

P.O. Box 789
50 Hospital Hill Road
Sharon, CT 06069
860-364-4141
FAX 860-364-4011



SHARON
HOSPITAL

July 7, 2010

USNRC Region I Office
NMSS, Medical Licensing
475 Allendale Road
King of Prussia, PA 19406

03001272

Re: Amendment request for Materials License #06-08020-02

Dear Sir or Madam:

The following documentation serves to request an amendment for the Radioactive Materials License of Sharon Hospital.

Please remove the following the Users:

Lee S. Marcus, M.D.
David A. Wolin, M.D.
Joel Canter, M.D.

Please add the following Users and attached find a copy of each license.

Michael Kauff, M.D.
David Krakowski, M.D.
Jon Lewis, M.D.
Benjamin Hentel, M.D.

In addition, please remove Mr. Charles Therrien, President & CEO as of July 1, 2010 and add Mr. Steve Wylie, Interim President and CEO of Sharon Hospital.

We appreciate your efforts in reviewing this amendment request and we look forward to a continued safe and effective program with radioactive materials. If you have any questions or desire additional information, please contact Cathy Riley, (860)-364-4458.

Respectfully submitted,

Steve Wylie
Interim President & CEO

Br. 1

RECEIVED
MATERIALS
2010 JUL 12 PM 1:17

573121

NMSS/RGN1 MATERIALS-002

0013311 FP **PRGRT T6 0 1664 12601

BENJAMIN M. HENTEL
DRA IMAGING, PC
1 COLUMBIA STREET, 1ST FLOOR
POUGHKEEPSIE NY 12601

Dear Licensed/Certified Professional,
Attached you will find your validated license/certification for the coming year. Should you have any questions about your license/certificate renewal, please do not hesitate to write or call:

Department of Public Health (800) 509-7603
P.O. Box 340308
M.S.#12MQA <http://www.dph.state.ct.us>
Hartford, CT 06134-0308

Sincerely,

J. ROBERT GALVIN, MD, MPH, COMMISSIONER
DEPARTMENT OF PUBLIC HEALTH

INSTRUCTIONS:

1. Detach and sign each of the cards on this form.
2. Display the large card in a prominent place in your office or place of business.
3. The wallet card is for you to carry on your person. If you do not wish to carry the wallet card, place it in a secure place.

4. The employer's copy is for persons who must demonstrate current licensure/certification in order to retain employment or privileges. The employer's card is to be presented to the employer and kept by them as a part of your personnel file. Only one copy of this card can be supplied to you.

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

PURSUANT TO THE PROVISIONS OF THE GENERAL STATUTES OF CONNECTICUT
THE INDIVIDUAL NAMED BELOW IS LICENSED
BY THIS DEPARTMENT AS A

PHYSICIAN/SURGEON

BENJAMIN M. HENTEL

LICENSE NO.
047721
CURRENT THROUGH
12/31/10
VALIDATION NO.
03-982540

SIGNATURE

COMMISSIONER

EMPLOYER'S COPY

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

NAME

BENJAMIN M. HENTEL

VALIDATION NO.
03-982540

LICENSE NO.
047721

CURRENT THROUGH
12/31/10

PROFESSION

PHYSICIAN/SURGEON

SIGNATURE

COMMISSIONER

WALLET CARD

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

NAME

BENJAMIN M. HENTEL

VALIDATION NO.
03-982540

LICENSE NO.
047721

CURRENT THROUGH
12/31/10

PROFESSION

PHYSICIAN/SURGEON

SIGNATURE

COMMISSIONER

0017619 FP **PRBRT T5 0 1564 12601

DAVID M. KRAKOWSKI
DBA IMAGING PC
1 COLUMBIA ST 1ST FL
POUGHKEEPSIE NY 12601

Dear Licensee/Certification Holder:

Attached you will find your requested license/certification for the coming year. Should you have any questions about your license/certification renewal, please do not hesitate to write or call:

Department of Public Health (888) 686-7663
P.O. Box 35800
Hartford, CT 06135-0000
<http://www.dph.state.ct.us>

Sincerely,
[Signature]
Commissioner

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STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

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BY THIS DEPARTMENT AS A

PHYSICIAN/SURGEON

DAVID M. KRAKOWSKI

LICENSE NO.
047769
CURRENT THROUGH
10/31/10
VALIDATION NO.
03-986022

[Signature]
SIGNATURE

[Signature]
COMMISSIONER

EMPLOYER'S COPY

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

NAME
DAVID M. KRAKOWSKI

VALIDATION NO. 03-986022 LICENSE NO. 047769 CURRENT THROUGH 10/31/10

PROFESSION
PHYSICIAN/SURGEON

[Signature]
SIGNATURE

[Signature]
COMMISSIONER

WALLET CARD

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

NAME
DAVID M. KRAKOWSKI

VALIDATION NO. 03-986022 LICENSE NO. 047769 CURRENT THROUGH 10/31/10

PROFESSION
PHYSICIAN/SURGEON

[Signature]
SIGNATURE

[Signature]
COMMISSIONER

0001606 FP **PRSR T6 0 0954 06068

MICHAEL K. KAUFF MD



Dear Licensed/Certified Professional,
Attached you will find your validated license/certification for the coming year. Should you have any questions about your license/certificate renewal, please do not hesitate to write or call:

Department of Public Health (860) 509-7603
P.O. Box 340308
M.S.#12MQA http://www.dph.state.ct.us
Hartford, CT 06134-0308

Sincerely,

J Robert Galvin, MD, MPH, MBA

J. ROBERT GALVIN, MD, MPH, COMMISSIONER
DEPARTMENT OF PUBLIC HEALTH

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STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

PURSUANT TO THE PROVISIONS OF THE GENERAL STATUTES OF CONNECTICUT
THE INDIVIDUAL NAMED BELOW IS LICENSED
BY THIS DEPARTMENT AS A

PHYSICIAN/SURGEON

MICHAEL K. KAUFF MD

LICENSE NO.
013923
CURRENT THROUGH
05/31/10
VALIDATION NO.
03-839279

[Signature]
SIGNATURE

J Robert Galvin, MD, MPH, MBA
COMMISSIONER

EMPLOYER'S COPY

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

NAME
MICHAEL K. KAUFF MD

VALIDATION NO. LICENSE NO. CURRENT THROUGH
03-839279 013923 05/31/10

PROFESSION
PHYSICIAN/SURGEON

[Signature]
SIGNATURE

J Robert Galvin, MD, MPH, MBA
COMMISSIONER

cc

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

7/7/2010, and to inform you that the initial processing which includes an administrative review has been performed.

Amendment (06-08020-02)
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** 573121.
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.