

From: [Lanzisera, Penny](#)
To: ruth.shanley@wchn.org
Subject: Request for Additional Information
Date: Tuesday, January 12, 2016 4:51:00 PM

Danbury Hospital
L.N. 06-08544-01
D.N. 03001274
Mail Control 589638

In support of your request to name Dr. Zikria to your license for 35.100, 35.200, and SirSpheres; please submit a copy of his Board Certificate and one of the following to support his Interventional Radiology training:

- a) American Board of Radiology certification in diagnostic radiology and subspecialty certification in interventional radiology; or
- b) One year of supervised clinical experience in interventional radiology

You may email a signed pdf including the above information to my attention. If we do not receive a response from you within 30 days, we will consider that you no longer require the addition and void the request.

Thank you for your assistance,

Penny Lanzisera
US NRC, Region I