



Shore Memorial Hospital

... a division of Shore Health Services, Inc.™

RECEIVED
REGION 1

'05 FEB 14 P12:50

February 4, 2005

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

Attn: Mike Perkins
Licensing Assistant

Reference: NRC License No. 45-06082-01 03003322
Notification of Selection of Authorized User(s) Under 10CFR35.14

Dear Mr. Perkins:

Our Radiation Safety Committee recently reviewed and approved the following authorized users:

Mark Shaves, M.D., for uses identified in 10 CFR 35.300.

Khadijeh S. Zarkoob, M.D., for uses identified in 10 CFR 35.300.

Both physicians are presently authorized users under NRC License no 45-00131-02.

This is to provide notification of our action. Should there be any questions, please contact Roy F. Heltzel, Jr., our consulting physicist, at 757-410-9051.

Very truly yours

Gene Erb
Senior Vice President
Chief Operating Officer

136482
NMSS/RGNI MATERIALS-002

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

2/4/2005, and to inform you that the initial processing which includes an administrative review has been performed.

Amendment 45-06082-01
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 136482.
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: 20150131
: Fee Comments: CODE 23
: Decom Fin Assur Reqd: N
: ::::::::::::::::::::::::::::::::::::::

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED
Applicant/Licensee: SHORE HEALTH SERVICES, INC.
Received Date: 20050214
Docket No: 3003322
Control No.: 136482
License No.: 45-06082-01
Action Type: Amendment

2. FEE ATTACHED
Amount:
Check No.:

3. COMMENTS

Signed Rebecca J. Ford
Date 2/19/2005

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 _____