

From: [Lanzisera, Penny](#)
To: jmenzel@wtbyhosp.org
Subject: Request for Additional Information for License Amendment
Date: Monday, October 01, 2018 1:11:00 PM

Licensee: Waterbury Hospital
License No. 06-02406-01
Docket No. 03001251
Mail Control No. 609805

Ms. Menzel,

To complete our review of your request to add Dr. Girard to your license, please provide the following:

1. A copy of the license or permit listing the preceptor, Dr. Siegel.
2. NRC Form 313A (AUT), or equivalent, and preceptor statement providing Dr. Girard's training and experience for therapeutic uses. The form may be found at [https://www.nrc.gov/reading-rm/doc-collections/forms/nrc313a\(aut\).pdf](https://www.nrc.gov/reading-rm/doc-collections/forms/nrc313a(aut).pdf).

You may either email a signed pdf with the requested information or fax the information to 610-337-5269. Please refer to Mail Control No. 609805 in your response. Please contact me with any questions,

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