



UNITED
HOSPITAL
CENTER

Post Office Box 1680 Clarksburg, West Virginia 26302-1680 Telephone (304) 624-2574

RECEIVED

January 24, 2005

'05 JAN 27 12:51

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

03003375

Re: NRC License #47-01458-01; request for amendment

Dear Sir or Madam:

Please amend our license as follows:

- 1) In Item 6.E., **add the Nucletron Model 105.002** as a source we may obtain for our remote afterloader.
- 2) In Item 12.B., **Delete Scott V. Wilkins, M.D.**, from our authorized users list. (Note that "Wilkins" is a typographical error. It should have been "Watkins".)
- 3) In Item 12.B., **for Michael A. Stewart, M.D., add the materials and uses listed in 35.600**. Dr. Stewart is board certified by the American Board of Radiology in Radiation Oncology (1990), and additionally performed a number of remote afterloader treatments under the supervision of Dr. Watkins. A copy of his board certificate appears on the following page.
- 4) Regarding Item 12.C., our authorized medical physicist, James W. Israel, performs instrument calibrations with our Cs-137 manual brachytherapy sources and our Ir-192 remote afterloader source. Both those sources were mentioned explicitly in our previous license but mention of the Cs-137 sources was omitted from the current license. If you consider it necessary, **add Cs-137 for calibration as a material and use for Mr. Israel**.

If you have any questions or require additional information, contact our Radiation Safety Officer, James Israel, at (304) 624-2574.

Thank you.

Sincerely,

Michael Tillman
Chief Operating Officer

136368
NMSS/RONI MATERIALS-002

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,
the American Society for Therapeutic Radiology and Oncology,
and the Association of University Radiologists*

Hereby certifies that

Michael Allen Stewart, 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 seventh day of June, 1990

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

Radiation Oncology



Robert G. Parner
President

John H. P. Goodwin, Jr., M.D.
Secretary



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

1/24/2005, and to inform you that the initial processing which includes an administrative review has been performed.

☒ Amendment 47-01458-01
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 136368.
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.

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|------------------------------------|---|--------------------------|
| | : | (FOR LFMS USE) |
| | : | INFORMATION FROM LTS |
| | : | ----- |
| BETWEEN: | : | |
| | : | |
| License Fee Management Branch, ARM | : | Program Code: 02230 |
| and | : | Status Code: 0 |
| Regional Licensing Sections | : | Fee Category: 7C 2B |
| | : | Exp. Date: 20141231 |
| | : | Fee Comments: _____ |
| | : | Decom Fin Assur Req'd: N |
| | : | |

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED
 Applicant/Licensee: UNITED HOSPITAL CENTER
 Received Date: 20050127
 Docket No: 3003375
 Control No.: 136368
 License No.: 47-01458-01
 Action Type: Amendment

2. FEE ATTACHED
 Amount: _____
 Check No.: _____

3. COMMENTS

Signed Rebecca Juncos
 Date 1/31/2005

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 _____