

From: Michelle Simmons
Sent: Monday, January 05, 2009 11:04 AM
To: Rovazzi@aol.com
Subject: HACKETTSTOWN REGIONAL MEDICAL CENTER Deficiency Letter Mail Control Number 142965

License No.: 29-16585-01
Docket No: 03011347
Control No: 142965

To Whom it May Concern:

You requested authorization for John A. Werring, M.D., for materials permitted under 10 CFR 35.100 and 35.200.

As discussed over the telephone, due to changes in NRC regulations, the ABR certification submitted for Dr. Werring is not recognized by the NRC under 10 CFR Part 35. Beginning in June 2006, ABR certificate in Diagnostic Radiology is acceptable only if "AU eligible" appears above the ABR seal.

Dr. Werring can enroll in a course given by ABR and once Dr. Werring passes the course, ABR will reissue his certificate with the "AU eligible" above the ABR seal. Alternatively, you may choose to resubmit Form 313A (AUD) (please fill out sections 3a and 3b on pages 2-3, demonstrating that the number of hours in classroom/lab training plus supervised work experience totaled 700 and included at least 80 classroom/lab, and all listed elements were included in the training) detailing Dr. Werring's T&E and have it signed by a preceptor with the same authorization as requested (page 4, "Part II Preceptor Attestation").

Please provide this information as soon as possible. Please fax your signed response to 610-337-5269, referencing mail control number 142965. A copy of this form can be obtained from the NRC website at: [http://www.nrc.gov/reading-rm/doc-collections/forms/nrc313a\(aud\).pdf](http://www.nrc.gov/reading-rm/doc-collections/forms/nrc313a(aud).pdf)

Please note that you may not reply to this letter by return e-mail. Your reply must be in writing by letter or facsimile (610-337-5269). If we do not receive a reply from you within 30 calendar days from the date of this e-mail, we will assume that you do not wish to pursue your amendment.

We appreciate your patience and attention to detail in documenting compliance with these complex, new training and experience requirements for authorized users. Thank you for your help. If you have any questions, you may send an e-mail or call me at 610-337-6921.

Michelle Simmons
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E-mail Properties

Mail Envelope Properties ()

Subject: HACKETTSTOWN REGIONAL MEDICAL CENTER Deficiency Letter

Mail Control Number 142965

Sent Date: 1/5/2009 10:49:12 AM

Received Date: 1/5/2009 11:04:00 AM

From: Michelle Simmons

Created By: Michelle.Simmons@nrc.gov

Recipients:

Rovazzi@aol.com (Rovazzi@aol.com)

Tracking Status: None

Post Office:

Files	Size	Date & Time
MESSAGE	7556	1/5/2009

Options

Expiration Date:

Priority: olImportanceNormal

ReplyRequested: False

Return Notification: False

Sensitivity: olNormal

Recipients received: