

December 5, 2016

Nuclear Regulatory Commission
Nuclear Materials Safety Branch B
Region IV
1600 East Lamar Boulevard
Arlington Texas 76011

RE: NRC license #40-15633-01

PUBLIC

- ☐ Immediate Release
☒ Normal Release

NON-PUBLIC

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

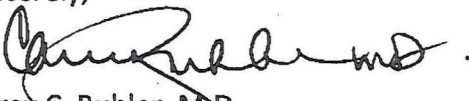
Reviewer: _____ Date: _____

To whom it may concern:

The intent of this amendment request is to:

1. Add Xiang Kong, M.S., as an AMP for Iridium-192 in a High Dose Rate Remote Afterloader unit for calibrations, spot checks, and training. Mr. Kong is currently listed as an AMP on NRC license number 40-16571-01.
2. Remove Laura O'Neill, AMP from the license. Ms. O'Neill is no longer working at this facility.

Sincerely,


Carey C. Buhler, M.D.
Radiation Safety Officer

ML17005A475
11-592699

11-592903

Sponsored by the Benedictine
and Presentation Sisters

NRC FORM 313 (06-2016) 10 CFR 30, 32, 33, 34 35, 36, 37, 39, and 40	U.S. NUCLEAR REGULATORY COMMISSION <div style="text-align: center;"> APPLICATION FOR MATERIALS LICENSE </div>	APPROVED BY OMB: NO. 3150-0120 EXPIRES: 06/30/2019 Estimated burden per response to comply with this mandatory collection request: 4.3 hours. Submittal of the application is necessary to determine that the applicant is qualified and that adequate procedures exist to protect the public health and safety. Send comments regarding burden estimate to the FOIA, Privacy, and Information Collections Branch (T-5 F53), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by e-mail to Infocollections.Resource@nrc.gov , and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0120), Office of Management and Budget, Washington, DC 20503. If a means used to impose an information collection does not display a currently valid OMB control number, the NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.				
INSTRUCTIONS: SEE THE CURRENT VOLUMES OF THE NUREG-1556 TECHNICAL REPORT SERIES ("CONSOLIDATED GUIDANCE ABOUT MATERIALS LICENSES") FOR DETAILED INSTRUCTIONS FOR COMPLETING THIS FORM: http://www.nrc.gov/reading-rm/doc-collections/nuregs/staff/sr1556/. SEND TWO COPIES OF THE COMPLETED APPLICATION TO THE NRC OFFICE SPECIFIED BELOW.						
APPLICATION FOR DISTRIBUTION OF EXEMPT PRODUCTS FILE APPLICATIONS WITH: MATERIALS SAFETY LICENSING BRANCH DIVISION OF MATERIAL SAFETY, STATE, TRIBAL AND RULEMAKING PROGRAMS OFFICE OF NUCLEAR MATERIALS SAFETY AND SAFEGUARDS U.S. NUCLEAR REGULATORY COMMISSION WASHINGTON, DC 20555-0001 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 60532-4352 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 1600 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) <input type="checkbox"/> A. NEW LICENSE <input checked="" type="checkbox"/> B. AMENDMENT TO LICENSE NUMBER <u>40-15633-01</u> <input type="checkbox"/> C. RENEWAL OF LICENSE NUMBER _____		2. NAME AND MAILING ADDRESS OF APPLICANT (Include ZIP code) Avera Queen of Peace Health Services Carey C. Buhler, M.D. 525 North Foster Mitchell, SD 57301				
3. ADDRESS WHERE LICENSED MATERIAL WILL BE USED OR POSSESSED Avera Cancer Institute Mitchell 605 North Foster Mitchell, SD 57301		4. NAME OF PERSON TO BE CONTACTED ABOUT THIS APPLICATION Charlene Berke, Director <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">BUSINESS TELEPHONE NUMBER (605) 995-5756</td> <td style="width:50%;">BUSINESS CELLULAR TELEPHONE NUMBER</td> </tr> <tr> <td colspan="2">BUSINESS EMAIL ADDRESS charlene.berke@avera.org</td> </tr> </table>	BUSINESS TELEPHONE NUMBER (605) 995-5756	BUSINESS CELLULAR TELEPHONE NUMBER	BUSINESS EMAIL ADDRESS charlene.berke@avera.org	
BUSINESS TELEPHONE NUMBER (605) 995-5756	BUSINESS CELLULAR TELEPHONE NUMBER					
BUSINESS EMAIL ADDRESS charlene.berke@avera.org						
SUBMIT ITEMS 5 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.				
8. TRAINING FOR INDIVIDUALS WORKING IN OR FREQUENTING RESTRICTED AREAS.		7. INDIVIDUAL(S) RESPONSIBLE FOR RADIATION SAFETY PROGRAM AND THEIR TRAINING AND EXPERIENCE.				
10. RADIATION SAFETY PROGRAM.		9. FACILITIES AND EQUIPMENT.				
12. LICENSE FEES (Fees required only for new applications, with few exceptions) (See 10 CFR 170 and Section 170.31) *Amendments/Renewals that increase the scope of the existing license to a new or higher fee category will require a fee.		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">FEE CATEGORY</td> <td style="width:30%; text-align: center;">AMOUNT ENCLOSED \$</td> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> </table>	FEE CATEGORY	AMOUNT ENCLOSED \$		
FEE CATEGORY	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, 38, 37, 39, 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 - TYPED/PRINTED NAME AND TITLE Carey C. Buhler, M.D., Radiation Safety Officer		SIGNATURE DATE 12/7/16				
FOR NRC USE ONLY						
TYPE OF FEE	FEE LOG	FEE CATEGORY	AMOUNT RECEIVED	CHECK NUMBER	COMMENTS	
APPROVED BY				DATE		

Hill, Carol

From: Charlene Berke <Charlene.Berke@avera.org>
Sent: Friday, December 30, 2016 9:46 AM
To: Hill, Carol; Bridges, Jennifer
Cc: Carey Buhler, MD; Stephanie London
Subject: [External_Sender] Amendment Change Request attached
Attachments: NRC amendment.pdf

Ms. Hill and Bridges

I have attached a request to amend Avera Queen of Peace Hospital's NRC license for your review.

Please let me know if you have any questions.

Thank you,
Charlene

*Charlene Berke
Director
Avera Cancer Institute- Mitchell
605 North Foster
Mitchell SD 57301
Office: 605.995.2430 Main: 605.995.5756 Fax: 605.995.5750
Email: charlene.berke@avera.org
www.averaqueenofpeace.org*



ACKNOWLEDGEMENT - RECEIPT OF CORRESPONDENCE

Name and Address of Applicant and/or Licensee

Carey C. Buhler, M.D.
Radiation Safety Officer
Avera Queen of Peace Health Services
525 North Foster
Mitchell, SD 57301-2999

Date

02/01/2017

License Number(s)

40-15633-01

Mail Control Number(s)

592903

Licensing and/or Technical Reviewer or Branch

CHill

This is to acknowledge receipt of your: ☒ Letter and/or ☐ Application Dated: 12/05/2016

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 complete and submit NRC Form 531, Request for Taxpayer Identification Number, located at the following link: <http://www.nrc.gov/reading-rm/doc-collections/forms/nrc531.pdf>
Follow the instructions on the form for submission.

☐ The following administrative omissions have been identified:

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) 200-1209 or (817) 200-1140

2/1/17

BETWEEN:

Accounts Receivable/Payable
and
Regional Licensing Branches

[FOR ARPB USE]
INFORMATION FROM WBL

Program Code: 02230
Status Code: Pending Amendment
Fee Category: 7C
Exp. Date: 10/31/2023
Fee Comments:
Decom Fin Assur Req: N

License Fee Worksheet - License Fee Transmittal

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: Avera Queen of Peace Health Services
Received Date: 12/30/2016
Docket Number: 3009486
Mail Control Number: 592903
License Number: 40-15633-01
Action Type: Amendment

2. FEE ATTACHED

Amount: _____

Check No.: _____

3. COMMENTS

Signed: _____

Date: _____

Carol R. Heie
2/1/17

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: _____