



Palisades Medical Center

New York Presbyterian Healthcare System

July 1, 2004

04 DEC 27 P 2:22

RECEIVED
REGION I

Ms. Penny Lanzisera, Health Physicist
United States Nuclear Regulatory Commission
Region I
Nuclear Materials Safety Branch 1
475 Allendale Road
King of Prussia, Pennsylvania 19406-1415

03002572

Re: Preceptor Statement
License 29-13453-01

Dear Ms. Lanzisera:

We wish to amend our license to expand Dr. Brenda Christian's duties as an authorized user to administer I-131 therapy under human groups identified in 35:932:934.

Dr. Christian, under my supervision, has administered ten (10) I-131 treatments throughout the past year.

Sincerely,

Robert S. Port, MD
Radiology Department Chairman/RSO

RSP:mec

136202

NMSS/RGNI MATERIALS-012

Affiliated with Columbia University College of Physicians & Surgeons

7600 River Road • North Bergen, New Jersey 07047 • 201-854-5000

This is to acknowledge the receipt of your letter/application dated 7/1/2004 ^(RECEIVED) (12/27/2004), and to inform you that the initial processing which includes an administrative review has been performed.

- ARMONG, 29-13453-01 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 136202.
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: 02120
 and : Status Code: 0
 Regional Licensing Sections : Fee Category: 7C
 : Exp. Date: 20120331
 : Fee Comments: _____
 : Decom Fin Assur Reqd: N
 : ::

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED
 Applicant/Licensee: PALISADES MEDICAL CTR OF NEW YORK
 Received Date: 20041227
 Docket No: 3002572
 Control No.: 136202
 License No.: 29-13453-01
 Action Type: Amendment

2. FEE ATTACHED
 Amount: _____
 Check No.: /

3. COMMENTS

Signed M. A. Perkins
 Date 12/22/04

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 _____