

**COLLEEN CAROL CASEY
MATERIALS LICENSING BRANCH
UNITED STATES NUCLEAR REGULATORY COMMISSION**

REGION III
2443 WARRENVILLE ROAD STE 210
LISLE, ILLINOIS 60532-4352
OFFICE: (630)-829-9841 FAX: (630) 829-9782 or (630) 515-1259

CONVERSATION RECORD

|TIME

|DATE

ACTUALLY FAXED? YES.

Dec. 21, 2006

NAME OF PERSON(S) CONTACTED

ORGANIZATION

TELEPHONE NO.

Charles S. Narayanan, M.S., RSO for Reid Hospital & Health Care Services 765-983-3168
Fax: 765-983-3275

SUBJECT

License No.: **13-03284-02**

Control No.: 315738

SUMMARY

We have reviewed your letter dated September 20, 2006, requesting an amendment to your byproduct materials license and find that we need additional information as follows:

Your letter requests adding Shiv P. Srivastava as an Authorized Medical Physicist (AMP) to your license. However, your license does not authorize a modality (such as an HDR device or Gamma Knife, for example) requiring an AMP to be named to your license and, in fact, no AMP is named to your license now.

Therefore, I am voiding your request as no other action can be taken to process this amendment.

PLEASE DIRECT ANY QUESTIONS YOU MAY HAVE TO ME AT 630-829-9841.

In accordance with 10 CFR 2.390 of the NRC's "Rules of Practice," a copy of this record will be available electronically in the NRC Public Document Room or from the Publicly Available Records (PARS) component of NRC's document system (ADAMS). The NRC's document system is accessible from the NRC Web site at <http://www.nrc.gov/reading-rm/adams.html>.

ACTION REQUIRED

NONE.

NAME OF PERSON DOCUMENTING CONVERSATION

SIGNATURE

DATE

Colleen Carol Casey



Dec. 21, 2006

CCK

TRANSMISSION VERIFICATION REPORT

TIME : 12/21/2006 17:23
NAME : USNRC
FAX : 6308299782
TEL : 6308299782

DATE, TIME
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DURATION
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OK
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NRC FORM 386 (R11)
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UNITED STATES
NUCLEAR REGULATORY COMMISSION
REGION III
2443 Warrenville Road, Suite 210
Lisle, Illinois 60532-4352

TELEFAX TRANSMITTAL

DATE: 12/21/06

NUMBER OF PAGES: 2
(including this page)

SEND TO: CHARLES S. NARAYANAN, MS

LOCATION: REID HOSPITAL

FAX NUMBER: 765-983-3275 **VERIFY BY CALLING SENDER**

FROM: (SENDER) COLLEEN CAROL CASEY

TELEPHONE NUMBER: 630-829-9841 FAX NUMBER: 630-829-9782

If you do not receive the complete fax transmittal, please contact the sender as soon as possible at the telephone number provided above.

MESSAGE

Please see attached telephone record,