



MEADVILLE
MEDICAL
CENTER

U. S. Nuclear Regulatory Commission
475 Allendale Road
King of Prussia, PA 19406

03003027

RE: License Number 37-02847-01

Dear Sir or Madam:

I am Writing to request the removal of Dr. Charles A Young, M.D (RSO) from the Radioactive Material License No. 37-02847-01 for Meadville Medical Center effective December 12, 2004. Dr. Frederick McDermott, M.D. will take the position of Radiation Safety Officer effective December 12, 2004. This change was approved by a unanimous vote at the Radiation Safety Committee meeting. Dr Charles A. Young, M.D. will no longer provide services for our facility.

Thank you for your cooperation.

Sincerely,

David E. McNamara M.D.
Medical Director
Meadville Medical Center

11/10/04

RECEIVED
REGION 1

NOV 17 P12:54
'04

135997

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

11/10/2008, and to inform you that the initial processing which includes an administrative review has been performed.

☒ AMEND. 37-02847-01
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 135997.
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.

Sincerely,
Licensing Assistance Team Leader

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

: (FOR LFMS USE)
: INFORMATION FROM LTS
: -----
:
: Program Code: 02120
: Status Code: 0
: Fee Category: 7C
: Exp. Date: 20050731
: Fee Comments: _____
: Decom Fin Assur Req'd: N
:

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED

Applicant/Licensee: MEADVILLE MEDICAL CENTER
Received Date: 20041117
Docket No: 3003027
Control No.: 135997
License No.: 37-02847-01
Action Type: Amendment

2. FEE ATTACHED

Amount: _____
Check No.: _____

3. COMMENTS

Signed M.A. Perkins
Date 11/2/04

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 _____