

**SAINT BARNABAS
HEALTH CARE SYSTEM***Newark Beth Israel Medical Center*

RONALD J. DEL MAURO
President and Chief Executive Officer
Saint Barnabas Health Care System

February 21, 2006

Ms. Sandra Gabriel
Senior Health Physicist, Medical Branch
Division of Nuclear Materials Safety
U.S. Nuclear Regulatory Commission, Region I
475 Allendale Road
King of Prussia, PA 19406-1415

Dear Ms. Gabriel:

This refers to the letter from your office dated January 27th, 2006 regarding License number 29-00102-07 and Control number 137948. We are hereby submitting supporting documentation to demonstrate that Maheshwari Desai, M.D. meets the requirements of 10 CFR 35.690 to be an authorized user for High Dose Rate Afterloader applications.

If you have any questions, please feel free to contact myself at (973) 926-7851 or Dr. Robert Ivker at (973) 926-7320.

Sincerely,

Kenneth L. Tyson
Senior Vice President-Operations
Newark Beth Israel Medical Center

Q-8
29-00102-07
03020802

138450

NMSS/RCNI MATERIALS-002

REF. 137948



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Ms. Sandra Gabriel
Senior Health Physicist, Medical Branch
Division of Nuclear Materials Safety
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475 Allendale Road
King of Prussia, PA 19406-1415

Dear Ms. Gabriel:

This refers to the letter from your office dated January 27th, 2006 regarding License number 29-00102-07 and Control number 137948. This letter attests:

1. Maheshwari Desai, M.D. has satisfactorily completed the requirements in paragraph (a)(1) of 10 CFR 35.690 by successfully completing a minimum of three years of residency training in a radiation therapy program approved by the Residency Review Committee of the Accreditation Council for Graduate Medical Education.
2. Maheshwari Desai, M.D. has received training supervised by myself in device operation, safety procedures, and clinical use for the High Dose Rate Remote After loader unit, for which she is seeking authorized user status.
3. Under my supervision, Dr. Desai has completed over 50 High Dose Rate cases, including gynecologic cylinder, tandem and ovoids, bronchial, and prostate. She has reached a level of competency sufficient to function independently as an authorized user for High Dose Rate Afterloader applications.
4. I am an authorized user for High Dose Rate Afterloader applications as authorized by the conditions of License number 29-00102-07.

Thank you for your cooperation.

Sincerely,

A handwritten signature in black ink, appearing to read "Robert A. Ivker".

Robert A. Ivker, M.D.,
Chairman Radiation Oncology
Newark Beth Israel Medical Center

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

2/21/2006, and to inform you that the initial processing which includes an administrative review has been performed.

☒ ATTN: 29-00102-07
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 138450.

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