



LOURDES
HEALTH SYSTEM

Lourdes Medical Center
of Burlington County

CORPORATE OFFICE
1600 Haddon Avenue
Camden, NJ 08103
(856) 757-3500
Fax (856) 757-3611

License No. 29-07868-01

03002506

Sandy Gabriel
Nuclear Regulatory Commission

OUR LADY OF LOURDES
MEDICAL CENTER
1600 Haddon Avenue
Camden, NJ 08103
(856) 757-3500
Fax (856) 757-3611

Region 1
475 Allendale Road King of Prussia
Pennsylvania 19406-1415

**SUBJECT: Lourdes Medical Center of Burlington County is requesting
a change for the position of Radiation Safety Officer.**

LOURDES MEDICAL
CENTER OF
BURLINGTON COUNTY
218 A Sunset Road
Willingboro, NJ 08046
(609) 835-2900
Fax (609) 835-3061

- Lourdes Medical Center is requesting an amendment to replace Dr. Paul Mayer as Radiation Safety Officer. We are requesting that Dr. Daniel Scotti fill the position of Radiation Safety Officer. Dr. Daniel Scotti is already listed on license # 29-06431-01 as the Radiation Safety Officer. He is also currently on our license as an authorized user. We would also request that Dr. Mayer stay on our license as an authorized user.

LOURDES HOMEHEALTH
SERVICES
900 Haddon Avenue
Suite 316
Collingswood, NJ 08108
(856) 869-0900
Fax (856) 869-0311

Thank You,

Bob Sochor

Nuclear Medicine

Joanne Giannndrea

Vice President of Operations

Daniel M. Scotti MD

Chief of Radiology

LOURDES HEALTH
FOUNDATION
1600 Haddon Avenue
Camden, NJ 08103
(856) 757-3301
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(609) 835-3050
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136217

NMSS/RGNI MATERIALS-002

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

FAX RECEIVED 12/29/2004 and to inform you that the initial processing which includes an administrative review has been performed.

☒ ARCAS. 29-07868-01
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 136217.
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: 20120831
 : Fee Comments: CODE 23
 : Decom Fin Assur Req'd: N
 : ::

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED

Applicant/Licensee: LOURDES MED CTR OF BURLINGTON COUNTY
Received Date: 20041229
Docket No: 3002506
Control No.: 136217
License No.: 29-07868-01
Action Type: Amendment

2. FEE ATTACHED

Amount: _____
Check No.: _____

3. COMMENTS

Signed M. A. Perkins
Date 12/30/2009

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 _____