

Holy Name Hospital

Member
NewYork-Presbyterian Healthcare System
Affiliate: Columbia University College of Physicians & Surgeons

718 Teaneck Road | Teaneck, New Jersey 07666
Tel: 201-833-3000 | www.holyname.org

May 27, 2005

RECEIVED
REGION 1

2005 JUN -9 PM 2:01

Pamela J. Henderson, Chief
Nuclear Materials Safety Branch 1
Division of Nuclear Materials Safety
US Nuclear Regulatory Commission, Region 1
475 Allendale Road
King of Prussia, PA 19406-1415

Re: Holy Name Hospital
License No. 29-03382-01⁰⁵ 03002472

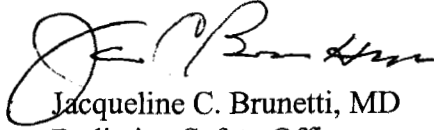
Dear Ms. Henderson:

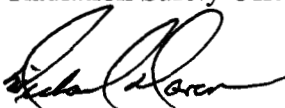
We are requesting that the following authorized medical physicist be removed from our license:

Venkat Kanamulla, Ph.D.

If you need any additional information, please contact me at the phone number listed above.

Sincerely,


Jacqueline C. Brunetti, MD
Radiation Safety Officer


Michael Maron
President and CEO

JCB/MM:md

OUR MISSION: We are a community of caregivers committed to a ministry of healing, embracing the tradition of Catholic principles, the pursuit of professional excellence, and conscientious stewardship. We help our community achieve the highest attainable level of health through education, prevention, and treatment.

137178
NMSS/RGNI MATERIALS-002

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 29-03382-01
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 137178.
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.

NRC FORM 532 (RI)
(6-98)

Sincerely,
Licensing Assistance Team Leader

(FOR LFMS USE)
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

: Program Code: 02230
: Status Code: 0
: Fee Category: 7C_2B
: Exp. Date: 20120131
: Fee Comments: _____
: Decom Fin Assur Req: N
:

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED

Applicant/Licensee: HOLY NAME HOSPITAL
Received Date: 20050609
Docket No: 3002472
Control No.: 137178
License No.: 29-03382-01
Action Type: Amendment

2. FEE ATTACHED

Amount: /
Check No.: /

3. COMMENTS

Signed *Melissa Jensen*
Date 6/16/2005

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 _____