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FEB 25 2020

DNMS

February 25, 2020

U.S. Nuclear Regulatory Commission, Region IV
612 East Larmar Blvd. Suite 400
Arlington, TX 76011-4125

Re: Notification for Billings Clinic, NRC License Number 25-01051-01

Dear NRC Reviewer

We wish to inform you of our new CEO. Dr. Scott Ellner, DO, MPH, FACS was appointed CEO by the board of directors in January 2020. Contact information for Dr. Ellner is:

Scott Ellner, DO, MPH, FACS
Chief Executive Officer, Billings Clinic
2800 Tenth Avenue North
Billings, Montana 59101
SEllner@billingsclinic.org
406-435-2609

If you have questions or require additional information, please contact me at 925-550-7720.
Thank you for your assistance with this request.

Chris Fitz

Christopher Fitz, JD, MS, ABSNM
Radiation Safety Officer
Billings Clinic
Billings, MT 59101

PUBLIC

- ☐ Immediate Release
☒ Normal Release

NON-PUBLIC

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

Reviewer: *CF* Date: 2-28-2020

618147

Hill, Carol

From: Chris Fitz <chrisfitz65@hotmail.com>
Sent: Tuesday, February 25, 2020 8:48 PM
To: Hill, Carol
Subject: [External_Sender] NEW CEO for Billings Clinic NRC License 25-01051-01
Attachments: BillingsClinic_letter_NRC_NEW CEO.pdf

Hello Carol, thank you.

Have a great day.

Chris



ACKNOWLEDGEMENT - RECEIPT OF CORRESPONDENCE

Name and Address of Applicant and/or Licensee Christopher K. Fitz, J.D., M.S. Radiation Safety Officer Billings Clinic Department of Nuclear Medicine P.O. Box 37000 Billings, MT 59107	Date 02/27/2020
	License Number(s) 25-01051-01
	Mail Control Number(s) 618147
	Licensing and/or Technical Reviewer or Branch C. Hill

This is to acknowledge receipt of your: ☒ Letter and/or ☐ Application Dated: 02/25/2020

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) 200-1103 or (817) 200-1140

✓ 2/27

BETWEEN:

Accounts Receivable/Payable
and
Regional Licensing Branches

[FOR ARPB USE]
INFORMATION FROM WBL

Program Code: 02240
Status Code: Pending Amendment
Fee Category: 7C
Exp. Date: 10/31/2025
Fee Comments:
Decom Fin Assur Req: N

License Fee Worksheet - License Fee Transmittal

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: Billings Clinic
Received Date: 02/27/2020
Docket Number: 3002389
Mail Control Number: 618147
License Number: 25-01051-01
Action Type: Notifications

2. FEE ATTACHED

Amount: _____

Check No.: _____

3. COMMENTS

Signed: _____

Carol L. Hice

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: _____