORSYTH STREET, S.W., SUITE 23T85
ATLANTA, GEORGIA 30303-8931

IF YOU ARE LOCATED IN:

ILLINOIS, INDIANA, IOWA, MICHIGAN, MINNESOTA, MISSOURI, OHIO, OR WISCONSIN, SEND APPLICATIONS TO:

MATERIALS LICENSING BRANCH
U.S. NUCLEAR REGULATORY COMMISSION, REGION III
801 WARRENVILLE RD.
LISLE, IL 60532-4351

ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, COLORADO, HAWAII, IDAHO, KANSAS, LOUISIANA, MONTANA, NEBRASKA, NEVADA, NEW MEXICO, NORTH DAKOTA, OKLAHOMA, OREGON, PACIFIC TRUST TERRITORIES, SOUTH DAKOTA, TEXAS, UTAH, WASHINGTON, OR WYOMING, SEND APPLICATIONS TO:

NUCLEAR MATERIALS LICENSING SECTION
U.S. NUCLEAR REGULATORY COMMISSION, REGION IV
611 RYAN PLAZA DRIVE, SUITE 400
ARLINGTON, TX 76011-8064

03020728

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RECEIVED REGION 1

PERSONS LOCATED IN AGREEMENT STATES SEND APPLICATIONS TO THE U.S. NUCLEAR REGULATORY COMMISSION ONLY IF THEY WISH TO POSSESS AND USE LICENSED MATERIAL IN STATES SUBJECT TO U.S.NUCLEAR REGULATORY COMMISSION JURISDICTIONS.

1. THIS IS AN APPLICATION FOR *(Check appropriate item)*

- [ ] A. NEW LICENSE
- [ ] B. AMENDMENT TO LICENSE NUMBER
- [x] C. RENEWAL OF LICENSE NUMBER 37-20693-01

2. NAME AND MAILING ADDRESS OF APPLICANT *(Include ZIP code)*

Mitchell Greenspan MD
Buxmont Cardiology Associates
3 Life Mark Drive
Sellersville Pa 18960

3. ADDRESS WHERE LICENSED MATERIAL WILL BE USED OR POSSESSED

Life Mark Medical Center
3 Life Mark Drive
Sellersville Pa 18960

4. NAME OF PERSON TO BE CONTACTED ABOUT THIS APPLICATION

Kevin Brown

TELEPHONE NUMBER

215-257-1127

SUBMIT ITEMS 5 THROUGH 11 ON 8-1/2 X 11" PAPER. THE TYPE AND SCOPE OF INFORMATION TO BE PROVIDED IS DESCRIBED IN THE LICENSE APPLICATION GUIDE.

5. RADIOACTIVE MATERIAL
a. Element and mass number; b. chemical and/or physical form; and c. maximum amount which will be possessed at any one time.

6. PURPOSE(S) FOR WHICH LICENSED MATERIAL WILL BE USED.

7. INDIVIDUAL(S) RESPONSIBLE FOR RADIATION SAFETY PROGRAM AND THEIR TRAINING EXPERIENCE.

8. TRAINING FOR INDIVIDUALS WORKING IN OR FREQUENTING RESTRICTED AEAS.

9. FACILITIES AND EQUIPMENT.

10. RADIATION SAFETY PROGRAM.

11. WASTE MANAGEMENT.

12. LICENSE FEES *(See 10 CFR 170 and Section 170.31)*
FEE CATEGORY 7B AMOUNT ENCLOSED $4900

13. CERTIFICATION. *(Must be completed by applicant)* THE APPLICANT UNDERSTANDS THAT ALL STATEMENTS AND REPRESENTATIONS MADE IN THIS APPLICATION ARE BINDING UPON

THE APPLICANT AND ANY OFFICIAL EXECUTING THIS CERTIFICATION ON BEHALF OF THE APPLICANT, NAMED IN ITEM 2, CERTIFY THAT THIS APPLICATION IS PREPARED IN CONFORMITY WITH TITLE 10, CODE OF FEDERAL REGULATIONS, PARTS 30, 32, 33, 34, 35, 36, 39, AND 40, AND THAT ALL INFORMATION CONTANED HEREIN IS TRUE AND CORRECT TO THE BEST OF THEIR KNOWLEDGE AND BELIEF.

WARNING: 18 U.S.C. SECTION 1001 ACT OF JUNE 25, 1948 62 STAT. 749 MAKES IT A CRIMINAL OFFENSE TO MAKE A WILLFULLY FALSE STATEMENT OR REPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION.

CERTIFYING OFFICER – TYPED/PRINTED NAME AND TITLE	SIGNATURE	DATE
Mitchell Greenspan MD		11-17-04

FOR NRC USE ONLY

TYPE OF FEE	FEE LOG	FEE CATEGORY	AMOUNT RECEIVED	CHECK NUMBER	COMMENTS
			$		
APPROVED BY				DATE	136043

NMSS/RGN1 MATERIALS-002

Buxmont Cardiology Associates, P.C.

Lifemark Medical Center • 3 Life Mark Drive • Sellersville, PA 18960 • (215) 257-1127
FAX 257-0129
www.buxmontcardiology.com

J. PHILLIP MOYER, M.D., F.A.C.C.
MITCHELL GREENSPAN, M.D., F.A.
PAUL R. HERMANY, M.D., F.A.C.C.
MICHELLE N. STRAM, M.D., F.A.C.C
DAVID M. FLOWERS, M.D., F.A.C.C. (195
MATTHEW FORJOHN, P.A. - C

Attachment to NRC Form 313
License # 37-20693-01

5. Radioactive Material
   a. element and mass#: Tc 99m (technetium 99 metastable)
   b. chemical form: liquid
   c. max amount possessed at one time: 400 millicuries

6. Purpose for use: medical testing (cardiac)

7. Radiation Safety Officer- Mitchell Greenspan M.D., F.A.C.C. and Kevin Brown, CNMT (Nuclear Med Tech)

8. Training: Upon initial hire and annually thereafter.

9. Equipment:
   Siemens Signature series, dual head, E. cam gamma camera
   Capintec CRC-15W dose calibrator and well counter

10. Radiation Safety Program as per Policy and Procedure Manual.

11. Waste Management:
    Used syringes returned to nuclear pharmacy
    All other radioactive waste stored (decay in place) for 10 half-lives (3 days) and Disposed in biohazardous trash.

This is to acknowledge the receipt of your letter/application dated

11/17/2004, and to inform you that the initial processing which includes an administrative review has been performed.

Renewal 37-20693-01

☑ There were no administrative omissions. Your application was assigned to a technical reviewer. Please note that the technical review may identify additional omissions or require additional information.

☐ Please provide to this office within 30 days of your receipt of this card

_____.

A copy of your action has been forwarded to our License Fee & Accounts Receivable Branch, who will contact you separately if there is a fee issue involved.

Your action has been assigned **Mail Control Number** 136043.
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.

NRC FORM 532 (RI)
(6-96)

Sincerely,
Licensing Assistance Team Leader

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

(FOR LFMS USE)
INFORMATION FROM LTS

Program Code: 02201
Status Code: 2
Fee Category: 7C
Exp. Date: 20050131
Fee Comments: _____
Decom Fin Assur Reqd: N

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED
Applicant/Licensee: GREENSPAN, MITCHELL M.D.
Received Date: 20041123
Docket No: 3020728
Control No.: 136043
License No.: 37-20693-01
Action Type: Renewal

2. FEE ATTACHED
Amount: $4,900.00
Check No.: 5453

3. COMMENTS
NO FEE DUE FOR RENEWAL.

Signed M. A. Gardin
Date 12/2/2004

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 is entered /__/)

1. Fee Category and Amount: _____

2. Correct Fee Paid. Application may be processed for:
Amendment _____
Renewal _____
License _____

3. OTHER _____
_____

Signed _____
Date _____