

■ **MONMOUTH**
■ **MEDICAL CENTER**
An affiliate of the Saint Barnabas Health Care System

RONALD J. DEL MAURO
President and Chief Executive Officer
Saint Barnabas Health Care System

FRANK J. VOZOS, MD, FACS
Executive Director
Monmouth Medical Center
(732) 923-7504
Fax: (732) 923-7511

April 1, 2005
U.S. Nuclear Regulatory Commission, Region I
Licensing Section
475 Allendale Road
King of Prussia, PA 19406-1415

03017015

05
APR -8 A1:52

RECEIVED
REGION I

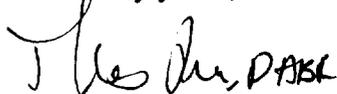
RE: LICENSE NUMBER : 29-08113 -03

Dear Sir:

According to 10 CFR Part 35-Section 35.14, Monmouth Medical Center requests a notification and amendment to our license by removing Hann-Sen Chen, M.S., from our current license. Mr Chen resigned his position as of March 21, 2005.

Please feel free to contact me at 732-923-6811 with any questions.

Sincerely yours,



Thomas Piccoli, DABR
Medical Physicist/Radiation Safety Officer

Sincerely yours,



Bill Arnold
VP Operations

CC: Radiation Safety File

136838

NMCC/RONI MATERIALS-002



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

4/11/2005, and to inform you that the initial processing which includes an administrative review has been performed.

AMEND. 29-08113-03
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 136838.
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 : Program Code: 02230
 and : Status Code: 0
 Regional Licensing Sections : Fee Category: 7C
 : Exp. Date: 20060331
 : Fee Comments: _____
 : Decom Fin Assur Reqd: N
 : ::

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED
 Applicant/Licensee: MONMOUTH MEDICAL CENTER
 Received Date: 20050408
 Docket No: 3017015
 Control No.: 136838
 License No.: 29-08113-03
 Action Type: Amendment

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

3. COMMENTS
 Signed Mr. A. Barbieri
 Date 4/19/05

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 _____