

RECEIVED
DEC 3 5 2016

-2-

DNMS

Information Required for Change of Control and/or Change of Ownership
(Includes Change of Name)

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, state so.

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:

Name change: Docket No.: 030-03509; License No.: 50-13648-01; Control No.: 592230. James McKenna, Director, Medical Imaging and Radiation Oncology can be reached at 907-458-5662

B. ☐ No name change

☒ New name of licensed organization: Foundation Health, LLC

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

PUBLIC

- ☐ Immediate Release
☒ Normal Release

NON-PUBLIC

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

Reviewer: C. Hice Date: 12/5/16

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:

Daily Surveys; Weekly Wipes; QC on all equipment prior to use

No Change

- 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.

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

Signature/Title
Transferee Official

Signature/Title
Transferor Official

date

date

OR

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

OR

- ☒ Not applicable (name change only)



Certifying Officer - Signature

Mark Burton, MD. RSO

Certifying Officer - Typed name and title

11/22/2016

Date



Denali Center
Fairbanks Memorial Hospital

1650 Cowles Street
Fairbanks, AK 99701

CERTIFIED MAIL



7016 0750 0000 4574 2741



\$003.76⁵
DEC 28 2016

U.S. Nuclear Regulatory Commission, Region IV
ATTN: DNMS Licensing Asst (Mail Control 592230)
1600 East Lamar Boulevard
Arlington, TX 76011-4511

RECEIVED DEC - 5 2016

76011\$4587 C002

