



RECEIVED
REGION 1

'05 FEB 14 P1:18

February 3, 2005

Nuclear Materials Safety Branch 1
Division of Nuclear Materials Safety
Region 1
475 Allendale Road
King of Prussia, PA 19406-1415

RE: Materials License #: 29-07470-03 03002497
Pascack Valley Hospital – Westwood, NJ

35.14 Notification

To Whom It May Concern:

Pursuant to 10 CFR 35.14, we are notifying your office that the following physician is no longer an authorized user at our facility:

Clyde A. Hershan, MD

Sincerely,

A handwritten signature in cursive script that reads 'Sid Mitchell'.

Sid Mitchell, FACHE
Interim CEO

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.

Amendment 29-07470-03 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 136468.
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: 20060131
 : Fee Comments: _____
 : Decom Fin Assur Reqd: N
 : ::::::::::::::::::::::::::::::::::::

LICENSE FEE TRANSMITTAL

A. REGION 1

1. APPLICATION ATTACHED
 Applicant/Licensee: PASCACK VALLEY HOSPITAL
 Received Date: 20050214
 Docket No: 3002497
 Control No.: 136468
 License No.: 29-07470-03
 Action Type: Amendment

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

3. COMMENTS

Signed Rebecca Junch
 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 _____