

KENNEDY

MEMORIAL HOSPITALS

University Medical Center

RECEIVED
REGION 1

'05 MAY 16 P1:33

Cherry Hill

2201 Chapel Avenue West
Cherry Hill, NJ 08002
TEL 856-488-6500

Stratford

18 East Laurel Road
Stratford, NJ 08084
TEL 856-346-6000

Washington Township

435 Hurville-Cross Keys Rd.
Turnersville, NJ 08012
TEL 856-582-2500

May 10, 2005

Licensing Assistance Team
Division of Nuclear Materials Safety
U.S. Nuclear Regulatory Commission, Region I
475 Allendale Road
King of Prussia, PA 19406-1415

Re: NRC License No. 29-15459-01 03009149

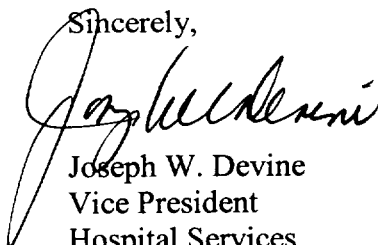
To Whom It May Concern:

Please amend our radioactive materials license to add Locke Barber, D.O. as an Authorized User for materials and use specified in 35.100 and 35.200. Dr. Barber is an Authorized User for these same uses on NRC license number 37-00697-31.

Also, please delete Dr. Arthur Green as an authorized user.

If you have any further questions, please contact Gay Schneeman who is our Nuclear Medicine Supervisor at 856-582-2606.

Sincerely,



Joseph W. Devine
Vice President
Hospital Services
Kennedy Health System

137047
NMSS/RGNI MATERIALS-002

A Kennedy Health Systems Hospital

The Major Teaching Affiliate of the University of Medicine and Dentistry of New Jersey School of Osteopathic Medicine

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

5/10/2005, and to inform you that the initial processing which includes an administrative review has been performed.

- Amendment 24-15459-01 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 137047.
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: 20050731
 : Fee Comments: _____
 : Decom Fin Assur Req'd: N
 : ::

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED
 Applicant/Licensee: KENNEDY MEMORIAL HOSPITALS
 Received Date: 20050516
 Docket No: 3009149
 Control No.: 137047
 License No.: 29-15459-01
 Action Type: Amendment

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

3. COMMENTS

Signed Rebecca J. Ford
 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 _____