



# Lancaster General Hospital

November 19, 2004

U.S. Nuclear Materials Safety Branch I  
U.S. Nuclear Regulatory Commission, Region I  
475 Allendale Road  
King of Prussia, Pennsylvania 19406

RE: License #37-11866-01

03003151

04 NOV 26 P 2:31

RECEIVED  
REGION I

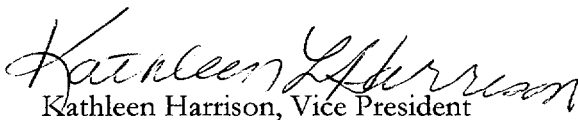
To Whom It May Concern:

Lancaster General Hospital would like to request amendment to the above-noted materials license for the following:

We would like to add Ronald Beatty, M.Eng., as an authorized medical physicist. Mr. Beatty has achieved certification by the American Board of Radiology in the specialty of Therapeutic Radiologic Physics (see Attachment A) on November 7, 1999 (within seven years). Mr. Beatty's credentials were discussed at a recent Radiation Safety Committee meeting. The Committee unanimously approved his inclusion on the license.

Thank you for your attention to this matter. If you have any questions, please direct them to our Radiation Safety Officer, Mr. Anthony Montagnese, at 717-544-4384.

Sincerely,

  
Kathleen Harrison, Vice President

attachment

136045

NMSS/RGNI MATERIALS-002

**Kathleen L. Harrison, Vice President - Operations**

Lancaster General Hospital • 555 North Duke Street • P.O. Box 3555 • Lancaster, PA, 17604-3555  
(717) 544-5862 • Fax (717) 291-9657 • KLHarris@LancasterGeneral.org • www.LancasterGeneral.org

# The American Board of Radiology

Organized through the cooperation of the  
American College of Radiology, the American Roentgen Ray Society,  
the American Radium Society, the Radiological Society of North America,  
the Section on Radiology of the American Medical Association,  
the American Society for Therapeutic Radiology and Oncology, the Association of  
University Radiologists, and American Association of Physicists in Medicine

Hereby certifies that

**Ronald Eugene Beatty, MEng**

Has pursued an accepted course of graduate study  
and clinical work, has met certain standards and qualifications and  
has passed the examinations conducted under the authority of

The American Board of Radiology

On this seventh day of November, 1999

Thereby demonstrating to the satisfaction of the Board  
that he is qualified to practice the specialty of

**Therapeutic Radiologic Physics**



*William J. Smalley*  
President

*William J. Smalley*  
Secretary-Treasurer

*W. Paul Capps, M.D.*  
Executive Director

Certificate No. #2221

ATTACHMENT A

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

11/19/2008, and to inform you that the initial processing which includes an administrative review has been performed.

AMEND. 37-11866-d 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

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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** 136045.  
When calling to inquire about this action, please refer to this control number.  
You may call us on (610) 337-5398, or 337-5260.

BETWEEN: : (FOR LFMS USE)  
 : INFORMATION FROM LTS  
 : -----  
 :  
 License Fee Management Branch, ARM : Program Code: 02230  
 and : Status Code: 0  
 Regional Licensing Sections : Fee Category: 7C 2B  
 : Exp. Date: 20111031  
 : Fee Comments: \_\_\_\_\_  
 : Decom Fin Assur Req'd: N  
 : ::

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED  
 Applicant/Licensee: LANCASTER GENERAL HOSPITAL  
 Received Date: 20041126  
 Docket No: 3003151  
 Control No.: 136045  
 License No.: 37-11866-01  
 Action Type: Amendment

2. FEE ATTACHED  
 Amount: \_\_\_\_\_  
 Check No.: \_\_\_\_\_

3. COMMENTS

Signed M. A. Barham  
 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 \_\_\_\_\_