

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

Licensee: Camden Clark Medical Center
License No. 47-09772-02
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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