

VOID SHEET

TO: License Fee Management Branch

FROM: RIII - DEBORAH HERSEY

SUBJECT: VOIDED APPLICATION

Control Number: 301986

Applicant: HENRY FORD HOSPITAL

License Number: 21-04109-08

Docket Number: 030-00274

Date Voided: NOVEMBER 8, 1996

Reason for Void: NOT AN AMENDMENT REQUEST - NOTIFICATION - ORIGINAL

CORRESPONDENCE RETURNED TO LICENSEE. VOIDED BEFORE REVIEW. REFUND DUE.

Deborah A. Hersey 11-8-96
Signature Date

Attachment:
Official Record Copy of
Voided Action

FOR LFMB USE ONLY

- ☐ Refund Authorized and processed
☒ No Refund Due
☐ Fee Exempt or Fee Not Required

Comments: _____

Log completed ☒

Processed by: SAC 12/17/96

9612190308 961108
PDF ADOCK 03000274
C PDR

ML309/1

CL # 1068029 has been returned to the licensee

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

(FOR LFMS USE)
INFORMATION FROM LTS

Program Code: 02300
Status Code: 0
Fee Category: 7A 2B
Exp. Date: 20031130
Fee Comments: CODE 23
Decon Fin Assur Req'd: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: HENRY FORD HOSPITAL
Received Date: 961028
Docket No: 3060274
Control No.: 301986
License No.: 21-04109-08
Action Type: Amendment

*Return to RIII
Voiding
for notification 11/4/96sc*

2. FEE ATTACHED

Amount: 470
Check No.: 7663629

3. COMMENTS

Signed
Date

D. Hersey
10-29-96

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

NOV 22 1996

1996 NOV -4 AM 9:22

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 20555-0001HENRY FORD HEALTH SYSTEM
ATTN: RALPH P. LIETO, M.S.E.
RADIATION SAFETY OFFICER
2799 W. GRAND BOULEVARD
DETROIT, MICHIGAN 48202THE FEE IS NOT REQUIRED BECAUSE OF 10 CFR PART 35, EFFECTIVE
JANUARY 1, 1995.

TYPE OF ACTION

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

REQUESTED DATE

10-22-96

LICENSE NUMBER

21-04109-08

CONTROL NUMBER

301986

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
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

FEE(s) DUE \$
PAYMENT RECEIVED \$
AMOUNT DUE \$

- ☐ 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.

SIGNATURE -- LICENSE FEE ANALYST

LFDCB

LFDCB

SHIRLEY CRUTCHFIELD

11/6/96

II. FEE NOT REQUIRED

- ☒ Enclosed is Check No. 1068029 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 I 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 I of this form.

Distribution:

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

DATE

Nov. 6, 1996



Radiation Safety Office
2799 W. Grand Blvd.
Detroit, MI 48202
Voice: (313) 876-7042
Fax: (313) 876-9142

October 22, 1996

A
030-0274

U.S. Nuclear Regulatory Commission
Region III
Nuclear Materials Licensing Branch
801 Warrenville Rd.
Lisle, IL 60532-4351

RE: NRC License No. 21-04109-08

Dear Sirs,

We request amendment of our Co-60 teletherapy license (NRC License No. 21-04108-08) to add a teletherapy physician user. We request the addition of Susan M. Laing, M.D. to this license. She is board certified by the American Board of Radiology (ABR) in Radiation Oncology. A copy of her ABR certificate is enclosed. She satisfies the criteria specified in 10 CFR 35.960(a)(1).

A check for the amendment fee of \$470.00 is enclosed. If there should be any questions, please contact the Radiation Safety Office.

Sincerely,

Ralph P. Lieto, M.S.E.

Ralph P. Lieto, M.S.E.
Radiation Safety Officer

cc: F. Martin, M.S.
L. Lutter, Ph.D.
S. Laing, M.D.

RECEIVED

OCT 28 1996

REGION III

301986

Pm: 10-23-96

The American Board of Radiology

Organized through the cooperation of the
American College of Radiology, the American Roentgen Ray Society,
the American Radium Society, the Radiological Society of North America,
the Section on Radiology of the American Medical Association,
the American Society for Therapeutic Radiology and Oncology, the Association of
University Radiologists, and American Association of Physicists in Medicine

Hereby certifies that

Susan Margaret Laing, M.D.

Has pursued an accepted course of graduate study
and clinical work, has met certain standards and qualifications and
has passed the examinations conducted under the authority of

The American Board of Radiology

On this twelfth day of June, 1996

Thereby demonstrating to the satisfaction of the Board
that she is qualified to practice the specialty of

Radiation Oncology



Susan S. Stansel, MD Robert R. Hawley, MD M. Paul Capp, M.D.
President Secretary-Treasurer Executive Director





UNITED STATES
NUCLEAR REGULATORY COMMISSION

REGION III
801 WARRENVILLE ROAD
LISLE, ILLINOIS 60532-4351

November 4, 1996

Ralph P. Lieto, M.S.E.
Radiation Safety Officer
Henry Ford Health System
Radiation Safety Office
2799 W. Grand Blvd.
Detroit, MI 48202

SUBJECT: AMENDMENT REQUEST DATED OCTOBER 22, 1996
FOR NRC LICENSE NO. 21-04109-08

Dear Mr. Lieto:

As discussed with you during a telephone conversation on November 1, 1996, we are returning your request for a license amendment to add Susan Laing, M.D. as a teletherapy physician user on License No. 21-04109-08. An amendment is not required, pursuant to 10 CFR 35.13, since Dr. Laing appears to be certified by the American Board of Radiology in Radiation Oncology. You should provide notification to the NRC in accordance with 10 CFR 35.14, however, if your facility permits Dr. Laing to work as an authorized user under the subject license.

Your amendment fee will be returned to you under separate cover.

Sincerely,

A handwritten signature in cursive script, appearing to read "B.J. Holt", is written over the typed name.

B.J. Holt, Chief
Nuclear Materials Licensing Branch



UNITED STATES
NUCLEAR REGULATORY COMMISSION

REGION III
801 WARRENVILLE ROAD
LISLE, ILLINOIS 60532-4351

October 29, 1996

Ralph P. Lieto
Radiation Safety Officer
Henry Ford Hospital
2799 W. Grand Boulevard
Detroit, MI 48202-2689

SUBJECT: ACKNOWLEDGEMENT OF CORRESPONDENCE
(Letter Dated 10/22/96)

Dear Licensee:

In response to your request, we have completed the initial processing, which is an administrative review of your application for a(n):

☐ New License ☒ Amendment ☐ Renewal
☐ Termination ☐ Auth User (Amendment not required)
☐ Other _____

No administrative deficiencies were identified during this initial review. However, it should be noted that a technical review may identify omissions in the submitted information.

It appears that your request is routine (see 1-3 below, as applicable).

1. New and amendment actions are normally processed within 90 days, unless we find major deficiencies, or policy issues requiring central program office assistance.
2. Renewal actions are normally processed within 180 days, however, under timely filing (before expiration), you may continue to operate under your existing license.
3. Termination actions are normally processed within 90 days, unless confirmatory surveys following decontamination/decommissioning activities are involved.

A copy of your correspondence has been forwarded to our Licensing Fee and Debt Collection Branch (301/415-6097) for approval of the fee category and amount, if required.

If you have a compelling safety or business-related reason for requesting expedited review, please contact the Materials Licensing Branch at (630) 829-9887. We will try to complete your request as soon as practicable. Any correspondence about this request should reference the control number.

Nuclear Materials Support Branch

Mail Control No. 301986
License No. 21-04109-08