

Centra Health

3300 Rivermont Avenue
Lynchburg, VA 24503-2053
(804) 947-4000

DL-090597_01

Nuclear Regulatory Commission
Attn.: Earl Wright
Atlanta Federal Center
61 Forsyth St. S.W.
Suite 23785
Atlanta, GA 30323

September 5, 1997

SUBJECT: Notice of Change to NRC License # 45-10542-02

Mr. Wright:

Please reference our Material License # 45-10542-02, with the Expiration Date October 31, 2000, Item 12, Teletherapy Physicist. We wish to make a change to this license to remove Van H. McComas as the Teletherapy Physicist and add D. Jay Freedman, MS as the Teletherapy Physicist. The Radiation Safety Committee has reviewed the credentials of Mr. Freedman in accordance with 10 CFR Part 35.961.

If you have any questions, please call the Radiation Oncology Administrative Director, Glenn Dalton at 804-947-4010 or FAX 804-947-7400. Thank you.

Sincerely,



Larry H. Redmond, MD
Alternate Radiation Safety Officer

facsimile
TRANSMITTAL

to: Earl Wright
fax #: 404 562-4899
re: Change to license # 45-10542-02
date: September 4, 1997
pages: 2, including this cover sheet.

From the desk of
D. Jay Freedman, MD
Medical Physicist
1807 Woodrige Dr
Johnson City, TN 37604
423 434-0899
Fax

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 20545-0011

VIRGINIA BAPTIST HOSPITAL
 ATTN: LARRY H. REDMOND, MD
 ALTERNATE RADIATION SAFETY OFFICER
 3300 RIVERMONT AVENUE
 LYNCHBURG, VA 24503-2053

TYPE OF ACTION

- NEW LICENSE
- RENEWAL OF LICENSE
- AMENDMENT TO LICENSE

REQUESTED DATE

9-5-97

LICENSE NUMBER

45-10542-02

CONTROL NUMBER

257619 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	\$	\$	\$ 400.00
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

FEE(S) DUE \$ 400.00
 PAYMENT RECEIVED \$
 AMOUNT DUE \$ 400.00

Your request was received without the prescribed application fee

We received your Check No _____ in the amount of \$ _____ 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.

SIGNATURE - LICENSE FEE ANALYST

RITA MESSIER

LFDCB

REMessier

9/16/97

LFDCB

Rita

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 I 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 I of this form.

Distribution: OC/DAF RF
 Pending Fee File OC/OAE/SF(LF-3.2.7)
 LFARB R/F (2) Region II

DATE

9-16-97