

From: [Lanzisera, Penny](#)
To: [Berkley, Daniel](#)
Subject: Request for Additional Information
Date: Friday, May 11, 2018 2:12:00 PM

Licensee: Camden Clark Memorial Hospital Corporation
License No. 47-09772-02
Docket No. 03003390
Mail Control 602493

With regards to your request to add Mr. Mange to your license as a physicist (AMP), please provide the following additional information:

1. Clarify his first name – P. Scott or Scott P.
2. Confirm that a current AMP will provide training on your procedures prior to his use of the device

You may respond via email to my attention.

Thank you for your assistance,

Penny Lanzisera
Senior HP, U.S. NRC, RI