



**INOVA MOUNT VERNON
HOSPITAL**

2501 Parker's Lane
Alexandria, Virginia 22306
Tel 703 664-7000

February 3, 2005
Inova Mount Vernon Hospital
2501 Parker's Lane
Alexandria, Virginia 22306

U. S. Nuclear Regulatory Commission
Region I
475 Allendale Road
King of Prussia, Pennsylvania 19406-1415

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REGION 1
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Reference: NRC license # 45-17187-01 030 12330

Miss Penny Lanzisera:

Inova Mount Vernon Hospital requests the following amendments to its NRC license:

- (1) Add a new Radiation Safety Officer:

Michael H. Friedman, M.D.

(Note: Dr. Friedman is currently listed as the RSO for the NRC license 45-09358-02 for Inova Alexandria Hospital)

- (2) Delete the former Radiation Safety Officer:

Guillermo Olivos, M. D.

(Note: Dr. Olivos no longer practices at Inova Mount Vernon Hospital)

- (3) Add new Authorized Users:

Authorized User	Material and Use
*Michael H. Friedman, M.D.	10 CFR 31.11, 35.100, 35.200, and 35.300
*William V. Hindle, M.D.	10 CFR 31.11, 35.100, 35.200, and 35.300
Mitali Bapna, M.D.	10 CFR 35.100 and 35.200
Tammy J. Lamb, M.D.	10 CFR 35.100 and 35.200
Amir R. Batouli, M.D.	10 CFR 35.100 and 35.200
Michael F. McCullough, M.D.	10 CFR 35.100 and 35.200
Janice M. Newsome, M.D.	10 CFR 35.100 and 35.200
Djamil Fertikh, M.D.	10 CFR 35.100 and 35.200
Remesh B. S. Rao, M.D.	10 CFR 35.100 and 35.200

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NMSS/RGNI MATERIALS-002

Joseph J. Gemmete, M.D.	10 CFR 35.100 and 35.200
Henry S. Rose, M.D.	10 CFR 35.100 and 35.200
Kimberly L. Kader, M.D.	10 CFR 35.100 and 35.200
Theresa Yuh, M.D.	10 CFR 35.100 and 35.200

(Note: each of these physicians are licensed at practice medicine in the Commonwealth of Virginia)

* Listed on the NRC license 45-09358-02 for Inova Alexandria Hospital

(4) Delete Authorized Users

Guillermo Olivos, M.D.	Robert Ferris, M.D.
Michael S. Usher, M.D.	Paul L. Lubar, M.D.
Vilma Bhoosan, M.D.	Alan Kronthal, M.D.
Calvin Neithamer, M.D.	William P. O'Grady, M.D.
Robert Olshaker, M.D.	Victor A. Bracey, M.D.
Steven Meyers, M.D.	Gurmeet Sidhu, M.D.

Note: John B. DeGrazia, M.D., will remain on the license.

All other conditions and limitations of the NRC license for Inova Mount Vernon Hospital will continue to be followed.

If you have any questions concerning this additional information, please contact Randy Damron, Director of Radiology at (703) 664-7267.

Thank you for your time and attention in this matter.



Anne Rieger, RN, BSN, MBA
Associate Administrator of Clinical Operations/CNE
Inova Mount Vernon Hospital

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

2/3/2005, and to inform you that the initial processing which includes an administrative review has been performed.

Amend 45-17187-01 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** 136429.
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.

(FOR LFMS USE)
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

: Program Code: 02120
: Status Code: 0
: Fee Category: 7C
: Exp. Date: 20130331
: Fee Comments: CODE 23
: Decom Fin Assur Reqd: N
:.....

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED

Applicant/Licensee: INOVA MOUNT VERNON HOSPITAL
Received Date: 20050207
Docket No: 3012330
Control No.: 136429
License No.: 45-17187-01
Action Type: Amendment

2. FEE ATTACHED

Amount: /
Check No.:

3. COMMENTS

Signed Rebecca Juncal
Date 2/11/2005

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 _____