



KESSLER MEMORIAL HOSPITAL
600 S. White Horse Pike
Hammonton, New Jersey 08037

Tel: 609/ 561-6700 Ext. 5240 Fax: 609/ 561-8370

ACCREDITED BY THE JOINT COMMISSION ON ACCREDITATION OF HEALTH CARE ORGANIZATIONS

RECEIVED
REGION I

05 MAY 9 11:22

DEPARTMENT OF RADIOLOGY

MAY 6, 2005

U.S. NUCLEAR REGULATORY COMMISSION
REGION I
475 ALLENDALE ROAD
KING OF PRUSSIA, PA. 19406-1415

ATTN: SANDRA GABRIEL, SENIOR HEALTH PHYSICIST

Dear Ms. Gabriel:

REQUEST FOR AMENDMENT

At this time, I am requesting changes in our license for William B. Kessler Memorial Hospital. Our license number is 29-11982-01.

03002540

Our Radiation Safety Officer for this license has resigned and will be leaving our institution later this summer. At this time, we would like to install Jonathan Law, our radiation physicist as the Radiation Safety Officer. We respectfully request that this change be completed within sixty (60) days.

Also, we would like to add Dr. Robert Cifers to our license. He is Board Certified Nuclear and is on several hospital licenses. He comes to us from Shore Memorial Hospital and Shore Radiology.

Finally, we would like to remove Dr. Bernard Neff and Dr. Bruce Stratt from our license.

Thanking you in advance for your attention to this matter.

Sincerely,

Sharron Wool, CNMT
Director of Nuclear Medicine

SW/mtb

137021

NMSS/RGNI MATERIALS-002

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

5/6/2005, and to inform you that the initial processing which includes an administrative review has been performed.

AMEND. 29-11982-01 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 137021.
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: 02121
: Status Code: 0
: Fee Category: 7C
: Exp. Date: 20150315
: Fee Comments: _____
: Decom Fin Assur Reqd: N
:.....

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED

Applicant/Licensee: WILLIAM B. KESSLER MEMORIAL HOSP.
Received Date: 20050509
Docket No: 3002540
Control No.: 137021
License No.: 29-11982-01
Action Type: Amendment

2. FEE ATTACHED

Amount: _____
Check No.: _____

3. COMMENTS

Signed M.A. Berlin
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 _____