

Craig Gracyalny
Radiation Safety Officer
Providence Sacred Heart Medical Center & Children's Hospital
101 W. 8th Ave
Spokane, WA 99212

January 15, 2013

Michelle Hammond
US Nuclear Regulatory Commission
Region IV
1600 East Lamar Boulevard
Arlington, TX 76011-4511

RECEIVED

JAN 15 2013

DNMS

Subject: License Renewal Correction #46-27732-01

Hi Michelle,

I received our renewal license and I noticed an error that needs to be corrected. On page 1, in the Licensee box, Line 2 the address should read:

101 W. 8th Ave
Spokane WA 99204

Could you please update this address correction and send me an updated license?

Thanks,



Craig Gracyalny
Radiation Safety Officer
509-474-4808
Craig.Gracyalny@providence.org

*Not error, see ML12206A503
applic section 2
does not say
(mmt)*

PUBLIC

- ☐ Immediate Release
☒ Normal Release

BTC

NON-PUBLIC

- ☒ A.3 Sensitive-Security Related
☐ A.7 Sensitive Internal
☐ Other: _____

Reviewer: *R02* Date: *1-23-13*

No 579747
ML13024A225



DATE

01/16/2013

NAME AND ADDRESS OF APPLICANT AND/OR LICENSEE

Providence Health & Service – Washington
d/b/a Providence Sacred Heart Medical Center &
Children's Hospital Cardiovascular Imaging Centers
ATTN: Craig Gracyalny, Radiation Safety Officer
910 West Fifth Avenue, Suite 300
Spokane, Washington 99204

LICENSE NUMBER

46-27732-01

MAIL CONTROL NUMBER

579747

LICENSING AND/OR TECHNICAL REVIEWER

ch

This is to acknowledge the receipt of your:

☒ LETTER and/or ☐ APPLICATION DATED: 01/15/2013

The initial processing, which included an administrative review, has been performed.

☒ AMENDMENT ☐ TERMINATION ☐ NEW LICENSE ☐ RENEWAL

- ☒ There were no administrative omissions identified during our initial review.
- ☐ This is to acknowledge receipt of your application for renewal of the material(s) license identified above. Your application is deemed timely filed, and accordingly, the license will not expire until final action has been taken by this office.
- ☐ Your application for a new NRC license did not include your taxpayer identification number. Please fill out NRC Form 531, located at the following link:

<http://www.nrc.gov/reading-rm/doc-collections/forms/nrc531.pdf>

Send the completed NRC Form 531, by facsimile, to the following number: (301) 415-5387

A copy of your action has been emailed to our License Fee and Accounts Receivable Branch, in our Headquarters office in Rockville, MD. You will be contacted separately if there is a fee issue involved.

Your application has been assigned the above listed **MAIL CONTROL NUMBER**. When calling to inquire about this action, please refer to this control number. Your application has been forwarded to a technical reviewer. Please note that the technical review, which is normally completed within 180 days for a renewal application (90 days for all other requests), may identify additional omissions or require additional information. If you have any questions concerning the processing of your application, our contact information is listed below:

Region IV
U. S. Nuclear Regulatory Commission
DNMS/NMSB - B
1600 E. Lamar Boulevard
Arlington, TX 76011-4511
(817) 200-1103 or (817) 200-1140

✓ 1/16/13

BETWEEN:

Accounts Receivable/Payable
and
Regional Licensing Branches

[FOR ARPB USE]
INFORMATION FROM WBL

Program Code: 02201
Status Code: Pending Amendment
Fee Category: 7C
Exp. Date:
Fee Comments:
Decom Fin Assur Reqd: N

License Fee Worksheet - License Fee Transmittal

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: Providence Health & Service - Washington
Received Date: 01/15/2013
Docket Number: 3036016
Mail Control Number: 579747
License Number: 46-27732-01
Action Type: Amendment

2. FEE ATTACHED

Amount: _____

Check No.: _____

3. COMMENTS

Signed: _____

Date: _____

Carol L. Hiee
1/16/13

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

1. Fee Category and Amount: _____

2. Correct Fee Paid. Application may be processed for:

Amendment: _____

Renewal: _____

License: _____

3. OTHER _____

Signed: _____

Date: _____