

**KESSLER MEMORIAL HOSPITAL**

600 S. White Horse Pike  
Hammonton, New Jersey 08037

Tel: 609/ 561-6700 Ext. 5240 Fax: 609/ 561-8370

ACCREDITED BY THE JOINT COMMISSION ON ACCREDITATION OF HEALTH CARE ORGANIZATIONS

**DEPARTMENT OF RADIOLOGY**

RECEIVED  
REGION 1

05 MAY 9 11:22

MAY 6, 2005

U.S. NUCLEAR REGULATORY COMMISSION  
REGION I  
475 ALLENDALE ROAD  
KING OF PRUSSIA, PA. 19406-1415

ATTN: SANDRA GABRIEL, SENIOR HEALTH PHYSICIST

Dear Ms. Gabriel:

**REQUEST FOR AMENDMENT**

At this time, I am requesting changes in our license for William B. Kessler Memorial Hospital. Our license number is 29-11982-01.

03002540


Our Radiation Safety Officer for this license has resigned and will be leaving our institution later this summer. At this time, we would like to install Jonathan Law, our radiation physicist as the Radiation Safety Officer. We respectfully request that this change be completed within sixty (60) days.

Also, we would like to add Dr. Robert Cifers to our license. He is Board Certified Nuclear and is on several hospital licenses. He comes to us from Shore Memorial Hospital and Shore Radiology.

Finally, we would like to remove Dr. Bernard Neff and Dr. Bruce Stratt from our license.

Thanking you in advance for your attention to this matter.

Sincerely,

  
Sharron Wap, CNMT  
Director of Nuclear Medicine

SW/mtb

137021

NMSS/RGNI MATERIALS-002

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

5/6/2005, and to inform you that the initial processing which includes an administrative review has been performed.

☒ *AMEND. 29-11982-01* 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 137021.  
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  
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Program Code: 02121  
Status Code: 0  
Fee Category: 7C  
Exp. Date: 20150315  
Fee Comments: \_\_\_\_\_  
Decom Fin Assur Req'd: N  
:::~::~:

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED

Applicant/Licensee: WILLIAM B. KESSLER MEMORIAL HOSP.  
Received Date: 20050509  
Docket No: 3002540  
Control No.: 137021  
License No.: 29-11982-01  
Action Type: Amendment

2. FEE ATTACHED

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

3. COMMENTS

Signed M.A. Berlin  
Date 5/15/2005

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 \_\_\_\_\_