



RECEIVED  
REGION 1

**Mailing Address:**  
225 Williamson Street  
Elizabeth, NJ 07207  
908.527.5000

'05 MAR 16 P1:34

March 11, 2005

Willie Lee  
Nuclear Regulatory Commission  
Nuclear Materials Safety Branch 1  
Division of Nuclear Materials Safety  
Region 1  
475 Allendale Road  
King of Prussia, Pennsylvania 19406

Re: License #29-04333-01

03002476

Dear Mr. Lee:

I am requesting to amend Trinitas Hospital License.

Please add Dr. Edward George Williams to use TC-99m for cardiac imaging studies.

Thank you.

Sincerely,

Nancy M. DiLiegro, Ph.D.  
Director, Clinical Services

NMD/cz

Cc: Linda Veldkamp  
Lauris Beam

136741

NMSS/RONI MATERIALS-002

**Williamson Street Campus**  
225 Williamson Street  
Elizabeth, NJ 07207

**Jersey Street Campus**  
925 East Jersey Street  
Elizabeth, NJ 07201

**New Point Campus**  
655 East Jersey Street  
Elizabeth, NJ 07206

THE CERTIFICATION BOARD OF NUCLEAR CARDIOLOGY

Incorporated 1996

CERTIFIES THAT

*Edward George Williams, MD*

HAVING MET THE REQUIREMENTS PRESCRIBED BY THIS BOARD FOR PHYSICIANS RESIDING  
IN THE UNITED STATES AND HAVING SATISFACTORILY PASSED THE REQUIRED EXAMINATION,

IS HEREBY DESIGNATED

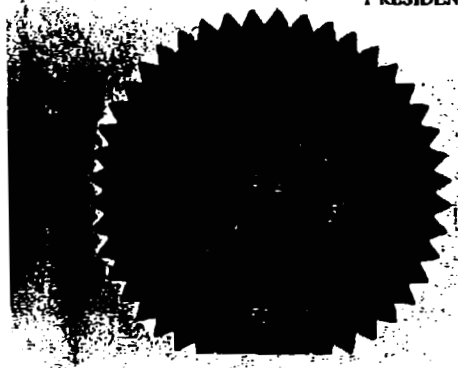
A DIPLOMATE CERTIFIED IN THE SUBSPECIALTY OF

**NUCLEAR CARDIOLOGY**

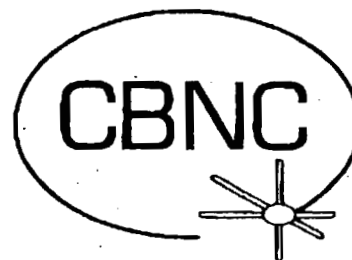
FOR THE PERIOD 2004 THROUGH 2014

*Manoel D. Cruz*  
PRESIDENT

*R. G. S.*  
SECRETARY



CERTIFICATE #3704



OCTOBER 24, 2004

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

3/11/2005, and to inform you that the initial processing which includes an administrative review has been performed.

☒ AMEND. 29-04373-01  
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 136781.  
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: 02230  
and : Status Code: 0  
Regional Licensing Sections : Fee Category: 7C 2B  
: Exp. Date: 20150331  
: Fee Comments: CODE 21  
: Decom Fin Assur Reqd: N  
: ::

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED

Applicant/Licensee: TRINITAS HOSP-WILLIAMSON ST. CAMPUS  
Received Date: 20050316  
Docket No: 3002476  
Control No.: 136741  
License No.: 29-04333-01  
Action Type: Amendment

2. FEE ATTACHED

Amount: \_\_\_\_\_  
Check No.: /

3. COMMENTS

Signed M. A. Perkins  
Date 4/10/2005

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 \_\_\_\_\_