U.S. NUCLEAR REGI	JLATORY COMMISSION	Date: 10/2/06
TELEPHONE CON	VERSATION RECORD	Time: 11:00 a.m.
Mail Control 139469 or Report No(s).	License No(s). 29-07566-01	Docket No(s). 03002502
Name of Licensee:	Saint Peter's University Hospital	
Name of Participant(s):	Bapu Kamble, Radiation Safety Office	cer, Staten Island Univ. Hosp.
Telephone No.	718-226-8770	
Subject: (NOTE: This will be used as the Documents Title in ADAMS)	Confirmation of proposed physicist's	HDR experience
Summary:	License provided a copy of New Yor for Staten Island University Hospital, physicist. New York licenses do not physicist is authorized. Mr. Kamble as authorized medical physicist for Hospital.	showing Liliya Fridman as a therapy indicate for which modalities the confirmed that Ms. Fridman served
Action Required:	Issue expedited amendment.	
Document Availability:	X Publicly Available	Non-Publicly Available
X Non-Sensitive	Non-Sensitive Copyright Ser	nsitive Sensitive Copyright
Immediate Release	X Normal Release	Delay Release Date
Prepared & SUNSI Review Completed	By: S. Gabriel	RA / Date: 10/2/06