



Exceptional Care for Life

(406) 488-2100
(800) 331-7575
Fax: (406) 488-2115
216 14th Ave. SW • Sidney, MT 59270
www.sidneyhealth.org

April 29, 2016

United States Nuclear Regulatory Commission
Attn: Radioactive Materials Licensing
Region IV
1600 E. Lamar Blvd.
Arlington, TX 76011-4511

RECEIVED
MAY 3 5 2016
DNMS

Re: License 25-19824-01

Dear Sir or Madam:

I am writing to request an amendment to Sidney Health Center radioactive materials license (License) 25-19824-01, located in Sidney, MT. As follows:

1. Please remove Kermit V. Ragain, M.D. as an authorized user physician, License condition 12.B. Dr. Ragain has passed away.

Please contact me with any questions. I can be reached at 701-577-6337. Additionally, you may reach Mr. Rance Haralson, Nuclear Medicine, at 406-488-2196 or rance@sidneyhealth.org with any questions. Thank you for your continued assistance.

Sincerely,

Leszek J. Jaszczak, M.D.
Radiation Safety Officer

PUBLIC

- ☐ Immediate Release
☒ Normal Release

NON-PUBLIC

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

Reviewer: RTZ Date: 5/9/16

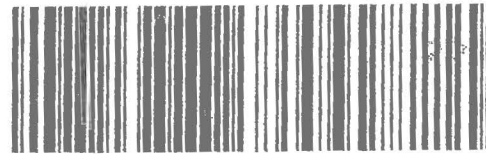
No 590823

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Exceptional Care for Life
216 14th Ave. SW • Sidney, MT 59270
Return Service Requested

CERTIFIED MAIL



91 7199 9991 7034 8395 2704

BILLINGS MT 591

APR 2016 PM 2:11



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Re: License 25-19824-01

760114511

590823



ACKNOWLEDGEMENT - RECEIPT OF CORRESPONDENCE

Name and Address of Applicant and/or Licensee

Leszek J. Jaszczak, M.D.
Radiation Safety Officer
Sidney Health Center
216 14th Avenue Southwest
P.O. Box 1690
Sidney, Montana 59270-1690

License Number(s)

25-19824-01

Mail Control Number(s)

590823

Licensing and/or Technical Reviewer or Branch

C. Hill 05/05/2016

This is to acknowledge receipt of your: ☒ Letter and/or ☐ Application Dated: 04/29/2016

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, Request for Taxpayer Identification Number, 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

☐ The following administrative omissions have been identified:

A copy of your action has been e-mailed 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 or (817) 200-1209

✓ 5/5

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: 12/31/2018
Fee Comments: CODE 23
Decom Fin Assur Req: N

License Fee Worksheet - License Fee Transmittal

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: SIDNEY HEALTH CENTER
Received Date: 05/05/2016
Docket Number: 3019288
Mail Control Number: 590823
License Number: 25-19824-01
Action Type: Amendment

2. FEE ATTACHED

Amount: _____

Check No.: _____

3. COMMENTS

Signed: _____

Date: _____

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: _____