

# Summit Medical Group

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June 20, 2005

RECEIVED  
REGION 1  
2005 JUN 22 PM 1:39

U.S. Nuclear Regulatory Commission, Region I  
Licensing Assistance Section  
Nuclear Materials Safety Branch  
475 Allendale Rd.  
King of Prussia, PA 19406-1415

Dear Sirs:

03009678

Re: License #29-15739-01, Amendment #25

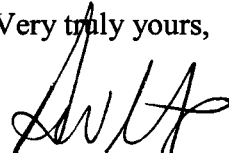
Kindly amend our license to change the Radiation Safety Officer from Michael B. Alexander, M.D., to Robert D. Slama, M.D.

Please note that Robert D. Slama, M.D., is currently listed as an authorized user on our license.

If you have any questions, kindly call our physics consultant, John M. Gochoco, M.S., DABR at 973-322-5590.

Thank you.

Very truly yours,



Andrew Mintz  
Executive Director

/cld

**What sets us apart, is how well we're connected.**

120 Summit Ave., Summit, NJ 07901 (908) 273-4300  
[www.summitmedicalgroup.com](http://www.summitmedicalgroup.com)

137256  
NMSS/RGNI MATERIALS-002

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

6/20/2005, and to inform you that the initial processing which includes an administrative review has been performed.

☒ Amendment 29-15739-01 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

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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 137256.  
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: 02200  
Status Code: 0  
Fee Category: 7C  
Exp. Date: 20110731  
Fee Comments: \_\_\_\_\_  
Decom Fin Assur Req'd: N  
:.....

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED

Applicant/Licensee: SUMMIT MEDICAL GROUP, PA.  
Received Date: 20050622  
Docket No: 3009678  
Control No.: 137256  
License No.: 29-15739-01  
Action Type: Amendment

2. FEE ATTACHED

Amount: /  
Check No.: /

3. COMMENTS

Signed *Liberica J. J. J.*  
Date 7/31/2005

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 \_\_\_\_\_