

PHILIP K. LEE, Ph.D.
RADIATION SAFETY OFFICER

DL-092298-02

Columbia Regional Hospital
404 Keene Street
Columbia, MO 65201
Phone (573) 875-9417

1913 Garden Drive
Columbia, MO 65202
Phone (573) 445-5275
Pager (573) 499-8229

September 22, 1998

Materials Licensing Section
U.S. Nuclear Regulatory Commission, Region III
801 Warrenville Rd.
Lisle, IL 60532-4351

Dear Section Chief :

The Columbia Regional Hospital in accordance with 10 CFR 35.14 is notifying you of changes of the status of user physicians authorized under NRC License 24-16281-01. This notification is the addition of two authorized physicians **James F. Smith M.D.** and **Jamey D. Wright M.D.** Also listed are the ten physicians continuing as authorized users. The authorization status of the 12 physicians is reviewed and approved by the Radiation Safety Committee.

Addition of Authorized Physicians

Dr. James Francis Smith has requested authorization to perform clinical human uses with materials specified in 10 CFR 35.100, 35.200, 35.300 (limited to Iodine-131 for treatment of hyperthyroidism) & 31.11 10.

Dr. Smith has the required training, experience and credentials to be an authorized user. Documentation of his training and experience is submitted with this notification.

Copy of ABR Certification in Diagnostic Radiology (June 11, 1997)

Clinical experience summary in radiopharmaceutical therapies from Saint Louis University Health Sciences under License 24-00196-02 indicating 16 Hyperthyroid Treatments with I-131.

Dr. Jamey D. Wright has requested authorization to perform clinical human uses with materials specified in 10 CFR 35.100, 35.200, 35.300 & 31.11 10.

Dr. Wright has the required training, experience and credentials to be an authorized user. Documentation of his training and experience is submitted with this notification.

Copy of ABR Certification in Diagnostic Radiology (June 3, 1998)

Preceptor statement of training and experience at University of Missouri Hospital under License 24-00513-32 indicating 12 Hyperthyroid Treatments and 3 Thyroid Carcinoma Treatments with I-131.

Active Authorized Physicians

Joseph Soha, MD for material in 10 CFR 35.100, 35.200, 35.300, & 31.11

Hemlata K. Lepkowski, MD for material in 10 CFR 35.100, 35.200 & 31.11

Murray Boles, MD for material in 10 CFR 35.400

Rushdy Abadir, M.D. for material in 10 CFR 35.300 & 35.400

Hugh Jerry Murrell, M.D. for material in 10 CFR 35.300 & 35.400

Steven J. Westgate, M.D. for material in 10 CFR 35.400

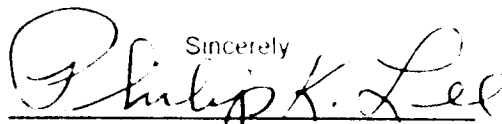
Merlyn D. Gibson, M.D. for material in 10 CFR 35.100, 35.200 & 35.300

Alan E. Hillard, M.D. for material in 10 CFR 35.100, 35.200 & 35.300 (limited to Iodine-131 for treatment of hyperthyroidism)

John Baird, M.D. for material in 10 CFR 35.100, 35.200 & 31.11

Mark P. Bryer, M.D. for material in 10 CFR 35.300 & 35.400

Sincerely


Philip K. Lee, Radiation Safety Officer

RECEIVED

SEP 28 1998

REGION III

Copy : Dr. Joseph Soha, Chairman Radiation Safety Committee, Dr. James Francis Smith & Dr. Jamey D. Wright

304488

pm: 9-24-98

SEP 28 1998

THERAPIES-James Smith, M.D.
11/94, 12/94,7/95,8/95,9/96,10/96

- 16 I-131 hyperthyroid**
- 4 Sr-89 bone pain**
- 3 P-32 Intraarticular**
- 1 I-131 thyroid cancer**
- 1 P-32 Intravenous**

25 total

James Smith, MD

PRECEPTOR STATEMENT (Continued)

2. CLINICAL TRAINING AND EXPERIENCE OF ABOVE NAMED PHYSICIAN (Continued)

ISOTOPE A	CONDITIONS DIAGNOSED OR TREATED B	NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION C	COMMENTS (Additional information or comments may be submitted in duplicate on separate sheets.) D
P-32 (Soluble)	TREATMENT OF POLYCYTHEMIA VERA, LEUKEMIA, AND BONE METASTASES	1	
P-32 (Colloidal)	INTRACAVITARY TREATMENT	3	
I-131	TREATMENT OF THYROID CARCINOMA	1	
	TREATMENT OF HYPERTHYROIDISM	16	
Au-198	INTRACAVITARY TREATMENT		
Co-60 or Cs-137	INTERSTITIAL TREATMENT		
	INTRACAVITARY TREATMENT		
I-125 or Ia-192	INTERSTITIAL TREATMENT		
	TELETHERAPY TREATMENT		
Sr-90	TREATMENT OF EYE DISEASE		
	RADIOPHARMACEUTICAL PREPARATION		
Mo-99/ Tc-99m	GENERATOR		
Sr-113/ Ia-113m	GENERATOR		
Tc-99m	REAGENT KITS		
Other	Sr-89 Treatment	4	

3. DATES AND TOTAL NUMBER OF HOURS RECEIVED IN CLINICAL RADIOISOTOPE TRAINING

11, 12/94 7, 8/95 9, 10/96

4. THE TRAINING AND EXPERIENCE INDICATED ABOVE WAS OBTAINED UNDER THE SUPERVISION OF:

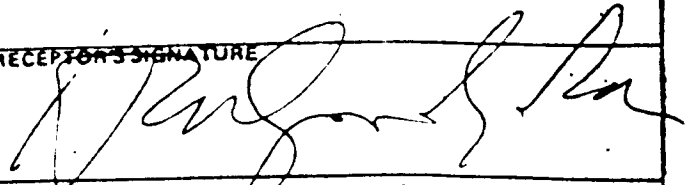
a. NAME OF SUPERVISOR
Henry M. Goodgold M.D.

b. NAME OF INSTITUTION
St. Louis University Health Sciences Ctr

c. MAILING ADDRESS
3635 Vista Ave., P.O. Box 15250

d. CITY
St. Louis, MO 63110

5. PRECEPTOR'S SIGNATURE



6. PRECEPTOR'S NAME (Please type or print)

See Supervisor

7. DATE

6/23/98

8. MATERIALS LICENSE NUMBER(S)

24-00196-07

The American Board of Radiology

Organized through the cooperation of the American College of Radiology, the American Roentgen Ray Society, the American Radium Society, the Radiological Society of North America, the Section on Radiology of the American Medical Association, the American Society for Therapeutic Radiology and Oncology, the Association of University Radiologists, and American Association of Physicists in Medicine

Whereby certifies that

James Francis Smith, M.D.

Has pursued an accepted course of graduate study and clinical work, has met certain standards and qualifications and has passed the examinations conducted under the authority of

The American Board of Radiology

On this eleventh day of June, 1937

Thereby demonstrating to the satisfaction of the Board that he is qualified to practice the specialty of:

Diagnostic Radiology



James J. Lammiman, M.D. Robert R. Hartney, M.D. Paul C. Carr, M.D.
President Secretary-Treasurer Executive Director



PRECEPTOR STATEMENT

Supplement B must be completed by the applicant physician's preceptor. If more than one preceptor is necessary to document experience, obtain a separate statement from each.

1. APPLICANT PHYSICIAN'S NAME AND ADDRESS

FULL NAME
Jamey Wright, M.D.

STREET ADDRESS

CITY | STATE | ZIP CODE

KEY TO COLUMN C

PERSONAL PARTICIPATION SHOULD CONSIST OF:

1-Supervised examination of patients to determine the suitability for radioisotope diagnosis and/or treatment and recommendation for prescribed dosage.

2-Collaboration in dose calibration and actual administration of dose to the patient including calculation of the radiation dose, related measurements and plotting of data.

3-Adequate period of training to enable physician to manage radioactive patients and follow patients through diagnosis and/or course of treatment.

2. CLINICAL TRAINING AND EXPERIENCE OF ABOVE NAMED PHYSICIAN

ISOTOPE A	CONDITIONS DIAGNOSED OR TREATED B	NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION C	COMMENTS (Additional information or comments may be submitted in duplicate on separate sheets.) D
I-131 or I-125	DIAGNOSIS OF THYROID FUNCTION	see attached sheets	
	DETERMINATION OF BLOOD AND BLOOD PLASMA VOLUME	"	
	LIVER FUNCTION STUDIES	"	
	FAT ABSORPTION STUDIES	"	
	KIDNEY FUNCTION STUDIES	"	
IN VITRO STUDIES	"		
OTHER			
I-125	DETECTION OF THROMBOSIS	"	
I-131	THYROID IMAGING	"	
P-32	EYE TUMOR LOCALIZATION	"	
Sr-75	PANCREAS IMAGING	"	
Yb-169	CISTERNOGRAPHY	"	
Xe-133	BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES	"	
OTHER			
Tc-99m	BRAIN IMAGING	"	
	CARDIAC IMAGING	"	
	THYROID IMAGING	"	
	SALIVARY GLAND IMAGING	"	
	BLOOD POOL IMAGING	"	
	PLACENTA LOCALIZATION	"	
	LIVER AND SPLEEN IMAGING	"	
	LUNG IMAGING	"	
BONE IMAGING	"		
OTHER			

PRECEPTOR STATEMENT (Continued)

2. CLINICAL TRAINING AND EXPERIENCE OF ABOVE NAMED PHYSICIAN (Continued)

ISOTOPE A	CONDITIONS DIAGNOSED OR TREATED B	NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION C	COMMENTS (Additional information or comments may be submitted in duplicate on separate sheets.) D
P-32 (Soluble)	TREATMENT OF POLYCYTHEMIA VERA, LEUKEMIA, AND BONE METASTASES		
P-32 (Colloid)	INTRACAVITARY TREATMENT		
I-131	TREATMENT OF THYROID CARCINOMA	3	
	TREATMENT OF HYPERTHYROIDISM	12	
Au-198	INTRACAVITARY TREATMENT		
Co-60 or Cs-137	INTERSTITIAL TREATMENT		
	INTRACAVITARY TREATMENT		
I-125 or Ir-192	INTERSTITIAL TREATMENT		
Co-60 or Cs-137	TELETHERAPY TREATMENT		
Sr-90	TREATMENT OF EYE DISEASE		
	RADIOPHARMACEUTICAL PREPARATION		
Mo-99/ Tc-99m	GENERATOR		
Sn-113/ In-113m	GENERATOR		
Tc-99m	REAGENT KITS		
Other			

3. DATES AND TOTAL NUMBER OF HOURS RECEIVED IN CLINICAL RADIOISOTOPE TRAINING

240 hours of lectures	November 20-December 15, 1995
750 hours of laboratory training	October 21-November 15, 1996
	February 10-March 7, 1997
	January 12-February 6, 1998
	June 2-30, 1998

4. THE TRAINING AND EXPERIENCE INDICATED ABOVE WAS OBTAINED UNDER THE SUPERVISION OF:

a. NAME OF SUPERVISOR
Amolak Singh, M.D.

b. NAME OF INSTITUTION
University of Missouri Hospital

c. MAILING ADDRESS
One Hospital Drive

d. CITY
Columbia, MO 65212

6. PRECEPTOR'S SIGNATURE



7. PRECEPTOR'S NAME (Please type or print)
Amolak Singh, M.D.

8. DATE

6/24/98

5. MATERIALS LICENSE NUMBER(S)
24-00513-32

SUPPLEMENT A

SUPPLEMENT		U.S. NUCLEAR REGULATORY COMMISSION		
TRAINING AND EXPERIENCE AUTHORIZED USER OR RADIATION SAFETY OFFICER				
1. NAME OF PROPOSED AUTHORIZED USER OR RADIATION SAFETY OFFICER Jamey Wright, M.D.			2. FOR PHYSICIANS, STATE OR TERRITORY WHERE LICENSED	
3. CERTIFICATION				
SPECIALTY BOARD A	CATEGORY B	MONTH AND YEAR CERTIFIED C		
Diagnostic Radiology		June 1998		
4. TRAINING RECEIVED IN BASIC RADIOISOTOPE HANDLING TECHNIQUES				
FIELD OF TRAINING A	LOCATION AND DATE(S) OF TRAINING B	TYPE AND LENGTH OF TRAINING		
		CLOCK HOURS IN LECTURE OR LABORATORY	CLOCK HOURS OF SUPERVISED ON-THE-JOB EXPERIENCE	
a. RADIATION PHYSICS AND INSTRUMENTATION	University of Missouri Hospital & Harry Truman VA Hospital 7/1/94-6/30/98	60	40	
b. RADIATION PROTECTION	same	30	40	
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY	same	40	20	
d. RADIATION BIOLOGY	same	40	16	
e. RADIOPHARMACEUTICAL CHEMISTRY	same	35	20	
5. EXPERIENCE WITH RADIATION. (Actual use of Radioisotopes or Equivalent Experience)				
ISOTOPE	mCi USED AT ONE TIME	LOCATION	CLOCK HOURS	TYPE OF USE
Tc-99m Ga-67 Tl-201 In-111 I-131 I-123 Sr-89 Cr-51 Co-57		University of Missouri Hospital Harry Truman VA Hospital Columbia, MO	July 1, 1994- June 30, 1998	Imaging & Therapy

MAA
PYP

Sulfur Colloid
MAG3

EXH-5

James Wood

NUCLEAR SCAN STUDIES DONE FOR A SERIES OF MONTHS

FOR MONTH OF NOV 1995

(ALW) ABSCESS IMAGING, PLANAR	7
(BNS) BONE SCAN WHOLE BODY/SPOITS	39
(PTS) PARATHYROID IMAGING	2
(LSI) LIVER & SPLEEN IMAGE (PLANAR)	1
(LIP) LUNG PERFUSION	24
(CBR) CARDIAC BLOOD POOL REST MUGA	24
(TLM) TUMOR/ABCESS LOCAL W MULT AREA	1
(BIP) BRAIN PURF&ING LIMITED	3
(RDI) RADIOAEROSOL IMAGE	26
(MMR) MYOCARDIAL PERF-SINGLE (SPECT)	3
(GEF) GASTRIC EMPTYING WITH PHARM INT	8
(GLI) HEPATOBILIARY IMAGE WITH GBEP	6
(GBL) GI BLEED LOCALIZATION	6
(BCT) BRAIN IMAGE (SPECT)	1
(RDT) RENAL SCAN WITH DIURETIC	1
(RNC) RENAL FLOW AND FUNCTION	15
(BS3) BONE SCAN & FLOW (TRIPLE PHASE)	1
(BNI) BONE IMAGE SPECT	1
(LIS) LIVER SPECT	1
(MPP) MYOCARDIAL PERFUSION SPECT	2
(NPE) NM PARTIAL EXAM	3
(NRP) RENAL SCAN WITH ACE IHIBITOR	2
(LYG) LYMPH NODE IMAGING	1
(MP1) MYOCARDIAL PERF SINGLE (PLANAR)	1
(MWM) ADDITTON. CARDIAC WALL MOTION STUDY	1
(TKP) RENAL TRANSPLANT EVALUATION	1
(VFI) VASCULAR FLOW IMAGING	1
(NM1) NUCLEAR MEDICINE INJECTION/DOSE	1
(MP2) MYOCARD PERF PHARM INTERVENT	1
(ST3) SCHILLINGS TEST-STAGE 3	1
(TDH) I -131 RX FOR HYPERTHYROIDISM	1
(NM2) NO CHARGE NUC MED IMAGES	1
(MSR) MYOCARDIAL PERFUSION (S&R)	1
(TIU) THYROID SCAN AND UPTAKE	1
(TDX) RX FOR BONE PAIN DUE TO CANCER	1

FOR MONTH OF OCT 1996

(ALS) ABSCESS LOCALIZATION (SPECT)	1
(ALW) ABSCESS IMAGING, PLANAR	1
(BNS) BONE SCAN WHOLE BODY	1
(LSI) LIVER & SPLEEN IMAGE (PLANAR)	1
(LIP) LUNG PERFUSION	1
(CSR) CARDIAC BLOOD POOL STRESS MUGA	1
(CBR) CARDIAC BLOOD POOL REST MUGA	1
(TLM) TUMOR/ABCESS LOCAL W MULT AREA	1
(BIP) BRAIN PURF&ING LIMITED	1
(RDI) RADIOAEROSOL IMAGE	1
(MMR) MYOCARDIAL PERF-SINGLE (SPECT)	1
(RDC) URETRO-VESICAL REFLUX	1
(GEF) GASTRIC EMPTYING WITH PHARM INT	1
(GLI) HEPATOBILIARY IMAGE WITH GBEP	1
(GLW) HEPATOBILIARY IMAGE WITHOUT GBEP	1
(MDV) MECKELS DIVERTICULUM/GASTRIC MUCOSA	1

(BCT) BRAIN IMAGE (SPECT)	3
(RDT) RENAL SCAN WITH DIURETIC	5
(RNC) RENAL FLOW AND FUNCTION	11
(BS3) BONE SCAN & FLOW (TRIPLE PHASE)	13
(TIP) TUMOR IMAGING PET METABOLIC EVAL.	1
(BNI) BONE IMAGE SPECT	2

(TLQ) TUMOR IMAGING, PLANAR	2
(SPP) CSF SHUNT PATENCY NUC MED	3
(MPP) MYOCARDIAL PERFUSION SPECT	1
(NRP) RENAL SCAN WITH ACE IHI BITOR	1
(LYG) LYMPH NODE IMAGING	1
(MWM) ADDITION. CARDIAC WALL MOTION STUDY	76
(TKP) RENAL TRANSPLANT EVALUATION	2
(NM1) NUCLEAR MEDICINE INJECTION/DOSE	22
(MP2) MYOCARD PERF PHARM INTERVENT	48
(RCV) RED CELL VOLUME MULTIPLE	2
(TDH) I -131 RX FOR HYPERTHYROIDISM	7
(NCX) NO CHARGE NUC MED CONSULT	57
(NM2) NO CHARGE NUC MED IMAGES	4
(MSR) MYOCARDIAL PERFUSION (S&R)	43
(TIU) THYROID SCAN AND UPTAKE	11
(TSP) TESTICULAR FLOW & IMAGE	1
(TML) TUMOR/ABCESS LOCAL SPECT	3
(TDX) RX FOR BONE PAIN DUE TO CANCER	2

FOR MONTH OF FEB 1997

(ALW) ABSCESS IMAGING, PLANAR	5
(BNS) BONE SCAN WHOLE BODY/SPOTS	52
(PTS) PARATHYROID IMAGING	1
(LIP) LUNG PERFUSION	34
(LFD) LUNG FUNCTION DIFFERENTIAL	3
(CBR) CARDIAC BLOOD POOL REST MUGA	16
(TIW) THYROID CANCER-WHOLE BODY IMAGING	3
(TLM) TUMOR/ABCESS LOCAL W MULT AREA	6
(TIM) THYROID IMAGE	1
(BIP) BRAIN PUFF&ING LIMITED	1
(RDI) RADIOAEROSOL IMAGE	34
(GEF) GASTRIC EMPTYING WITH PHARM INT	6
(GLI) HEPATOBILIARY IMAGE WITH GBEP	7
(GLW) HEPATOBILIARY IMAGE WITHOUT GBEP	5
(MDV) MECKELS DIVERTICULUM/GASTRIC MUCOSA	2
(GBL) GI BLEED LOCALIZATION	1
(BCT) BRAIN IMAGE (SPECT)	4
(ETR) GASTROESOPHAGEAL REFLUX	1
(RDT) RENAL SCAN WITH DIURETIC	4
(RNC) RENAL FLOW AND FUNCTION	5
(BS3) BONE SCAN & FLOW (TRIPLE PHASE)	9
(BNI) BONE IMAGE SPECT	4
(NRP) RENAL SCAN WITH ACE IHI BITOR	3
(LYG) LYMPH NODE IMAGING	3
(MWM) ADDITION. CARDIAC WALL MOTION STUDY	88
(TKP) RENAL TRANSPLANT EVALUATION	8
(NM1) NUCLEAR MEDICINE INJECTION/DOSE	21
(MP2) MYOCARD PERF PHARM INTERVENT	60
(ST1) SCHILLINGS TEST-STAGE 1	1
(TDH) I -131 RX FOR HYPERTHYROIDISM	6
(TDC) I-131 ABLATION-THYR REMNANT	1
(NCX) NO CHARGE NUC MED CONSULT	75
(NM2) NO CHARGE NUC MED IMAGES	2
(MSR) MYOCARDIAL PERFUSION (S&R)	42
(TIU) THYROID SCAN AND UPTAKE	11
(TML) TUMOR/ABCESS LOCAL SPECT	2
(TDX) RX FOR BONE PAIN DUE TO CANCER	1

(ALW) ABSCESS IMAGING, PLANAR	8
(BNS) BONE SCAN WHOLE BODY/SPOTS	29
(LSI) LIVER & SPLEEN IMAGE (PLANAR)	1
(LIP) LUNG PERFUSION	18
(CSR) CARDIAC BLOOD POOL STRESS MUGA	1

(CBR)	CARDIAC BLOOD POOL REST MUGA	3
(TIW)	THYROID CANCER-WHOLE BODY IMAGING	1
(TLM)	TUMOR/ABCESS LOCAL W MULT AREA	5
(RDI)	RADIOAEROSOL IMAGE	17
(MMR)	MYOCARDIAL PERF-SINGLE (SPECT)	1
(GEF)	GASTRIC EMPTYING WITH PHARM INT	2
(GLI)	HEPATOBIILIARY IMAGE WITH GBEP	9
(GLM)	HEPATOBIILIARY IMAGE WITHOUT GBEP	3
(MDV)	MECKELS DIVERTICULUM/GASTRIC MUCOSA	1
(BCT)	BRAIN IMAGE (SPECT)	8
(BPI)	BRAIN PERF&IMG. COMP	1
(RDT)	RENAL SCAN WITH DIURETIC	1
(RNC)	RENAL FLOW AND FUNCTION	3
(BIM)	BONE IMAGE MULT AREA	2
(BS3)	BONE SCAN & FLOW (TRIPLE PHASE)	4
(TIP)	TUMOR IMAGING PET METABOLIC EVAL.	6
(BNI)	BONE IMAGE SPECT	2
(LIS)	LIVER SPECT	1
(SPP)	CSP SHUNT PATENCY NUC MED	6
(MPP)	MYOCARDIAL PERFUSION SPECT	53
(LYG)	LYMPH NODE IMAGING	8
(MWM)	ADDITION. CARDIAC WALL MOTION STUDY	78
(TKF)	RENAL TRANSPLANT EVALUATION	1
(NM1)	NUCLEAR MEDICINE INJECTION/DOSE	22
(ST1)	SCHILLINGS TEST-STAGE 1	3
(TDH)	I -131 RX FOR HYPERTHYROIDISM	7
(TDC)	I-131 ABLATION-THYR REMNANT	2
(NCX)	NO CHARGE NUC MED CONSULT	70
(NM2)	NO CHARGE NUC MED IMAGES	1
(PYT)	C-14 TEST FOR H. PYLORI(PY)	1
(MSR)	MYOCARDIAL PERFUSION (S&R)	35
(TIU)	THYROID SCAN AND UPTAKE	16
(TML)	TUMOR/ABCESS LOCAL SPECT	2

The American Board of Radiology

Organized through the cooperation of the
American College of Radiology, the American Roentgen Ray Society,
the American Radium Society, the Radiological Society of North America,
the Section on Radiology of the American Medical Association,
the American Society for Therapeutic Radiology and Oncology, the Association of
University Radiologists, and American Association of Physicists in Medicine

Hereby certifies that

James B. Wright, M.D.

Has pursued an accepted course of graduate study
and clinical work, has met certain standards and qualifications and
has passed the examinations conducted under the authority of

The American Board of Radiology

On this third day of June, 1938

Thereby demonstrating to the satisfaction of the Board
that he is qualified to practice the specialty of

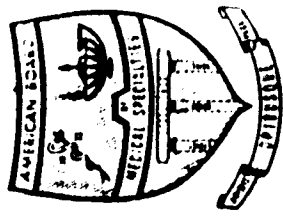
Diagnostic Radiology



W. J. Stinson, M.D.
President

R. P. Hooton, M.D.
Secretary

M. J. C. P., M.D.
Executive Director



DATE: 10-1-98

CORRESPONDENCE CLARIFICATION SHEET

REVIEWER: MONTE PHILLIPS/SANDY FRAZIER
LICENSEE: Columbia Regional
LICENSE NUMBER: 24 16231 01

The following correspondence has been received from the above licensee and it is not clear what action(s) is(are) required: Please review this correspondence and indicate which of the following applies, and please return to Debbie Hersey, or Ryan Te, as soon as possible.

Additional Information to Control No. _____
Process in as a new action, additional information, and no fee required.

Process as new licensing action. Review has already been started on Control No. _____ and this information cannot be combined with current in-house action.

Can be combined with Control No. _____ Review has not started.

Appears to be information for the license file - file it.

Licensee is adding Nuclear Pharmacists.
Amendment is necessary _____ Amendment is not necessary _____
(Information for license file)

Licensee is adding authorized users.
A check is included _____ No check is included _____
Amendment is necessary Amendment is not necessary _____
(This is a Notification)

Process in as a new licensing action:
A. Amendment _____
B. Renewal _____
C. New License Application _____

Other: _____

Thank You For Your Help!!!

01/28/98