

ACCEPTANCE REVIEW MEMO

Licensee: Deaconess Billings Clinic Health

License No.: 25-01051-01

Docket No.: 030-02389

Mail Control No.: 470827

Type of Action: Amend

Date of Requested Action: 1/9/06

Reviewer Assigned:

Date Assigned to Reviewer:

Reviewer(s) Who
Performed Review:

TORRES/COOK

Response Received	Deficiencies Noted During Acceptance Review
	1.
	2.
	3.
	4.

Reviewer's Initials: _____

Date: _____

Branch Chief's and/or SR. HP's Initials: _____

Date: _____

- ☐ Yes ☐ No Action - decommissioning notification should be issued within 30 days.
- ☐ Yes ☐ No Termination request < 90 days from date of expiration
- ☐ Yes ☐ No Action to be expedited
- _____ Medical emergency
- _____ Licensee in noncompliance (i.e. no RSO, location of use/storage not on license, radioactive material in possession not on license)
- _____ National Security
- _____ Other (_____)

Branch Chief's and/or Sr. HP's Initials: _____

Date: _____

SISP Review

☐ Yes ☒ No

Non-Publicly Available, Sensitive if any item below is checked

- _____ Radionuclides, forms, and quantities
- _____ Location of RAM
- _____ Building drawings with locations of RAM
- _____ Security of RAM (locks, alarms, etc.)
- _____ SS&D Catalog information
- _____ Specifics of Emergency Plan (routes to and from RAM, response to security events, etc.)
- _____ Safeguards Information

Branch Chief's and/or Sr. HP's Initials: _____

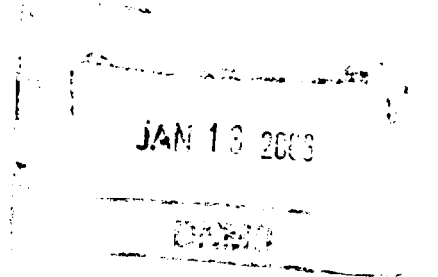
Date: 1/27/06



2800 Tenth Avenue North
P.O. Box 37000
Billings, Montana 59107-7000

January 9, 2006

2/12
Senior Radiation Specialist
Nuclear Materials Safety Branch 1
U.S. NRC Region IV
Texas Health Resources Tower
611 Ryan Plaza, Suite 400
Arlington, TX 76011-4005



Re: Name Change
License: 25-01051-01

Dear Senior Radiation Specialist:

This letter will serve as notice that Deaconess Billings Clinic has changed its name to Billings Clinic. No other changes have been made.

Please find enclosed Information Required for Change of Control and/or Change of Ownership (to include a name change) Source NUREG-1556, Volume 15; and the acknowledgment from the Montana Secretary of State.

Please reflect the name change in your records and forward to my attention any acknowledgment that we would be required to have on file.

Please contact me or Alan Hall, associate counsel at Billings Clinic, at 406-238-2710 if you have questions or if we need to provide additional information. Thank you for your assistance in this matter.

Sincerely,

Debby Sullivan
Administrative Assistant
406-238-2328
Fax: 406-238-2785
dsullivan@billingsclinic.org

Enclosures

Information Required for Change of Control and/or Change of Ownership
(to include a name change)

Source: NUREG-1556, Volume 15

Please provide the following information concerning changes of control (transferor and/or transferee, as appropriate). If any items are not applicable, so state.

1. Provide a complete description of the transaction (i.e., transfer of stocks or assets, or merger). Indicate whether the name has changed and include the new name. Include the name and telephone number of a licensee contact who NRC may contact if more information is needed.

A. Description of the transaction:

Change in legal name.

B. ☐ No name change

☒ New name of licensed organization: Billings Clinic

C. ☒ No change in contact

☐ New contact: _____

☐ New telephone number: _____

2. Describe any changes in personnel or duties that relate to the licensed program. Include training and experience for new personnel.

A. ☒ No changes in personnel having control over licensed activities.

☐ Changes in personnel having control over licensed activities (e.g. officers of a corporation):

B. ☒ No changes in personnel named in the license.

☐ Changes in personnel named in the license (e.g. RSO, AUs) - include training, experience and responsibilities:

3. Describe, in detail, any changes in the organization, location, facilities, equipment or procedures that relate to the licensed program.

☐ Organization:

☐ Equipment:

☐ Location:

☐ Procedures:

☐ Facility:

☒ Not applicable

4. Describe the status of the surveillance program (i.e., surveys, wipe tests, quality control) at the present time and the expected status at the time that control is to be transferred.

A. Description of the status of all surveillance program:

Surveillance program will remain as outlined in application from 12/04.
All surveys, wipe tests, quality control are current.

- B. Surveillance Items & Records: calibrations, leak tests, surveys, inventories, and accountability requirements will be current at the time of transfer

☒ Yes ☐ No (explain)

5. Confirm that all records concerning the safe and effective decommissioning of the facility will be transferred to the transferee or to NRC, as appropriate. These records include documentation of surveys of ambient radiation levels and fixed and/or removable contamination, including methods and sensitivity.

Records transferred to:

☐ New licensee ☐ NRC for license termination ☒ Not applicable

6. Confirm that the transferee will abide by all constraints, conditions, requirements and commitments of the transferor or that the transferee will submit a complete description of the proposed licensed program.

Billings Clinic will abide by all constraints, conditions,
(transferee company)
requirements and commitments of Deaconess Billings Clinic
(transferor company)

Note from
reviewer
→ CEO

Signature/Title
Transferee Official

date

Walter W. Woltin

Signature/Title
Transferor Official

1/6/2006

date

OR

- ☐ Description of proposed licensed program from transferee attached (with signature)

OR

☒ Not applicable (name change only)

Certifying Officer - Signature

Date

Certifying Officer - Typed name and title

SECRETARY OF STATE

STATE OF MONTANA
BRAD JOHNSON

PRIORITY



Montana State Capitol
PO Box 202801
Helena, MT 59620-2801
(406)444-3665
<http://www.sos.mt.gov>

DEACONESS BILLINGS CENTER
ALAN HALL
2800 10TH AVE N
BILLINGS MT 59101 0703

RE: OLD NAME: DEACONESS BILLINGS CLINIC
NEW NAME: BILLINGS CLINIC
Filing Date: December 19, 2005
Filing Number: D11181 – 636369

December 20, 2005

Dear Sir or Madam:

I've approved the filing of the documents for the above named entity. The document number and filing date have been recorded on the original document. This letter serves as your certificate of filing and should be maintained in your files for future reference.

Thank you for giving this office the opportunity to serve you. If you have any questions in this regard, or need additional assistance, please do not hesitate to contact the Business Services Bureau professionals at (406) 444-3665.

Sincerely,

A handwritten signature in cursive script that reads "Brad Johnson".

BRAD JOHNSON
Secretary of State

This is to acknowledge the receipt of your letter/application dated 01/09/06, and to inform you that the initial processing, which includes an administrative review, has been performed.

01/30/06
DATE

☒ There were no administrative omissions. Your application will be 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:

The action you requested is normally processed within 90 days.

☐ 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** 470827.
When calling to inquire about this action, please refer to this mail control number.
You may call me at 817-860-8103.

Sincerely,

Colleen Murnahan

Licensing Assistant

(FOR LEMS USE)
INFORMATION FROM LTS

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Program Code: 02240
Status Code: 0
Fee Category: 7C
Exp. Date: 20150430
Fee Comments: CODE 23
Decom Fin Assur Req'd: N
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1000



2800 Tenth Avenue North
P.O. Box 37000
Billings, Montana 59107-7000

ADDRESS SERVICE
REQUESTED

Address Service Requested

Senior Radiation Specialist
Nuclear Materials Safety Branch 1
U.S. NRC Region IV
Texas Health Resources Tower
611 Ryan Plaza, Suite 400
Arlington TX 76011-4005

LGUTMF 76011

