

**From:** [Lanzisera, Penny](mailto:Lanzisera.Penny)  
**To:** [mmink@biomedphysics.com](mailto:mmink@biomedphysics.com)  
**Subject:** Request for Additional Information for AMPs  
**Date:** Monday, February 11, 2019 3:12:00 PM

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Licensee: Greenwich Hospital Association  
License No. 06-09522-01  
Docket No. 03001276  
Mail Control No. 611246

Dear Mr. Mink, to continue our review of your request to add two physicists to your license please submit a copy of the New York and New Jersey licenses listing the physicists. In addition, please provide documentation to support completion of training on your operating and emergency procedures for both physicists for your therapy device.

You may forward your response to my attention either via a signed pdf sent via email or via fax to 610-337-5269. Please reference Mail Control No. 611246 in your response. Thank you for your assistance,

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