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REGION I

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MONTGOMERY HOSPITAL
www.montgomeryhospital.com

February 21, 2005

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

03003157

Subject: Amendment of NRC License No. 37-12110-02 for Addition of Medical
Physicist.

Dear Sir or Madame:

Please amend our NRC license, No. 37-12110-02, to include Shy-ya Lisa Grimm, M.S. as
a qualified medical physicist. Mrs. Grimm is listed as a qualified medical physicist on
Morristown Memorial Hospital's radioactive material license, No. 29-05139-03 (New
Jersey License).

If you have any questions or require any additional information, please contact Carmine
A. Pierno at (610) 270-2192.

Sincerely,

Timothy Casey
Chief Executive Officer

136638

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

2/21/2005, and to inform you that the initial processing which includes an administrative review has been performed.

Amendment 37-12110-02 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 136639.
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
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 :
 BETWEEN: :
 License Fee Management Branch, ARM : Program Code: 02230
 and : Status Code: 0
 Regional Licensing Sections : Fee Category: 7C 2B
 : Exp. Date: 20141130
 : Fee Comments: CODE 23
 : Decom Fin Assur Reqd: N
 :

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED
 Applicant/Licensee: MONTGOMERY HOSPITAL
 Received Date: 20050307
 Docket No: 3003157
 Control No.: 136638
 License No.: 37-12110-02
 Action Type: Amendment

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

3. COMMENTS
 Signed Rebecca Juncal
 Date 3/23/05

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 _____