



05 FEB 14 P12 :50

# The Heart Center pc

(Practice Limited to Cardiovascular Diseases)

117 Highway #35 Eatontown, NJ 07724 (732) 389-0266 (732) 389-2294 Fax 1001 Highway **#9** Howell, NJ 07731 (732) 761-8811 (732) 761-8310 Fax 2958 Highway #35 South Hazlet, NJ 07730 (732) 888-4445 (732) 888-4938 Fax

January 31, 2005

U.S. Nuclear Regulatory Commission Division of Nuclear Materials Safety Region I 475 Allendale Road King of Prussia, PA 19406-1415

### RE: Amendment to License 29-30763-01 The Heart Center, PC

03036098

Dear Licensing Official:

Please amend NRC License #29-30763-01 (The Heart Center, PC) to add Marc E. Colmer, MD as an authorized user (Materials and Use # 35.200) on this license.

Documentation of Dr. Colmer's training, certifications and experience is enclosed.

If you have any questions about this licensing amendment request, please do not hesitate to contact me through Susan De Bard at (732) 294-0200.

Thank you for your attention to this request.

Sincerely,

Clemente

Radiation Safety Officer License Administrator



# THE CERTIFICATION BOARD OF NUCLEAR CARDIOLOGY

Marc E. Colmer, M.D.

HAVING MET THE REQUIREMENTS PRESCRIBED BY THIS BOARD FOR PHYSICIANS RESIDING IN THE UNITED STATES AND HAVING SATISFACTORILY PASSED THE REQUIRED EXAMINATION, IS HEREBY DESIGNATED

A DIPLOMATE CERTIFIED IN THE SUBSPECIALTY OF

# **NUCLEAR CARDIOLOGY**

FOR THE PERIOD 2000 THROUGH 2010

Maul D. C. queina M.D.



OCTOBER 29, 2000

CERTIFICATE # 1650

AMERICAN BOARD UF INTERNAL MEDICINE ORGANIZED

THROUGH THE CO-OPERATION OF THE AMERICAN COLLEGE OF PHYSICIANS AND THE SECTION ON THE PRACTICE OF MEDICINE OF THE

AMERICAN MEDICAL ASSOCIATION

ATTESTS THAT

## Marc Elliot Colmer. M.A.

HAS MET THE REQUIREMENTS OF THIS BOARD AND IS HEREBY DESIGNATED A DIPLOMATE CERTIFIED TO -PRACTICE THE SUBSPECIALTY OF CARDIOVASCULAR DISEASE



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Andel M. Ulieti J. Officktunglinis Robert Of Charlet Shares M. James Robert & Solart Maniel Frieter Shares Killig Forware J. Cohen Dean T. Mean Arthur Selfer

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SUBSPECIALTY BOARD ON CARDIOVASCULAR DISEAS

OCTOBER 21, 1975

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PORM 100-1-75

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BACKGROUND AND MULTIPLE SECURITY FEATURES. PLEASE VERIFY AUTHENTICITY.	a second constraints
State Of New Jersey	
Department Of Law and Public Safety	
Division of Consumer Affairs	1000 - 1000
Division of Consumer Analis	Ċ
THIS IS TO CERTIFY THAT THE	16.)
Board of Medical Examiners	
HAS REGISTERED	
MARC E. COLMER	
	11
FOR PRACTICE IN NEW JERSEY AS A(N): Medical Doctor	
	4
CARDIOVASCULAR DISEASE/CARDIOL	
	121 192 193 111
05/16/2003 TO 06/30/2005 25MA02472600 VALID LICENSE/REGISTRATION/CERTIFIC/	TION
KTOUTSE	
SIGNATURE OF REGISTRANT DIRECTOR	

PERSONAL INFORMATION WAS REMOVED By NRC. NO COPY OF THIS INFORMATION Was retained by the NRC. This is to acknowledge the receipt of your letter/application dated

1/3/2005, and to inform you that the initial processing which includes an administrative review has been performed.

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** 136491. When calling to inquire about this action, please refer to this control number. You may call us on (610) 337-5398, or 337-5260.

NRC FORM 532 (RI) (6-96) Sincerely, Licensing Assistance Team Leader

	: (FOR LFMS USE) : INFORMATION FROM LTS
BETWEEN:	:
License Fee Management Branch, ARM and Regional Licensing Sections	<pre>Program Code: 02201 Status Code: 0 Fee Category: 7C Exp. Date: 20121031 Fee Comments: Decom Fin Assur Reqd: N</pre>

LICENSE FEE TRANSMITTAL

- A. REGION
- 1. APPLICATION ATTACHED
- Applicant/Licensee:HEART CENTER (THE)Received Date:20050214Docket No:3036098Control No.:136481License No.:29-30763-01Action Type:Amendment
- 2. FEE ATTACHED Amount:
- 3. COMMENTS

Signed Date

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 is entered /\_\_/)

1. Fee Category and Amount: \_\_\_\_\_

License \_\_\_\_\_

3. OTHER \_\_\_\_\_

Signed \_\_\_\_\_\_ Date \_\_\_\_\_