

**From:** [Lanzisera, Penny](#)  
**To:** [Zarger, Lee A.](#)  
**Subject:** Request for Additional Information  
**Date:** Friday, December 22, 2017 1:28:00 PM

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Licensee: New Milford Hospital  
License No. 06-17892-01  
Docket No. 03013596  
Mail Control 601957

Ms. Zarger, in order to complete our request to add Drs. Spera and Sanghavi to your license, please submit training in device operation, safety procedures, and clinical use for a Varian unit provided by either the vendor or by an authorized user or authorized medical physicist listed on your license.

You may respond either via signed pdf sent to my email or via fax to 610-337-5269. Please refer to Mail Control No. 601957 in your response. Thank you for your assistance,

Penny Lanzisera  
Senior Health Physicist  
U.S. NRC, Region I