

SENTARA

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REGION 1

2005 JUN -3 PM 1:43

Sentara Norfolk General Hospital  
600 Gresham Drive  
Norfolk, VA 23507  
www.sentara.com

May 27, 2005

U.S. Nuclear Regulatory Commission  
Region I Office, Division of NMSS  
Attn: Materials Licensing  
475 Allendale Road  
King of Prussia, PA 19406

To whom it may concern,

03003298

I am submitting this notification for license number 45-00131-02 in order to meet the requirements of 10 CFR 35.13(b)(3).

Please be advised that our Radiation Safety Committee has approved the addition of David Weimer, MS as an authorized medical physicist in accordance with 10 CFR 35.51(a). His ABR board certificate is attached.

For more information, please do not hesitate to contact our Radiation Safety Officer, Sandy Wolff, at (757) 388-3030 or pager (888) 341-5703.

Sincerely,



Bruce Holstien  
Senior Vice President  
Administrator, Sentara Norfolk General Hospital

137148  
NMSS/RGNI MATERIALS-002

# The American Board of Radiology

*Organized through the cooperation of the  
American College of Radiology, the American Roentgen Ray Society,  
the American Radium Society, the Radiological Society of North America,  
the Section on Radiology of the American Medical Association,  
the American Society for Therapeutic Radiology and Oncology, the Association of  
University Radiologists, and American Association of Physicists in Medicine*

*Hereby certifies that*

**David Eric Weimer, MS**

*Has pursued an accepted course of graduate study  
and clinical work, has met certain standards and qualifications and  
has passed the examinations conducted under the authority of*

*The American Board of Radiology*

*On this third day of November, 2001*

*Thereby demonstrating to the satisfaction of the Board  
that he is qualified to practice the specialty of*

**Therapeutic Radiologic Physics**



*R.R. Hatten*  
President

*Steven A. Ficht, M.D.*  
Secretary-Treasurer

*M. [Signature]*, M.D.  
Executive Director

ificate No. #1672

# The American Board of Radiology

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the American Society for Therapeutic Radiology and Oncology, the Association of  
University Radiologists, and American Association of Physicists in Medicine  
Hereby certifies that*

**David Eric Weimer**

*Has pursued an accepted course of graduate study  
and clinical work, has met certain standards and qualifications and  
has passed the examinations conducted under the authority of  
The American Board of Radiology*

On this ninth day of June, 1994

*Thereby demonstrating to the satisfaction of the Board  
that he is qualified to practice the specialty of  
Medical Nuclear Physics*



*Lee F. Rogers* President     *John J. Peterson* Secretary     *W. Paul Cunniff* Executive Director     *M.D.*

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

5/27/2005, and to inform you that the initial processing which includes an administrative review has been performed.

Amendment 45-00131-02 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** 137148.  
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: 02240  
: Status Code: 0  
: Fee Category: 7C 2B  
: Exp. Date: 20141231  
: Fee Comments: CODE 23  
: Decom Fin Assur Reqd: N  
:.....

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED

Applicant/Licensee: SENTARA HOSPITALS  
Received Date: 20050603  
Docket No: 3003298  
Control No.: 137148  
License No.: 45-00131-02  
Action Type: Amendment

2. FEE ATTACHED

Amount:       /        
Check No.:       /      

3. COMMENTS

Signed Rebecca Jones  
Date 6/10/2005

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 \_\_\_\_\_