

DEC 27 1996

Mr. Charles F. Schneider
Executive Director
Day Kimball Hospital
320 Pomfret Street
Putnam, CT 06260-0901

Dear Mr. Schneider:

This is in reference to your letter dated October 22, 1996 to amend NRC License No. 06-10957-01 to add Anna Rokhlenko, M.D. as authorized user(s). 10 CFR 35.13(b) states, in part, that a licensee must apply for and receive a license amendment before it permits anyone to work as an authorized user under the license, **except** an individual who is an authorized user certified by the organizations specified in paragraph (a) of 10 CFR 35.910, 35.920, 35.930, 35.940, 35.950, or 35.960; or identified as an authorized user on a Commission or Agreement State license that authorizes the use of byproduct material in medical use; or identified as an authorized user on a permit issued by a Commission or Agreement State licensee of broad scope that is authorized to permit the use of byproduct material in medical use. Please be advised that effective January 1, 1995, amendment of your license is not necessary to add these individuals to your license as authorized users.

In accordance with 10 CFR 35.14, your letter dated October 22, 1996 is accepted as notification that you have permitted the individual named in your letter referenced above to work as an authorized user pursuant to 10 CFR 35.13(b)(1). Helen Kellett, M.D. will be removed from your license at the time of your next amendment. No further correspondence on this matter is required.

If you have any questions regarding fees please contact the NRC License Fee and Accounts Receivable Branch directly at (301) 415-6055 or 415-6096.

Your cooperation is appreciated.

Sincerely,

**ORIGINAL SIGNED BY:
JO ANN V. STAMBAUGH**

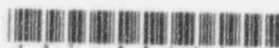
JoAnn V. Stambaugh
Division of Nuclear Materials Safety

License No. 06-10957-01
Docket No. 030-01281
Control No. 124035

OFFICIAL RECORD COPY

ML 10

9703030444 961227
PDR ADOCK 03001281
C PDR



C. F. Schneider
Day Kimball Hospital

-2-

Enclosure:
10 CFR Part 35

cc:
License Fee and Accounts Receivable Branch

DOCUMENT NAME: R:\WPS\MLTR\LO610957.01

To receive a copy of this document, indicate in the box: "C" = Copy w/o attach/encl "E" = Copy w/ attach/encl "N" = No copy

OFFICE	DNMS/RI	N	DNMS/RI				
NAME	Stambaugh/jvs	7/8					
DATE	12/26/96	12/26/96	12/ /96	12/ /96	12/ /96	12/ /96	

OFFICIAL RECORD COPY



Day Kimball Hospital

a subsidiary of HealthNet of New England, Inc.

320 Pomfret Street

P.O. Box 6001

Putnam, Connecticut 06260-0901

(203) 928-6541/774-3366

October 22, 1996

Charles F. Schneider, FACHE
President

Materials Licensing Section
United States Nuclear Regulatory Commission
Region I
475 Allendale RD
King of Prussia, PA 19406-1415

TO WHOM IT MAY CONCERN:

The Day Kimball Hospital would like to amend its Materials License #06-10957-01 to reflect the following changes. Under Item #12, Authorized Users, we would like to remove Dr. Helen Kellett, M.D., for material and use of 35.100 and 35.200. We would like to add to this Materials License under Item #12 Dr. Anna Rokhlenko for material and use of 35.100 and 35.200.

Enclosed you will find a check for \$440 to cover the processing fees. Also enclosed is Dr. Anna Rokhlenko's credentials to meet license requirements. Any question in regard to this license amendment can be directed to Dr. John B. Hewetson, Radiation Safety Officer, Day Kimball Hospital, Putnam, CT (860-928-6541, x 2267).

Sincerely,

John B. Hewetson, M.D.
Radiation Safety Officer

JBH:SD
encls

nrc1096

FEE NOT REQUIRED

1894 -  - 1994

A Tradition of Caring — A Century of Vision

OFFICIAL RECORD COPY ML 10

124035

VHA Member of Voluntary Hospitals of America, Inc.

DEC 19 1996

STATE OF CONNECTICUT

DEPARTMENT OF CONSUMER PROTECTION

This is to certify that under the provisions of the General Statutes the following person or firm is licensed or registered.

REGISTERED CONTROLLED SUBSTANCE PRACTITIONER

ANNA ROKHLENKO MD
DAY KIMBALL HOSPITAL
310 POMFRET ST
PUTNAM, CT 06260

LIC./REG. NO.
24.01

EFFECTIVE
8/12/96

EXPIRES
2/28/97

SIGNED:

WALLET CARD

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

NAME

ANNA ROKHLENKO MD

VALIDATION NO.
96-816932

LICENSE NO.
035439

CURRENT THROUGH
12/31/96

PROFESSION

PHYSICIAN/SURGEON

Anna Rokhlenko *St. A. Ha...*
SIGNATURE

COMMISSIONER, DEPARTMENT OF PUBLIC HEALTH

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 American
University Radiologists, and American Association of Physicists in Medicine.

Hereby certifies that

Anna Rokhlenko, 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 seventh day of June, 1995

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

Diagnostic Radiology



124035

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Edouard Maynard M.D. *William Jewell M.D.* *Paul Capp. M.D.*
President Secretary-Treasurer Executive Director

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

DAY KIMBALL HOSPITAL
ATTN: JOHN B. HEWETSON, M.D.
RADIATION SAFETY OFFICER
320 POMFRET STREET
P. O. BOX 6001
PUTNAM, CT 06260-0901

THE 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

06-10957-01

CONTROL NUMBER

124035

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

BRENDA BROWN

1/2/97

II. FEE NOT REQUIRED

- ☒ Enclosed is Check No. 195181 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/RF
OC/DAF/SF(LF-3.2.7)
Region 1

DATE

Jan. 2, 1997

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
EXP. DATE: 20051130
FEE COMMENTS:
DECOM FIN ASSUR REQD:

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
APPLICANT/LICENSEE: DAY KIMBALL HOSPITAL
RECEIVED DATE: 961219
DOCKET NO: 3001281
CONTROL NO.: 124035
LICENSE NO.: 06-10957-01
ACTION TYPE: NOTIFICATIONS

2. FEE ATTACHED

AMOUNT: \$ 440.00
CHECK NO.: # 195181

3. COMMENTS

SIGNED
DATE

Brown, R. J.
12/26/96

B. LICENSE FEE MANAGEMENT BRANCH (CHECK WHEN MILES IS ENTERED ☒)

1. FEE CATEGORY AND AMOUNT: 7C ~~FEE NOT REQUIRED~~

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

3. OTHER

SIGNED
DATE

SC
1/2/97

RECEIVED BY LFDCR	
Date	<i>Jan. 2, 1997</i>
Log	<i>Exp 2 I</i>
By	<i>SC</i>
Date Completed	<i>1/2/97</i>