

U.S. NUCLEAR REGULATORY COMMISSION		Date: 7/19/05									
TELEPHONE CONVERSATION RECORD		Time: 2:50 p.m.									
Mail Control 137241 or Report No(s).	License No(s). 29-08113-03	Docket No(s). 03017015									
<table style="width: 100%; border: none;"> <tr> <td style="width: 30%; vertical-align: top;"> Name of Licensee: Name of Participant(s): Telephone No. Subject: (NOTE: This will be used as the Documents Title in ADAMS) Summary: Action Required: </td> <td style="width: 70%; vertical-align: top; border-left: 1px solid black; padding-left: 10px;"> Monmouth Medical Center Tom Piccoli, RSO and AMP 732-923-6811 Additional information needed for amendment request For the proposed AMP, please provide a more detailed description of the one year of fulltime training in therapeutic radiological physics and additional fulltime year of supervised work experience required by 10 CFR 35.961(c). Please fax this to 610-337-5269, referencing mail control 137241. Await response from licensee. </td> </tr> </table>			Name of Licensee: Name of Participant(s): Telephone No. Subject: (NOTE: This will be used as the Documents Title in ADAMS) Summary: Action Required:	Monmouth Medical Center Tom Piccoli, RSO and AMP 732-923-6811 Additional information needed for amendment request For the proposed AMP, please provide a more detailed description of the one year of fulltime training in therapeutic radiological physics and additional fulltime year of supervised work experience required by 10 CFR 35.961(c). Please fax this to 610-337-5269, referencing mail control 137241. Await response from licensee.							
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