

# Cardiovascular Associates of the Delaware Valley, P.A.

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*Diagnostic and Interventional Cardiology  
Diplomates of the American Board of Internal Medicine & Cardiology*

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Steven E. Silver, M.D.  
Kartik S. Giri, M.D.  
*Emeritus*  
Jack J. Klein, M.D., F.A.C.C.

May 24, 2005

U.S. Nuclear Regulatory Commission  
U.S. Region One  
475 Allendale Road, Mail Stop 31790  
King of Prussia, Pennsylvania 19406

RE: License #29-30490-01 03034907

To Whom It May Concern:

I am currently the radiation safety officer of Cardiovascular Associates of the Delaware Valley with three sites designated Haddon Heights, Washington Township, and Elmer.

I am writing a letter to you to change the radiation safety officer from myself to Dr. Steven Silver. Dr. Steven Silver is fully credentialed and board certified in Nuclear Cardiology as well. He has been an authorized user on our current license.

I am requesting that he be placed as the radiation safety officer and that my name be placed as an authorized user.

Thank you for your consideration in this matter.

Sincerely,

Phillip A. Koren, M.D., F.A.C.C.

PAK:fma  
T:05/03/05

2005 JUN 13 PM 12:44  
RECEIVED  
REGION 1

137202  
NMSS/RGNI MATERIALS-002

[ ] Mark 70, Suite 104-108  
Route 70 & I-295  
Cherry Hill, NJ 08034  
(856) 795-2227  
FAX (856) 795-7436

✓ [ ] The Heart House  
210 West Atlantic Ave.  
Haddon Heights, NJ 08035  
(856) 546-3003  
FAX (856) 547-5337

[ ] Washington Pavilions  
100 Kingsway East, Suite D-3  
Sewell, NJ 08080  
(856) 582-2000  
FAX (856) 582-2061

[ ] 525 State Street, Suite 3  
PO Box 1187  
Elmer, NJ 08318  
(856) 358-2363  
FAX (856) 358-0725

[ ] The West Jersey Health Center  
485 Williamstown-New Freedom Rd.  
Sicklerville, NJ 08081  
(856) 237-8183

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

5/24/2005, and to inform you that the initial processing which includes an administrative review has been performed.

☒ Amendment 29-30490-01  
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 137202.  
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: 02201  
 and : Status Code: 0  
 Regional Licensing Sections : Fee Category: 7C  
 : Exp. Date: 20090331  
 : Fee Comments: \_\_\_\_\_  
 : Decom Fin Assur Req'd: N  
 : ::::::::::::::::::::::::::::::::::::::

LICENSE FEE TRANSMITTAL

A. REGION **I**

1. APPLICATION ATTACHED  
Applicant/Licensee: CARDIOVA. ASSOC. OF THE DELAWARE  
Received Date: 20050610  
Docket No: 3034907  
Control No.: 137202  
License No.: 29-30490-01  
Action Type: Amendment

2. FEE ATTACHED  
Amount:           /            
Check No.:                     

3. COMMENTS

Signed Rebecca J. J. J.  
Date 6/22/2005

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 \_\_\_\_\_