

Hill, Carol

From: Kyle.Haratyk@LPNT.net
Sent: Wednesday, April 06, 2016 4:16 PM
To: Hill, Carol
Subject: [External_Sender] form 313 sage West Lander
Attachments: nrc 313.tiff

Carol,

Here is hopefully all of the form 313 with the cover letter from John Wood.

Thank you,

Kyle Haratyk
Sage West Lander Radiology
307-335-6250

PUBLIC

- ☐ Immediate Release
☒ Normal Release

NON-PUBLIC

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

Reviewer: AKL Date: 4/14/16

NATIONAL OFFICE:

10219 BRECKSVILLE RD, SUITE 201
BRECKSVILLE, OHIO 44141

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PHONE: (216) 663-7000
FAX: (216) 581-4361
V M: (800) 709-4855

December 2, 2015

Kyle Haratyk
Radiology Department
Lander Regional Hospital
1320 Bishop Randall Drive
Lander, WY 82520-3939

RE: Hospital name change

Dear Kyle:

Enclosed please find an NRC amendment to complete the request to change the hospital name to SageWest Lander. This has been a "works in progress" since April 2014 when the NRC lost track of the original amendment request.

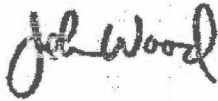
Please have the certifying official of your organization sign at the bottom of form 313. Attach the change of ownership papers to the form 313.

Email the completed amendment to: Carol.Hill@nrc.gov

Keep a copy for your files.

If you have any questions please do not hesitate to contact me.

Sincerely,



John Wood
Medical Nuclear Physicist,
FL Lic. #MNP 57

enclosure

C:\Users\Owner\Documents\AMP files\AMP Master files\SageWest Health Care(LANDER)\AMENDMENT\namechange.wpd

2590605

Item #2 Name and Mailing Address of Applicant

The intent of this amendment is to complete the name change of the hospital from Lander Valley Medical Center, LLC dba Lander Regional Hospital to SageWest Healthcare dba SageWest Lander. The consent to change the name was approved by the NRC in a letter dated April 24, 2014. Please contact Lizette Roldan- Otero, Ph.D. with the NRC if any questions arise regarding the name change.

INSTRUCTIONS: SEE THE APPROPRIATE LICENSE APPLICATION GUIDE FOR DETAILED INSTRUCTIONS FOR COMPLETING APPLICATION. SEND TWO COPIES OF THE ENTIRE COMPLETED APPLICATION TO THE NRC OFFICE SPECIFIED BELOW. *AMENDMENTS/RENEWALS THAT INCREASE THE SCOPE OF THE EXISTING LICENSE TO A NEW OR HIGHER FEE CATEGORY WILL REQUIRE A FEE.

APPLICATION FOR DISTRIBUTION OF EXEMPT PRODUCTS FILE APPLICATIONS WITH:

OFFICE OF FEDERAL & STATE MATERIALS AND ENVIRONMENTAL MANAGEMENT PROGRAMS
DIVISION OF MATERIALS SAFETY AND STATE AGREEMENTS
U.S. NUCLEAR REGULATORY COMMISSION
WASHINGTON, DC 20545-0001

ALL OTHER PERSONS FILE APPLICATIONS AS FOLLOWS:
IF YOU ARE LOCATED IN:

ALABAMA, CONNECTICUT, DELAWARE, DISTRICT OF COLUMBIA, FLORIDA, GEORGIA, KENTUCKY, MAINE, MARYLAND, MASSACHUSETTS, NEW HAMPSHIRE, NEW JERSEY, NEW YORK, NORTH CAROLINA, PENNSYLVANIA, PUERTO RICO, RHODE ISLAND, SOUTH CAROLINA, TENNESSEE, VERMONT, VIRGINIA, VIRGIN ISLANDS, OR WEST VIRGINIA.

SEND APPLICATIONS TO:

LICENSING ASSISTANCE TEAM
DIVISION OF NUCLEAR MATERIALS SAFETY
U.S. NUCLEAR REGULATORY COMMISSION, REGION I
2100 RENAISSANCE BOULEVARD, SUITE 100
KING OF PRUSSIA, PA 19406-2713

IF YOU ARE LOCATED IN:

ILLINOIS, INDIANA, IOWA, MICHIGAN, MINNESOTA, MISSOURI, OHIO, OR WISCONSIN, SEND APPLICATIONS TO:

MATERIALS LICENSING BRANCH
U.S. NUCLEAR REGULATORY COMMISSION, REGION III
2443 WARRENVILLE ROAD, SUITE 210
LISLE, IL 60632-4352

ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, COLORADO, HAWAII, IDAHO, KANSAS, LOUISIANA, MISSISSIPPI, MONTANA, NEBRASKA, NEVADA, NEW MEXICO, NORTH DAKOTA, OKLAHOMA, OREGON, PACIFIC TRUST TERRITORIES, SOUTH DAKOTA, TEXAS, UTAH, WASHINGTON OR WYOMING.

SEND APPLICATIONS TO:

NUCLEAR MATERIALS LICENSING BRANCH
U.S. NUCLEAR REGULATORY COMMISSION, REGION IV
1900 E. LAMAR BOULEVARD
ARLINGTON, TX 76011-4511

PERSONS LOCATED IN AGREEMENT STATES SEND APPLICATIONS TO THE U.S. NUCLEAR REGULATORY COMMISSION ONLY IF THEY WISH TO POSSESS AND USE LICENSED MATERIAL IN STATES SUBJECT TO U.S. NUCLEAR REGULATORY COMMISSION JURISDICTIONS.

1. THIS IS AN APPLICATION FOR (Check appropriate item)

☐ A. NEW LICENSE

☒ B. AMENDMENT TO LICENSE NUMBER 49-17813-01

☐ C. RENEWAL OF LICENSE NUMBER _____

2. NAME AND MAILING ADDRESS OF APPLICANT (Include Zip Code)

SageWest Healthcare
dba SageWest- Lander
1320 Bishop Randall Drive
Lander, Wyoming 82520-3939

3. ADDRESS WHERE LICENSED MATERIAL WILL BE USED OR POSSESSED

4. NAME OF PERSON TO BE CONTACTED ABOUT THIS APPLICATION

John Wood, Associates in Medical Physics, LLC

BUSINESS TELEPHONE NUMBER
(216) 693-7000

BUSINESS CELLULAR TELEPHONE NUMBER
(216) 496-7829

BUSINESS EMAIL ADDRESS
j.wood@ampmedicalphysics.com

SUBMIT ITEMS 6 THROUGH 11 ON 8 1/2 x 11" PAPER. THE TYPE AND SCOPE OF INFORMATION TO BE PROVIDED IS DESCRIBED IN THE LICENSE APPLICATION GUIDE.

5. RADIOACTIVE MATERIAL.

a. Element and mass number; b. chemical and/or physical form; and c. maximum amount which will be possessed at any one time.

6. PURPOSE(S) FOR WHICH LICENSED MATERIAL WILL BE USED.

7. INDIVIDUAL(S) RESPONSIBLE FOR RADIATION SAFETY PROGRAM AND THEIR TRAINING AND EXPERIENCE. (See Attached)

8. TRAINING FOR INDIVIDUALS WORKING IN OR FREQUENTING RESTRICTED AREAS.

9. FACILITIES AND EQUIPMENT.

10. RADIATION SAFETY PROGRAM.

11. WASTE MANAGEMENT.

12. LICENSE FEES (Fees required only for new applications, with few exceptions*)
(See 10 CFR 170 and Section 170.31)

FEE CATEGORY

7C

AMOUNT
ENCLOSED \$

13. CERTIFICATION. (Must be completed by applicant) THE APPLICANT UNDERSTANDS THAT ALL STATEMENTS AND REPRESENTATIONS MADE IN THIS APPLICATION ARE BINDING UPON THE APPLICANT.

THE APPLICANT AND ANY OFFICIAL EXECUTING THIS CERTIFICATION ON BEHALF OF THE APPLICANT, NAMED IN ITEM 2, CERTIFY THAT THIS APPLICATION IS PREPARED IN CONFORMITY WITH TITLE 10, CODE OF FEDERAL REGULATIONS, PARTS 30, 32, 33, 34, 35, 36, 38, AND 40, AND THAT ALL INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF THEIR KNOWLEDGE AND BELIEF.

WARNING: 18 U.S.C. SECTION 1001 ACT OF JUNE 25, 1948, 62 STAT. 749 MAKES IT A CRIMINAL OFFENSE TO MAKE A WILLFULLY FALSE STATEMENT OR REPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION.

CERTIFYING OFFICER—TYPE/PRINTED NAME AND TITLE

[Signature] SA. ERKON

SIGNATURE

[Signature]

DATE

3/3/2016

FOR NRC USE ONLY

TYPE OF FEE	FEE LOG	FEE CATEGORY	AMOUNT RECEIVED	CHECK NUMBER	COMMENTS
			3		

APPROVED BY

DATE

BETWEEN:

Accounts Receivable/Payable
and
Regional Licensing Branches

[FOR ARPB USE]
INFORMATION FROM WBL

Program Code: 02121
Status Code: Pending Amendment
Fee Category: 7C
Exp. Date:
Fee Comments: CODE 33
Decom Fin Assur Req'd: N

License Fee Worksheet - License Fee Transmittal

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: LANDER VALLEY MEDICAL CENTER, LLC
Received Date: 04/06/2016
Docket Number: 3013375
Mail Control Number: 590605
License Number: 49-17813-01
Action Type: Amendment

2. FEE ATTACHED

Amount: _____

Check No.: _____

3. COMMENTS

Signed: _____

Date: _____

Carol R. Hise
4/12/16

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: _____



DATE

04/12/2016

NAME AND ADDRESS OF APPLICANT AND/OR LICENSEE

Lander Valley Medical Center, LLC
dba Lander Regional Hospital
ATTN: Perry Fletcher Cook, M.D.
Radiation Safety Officer
1320 Bishop Randall Drive
Lander, Wyoming 82520-3939

LICENSE NUMBER

49-17813-01

MAIL CONTROL NUMBER

590605

LICENSING AND/OR TECHNICAL REVIEWER

CH

This is to acknowledge the receipt of your:



LETTER and/or



APPLICATION

DATED: 04/06/2016

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