



Sacred Heart Hospital

RECEIVED  
APR 21 2016

501 Summit Street  
Yankton, SD 57078-3855  
(605) 668-8000

[www.averasacredheart.org](http://www.averasacredheart.org)

April 15, 2016

DNMS

Ray L Kellar, PE Chief  
Nuclear Material Safety Branch A  
Division of Nuclear Material Safety  
U.S. Nuclear Regulatory Commission Region IV  
1600 East Lamar Blvd  
Arlington, TX 76001-4511

Re: License # 40-01683

Dear Mr.Kellar:

Please amend our material license to delete William C Doeblor M.D. as an authorized user, effective immediately. He is no longer on the professional staff of our organization.

Please contact me or our Radiation Safety officer S. Guru Prasad, Ph.D., DABR if you require additional information.

Sincerely,

Douglas Ekeren, FACHE  
Regional President and CEO

~~PUBLIC~~

- ☒ Immediate Release  
☒ Normal Release

NON-PUBLIC

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

Reviewer: MR

Date: 4/22/16

590 708  
590708



501 Summit  
Yankton, SD 57078-3855

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Ray L Kellar, PE Chief  
Nuclear Material Safety Branch A  
Division of Nuclear Material Safety  
U.S. Nuclear Regulatory Commission Region  
IV  
1600 East Lamar Blvd  
Arlington, TX 76001-4511

76011458725



59070



DATE

04/20/2016

NAME AND ADDRESS OF APPLICANT AND/OR LICENSEE

S. Guru Prasad, Ph.D., Radiation Safety Officer  
Avera Sacred Heart Hospital  
Department of Radiology  
501 Summit Street  
Yankton, South Dakota 57078-3899

LICENSE NUMBER

40-01683-01

MAIL CONTROL NUMBER

590708

LICENSING AND/OR TECHNICAL REVIEWER

JAB

This is to acknowledge the receipt of your:

☒ LETTER and/or ☐ APPLICATION

DATED: 04/21/2016

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) 200-1140

✓ 4-21-16

BETWEEN:

Accounts Receivable/Payable  
and  
Regional Licensing Branches

[ FOR ARPB USE ]  
INFORMATION FROM WBL

Program Code: 02120  
Status Code: Pending Amendment  
Fee Category: 7C  
Exp. Date:  
Fee Comments: CODE 21  
Decom Fin Assur Req: N

## License Fee Worksheet - License Fee Transmittal

### A. REGION

#### 1. APPLICATION ATTACHED

Applicant/Licensee: AVERA SACRED HEART HOSPITAL  
Received Date: 04/21/2016  
Docket Number: 3003235  
Mail Control Number: 590708  
License Number: 40-01683-01  
Action Type: Amendment

#### ~~2. FEE ATTACHED~~

~~Amount: \_\_\_\_\_~~

~~Check No.: \_\_\_\_\_~~

#### 3. COMMENTS

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

*Jennifer Budger*  
4-21-16

### 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: \_\_\_\_\_