

From: [Lanzisera, Penny](#)
To: george.pavlonnis@midhosp.org
Subject: Request for Additional Information
Date: Monday, November 26, 2018 9:44:00 AM

Licensee: Middlesex Hospital
License No. 06-00649-03
Docket No. 03001242
Mail Control No. 610425

Dear Mr. Pavlonnis:

Please provide the following additional information to support your request dated October 31, 2018:

1. With regards to Dr. Oh, please provide a revised preceptor attestation statement with the use in the 3rd and 4th sections noted (e.g, HDR checked). In addition, the board certificate from the ABR has been submitted to our headquarters office for review since the certificate layout has changed from that approved and found on the website at nrc.gov.
2. With regards to Mr. Pelletier, please provide the following:
 - a. A copy of the transcript and diploma from East Carolina University documenting completion of the degree in Medical Physics. In addition, if Mr. Pelletier has passed Part 1 of the ABR exam, a copy documenting completion may be submitted.
 - b. A copy of the license or permit listing the supervising user, Dr. McLawhorn, as an AMP for HDR.
 - c. A revised preceptor attestation statement with the use in the 3rd section noted (e.g, HDR checked).

Please submit the above information to my attention either via signed pdf sent to my email or via fax to 610-337-5269. Please include Mail Control No. 610425 in your reply. Thank you for your assistance. If we do not receive a reply within 30 days, we will consider that you no longer require the requested additions, and void your request.

Penny Lanzisera
Senior HP, US NRC Region I