



RECEIVED  
REGION 1

'05 JAN 14 P2 :01

License No. 37-05811-02

January 7, 2005

United States Nuclear Regulatory Commission  
Nuclear Materials Safety Branch 1  
475 Allendale Road  
King of Prussia, Pennsylvania 19406-1415

Gentlemen:

Please amend our materials license to include:

Add authorized user;

Authorized User  
Rajwinder Singh, M.D.  
(ABR Certificate attached)

Materials and Use  
35.100; 35.200

37-05811-02  
03003056

Relocation area of Decay-In-Storage;

Propose to locate a remote Decay-In-Storage shed in the North section of the outdoor parking area. Shed will be locked. Shed will be posted with Radioactive Material sign. Shed will be shielded on two sides with 1/8" lead, one side abuts a concrete wall. There is no occupied space behind, above, or below. The door side will face a fenced area for the storage of hazardous materials.

The present Decay-In-Storage closet will be surveyed and tested for removable contamination following removal of all materials. Results must meet standards for unrestricted areas. This report will be sent to you for your review.

If you require additional information please contact me or you may call John C. Ramsey at 908-788-9440.

Sincerely yours,

A handwritten signature in black ink, appearing to read "Anthony H. Bliss".  
Anthony H. Bliss  
Vice President, Professional Services

Cc William Tatu, M.D.  
Keith Snidtker  
Jacqui Cotterall  
Attachments

136298

NMSS/RGNI MATERIALS-002

# 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*

**Rajwinder Singh, MD**

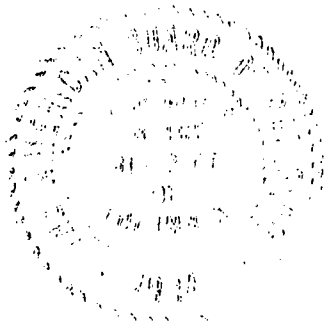
*Has pursued an accepted course of graduate study  
and clinical work, has met certain standards and qualifications and  
has passed the examinations conducted under the authority of*

*The American Board of Radiology*

*On this tenth day of November, 2003*

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

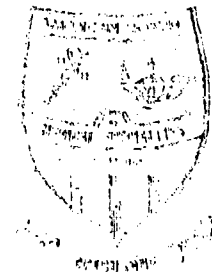
**Diagnostic Radiology**



*William H. H. H.*  
President

*Philip O. Hudson*  
Secretary-Treasurer

*R.P. Hatten*  
Executive Director



Certificate No. 44467

Valid through 2013

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

1/7/2005

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

☒ AMEND. 37-05811-02  
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 136292.  
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:

License Fee Management Branch, ARM  
and  
Regional Licensing Sections

: (FOR LFMS USE)  
: INFORMATION FROM LTS  
: -----  
:  
: Program Code: 02230  
: Status Code: 0  
: Fee Category: 7C  
: Exp. Date: 20130228  
: Fee Comments: CODE 23  
: Decom Fin Assur Reqd: N  
: ::

LICENSE FEE TRANSMITTAL

A. REGION

*I*

1. APPLICATION ATTACHED

Applicant/Licensee: POCONO MEDICAL CENTER  
Received Date: 20050114  
Docket No: 3003056  
Control No.: 136298  
License No.: 37-05811-02  
Action Type: Amendment

2. FEE ATTACHED

Amount:             
Check No.:           

3. COMMENTS

Signed *M. A. Perkins*  
Date *1/16/2005*

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 \_\_\_\_\_