

RECEIVED
REGION I

12/6/04
Nuclear Regulatory Commission
475 Allendale Road
King of Prussia, PA 19406-1415

'04 DEC -7 AM 10:35

RE: radioactive materials license number 45-25208-01

03032823

REQUEST FOR AMENDMENT

Dear Sir or Madam:

This correspondence is intended to request an amendment to the above referenced license.
Please amend the following conditions.

Condition 11

Delete: Patricia A. Nahormek, MD

ADD: Leo O'Connell, M.D.

Condition 12

DELETE: Patricia A. Nahormek, M.D.

ADD:

Authorized User	Materials and Uses
Leo O'Connell, M.D.	Medical uses identified in 35.200 (except generators and radioactive gases).

I have enclosed documentation to show experience and competency of Leo O'Connell, M.D.

Should you need any further assistance, please contact me at 757-825-9268.

Sincerely,

J.P. Jones, M.D.

J.P. Jones, M.D., President
Tidewater Heart Institute
2115 Executive Drive
Hampton, VA 23666

136094

NMSS/RGNI MATERIALS-002

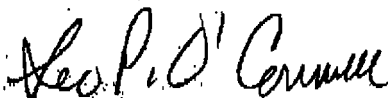
12/2/04

Memo To: Radiation Safety Officer
From: J.P. Jones, M.D., President
Subject: Delegation of Authority

You, Leo O'Connell, M.D., have been appointed Radiation Safety Officer and are responsible for ensuring the safe use of radiation. You are responsible for managing the radiation protection program: identifying radiation protection problems; initiating, recommending or providing corrective actions; verifying implementation of corrective actions; stopping unsafe activities; and ensuring compliance with regulations. You are hereby delegated the authority necessary to meet those responsibilities, including prohibiting the use of radioactive material by employees who do not meet the necessary requirements and shutting down operations where justified by radiation safety. You are required to notify management of situations where staff are not cooperating and addressing radiation safety issues. In addition, you are free to raise issues with the Virginia Department of Health, Radiological Health Program or Nuclear Regulatory Commission at any time. You will directly manage the radiation safety program and be physically present at this facility (and any other use locations listed in the Radioactive Materials License) whatever time as may be necessary to ensure that the radiation protection activities are performed.



J. P. Jones, M.D., President

Signature of Management Representative / Print or Type Name / TitleI accept the above responsibilities, 

Leo O'Connell, M.D.

12/2/04

To Whom it may concern:

Tidewater Heart Institute
2116 Executive Drive
Hampton, VA 23666

Has authorization to use my name to be listed as an authorized user and
Radiation Safety Officer on Virginia Radioactive materials license
VA-025-077 and NRC Radioactive materials license # 45-25208-01.

(X) Leo P. O'Connell M.D.

Leo O'Connell, M.D.

The American Board of Radiology

*Organized through the cooperation of the
American College of Radiology, the American Roentgen Ray Society,
the American Radium Society, the Radiological Society of North America,
the Section on Radiology of the American Medical Association
and the American Society of Therapeutic Radiologists
Hereby certifies that*

A TRUE COPY

Sue A. Anderson
Notary Public

My commission expires 12/17/88.

I was commissioned Sue A. Chenault.

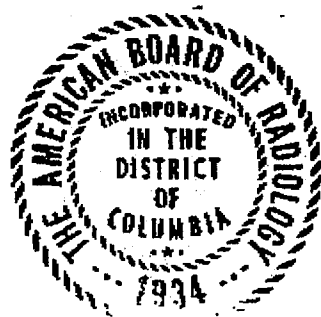
Leo Patrick O'Connell, M.D.

*Has pursued an accepted course of graduate study
and clinical work, has met certain standards and qualifications and
has passed the examinations conducted under the authority of*

The American Board of Radiology

On this thirteenth day of December, 1975

*Thereby demonstrating to the satisfaction of the Board
that he is qualified to practice the specialty of
Diagnostic Radiology*



Robert N. Cooley
President

C. Allen Good
Secretary



Stanford University Medical Center

STANFORD UNIVERSITY HOSPITAL / STANFORD UNIVERSITY SCHOOL OF MEDICINE



THIS IS TO CERTIFY THAT

Leo Patrick O'Connell, M.D.

HAS SERVED AS

Resident in Radiology: July 1, 1970-June 30, 1973

Chief Resident in Radiology: January 1, 1973-June 30, 1973



Marcel A. Bagshaw, MD
Department Chairman & Physician-in-Chief

Thomas A. Gosda
THOMAS A. GOSDA, M.D., Director of Hospital
& Associate Dean of the School of Medicine

Clayton Rich
CLAYTON RICH, M.D., Vice President for
Medical Affairs & Dean of the School of Medicine

A TRUE COPY

Sue A. Anderson
Notary Public
My commission expires 12/17/88
I was commissioned Sue A. Chenault.

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

12/6/2004, and to inform you that the initial processing which includes an administrative review has been performed.

☒ Amended. 45-25208-01 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** 136084.
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: 02201
: Status Code: 0
: Fee Category: 7C
: Exp. Date: 20121031
: Fee Comments: _____
: Decom Fin Assur Req'd: N
: ::::::::::::::::::::::::::::::::::::::::::::::::::::::

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED

Applicant/Licensee: TIDEWATER HEART INSTITUTE
Received Date: 20041207
Docket No: 3032823
Control No.: 136094
License No.: 45-25208-01
Action Type: Amendment

2. FEE ATTACHED

Amount: _____
Check No.: /

3. COMMENTS

Signed M. A. Perkins
Date 12/10/04

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 _____