



RECEIVED
REGION 1

Soldiers + Sailors Memorial Hospital

32-36 Central Avenue
Wellsboro, PA 16901-1899

(570) 723-7764
Fax: (570) 724-7235

2005 JUN -9 PM 2: 09

May 27, 2005

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

RE: Amendment to Radioactive Material License No. 37-16602-01 **03011497**
Soldiers & Sailors Memorial Hospital

To whom it may concern:

Please re-add Leonard Dale, M.D. to our license as an authorized user for 35.100 and 35.200.
Dr. Dale was an authorized user on our license approximately 6 years ago so recentness of
training requirements are met.

If you have any questions or require additional clarification, please do
not hesitate to contact the undersigned.

Sincerely,

A handwritten signature in black ink, appearing to read "Jan Fisher". The signature is fluid and cursive, with the first name "Jan" and last name "Fisher" clearly distinguishable.

Jan Fisher
Executive Director for Health Care Services

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

5/27/2005, and to inform you that the initial processing which includes an administrative review has been performed.

☒ Amendment 37-16602-01
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 137179.
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.

(FOR LFMS USE)
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

Program Code: 02121
Status Code: 0
Fee Category: 7C
Exp. Date: 20120131
Fee Comments: CODE 23
Decom Fin Assur Reqd: N

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LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED

Applicant/Licensee: SOLDIERS & SAILORS MEMORIAL HOSP.
Received Date: 20050609
Docket No: 3011497
Control No.: 137179
License No.: 37-16602-01
Action Type: Amendment

2. FEE ATTACHED

Amount: /
Check No.:

3. COMMENTS

Signed *Alvina J. J. J.*
Date 6/14/2005

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 _____