DL-042696_06

UNIVERSIDAD DE PUERTO RICO, RECINTO DE CIENCIAS MEDICAS
FACULTAD DE CIENCIAS BIOSOCIALES Y ESCUELA GRADUADA DE SALUD PUBLICA
UNIVERSITY OF PUERTO RICO, MEDICAL SCIENCES CAMPUS
FACULTY OF BIOSOCIAL SCIENCES AND GRADUATE SCHOOL OF PUBLIC HEALTH

OFICINA DEL DECANO
OFFICE OF THE DEAN

April 26, 1996

Ms. Orysia Masnyk Bailey
U.S. Nuclear Regulatory Commission
Region II
101 Marietta St. N.W.
Suite 2900
Atlanta, Ga. 20323-0199

Dear Ms. Bailey:

This letter is in reference to the petition of Mr. Pedro J. Montes to be approved as teletherapy physicist for the Isaac Martínez Gonzalez Oncology Hospital in Puerto Rico.

Mr. Pedro Montes is a graduate of our Master Program in Environmental Health with a radiological health major. He took the following courses in the radiation area:

SAAM -	6544	Radiological Health	4 cred.
SAAM -	6510	Radiation Biology	4 cred.
SAAM -	6537	Environmental Health Physics	3 cred.
SAAM -	6538	Medical Radiation Physics	4 cred.
SAAM -	6615	Nuclear Instrumentation	4 cred.
SAAM -	6695	Research Project: Determination of Radiation Doses to Different Organs from diagnostic procedures using T.L. Dosimetry	6 cred.

As part of his graduate training he spent 10 weeks as a participant in the Brookhaven National Laboratory, Health Physics Training Program during the summer of 1982. During the academic year 1982 though 1984 he was involved in formal training in radiotherapy physics at the Physics Division, UPR School of Medicine. This task was performed as a research assistant granted by the University.

During the period of July 1984 though June 1985 Pedro Montes worked in radiotherapy physics both at the University Hospital, Department of Radiation Oncology and at the Institute of Radiotherapy,

PO BOX 365067, SAN JUAN, PUERTO RICO 00936-5067
TEL. (787) 758-2525 EXTS. 1401 / 1402

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Metropolitan Hospital under my direct supervision. From 1986 though 1990 he was certified by NRC as teletherapy physist for the Metropolitan Hospital. If further information is needed, please contact me.

Sincerely

Heriberto Torres, Ph.D.
Professor and Chairman
Environmental Health Department

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SENT BY: OLIVETTI FX 1500 : 4-28-98 :12:17PM : P0976398871→ 404 331 7437:# 3

NRC FORM 577
(1-95)

U.S. NUCLEAR REGULATORY COMMISSION

LICENSE FEE REQUIREMENTS

LICENSE FEE AND DEBT COLLECTION BRANCH
DIVISION OF ACCOUNTING AND FINANCE
OFFICE OF THE CONTROLLER
U.S. NUCLEAR REGULATORY COMMISSION
WASHINGTON, DC 20555-0001

I. Gonzalez Martinez Oncologic Hospital
Attn Celia Molano, MT MHSA, CHE
Executive Director
P O Box 1811
Hato Rey, PR 00919

TYPE OF ACTION

NEW LICENSE

RENEWAL OF LICENSE

AMENDMENT TO LICENSE

REQUESTED DATE
2-27-96

LICENSE NUMBER
52-13471-02

CONTROL NUMBER
256968 Attn Rita Messier, LFARB T9E10

I. APPLICATION FEE DUE

Your request for a licensing action is subject to the fee(s) in the category(ies) noted below in accordance with Section 170 31 of the enclosed Federal Register notice Payment of the fee is required prior to the issuance of the license, renewal, or amendment

FEE CATEGORY	APPLICATION	RENEWAL	AMENDMENT
7A		$	$ 450 00
	$	$	$
	$	$	$
	$	$	$
	$	$	$
	$	$	$
	$	$	$
	$	$	$
	$	$	$
	$	$	$

FEE(s) DUE	$	450 00
PAYMENT RECEIVED	$	430 00
AMOUNT DUE	$	20 00

Your request was received without the prescribed application fee

We received your Check No 30797 in the amount of $ 430 00 Payment of the additional fee noted above is required.

Your request will increase the scope of your license program Therefore, your request is subject to the application fee(s) noted above Refer to Section 170 31 and Footnote 1(d)(2)

Your license expired prior to the receipt of your application for renewal Therefore, your request is subject to the application fee(s) noted above Refer to Section 170 31 and Footnote 1(a)

MAKE PAYMENT OF THE FEE(S) TO THE U S NUCLEAR REGULATORY COMMISSION AND MAIL THE PAYMENT TO THE ADDRESS LISTED AT THE TOP OF THIS FORM IF WE DO NOT RECEIVE A REPLY FROM YOU WITHIN 30 CALENDAR DAYS FROM THE DATE LISTED BELOW, WE SHALL ASSUME THAT YOU DO NOT WISH TO PURSUE YOUR APPLICATION AND WILL VOID THIS ACTION

II. FEE NOT REQUIRED

Enclosed is Check No which accompanied your request The fee is not required because

We received your Check No in payment of the fee

The Licensing staff has informed us that your request is to be considered as a continuation of your request dated

Control No

Your request was combined, prior to review with your

request Control No

III. CHECK RETURNED

Enclosed is Check No which was returned to us by the bank for

INSUFFICIENT FUNDS

ACCOUNT CLOSED

OTHER

MAIL THE REPLACEMENT CHECK TO THE ADDRESS LISTED AT THE TOP OF THIS FORM AND REFERENCE THE ABOVE CONTROL NUMBER

IV. LICENSE ISSUED WITHOUT THE REQUIRED FEE

License No , Amendment No , issued on

was issued without the required fee being collected The fee required is noted in Section I of this form

The scope of your licensed program was increased Therefore, your request is subject to the application fee(s) noted in Section 1 of this form Refer to Section 170 31 and Footnote 1(d)(2)

Because of the urgency of your request, the license was issued without remittance of the prescribed fee noted in Section 1 of this form

SIGNATURE -- LICENSE FEE ANALYST	LFDCB	LFDCB	Distribution	DATE
Rita Messier	REMessier 3/11/96		Region II	3-11-96

NRC FORM 577 (1-95)

This form was electronically produced by Elite Federal Forms, Inc

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

(FOR LFMS USE)
INFORMATION FROM LTS

Program Code: 03700
Status Code: 0
Fee Category: 7A 7B
Exp. Date: 20020228
Fee Comments:
Decom Fin Assur Reqd: N

LICENSE FEE TRANSMITTAL

A. REGION II

1. APPLICATION ATTACHED
Applicant/Licensee: I. GONZALEZ MARTINEZ ONCOLOGIC
Received Date: 960307
Docket No: 3014696
Control No.: 256968
License No.: 52-13471-02
Action Type: Amendment

2. FEE ATTACHED: [illegible]
Amount: [illegible]
Check No.: [illegible]

3. COMMENTS

Signed [illegible]
Date [illegible]

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 is entered / /)

1. Fee Category and Amount: 7A 7B $450

2. Correct Fee Paid. Application may be processed for:
Amendment ✓
Renewal
License

3. OTHER

Signed [illegible]
Date [illegible]

Log [illegible]
Remitter
Check No. [illegible]
Amount $450 [illegible]
Fee Category 7A 7B
Type of Fee [illegible]
Date Check Rec'd.
Date Completed [illegible]
By: [illegible]