

FEB 24 1997

Sister Donna Zwigart
Chief Executive Officer
St. Francis Hospital of New Castle
1000 South Mercer Street
New Castle, PA 16101

Dear Sister Zwigart:

In accordance with 10 CFR 35.14, your letter dated February 4, 1997 is accepted as notification that you have permitted Frank G. Diettinger, M.D., David F. Lackner, M.D., Gerald J. Ross, M.D., Neil J. Solomon, M.D. to work as an authorized user pursuant to 10 CFR 35.13(b)(1). No further correspondence on this matter is required.

Your cooperation is appreciated.

Sincerely,

Original Signed By
Tara Weidner

Tara L. Weidner
Division of Nuclear Materials Safety

License No. 37-07739-01
Docket No. 030-03096
Control No. 124264

Enclosure:
10 CFR Part 35

DOCUMENT NAME: R:\WPS\MLTR\L3707739.01

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NAME	Weidner						
DATE	02/17/97		02/ /97		02/ /97		02/ /97

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ST. FRANCIS HOSPITAL OF NEW CASTLE

1000 South Mercer Street
New Castle, PA 16101-4673
412/658-3511

February 4, 1997

030-03096

U.S.N.R.C.
Region I
475 Allendale Road
King of Prussia, PA 19406-1415

RE: License Number 37-07739-01

To Whom It May Concern:

Please allow this correspondence to serve as notification that the following physicians have been authorized by the Radiation Safety Committee to perform duties as an authorized user on our byproduct material license under the guidelines outlined in 10 CFR 35.13.

Physician	Authorizations
A. Frank G. Diettinger, M.D.	10 CFR 35.100; 35.200
B. David F. Lackner, M.D.	10 CFR 35.100; 35.200
C. Gerald J. Ross, M.D.	10 CFR 35.100; 35.200
D. Neil J. Solomon M.D.	10 CFR 35.100; 35.200

All the above physicians are currently authorized on NRC License Number 37-18104-01.

Thank you for your attention to this matter.

Sincerely,

Sister Donna Zwigart
C.E.O

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FEB 13 1997

Healing body, mind and spirit

LICENSE FEE MANAGEMENT BRANCH, ARM
AND
REGIONAL LICENSING SECTIONS

(FOR LFMS USE)
INFORMATION FROM LTS

[illegible]

A. REGION

A handwritten capital letter 'I' on lined paper. The letter is formed with a single stroke, starting from the middle line, going down to the bottom line, and then a short horizontal stroke to the right at the bottom.

APPLICANT/LICENSEE: ST. FRANCIS HOSPITAL OF NEW CASTLE
RECEIVED DATE: 970213
DOCKET NO: 3003096
CONTROL NO.: 124264
LICENSE NO.: 37-07739-01
ACTION TYPE: NOTIFICATIONS

AMOUNT: _____
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SIGNED
DATE

M. A. Perkins
2/14/97

1. FEE CATEGORY AND AMOUNT: _____

3. OTHER _____

SIGNED
DATE