



Ms. Michele Beardsley
Nuclear Materials Safety Branch 1
Division of Nuclear Materials Safety
Region 1
King of Prussia, Pennsylvania 19406

March 8, 2005

Dear Ms. Beardsley:

03002522

I submit this amendment to License # 29-09701-01 to appoint David S. Marsden Ph.D. FACR as radiation safety officer at Riverview Medical Center. Dr. Marsden is our consulting physicist. He is ABR certified in diagnostic, nuclear, and radiation therapy physics. He will be assisted by our ABR therapy physicist K.Lee Ph.D. who is on site full time. In the past, Dr. Marsden has been the RSO for twenty years at St. Luke's Roosevelt Hospital, New York City and four years at White Plains Hospital, White Plains, New York. If I can be of further assistance please to not hesitate to phone me at 732-530-2304. This request has been approved by our radiation safety committee.

Sincerely,

Robert Wold, MD
Chairman of Radiation Safety Committee
Acting RSO

05 MAR 10 P1:31

RECEIVED
REGION 1

T. 732.741.2700
Meridian Health Line 1.800.560.9990 • www.meridianhealth.com
1 Riverview Plaza • Red Bank, NJ 07701

136596
NMSS/RGNI MATERIALS-002

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

3/8/2005, and to inform you that the initial processing which includes an administrative review has been performed.

☒ Amendment 29-04701-01 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** 136596.
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: : (FOR LFMS USE)
: INFORMATION FROM LTS
: -----
:
License Fee Management Branch, ARM : Program Code: 02240
and : Status Code: 0
Regional Licensing Sections : Fee Category: 7C 2B
: Exp. Date: 20050731
: Fee Comments: _____
: Decom Fin Assur Req'd: N
:

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED

Applicant/Licensee: RIVERVIEW MEDICAL CENTER
Received Date: 20050310
Docket No: 3002522
Control No.: 136596
License No.: 29-09701-01
Action Type: Amendment

2. FEE ATTACHED

Amount: /

Check No.: _____

3. COMMENTS

Signed _____
Date 2/11/07

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 _____