



**Gifford Medical Center**  
Dartmouth-Hitchcock Alliance

RECEIVED  
REGION 1

'05 MAY -9 P12:42

Gifford Memorial Hospital  
*Randolph, Vermont*  
Philip D. Levesque  
Medical Office Building  
*Randolph, Vermont*  
Gifford Family Health Center  
*Bethel, Vermont*  
Chelsea Family Health Center  
*Chelsea, Vermont*  
Gifford Valley Health Center  
*Rochester, Vermont*  
South Royalton Health Center  
*South Royalton, Vermont*

April 26, 2005

U.S. NRC Region I  
475 Allendale Road  
King of Prussia, PA 19406-1415

Dear Sir/Madam:

03003295

Re: Request to remove authorized users on License #44-13976-01

We are requesting that the following physicians be removed from our radioactive materials license as authorized users since these two physicians no longer practice at our hospital:

- Dr. James R. Chandler
- Dr. Royal J. Bartrum

If there are any questions about this license amendment, please contact our radiation safety officer, Dr. Robert Naylor at 802-728-2282.

Thank you for considering this request.

Sincerely,

Joseph L. Woodin  
President and CEO

cc: Dr. Robert Naylor, R.S.O.

137015

NMSS/RGNI MATERIALS-002

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

4/26/2005, and to inform you that the initial processing which includes an administrative review has been performed.

AMEND. 44-13976-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 13705.  
When calling to inquire about this action, please refer to this control number.  
You may call us on (610) 337-5398, or 337-5260.

Sincerely,  
Licensing Assistance Team Leader

BETWEEN:

License Fee Management Branch, ARM  
and  
Regional Licensing Sections

: (FOR LFMS USE)  
: INFORMATION FROM LTS  
: -----  
:  
: Program Code: 02121  
: Status Code: 0  
: Fee Category: 7C  
: Exp. Date: 20130531  
: Fee Comments: \_\_\_\_\_  
: Decom Fin Assur Reqd: N  
: ::::::::::::::::::::::::::::::::::::::

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED

Applicant/Licensee: GIFFORD MEDICAL CENTER  
Received Date: 20050509  
Docket No: 3003295  
Control No.: 137015  
License No.: 44-13976-01  
Action Type: Amendment

2. FEE ATTACHED

Amount:             
Check No.:           

3. COMMENTS

Signed M. A. Perkins  
Date 5/15/05

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 \_\_\_\_\_