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May, 12, 2005

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

RE: Amendment of License : 06-30764-02MD
(Current Amendment No. 7), Docket No. 03036179

Dear Mr. Thompson

Advanced Care Medical is requesting that the referenced distribution license be revised to state under Item 1

**Advanced Care Medical
or BrachySciences, World Wide Medical Technologies**

Brachy Sciences, located at the same address, is a newly formed marketing distribution-entity that will solicit orders directly from facilities licensed to utilize I-125 radionuclide seeds for brachytherapy.

World Wide Medical Technologies, located at the same address, is the holder of the CE Mark for European Distribution

Advanced Care Medical will manufacture all brachytherapy delivery systems for shipment by BrachySciences and World Wide Medical Technologies.

Please contact me if you have any questions about this amendment request.

Sincerely,

Wayne W. Richardson
Radiation Safety Officer
Advanced Care Medical
Advanced Care Technologies
115 Hurley Road, Bldg. 3A
Oxford, CT 06478

115 HURLEY ROAD OXFORD, CT 06478
TEL: 203.262.4194 FAX: 203.262.4193

137046
NMSS/RGNI MATERIALS-002

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

5/12/2005, and to inform you that the initial processing which includes an administrative review has been performed.

Amendment 06-30764-02 MD
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** 137046.
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
and
Regional Licensing Sections

: Program Code: 02513
: Status Code: 0
: Fee Category: 3D
: Exp. Date: 20121231
: Fee Comments: _____
: Decom Fin Assur Req'd: N
:.....

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED
Applicant/Licensee: ADVANCED CARE MEDICAL
Received Date: 20050516
Docket No: 3036179
Control No.: 137046
License No.: 06-30764-02MD
Action Type: Amendment

2. FEE ATTACHED
Amount: /
Check No.:

3. COMMENTS

Signed Rebecca Jured
Date 5/17/2005

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 _____