

JEFFERSON
REGIONAL MEDICAL CENTER

RECEIVED
REGION 1

2005 JUN 16 PM 12:36

June 8, 2005

USNRC
REGION I
Steve Cortemanche
Nuclear Materials Section I
475 Allendale Road
King of Prussia, Pa. 19406

Dear Mr. Steve Cortemanche,

This letter is to request an amendment to our Byproduct Material License No.37-18404-01, Docket No. 030-15015. We would like to remove Dr. Wan Jo Kim from our Byproduct Material License, as Dr. Kim has resigned from his duties as Radiation Safety Officer and here at Jefferson Regional Medical Center.

The Radiation Safety Committee has appointed Dr. Sheng L. Shaw as our new Radiation Safety Officer. Dr Shaw is already on our Byproduct Material License. We just need this to be changed at your convenience.

Should you have any questions or require further information, please call Tony Massaro, Manager of Nuclear medicine at (412) 469-7386.

Thank you,



Janet Cipullo, Vice President
Professional Services, Corporate Administrations

TM/jab

137223
NMSS/RGNI MATERIALS-002

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

6/8/2005, and to inform you that the initial processing which includes an administrative review has been performed.

☒ Amendment 37-18404-01 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** 137223.
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: 20110131
 : Fee Comments: CODE 23
 : Decom Fin Assur Req'd: N
 : ::::::::::::::::::::::::::::::::::::::

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED

Applicant/Licensee: JEFFERSON REGIONAL MEDICAL CENTER
Received Date: 20050616
Docket No: 3015015
Control No.: 137223
License No.: 37-18404-01
Action Type: Amendment

2. FEE ATTACHED

Amount: /
Check No.: /

3. COMMENTS

Signed *Jefferson*
Date 6/28/2005

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 _____