NRC FORM 374
(7-94)

U.S. NUCLEAR REGULATORY COMMISSION

Amendment No. 20

MATERIALS LICENSE

Pursuant to the Atomic Energy Act of 1954, as amended, the Energy Reorganization Act of 1974 (Public Law 93-438), and Title 10, Code of Federal Regulations, Chapter I, Parts 30, 31, 32, 33, 34, 35, 36, 39, 40, and 70, and in reliance on statements and representations heretofore made by the licensee, a license is hereby issued authorizing the licensee to receive, acquire, possess, and transfer byproduct, source and special nuclear material designated below; to use such material for the purpose(s) and at the place(s) designated below; to deliver or transfer such material to persons authorized to receive it in accordance with the regulations of the applicable Part(s). This license shall be deemed to contain the conditions specified in Section 183 of the Atomic Energy Act of 1954, as amended, and is subject to all applicable rules, regulations, and orders of the Nuclear Regulatory Commission now or hereafter in effect and to any conditions specified below.

301721

Licensee	
1. Columbia Independence Regional Health Center	In accordance with letter dated August 8, 1996
2. 1509 W. Truman Road Independence, MO 64050	3. License Number 24-18655-01 is amended in its entirety to read as follows:
	4. Expiration Date August 31, 2000
	5. Docket or Reference No. 030-13994

6. Byproduct, Source, and/or Special Nuclear Material	7. Chemical and/or Physical Form	8. Maximum Amount that Licensee May Possess at Any One Time Under This License
A. Any byproduct material identified in 10 CFR 35.100	A. Any radiopharmaceutical identified in 10 CFR 35.100	A. As needed
B. Any byproduct material identified in 10 CFR 35.200	B. Any radiopharmaceutical identified in 10 CFR 35.200	B. As needed
C. Any byproduct material identified in 10 CFR 35.300	C. Any radiopharmaceutical identified in 10 CFR 35.300	C. As needed
D. Any byproduct material identified in 10 CFR 35.400	D. Any brachytherapy source identified in 10 CFR 35.400	D. As needed
E. Any byproduct material identified in 10 CFR 35.500	E. Sealed sources identified in 10 CFR 35.500	E. As needed
F. Any byproduct material identified in 10 CFR 31.11	F. Prepackaged Kits	F. As needed

9. Authorized Use:

A. Medical use described in 10 CFR 35.100.

B. Medical use described in 10 CFR 35.200.

MATERIALS LICENSE
SUPPLEMENTARY SHEET

License Number
24-18655-01

Docket or Reference Number
030-13994

Amendment No. 20

C. Medical use described in 10 CFR 35.300.

D. Medical use described in 10 CFR 35.400.

E. Medical use described in 10 CFR 35.500 in devices which have been evaluated and approved for licensing purposes by the U.S. Nuclear Regulatory Commission or an Agreement State.

F. In vitro studies.

CONDITIONS

10. Location of Use: Columbia Independence Regional
Health Center
1509 W. Truman Road
Independence, MO 64050

11. Radiation Safety Officer: Jon E. Gustafson, M.D.

12. Licensed material listed in Item 6 above is only authorized for use by, or under the supervision of, the following individuals for the materials and uses indicated:

Authorized Users	Material and Use
A. Jack Stuber, M.D.	10 CFR 35.100, 35.200, 35.300 (excluding Iodine-131 for thyroid carcinoma therapy), 35.500 and 31.11.
B. Jon E. Gustafson, M.D.	10 CFR 35.100, 35.200, 35.300 (excluding Iodine-131 for thyroid carcinoma therapy), 35.500 and 31.11.
C. David E. Hazuka, M.D.	10 CFR 35.100, 35.200, 35.300 (excluding Iodine-131 for thyroid carcinoma therapy), 35.500 and 31.11.
D. David A. Phelan, M.D.	10 CFR 35.100, 35.200, 35.300
E. Stephen R. Kunz, M.D.	10 CFR 35.100, 35.200, 35.300 (excluding Iodine-131 for thyroid carcinoma therapy), 35.500 and 31.11.

MATERIALS LICENSE
SUPPLEMENTARY SHEET

License Number 24-18655-01

Docket or Reference Number 030-13994

Amendment No. 20

12. (Continued)

Authorized Users		Material and Use
F.	Owen D. Maddox, M.D.	10 CFR 35.100, 35.200, 35.300, 35.500 and 31.11.
G.	George William Pogson, M.D.	10 CFR 35.200, limited to cardiovascular clinical procedures.
H.	Richard A. Morrison, M.D.	10 CFR 35.400 and 35.500.
I.	Gwendolyn Ramsey Arnett, M.D.	10 CFR 35.100, 35.200, 35.300, 35.500 and 31.11.
J.	Sandra K. Heard, M.D.	10 CFR 35.100, 35.200, 35.500 and 31.11.
K.	Dennis Wilcox, M.D.	10 CFR 35.100, 35.200, 35.300 (excluding Iodine-131 for thyroid carcinoma therapy) 35.500 and 31.11.
L.	Robert Thompson, M.D.	10 CFR 35.100, 35.200, 35.300 (excluding Iodine-131 for thyroid carcinoma therapy) 35.500 and 31.11.
M.	Richard L. Cronemeyer, M.D.	10 CFR 35.100, 35.200, 35.300 (excluding Iodine-131 for thyroid carciroma therapy) 35.500 and 31.11.
N.	Paul Ren Chu, M.D.	10 CFR 35.200 (limited to cardiovascular clinical procedures).
O.	Stephen A. Bloom, M.D.	10 CFR 35.200 (limited to cardiovascular clinical procedures).
P.	Gordon Stillie, D.O.	10 CFR 35.400

13. Notwithstanding the provisions of Section 35.49 "Suppliers" of Title 10, Code of Federal Regulations, the licensee is authorized to receive 10 CFR Part 35.400 material from NRC License Number 24-19486-02 in accordance with application dated April 3, 1990.

14. The licensee shall not administer any doses to patients, which exceed the prescribed dose by ±10%.

MATERIALS LICENSE
SUPPLEMENTARY SHEET

License Number 24-18655-01

Docket or Reference Number 030-13994

Amendment No. 20

15. In addition to the possession limits in Item 8, the licensee shall further restrict the possession of licensed material to quantities below the minimum limit specified in 10 CFR 30.35(d) for establishing decommissioning financial assurance.

16. This license is based on the licensee's statements and representations listed below:

    A. Application dated April 30, 1990; and

    B. Letters dated February 24, 1992, May 21, 1993, and August 8, 1996.

FOR THE U.S. NUCLEAR REGULATORY COMMISSION

Date Oct 1, 1996

By Evelyn F. Weiss
Materials Licensing Section, Region III

BETWEEN:

LICENSE FEE MANAGEMENT BRANCH, ARM
AND
REGIONAL LICENSING SECTIONS

(FOR LFMS USE)
INFORMATION FROM LTS

PROGRAM CODE: 02120
STATUS CODE: 0
FEE CATEGORY: 7C 2B
EXP. DATE: 20000831
FEE COMMENTS:
DECOM FIN ASSUR REQD: N

R9
16

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
   APPLICANT/LICENSEE: COLUMBIA INDPNCE REG. HLTH. CNTR.
   RECEIVED DATE: 960813
   DOCKET NO: 3013994
   CONTROL NO.: 301721
   LICENSE NO.: 24-18655-01
   ACTION TYPE: AMENDMENT

2. FEE ATTACHED
   AMOUNT:
   CHECK NO.: 0

3. COMMENTS

SIGNED D. Hussey
DATE 9-12-96

B. LICENSE FEE MANAGEMENT BRANCH (CHECK WHEN MILESTONE 03 IS ENTERED /__/)

1. FEE CATEGORY AND AMOUNT: 7C #440

2. CORRECT FEE PAID. APPLICATION MAY BE PROCESSED FOR:
   AMENDMENT ✓
   RENEWAL
   LICENSE

3. OTHER

SIGNED JC
DATE 9/17/96

SEP 23 1996

Log	Aug 9 III	
Remitter		
Check No.	698672L	713575
Amount	#430	#10
Fee Category	7C	
Type of Fee	AMD	
Date Check Rec'd	8/30/96	
Date Completed	9/17/96	
By:	JC	

COLUMBIA Independence
Regional Health Center

1509 West Truman Road
Independence, Missouri 64050-9988
Phone: (816) 836-8100
COLUMBIA'S home page is http://www.columbia-hca.com

8 August 1996

U.S. Nuclear Regulatory Commission
Regional Licensing Section
801 Warrenville Road
Lisle, IL 60532-4351

Re: Amendment of License #24-18655-01

Gentlemen:

The Independence Regional Health Center is currently licensed for 35.400 material. The license application indicated that the radiation therapist from the Radiarium (Dr. Richard Morrison or his associates) would transport the material from their facility to the Independence Regional Health Center. . relation to that procedure, we had requested a waiver to 10 CFR 35.14.

We wish to amend the Radioactive Materials License to allow receipt of 35.400 material (excluding Cs-137) directly from approved vendors.

The material will be ordered on a case by case basis and only that amount needed for a specific patient will be ordered. The material will be delivered directly to our Nuclear Medicine Department where the normal package receipt procedure will be followed. The material will remain in its original shipping container behind lead bricks in the Hot Lab. Any permanent implant seeds that are not used during the procedure or that are excreted through the urine will be placed back in the original shipping container and stored behind lead bricks in the Hot Lab until they have decayed at least ten half lives. They will then be disposed of as normal waste. The Ir-192 ribbons will be stored in the storage area located in the basement of our facility and which is currently listed as an authorized place of use on our license until they are returned to the vendor.

All other procedures currently outlined in our license application will be followed for the survey and use of the 35.300 material.

We wish to have Gordon Stillie, M.D. listed as an authorized user on our license. This individual should be licensed for 35.400 materials. Dr. Stillie is currently listed on license #24-18628-01. This license is issued to North Kansas City Hospital, 2800 Clay Edwards Drive, North Kansas City, MO.

PM: 8-9-96

COLUMBIA Independence Regional Health Center

1509 West Truman Road
Independence, Missouri 64050-9988
Phone: (816) 836-8100
COLUMBIA'S home page is http://www/columbia-hca.com

We also wish to have David A. Phelan, M.D. listed as an authorized user on our license. This individual should be licensed for 35.100, 35.200 and 35.300 materials. We have enclosed Supplements A and B for Dr. Phelan.

We wish to delete William M. Chase, M.D., John E. Scott, M.D. and Robert G. Schewgler, M.D. as authorized users on our license.

Finally, we would like to inform you of the name change of our institution. The name is being changed from Independence Regional Health Center to Columbia Independence Regional Health Center.

The amendment fee of $430.00 will be mailed directly from Columbia/HCA Corporate Headquarters in Louisville, KY.

If you nave any questions concerning the above amendment requests or if we can be of any further assistance in this matter, please do not hesitate to call.

Sincerely,

J. E. Gustafson, M.D.

Jon E. Gustafson, M.D.
Radiation Safety Officer

FORM NRC-313M-SUPPLEMENT A (8-78) U.S. NUCLEAR REGULATORY COMMISSION

TRAINING AND EXPERIENCE
AUTHORIZED USER OR RADIATION SAFETY OFFICER

1. NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER	2. STATE OR TERRITORY IN WHICH LICENSED TO PRACTICE MEDICINE
DAVID A. PEHLAN, M.D.	MISSOURI

3. CERTIFICATION

SPECIALTY BOARD A	CATEGORY B	MONTH AND YEAR CERTIFIED C
AMERICAN BOARD OF RADIOLOGY		JUNE, 95

4. TRAINING RECEIVED IN BASIC RADIOISOTOPE HANDLING TECHNIQUES

FIELD OF TRAINING A	LOCATION AND DATE(S) OF TRAINING B	TYPE AND LENGTH OF TRAINING: LECTURE/ LABORATORY COURSES (Hours) C	TYPE AND LENGTH OF TRAINING: SUPERVISED LABORATORY EXPERIENCE (Hours) D
a. RADIATION PHYSICS AND INSTRUMENTATION	ST. LUKE'S TRUMAN MEDICAL CENTER KANSAS CITY, MO 7/91-6/95	230	230
b. RADIATION PROTECTION	"	"	"
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY	"	"	"
d. RADIOBIOLOGY	"	"	"
e. RADIOPHARMACEUTICAL CHEMISTRY	"	"	"

5. EXPERIENCE WITH RADIATION. *(Actual use of Radioisotopes or Equivalent Experience)*

ISOTOPE	MAXIMUM AMOUNT	WHERE EXPERIENCE WAS GAINED	DURATION OF EXPERIENCE	TYPE OF USE
Tc99m		St.Luke's Hospitla	6 months	Diagnostic
I 131		"	"	" /Therapeutic
IN 111		"	"	Diagnostic
Ga 67		"	"	Diagnostic
Sr 89		"	"	Therapy
Th 201		"	"	Diagnostic
Cr 51		"	"	Diagnostic
P 32		"	"	Therapy

FORM NRC-313M-SUPPLEMENT B
(8-78)

U. S. NUCLEAR REGULATORY COMMISSION

PRECEPTOR STATEMENT

Supplement B must be completed by the applicant physician's preceptor. If more than one preceptor is necessary to document experience, obtain a separate statement from each.

1. APPLICANT PHYSICIAN'S NAME AND ADDRESS

FULL NAME
DAVID ANDREW PHELAN, M.D.

STREET ADDRESS
8706 W 89th Street

CITY | STATE | ZIP CODE
Overland Park | KS | 66212

KEY TO COLUMN C

PERSONAL PARTICIPATION SHOULD CONSIST OF:

1-Supervised examination of patients to determine the suitability for radioisotope diagnosis and/or treatment and recommendation for prescribed dosage.

2-Collaboration in dose calibration and actual administration of dose to the patient including calculation of the radiation dose, related measurements and plotting of data.

3-Adequate period of training to enable physician to manage radioactive patients and follow patients through diagnosis and/or course of treatment.

2. CLINICAL TRAINING AND EXPERIENCE OF ABOVE NAMED PHYSICIAN

ISOTOPE A	CONDITIONS DIAGNOSED OR TREATED B	NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION C	COMMENTS (Additional information or comments may be submitted in duplicate on separate sheets.) D
I-131 or I-125	DIAGNOSIS OF THYROID FUNCTION	45	
	DETERMINATION OF BLOOD AND BLOOD PLASMA VOLUME	4	
	LIVER FUNCTION STUDIES	0	
	FAT ABSORPTION STUDIES	0	
	KIDNEY FUNCTION STUDIES	234	
	IN VITRO STUDIES	0	
OTHER	Gallium 67	42	
I-125	DETECTION OF THROMBOSIS	0	
I-131	THYROID IMAGING	4	
P-32	EYE TUMOR LOCALIZATION	0	
Se-75	PANCREAS IMAGING	0	
Yb-169	CISTERNOGRAPHY	0	
Xe-133	BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES	0	
OTHER		52	
Tc-99m	BRAIN IMAGING	1	
	CARDIAC IMAGING	61	
	THYROID IMAGING	51	
	SALIVARY GLAND IMAGING	0	
	BLOOD POOL IMAGING	3	
	PLACENTA LOCALIZATION	0	
	LIVER AND SPLEEN IMAGING	7	
	LUNG IMAGING	234	
	BONE IMAGING	605	
OTHER	HIDA	30	

RECEPTOR STATEMENT (Continued)

2. CLINICAL TRAINING AND EXPERIENCE OF ABOVE NAMED PHYSICIAN (Continued)

ISOTOPE A	CONDITIONS DIAGNOSED OR TREATED B	NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION C	COMMENTS (Additional information or comments may be submitted in duplicate on separate sheets.) D
P-32 (Solution)	TREATMENT OF POLYCYTHEMIA VERA, LEUKEMIA, AND BONE METASTASES	1	
P-32 (Colloid)	INTRACAVITARY TREATMENT	0	
I-131	TREATMENT OF THYROID CARCINOMA	3	
	TREATMENT OF HYPERTHYROIDISM	21	
Au-198	INTRACAVITARY TREATMENT	0	
Co-60 or Cs-137	INTERSTITIAL TREATMENT	0	
	INTRACAVITARY TREATMENT	0	
I-125 or Ir-192	INTERSTITIAL TREATMENT	0	
Co-60 or Cs-137	TELETHERAPY TREATMENT	0	
Sr-90	TREATMENT OF EYE DISEASE	0	
	RADIOPHARMACEUTICAL PREPARATION		
Mo-99/ Tc-99m	GENERATOR	yes	
Sn-113/ In-113m	GENERATOR		
Tc-99m	REAGENT KITS	yes	- Lung - MAA DTPA Sulfur Colloid HDP, PYP
Other Sr 89 IN111			

3. DATES AND TOTAL NUMBER OF HOURS RECEIVED IN CLINICAL RADIOISOTOPE TRAINING

6 months of clinical training totaling approximately 900 hours.

4. THE TRAINING AND EXPERIENCE INDICATED ABOVE WAS OBTAINED UNDER THE SUPERVISION OF:

a. NAME OF SUPERVISOR
James G. Fitzsimmons, M.D.

b. NAME OF INSTITUTION
St. Luke's Hospital

c. MAILING ADDRESS
Wornall Rd. at 44th Street

d. CITY
Kansas City, MO 64111

5. MATERIALS LICENSE NUMBER(S)
2400889-01

6. PRECEPTOR'S SIGNATURE
James G. Fitzsimmons

7. PRECEPTOR'S NAME (Please type or print)

8. DATE
6-13-95

FORM NRC-313M-SUPPLEMENT 8
(8-78)

U.S. GOVERNMENT PRINTING OFFICE: 1981 — 341-742:1140

NRC FORM 577
(1-95)

U.S. NUCLEAR REGULATORY COMMISSION

LICENSE FEE REQUIREMENTS

LICENSE FEE AND DEBT COLLECTION BRANCH
DIVISION OF ACCOUNTING AND FINANCE
OFFICE OF THE CONTROLLER
U.S. NUCLEAR REGULATORY COMMISSION
WASHINGTON, DC 20555-0001

COL. ...IA INDEPENDENCE REGIONAL
HEALTH CENTER
ATTN: JON E. GUSTAFSON, M.D.
1509 WEST THUMAN ROAD
INDEPENDENCE, MISSOURI 64050-9988

TYPE OF ACTION

- ☐ NEW LICENSE
- ☐ RENEWAL OF LICENSE
- ☒ AMENDMENT TO LICENSE

REQUESTED DATE: 8-8-96

LICENSE NUMBER: 24-18655-01

CONTROL NUMBER: 301721

I. APPLICATION FEE DUE

Your request for a licensing action is subject to the fee(s) in the category(ies) noted below in accordance with Section 170.31 of the enclosed Federal Register notice. Payment of the fee is required prior to the issuance of the license, renewal, or amendment.

FEE CATEGORY	APPLICATION	RENEWAL	AMENDMENT
7C	$	$	$ 440.00
	$	$	$
	$	$	$
	$	$	$
	$	$	$
	$	$	$
	$	$	$
	$	$	$
	$	$	$

FEE(s) DUE	$ 440.00
PAYMENT RECEIVED	$ 0.00
AMOUNT DUE	$ 440.00

☒ Your request was received without the prescribed application fee.

☐ We received your Check No. _____ in the amount of $ _____. Payment of the additional fee noted above is required.

☐ Your request will increase the scope of your license program. Therefore, your request is subject to the application fee(s) noted above. Refer to Section 170.31 and Footnote 1(d)(2).

☐ Your license expired prior to the receipt of your application for renewal. Therefore, your request is subject to the application fee(s) noted above. Refer to Section 170.31 and Footnote 1(a).

MAKE PAYMENT OF THE FEE(S) TO THE U.S. NUCLEAR REGULATORY COMMISSION AND MAIL THE PAYMENT TO THE ADDRESS LISTED AT THE TOP OF THIS FORM. IF WE DO NOT RECEIVE A REPLY FROM YOU WITHIN 30 CALENDAR DAYS FROM THE DATE LISTED BELOW, WE SHALL ASSUME THAT YOU DO NOT WISH TO PURSUE YOUR APPLICATION AND WILL VOID THIS ACTION.

II. FEE NOT REQUIRED

☐ Enclosed is Check No. _____ which accompanied your request. The fee is not required because:

☐ We received your Check No. _____ in payment of the fee.

☐ The Licensing staff has informed us that your request is to be considered as a continuation of your request dated _____, Control No. _____.

☐ Your request was combined, prior to review, with your _____ request, Control No. _____.

III. CHECK RETURNED

☐ Enclosed is Check No. _____ which was returned to us by the bank for:

- ☐ INSUFFICIENT FUNDS
- ☐ ACCOUNT CLOSED
- ☐ OTHER

MAIL THE REPLACEMENT CHECK TO THE ADDRESS LISTED AT THE TOP OF THIS FORM AND REFERENCE THE ABOVE CONTROL NUMBER.

IV. LICENSE ISSUED WITHOUT THE REQUIRED FEE

☐ License No. _____, Amendment No. _____, issued on _____ was issued without the required fee being collected. The fee required is noted in Section I of this form.

☐ The scope of your licensed program was increased. Therefore, your request is subject to the application fee(s) noted in Section 1 of this form. Refer to Section 170.31 and Footnote 1(d)(2).

☐ Because of the urgency of your request, the license was issued without remittance of the prescribed fee noted in Section 1 of this form.

SIGNATURE -- LICENSE FEE ANALYST	LFDCB	LFDCB
Shirley Crutchfield SC		
SHIRLEY CRUTCHFIELD	8/26/96	

Distribution: OC/DAF/RF
Pending Fee File OC/DAF/SF(LF-3.2.7)
LFARB R/F (2) Region 3

DATE: Aug. 26, 1996

NRC FORM 577 (1-95)

This form was electronically produced by Elite Federal Forms, Inc.

OCT 0 1 1996

Jon E. Gustafson, M.D.
Columbia Independence Regional
Health Center
1509 W. Truman Road
Independence, MO 64050

Dear Dr. Gustafson:

Enclosed Amendment No. 20 to your NRC Material License No. 24-18655-01 in accordance with your request.

Please review the enclosed document carefully and be sure that you understand all conditions. If there are any errors or questions, please notify the U.S. Nuclear Regulatory Commission, Region III office so that we can provide appropriate corrections and answers.

Please be advised that your license expires at the end of the day, in the month, and year stated in the license. Unless your license has been terminated, you must conduct your program involving byproduct materials in accordance with the conditions of your NRC license, representations made in your license application, and NRC regulations. In particular, note that you must:

1. Operate in accordance with NRC regulations 10 CFR Part 19, "Notices, Instructions and Reports to Workers; Inspections," 10 CFR Part 20, "Standards for Protection Against Radiation," and other applicable regulations.

2. Notify NRC, in writing, within 30 days:

   a. When an authorized user or Radiation Safety Officer permanently discontinues performance of duties under the license or has a name change; or

   b. When the licensee's mailing address changes (no fee is required if the location of byproduct material remains the same).

3. In accordance with 10 CFR 30.36(b) and/or license condition, notify NRC, promptly, in writing, and request termination of the license:

   a. When you decide to terminate all activities involving materials authorized under the license; or

30172l

4. Request and obtain a license amendment before you:

   a. Receive or use byproduct material for a clinical procedure permitted under Part 35 but not permitted by your license issued pursuant to this Part;

   b. Permit anyone, except individuals described in 10 CFR 35.13(b) to work as an authorized user under the license;

   c. Change Radiation Safety Officers;

   d. Order byproduct material in excess of the amount, or radionuclide, or form different than authorized on the license;

   e. Add or change the areas of use or address or addresses of use identified in the license application or on the license; or

   f. Change ownership of your organization.

5. Submit a complete renewal application with proper fee or termination request at least 30 days before the expiration date of your license. You will receive a reminder notice approximately 90 days before the expiration date. Possession of byproduct material after your license expires is a violation of NRC regulations. A license will not normally be renewed, except on a case-by-case basis, in instances where licensed material has never been possessed or used.

In addition, please note that NRC Form 313 requires the applicant, by his/her signature, to verify that the applicant understands that all statements contained in the application are true and correct to the best of the applicant's knowledge. The signatory for the application should be the licensee or certifying official rather than a consultant.

You will be periodically inspected by NRC. Failure to conduct your program in accordance with NRC regulations, license conditions, and representations made in your license application and supplemental correspondence with NRC will result in enforcement action against you. This could include issuance of a notice of violation, or imposition of a civil penalty, or an order suspending, modifying or revoking your license as specified in the General Policy and Procedures for NRC Enforcement Actions, 10 CFR Part 2, Appendix C. Since serious consequences to employees and the public can result from failure to

comply with NRC requirements, prompt and vigorous enforcement action will be taken when dealing with licensees who do not achieve the necessary meticulous attention to detail and the high standard of compliance which NRC expects of its licensees.

Sincerely,

Evelyn R. Matson
Nuclear Materials Licensing Branch

License No. 24-18655-01
Docket No. 03013994

Enclosure: Amendment No. 20

DOCUMENT NAME: M:\03013994.CL6
To receive a copy of this document, indicate in the box: "C" = Copy without attachment/enclosure "E" = Copy with attachment/enclosure "N" = No copy

OFFICE	DNMS/RIII	N						
NAME	ERMATSON:sjd							
DATE	09/25/96							

OFFICIAL RECORD COPY

COLUMBIA Independence
Regional Health Center

1509 West Truman Road
Independence, Missouri 64050-9988
Phone: (816) 836-8100
COLUMBIA'S home page is http://www.columbia-hca.com

18 September 1996

Ms. Evelyn Matson
U.S. Nuclear Regulatory Commission
Region III
801 Warrenville Road
Lisle, Illinois 60532-4351

Re: Control Number 301721

Dear Ms. Matson,

As per your request, I have enclosed Registration documents which pertain to the name change from Independence Regional Health Center to Columbia Independence Regional Health Center. This is not an ownership change but a name change only.

If you have any questions or need further information, please do not hesitate to call. Thank you.

Sincerely,

Linda Dunaway, RT(R)

Linda Dunaway, RT(R)
Coordinator, Medical Imaging
(816) 521-5100 ext. 3692

PM: 9-20-96

CERTIFICATE

I, John M. Franck II, being the duly elected and qualified Secretary of Galen of Kansas, Inc. do hereby certify that set out below are factual statements in regard to the relationship of Galen of Kansas, Inc. to Columbia/Independence Regional Health Center as set forth:

1. Galen of Kansas, Inc. is a Kansas corporation.
2. Independence Regional Health Center was purchased by Galen of Kansas, Inc. on February 1, 1994.
3. Galen of Kansas, Inc. filed a new fictitious name filing for Independence Regional Health Center on May 9, 1996 changing its name to Columbia/Indepedence Regional Health Center.

Dated this 17th day of September, 1996.

JOHN M. FRANCK II
SECRETARY

No. X 304003

STATE OF MISSOURI

ROY D. BLUNT, Secretary of State

CORPORATION DIVISION

Registration of Fictitious Name

(Sec. 417.200-417.230, R.S.Mo)

TO BE FILED IN DUPLICATE

THE FILING FEE OF $2.00 MUST ACCOMPANY THIS AFFIDAVIT. The affidavit must be signed and verified by all parties owning interest in the company. Mail with filing fee to: ROY D. BLUNT, SECRETARY OF STATE, P.O. BOX 778, JEFFERSON CITY, MISSOURI 65102. The duplicate copy will be returned to the business address of the business registered unless you indicate otherwise in your cover letter.

FILED

MAY 09 1996

Rebecca McDowell Cook
SECRETARY OF STATE

Make check for $2.00 payable to the State Director of Revenue.

This information is for the use of the public and gives no protection to the name. There is no provision in this Chapter to keep another company or corporation from adopting and using the same name.

We, the undersigned, are doing business under the following name, and at the following address:

Name to be registered: Columbia/Independence Regional Health Center

Business Address (No., if any; if not, other): 1509 W. Truman Road

City, State, and Zip Code: Independence, MO 64050-9988

The parties having an interest in the business, and the percentage they own are (if a corporation is owner, indicate corporation name and percentage owned). If all parties are jointly and severally liable, percentage of ownership need not be listed:

Name of Owners, Individual or Corporate	Street and Number	City	State	If listed, Percentage of ownership must equal 100%
Galen of Kansas, Inc.	One Park Plaza	Nashville	TN	100 %
				%
				%
				%
				%
				%

Corp. #F14xb

(Over)

(MO. - 747 - 4/1/85)

State of Missouri }
County of _____ } ss

The undersigned, being all the parties owning interest in the above company, being duly sworn, upon their oaths each did say that the statements and matters set forth herein are true.

Individual Owners Sign Here

X _____ X _____

X _____ X _____

X _____ X _____

The undersigned corporation has caused this application to be executed in its name by its President or Vice-President and its Secretary or Assistant Secretary, this 30th day of April, 1996.

If Corporation is Owner, Corporate Officers Execute Here

GALEN OF KANSAS, INC.
(Exact Corporate Title)

By _____
Its President or Vice-President.

"None"
(Corporate Seal)
If no seal, state "none".

By _____
Its Secretary or Assistant Secretary.

I, Helene Waldo, A Notary Public, do hereby certify that on the 30th day of April, 1996, personally appeared before me Rachel A. Seifert and being first duly sworn by me, acknowledged that _____ he signed as his own free act and deed the foregoing document in the capacity therein set forth and declared that the statements therein contained are true.

IN WITNESS WHEREOF, I have hereunto set my hand and seal the day and year before written.

(Notarial Seal)

_____
Notary Public

My commission expires May 23, 1998

Cass co

COLUMBIA Independence
Regional Health Center

1509 West Truman Road
Independence, Missouri 64050-9988
Phone: (816) 836-8100
COLUMBIA'S home page is http://www.columbia-hca.com

18 September 1996

Ms. Evelyn Matson
U.S. Nuclear Regulatory Commission
Region III
801 Warrenville Road
Lisle, Illinois 60532-4351

Re: Control Number 301721

Dear Ms. Matson,

As per your request, I have enclosed Registration documents which pertain to the name change from Independence Regional Health Center to Columbia Independence Regional Health Center. This is not an ownership change but a name change only.

If you have any questions or need further information, please do not hesitate to call. Thank you.

Sincerely,

Linda Dunaway, RT(R)

Linda Dunaway, RT(R)
Coordinator, Medical Imaging
(816) 521-5100 ext. 3692

CERTIFICATE

I, John M. Franck II, being the duly elected and qualified Secretary of Galen of Kansas, Inc. do hereby certify that set out below are factual statements in regard to the relationship of Galen of Kansas, Inc. to Columbia/Independence Regional Health Center as set forth:

1. Galen of Kansas, Inc. is a Kansas corporation.
2. Independence Regional Health Center was purchased by Galen of Kansas, Inc. on February 1, 1994.
3. Galen of Kansas, Inc. filed a new fictitious name filing for Independence Regional Health Center on May 9, 1996 changing its name to Columbia/Indepedence Regional Health Center.

Dated this 17th day of September, 1996.

JOHN M. FRANCK II
SECRETARY

No. X 304003

STATE OF MISSOURI

ROY D. BLUNT, Secretary of State

CORPORATION DIVISION

Registration of Fictitious Name

(Sec. 417.200-417.230, R.S.Mo)

TO BE FILED IN DUPLICATE

THE FILING FEE OF $2.00 MUST ACCOMPANY THIS AFFIDAVIT. The affidavit must be signed and verified by all parties owning interest in the company. Mail with filing fee to: ROY D. BLUNT, SECRETARY OF STATE, P.O. BOX 778, JEFFERSON CITY, MISSOURI 65102. The duplicate copy will be returned to the business address of the business registered unless you indicate otherwise in your cover letter.

FILED

MAY 09 1996

Rebecca McDowell Cook
SECRETARY OF STATE

Make check for $2.00 payable to the State Director of Revenue.

This information is for the use of the public and gives no protection to the name. There is no provision in this Chapter to keep another company or corporation from adopting and using the same name.

We, the undersigned, are doing business under the following name, and at the following address:

Name to be registered: Columbia/Independence Regional Health Center

Business Address (No., if any; If not, other): 1509 W. Truman Road

City, State, and Zip Code: Independence, MO 64050-9988

The parties having an interest in the business, and the percentage they own are (if a corporation is owner, indicate corporation name and percentage owned). If all parties are jointly and severally liable, percentage of ownership need not be listed:

Name of Owners, Individual or Corporate	Street and Number	City	State	If listed, Percentage of ownership must equal 100%
Galen of Kansas, Inc.	One Park Plaza	Nashville	TN	100 %
				%
				%
				%
				%
				%

Corp. 58 (1-84)

(Over)

(MO. - 747 - 4/1/85)

State of Missouri
County of _____ } ss

The undersigned, being all the parties owning interest in the above company, being duly sworn, upon their oaths each did say that the statements and matters set forth herein are true.

Individual Owners Sign Here

X _____ X _____

X _____ X _____

X _____ X _____

The undersigned corporation has caused this application to be executed in its name by its President or Vice-President and its Secretary or Assistant Secretary, this 30th day of April, 19 96.

If Corporation is Owner, Corporate Officers Execute Here

GALEN OF KANSAS, INC.
(Name Corporate Title)

By _____
Its President or Vice-President.

"None"
(Corporate Seal)
If no seal, state "none".

By _____
Its Secretary or Assistant Secretary.

I, Helene Waldo, A Notary Public, do hereby certify that on the 30th day of April, 19 96, personally appeared before me Rachel A. Seifert and being first duly sworn by me, acknowledged that _____ he signed as his own free act and deed the foregoing document in the capacity therein set forth and declared that the statements therein contained are true.

IN WITNESS WHEREOF, I have hereunto set my hand and seal the day and year before written.

(Notarial Seal)

_____
Notary Public

My commission expires May 23, 1998

Cass Co

UNITED STATES NUCLEAR REGULATORY COMMISSION
REGION III
CONVERSATION RECORD

(X) TELEPHONE (X) OUTGOING ( ) INCOMING ( ) CONVERSATION TIME: 4pm DATE: 9/16/96

NAME OF PERSON(S) CONTACTED: ORGANIZATION: TELEPHONE NO.:
Linda Dunaway
Columbia Regional Health Center
816-836-6671

SUBJECT:
amendment request dated August 8, 1996
License No. 24-18655-01
Control No. 301721

SUMMARY:

The NRC needs that following additional information:

Please describe any ownership transactions that may have occurred since Galan of Kansas took over ownership of Independence Regional Health Center around 1994. We will review the information to determine if the NRC needs to review and consent to any ownership changes. Please review the attached Information Notice and answer each question in the attachment so that we can make a determination.

ACTION REQUIRED:
Please respond in writing within 15 days, provide two copies of your response and refer to Control No. 301721.

ACTION TAKEN:

NAME OF PERSON DOCUMENTING CONVERSATION
Evelyn R. Matson
630-829-9822

SIGNATURE
E Matson

DATE
9/16/96