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REGION 1

May 9, 2005

'05 MAY 12 P1:28

Tara L. Weidner, Health Physicist
Division of Nuclear Materials Safety
U.S. Nuclear Regulatory Commission
Region I
475 Allendale Road
King of Prussia, PA 19406-1415

030 02482

**Re: NRC License No. 29-05139-03
Morristown Memorial Hospital**

Dear Ms. Weidner:

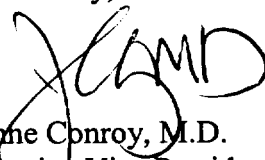
We wish to amend our NRC license as follows:

- Add Chee-Wai Cheng, Ph.D. as an authorized medical physicist. Dr. Cheng was formerly under our license from October 1999 to November 2001. Please grant him the authorization for materials and use in the same manner as the rest of our authorized medical physicists on the license, except for Strontium-90 in an Intravascular Brachytherapy Afterloader Device.
- Delete Shu-Ya Lisa Grimm, Ph.D. as an authorized medical physicist.

We request the above changes to take into effect on July 1, 2005.

You may contact Marissa Hernandez at 973-971-5843 if you have any questions.

Yours Truly,


Joanne Conroy, M.D.
Executive Vice President and Chief Operating Officer
Morristown Memorial Hospital

Cc: Lydia Tarta, R.N., Director of Oncology
Marissa Hernandez, M.S., Radiation Safety Officer

137041

A member of



Morristown Memorial Hospital • Overlook Hospital • Mountainside Hospital

NMSS/RONI MATERIALS-032

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

5/9/2005, and to inform you that the initial processing which includes an administrative review has been performed.

☒ AMEND. 29-0538-03
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 137041.
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: 02230
: Status Code: 0
: Fee Category: 7C 2B
: Exp. Date: 20120930
: Fee Comments: _____
: Decom Fin Assur Req'd: N
: ::::::::::::::::::::::::::::::::::::::

LICENSE FEE TRANSMITTAL

A. REGION

I

1. APPLICATION ATTACHED

Applicant/Licensee: MORRISTOWN MEMORIAL HOSPITAL
Received Date: 20050512
Docket No: 3002482
Control No.: 137041
License No.: 29-05139-03
Action Type: Amendment

2. FEE ATTACHED

Amount: _____
Check No.: _____

3. COMMENTS

Signed
Date

M. A. Perkins
5/16/2005

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

