

SAINT BARNABAS
HEALTH CARE SYSTEM
Newark Beth Israel Medical Center



RONALD J. DEL MAURO
 President and Chief Executive Officer
 Saint Barnabas Health Care System

November 8, 2004

Mr. Thomas K. Thompson
 Licensing Assistant Section
 Nuclear Materials Safety Branch
 U.S. Nuclear Regulatory Commission, Region 1
 475 Allendale Road
 King of Prussia, PA 19406-1415

Re: 29-00102-07 **030-20802**

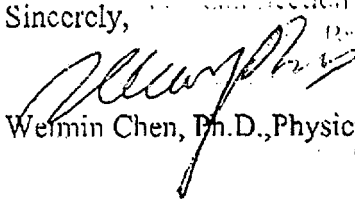
Dear Mr. Thompson,

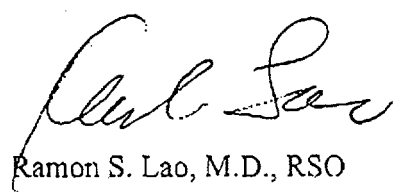
We are requesting the addition of John Sakellakis, M.S. to our authorized physicist list. Mr. Sakellakis is currently on the NRC license of Clara Maass Medical Center in New Jersey.

If you have any questions, please feel free to contact: Weimin Chen, Ph.D., Chief Physicist at (973)926-6965.

Thank you very much.

Sincerely,


 Weimin Chen, Ph.D., Physicist


 Ramon S. Lao, M.D., RSO

If you have any questions, please feel free to contact: Weimin Chen at (973)926-6965.

135978
NMSS/RGNI MATERIALS-002

This is to acknowledge the receipt of your letter/application dated

11/8/2004, and to inform you that the initial processing which includes an administrative review has been performed.

☒ There were no administrative omissions. Your application was assigned to a technical reviewer. Please note that the technical review may identify additional omissions or require additional information.

☐ Please provide to this office within 30 days of your receipt of this card

A copy of your action has been forwarded to our License Fee & Accounts Receivable Branch, who will contact you separately if there is a fee issue involved.

Your action has been assigned Mail Control Number 135978.
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

: (FOR LFMS USE)
: INFORMATION FROM LTS
: -----
:
: Program Code: 02230
: Status Code: 0
: Fee Category: 7C
: Exp. Date: 20131031
: Fee Comments: 7C EFF 9/20/93
: Decom Fin Assur Req'd: N
: ::::::::::::::::::::::::::::::::::::::

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED

Applicant/Licensee: NEWARK BETH ISRAEL MEDICAL CTR.
Received Date: 20041111
Docket No: 3020802
Control No.: 135978
License No.: 29-00102-07
Action Type: Amendment

2. FEE ATTACHED

Amount: /
Check No.: /

3. COMMENTS

Signed Rebecca J. Ford
Date 11/12/2004

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 is entered /__/)

1. Fee Category and Amount: _____

2. Correct Fee Paid. Application may be processed for:

Amendment _____
Renewal _____
License _____

3. OTHER _____

Signed _____
Date _____