

**From:** Michelle Simmons  
**To:** Jbeight@jamesonhealthsystem.com; Rondo@jamesonhealthsystem.com  
**Date:** Mon, Nov 28, 2005 3:58 PM  
**Subject:** Additional information required for Jameson Memorial Hospital

License No. 37-01146-03  
Docket No. 03002977  
Control No. 137742

Dear Jane Beight:

This is in reference to your amendment dated September 19, 2005. In support of your request to authorize Dr. Hopper for materials permitted by 10 CFR 35.100, 35.200, 35.300, please provide one of the following, as applicable:

- a. Previous license number (if issued by NRC) or a copy of the license (if issued by an Agreement State) on which the physician was specifically named as an authorized user for the uses requested; or
- b. Written certification, signed by a preceptor physician authorized user, that the above training and experience has been satisfactorily completed and that a level of competency sufficient to function independently as an authorized user for the medical uses authorized has been achieved; and
- c. Description of the training and experience identified in 10 CFR Part 35 Subparts D, E, F, G, or H demonstrating that the proposed authorized user is qualified by training and experience for the use requested; and
- d. If applicable, description of recent related continuing education and experience as required by 10 CFR 35.59.

NRC Form 313A may be used to document this information. Please note that if the board certification, or training and experience, was received more than 7 years ago, evidence of recentness of training in accordance with 10 CFR 35.59 must also be submitted.

Please note that you may not reply to this letter by return e-mail. Your reply must be in writing by letter or facsimile (610-337-5269). If we do not receive a reply from you within 30 calendar days from the date of this e-mail, we will assume that you do not wish to pursue your application.

Michelle Simmons  
Health Physicist  
US Nuclear Regulatory Commission  
Division of Nuclear Materials Safety  
Phone: 610-337-6921  
Fax: 610-337-5269

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**Subject:** Additional information required for Jameson Memorial Hospital  
**Creation Date:** Mon, Nov 28, 2005 3:58 PM  
**From:** Michelle Simmons

**Created By:** MRS5@nrc.gov

**Recipients**

jamesonhealthsystem.com  
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**Post Office**

**Route**

jamesonhealthsystem.com

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**Options**

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