



UNDERWOOD-MEMORIAL HOSPITAL

Partners with  *Jefferson Health System*

Office of the President

May 25, 2005

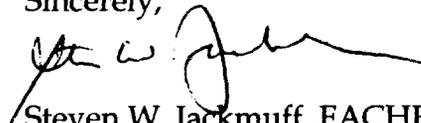
USNRC
Region I
Division of Materials Licensing
King of Prussia, PA 19406

Re: License No. 29-18346-01 03014893

Underwood-Memorial Hospital requests an amendment to its license naming Marcus Whitley, M.D. as the RSO. Dr. Whitley has the support of a consultant medical physicist, Jonathan Law, DABR, DABMP for radiation safety matters concerning radiation oncology.

Please contact Jonathan Law (609) 652-3409 if there are any questions concerning this request.

Sincerely,



Steven W. Jackmuff, FACHE
President & CEO

RECEIVED
REGION I
2005 JUN - 6 PM 1:05

137160
NMSS/RGNI MATERIALS-002

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

5/25/2005, and to inform you that the initial processing which includes an administrative review has been performed.

Amendment 29-18346-01
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** 137160.
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: 02120
: Status Code: 0
: Fee Category: 7C
: Exp. Date: 20110430
: Fee Comments: CODE 23
: Decom Fin Assur Req: N
:

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED

Applicant/Licensee: UNDERWOOD-MEMORIAL HOSPITAL
Received Date: 20050606
Docket No: 3014893
Control No.: 137160
License No.: 29-18346-01
Action Type: Amendment

2. FEE ATTACHED

Amount: /
Check No.: /

3. COMMENTS

Signed *Abigail J. Wood*
Date 6/15/05

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 _____