

RECEIVED
REGION 1



BRATTLEBORO
MEMORIAL HOSPITAL

Caring For Our Community

'05 APR 29 AM 10:42

April 22, 2005

US Nuclear Regulatory Commission
Nuclear Materials Safety Branch
Region I
King of Prussia, Pennsylvania 19406

License Number 44-13760-01

030 03294

To Whom It May Concern:

This letter is to request that Michael Resnick MD be added as an authorized user for 35.100 and 35.200. Enclosed are copies of his State of Vermont License, American Board of Radiology and verification of previous approval under the State of Maine at Mount Desert Island Hospital, 10 Wayman Lane, Bar Harbor Maine.

We request that the following authorized users listed on our current license be removed as they no longer employed here: Tina S. Nelson MD, Robert M. Burke MD, Robert Sefczek MD, and Donna Sefczek MD.

Sincerely yours,

Katherine Anderson

Katherine Anderson, Interim CEO

Peter D. Gibbons MD
Peter D. Gibbons, MD RSO

Z:\WordP\NRC\license ammedment.doc

17 BELMONT AVENUE, BRATTLEBORO, VERMONT 05301
Phone 802-257-0341 Fax 802-257-8822

An affiliate of Dartmouth-Hitchcock Medical Center

136978
NMSS/RGNI MATERIALS-002



State of Vermont



The Board of Medical Practice
grants this License as a
Physician

CONDITIONED

Michael D Resnik MD



LICENSE NUMBER 042-0010934 EFFECTIVE 04/06/2005 EXPIRES 11/30/2006
UNDER THE PROVISIONS OF V.S.A. TITLE 26 CHAPTER 23

SPECIAL INSTRUCTIONS



State of Vermont



Physician

CONDITIONED

Michael D Resnik MD



LICENSE NUMBER 042-0010934 EFFECTIVE 04/06/2005
EXPIRES 11/30/2006 TITLE 26 CHAPTER 23

PERSONAL INFORMATION WAS REMOVED
BY NRC. NO COPY OF THIS INFORMATION
WAS RETAINED BY THE NRC.

The American Board of Radiology

Organized through the cooperation of the
American College of Radiology, the American Roentgen Ray Society,
the American Radium Society, the Radiological Society of North America,
the Section on Radiology of the American Medical Association,
the American Society for Therapeutic Radiology and Oncology, the Association of
University Radiologists, and American Association of Physicians in Medicine
Hereby certifies that

Michael David Resnik, MD

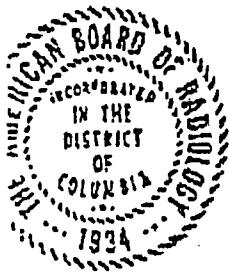
Has pursued an accepted course of graduate study
and clinical work, has met certain standards and qualifications and
has passed the examinations conducted under the authority of

The American Board of Radiology

On this third day of November, 1997

Thereby demonstrating to the satisfaction of the Board
that he is qualified to practice the specialty of

Diagnostic Radiology



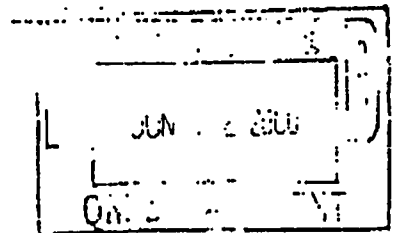
Frank J. Cameron, MD
President

R.P. Hagan, MD
Secretary

W. J. ... A.D.
Executive Director



Certificate No. 35244



**STATE OF MAINE
MATERIALS LICENSE**

Page 1 of 2
License No. 09609
Amendment 19

Pursuant to the Maine Radiation Statutes (22 MRSA 677) and Maine Department of Human Services regulations on radiation (10-144A CMR 220), and in reliance on statements and representations heretofore made by the licensee, a license is hereby issued authorizing the licensee to receive, acquire, possess, and transfer radioactive material as designated below; and to use such radioactive material for the purpose(s) and at the place(s) designated below. This license is subject to all applicable rules, regulations and orders of the Maine Department of Human Services now or hereafter in effect and to any conditions specified below.

1. Name Mount Desert Island Hospital	This license is issued in accordance with correspondence dated: December 23, 2004	
	3. License Number 09609	Amendment Number 19
2. Address 10 Wayman Lane Bar Harbor, Maine 04609	4. Expiration Date January 31, 2010	

- | | | |
|--|---------------------|-----------------------------|
| 5. Radionuclide | 6. Form of Material | 7. Maximum Activity |
| A. Any radioactive material permitted by G.100 | A. Any | A. As needed |
| B. Any radioactive material permitted by G.200 | B. Any | B. As needed |
| C. Any radioactive material permitted by G.300 | C. Any | C. 60 millicuries (2.2 GBq) |

8. Authorized use
- A. Any uptake, dilution and excretion procedure permitted by G.100.
 - B. Any imaging and localization procedure permitted by G.200.
 - C. Any therapy procedure permitted by G.300.

CONDITIONS

- 9. Licensed material may be used or stored only at the licensee's facilities located at 10 Wayman Lane, Bar Harbor, Maine.
- 10. The Radiation Safety Officer for this license is John Benson, M.D.
- 11. Licensed material is only authorized for use by, or under the supervision of:
 - A. Individuals permitted to work as an authorized user in accordance with G.7 and G.8.
 - B. The following individuals are authorized users for medical use:

John M. Benson, M.D.	G.100; G.200; G.300, except oral administration of sodium iodide is limited to quantities less than or equal to 33 millicuries
Michael D. Resnik, M.D.	G.100; G.200

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

4/22/2005, and to inform you that the initial processing which includes an administrative review has been performed.

APPRO. 44-13760-d
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 136978.
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:

License Fee Management Branch, ARM
and
Regional Licensing Sections

: (FOR LFMS USE)
: INFORMATION FROM LTS
: -----
:
: Program Code: 02120
: Status Code: 0
: Fee Category: 7C
: Exp. Date: 20120930
: Fee Comments: _____
: Decom Fin Assur Reqd: N
: ::

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED

Applicant/Licensee: BRATTLEBORO MEMORIAL HOSPITAL
Received Date: 20050429
Docket No: 3003294
Control No.: 136978
License No.: 44-13760-01
Action Type: Amendment

2. FEE ATTACHED

Amount:
Check No.:

3. COMMENTS

Signed M.A. Perkins
Date 5/10/05

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 _____