

RECEIVED  
REGION I

'05 MAY 23 P12:42

**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**  
135 Hurfville-Cross Keys Rd  
Turnersville, NJ 08012  
TEL 856-582-2500

May 16, 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

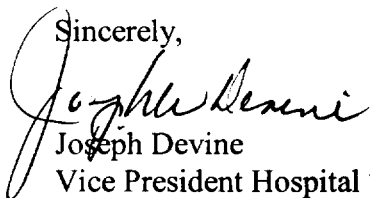
Re: NRC License No. 29-17925-01 03013664

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. Locke Barber, D. O. is an Authorized User for these same uses on NRC license number #37-00697-31 at Jeanes Hospital, Philadelphia, Pennsylvania. In addition, please remove Eugene Klifto as an authorized user.

If you have any further questions please contact Donna McFetridge, who is our Nuclear Medicine Supervisor, at (856)-488-6813.

Sincerely,



Joseph Devine  
Vice President Hospital Services  
Kennedy Health System

137097  
NMSS/RGNI MATERIALS-002

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

5/16/2005, and to inform you that the initial processing which includes an administrative review has been performed.

Amendment 29-17925-01 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

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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 137097.  
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: 20141031  
 : Fee Comments: \_\_\_\_\_  
 : Decom Fin Assur Req'd: N  
 : .....

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED  
 Applicant/Licensee: KENNEDY MEMORIAL HOSPITAL  
 Received Date: 20050523  
 Docket No: 3013664  
 Control No.: 137097  
 License No.: 29-17925-01  
 Action Type: Amendment

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

3. COMMENTS  
 Signed Rebecca Jensen  
 Date 6/11/05

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 \_\_\_\_\_