

**From:** [Lanzisera, Penny](#)  
**To:** [dberkley@ccmh.org](mailto:dberkley@ccmh.org)  
**Subject:** Request for Additional Information  
**Date:** Friday, March 10, 2017 9:42:00 AM

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Licensee: Camden Clark Medical Center  
License No. 47-09772-02  
Docket No. 03003390  
Mail Control 593022

Mr. Berkley,

In order to complete our review of Dr. Kowalok, please provide evidence that he has completed (or will complete prior to use) training on the operating and emergency procedures for your HDR unit.

You may send a signed pdf to my attention via email. Thank you for your assistance,

Penny Lanzisera  
Senior Health Physicist  
US NRC, Region I