

MATERIALS LICENSE

Amendment No. 26

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.

302134

Licensee

1. Massillon Health System LLC, d/b/a
Doctors Hospital of Stark County
2. 400 Austin Avenue, N.W.
Massillon, OH 44646

In accordance with letter dated
October 1, 1996

3. License Number 34-13381-01 is amended in
its entirety to read as follows:

4. Expiration Date October 31, 2000

5. Docket or
Reference No. 030-07577

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 (excluding
generators)

- B. As needed

- C. Any byproduct
material identified
in 10 CFR 35.300

- C. Any
radiopharmaceutical
identified in 10 CFR
35.300 (excluding
iodine-131 for
thyroid carcinoma)

- C. As needed

- D. Any byproduct
material identified
in 10 CFR 31.11

- D. Prepackaged Kits

- D. As needed

9. Authorized Use:

- A. Medical use described in 10 CFR 35.100.

- B. Medical use described in 10 CFR 35.200 (excluding generators).

030073

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PDR ADOCK 03007577
C PDRCOPY 2^{ML}
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SD

**MATERIALS LICENSE
SUPPLEMENTARY SHEET**

License Number

34-13381-01

Docket or Reference Number

030-07577

Amendment No. 26

9. Authorized Use (Continued)

- C. Medical use described in 10 CFR 35.300 (excluding iodine-131 for thyroid carcinoma).
- D. In vitro studies.

CONDITIONS

- 10. Locations of Use: 400 Austin Avenue, N.W., Massillon, Ohio.
- 11. Radiation Safety Officer: Robert Reither, D.O.
- 12. Authorized Users:
 - A. Robert Reither, D.O., for material in 10 CFR 35.100, 35.200 (excluding generators) and 31.11.
 - B. John Uslick, D.O., for material in 10 CFR 35.100, 35.200 (excluding generators) 35.300 (excluding iodine-131 for thyroid carcinoma) and 31.11.
 - C. Hulsi Ergun, M.D., for material in 10 CFR 35.100, 35.200 (excluding generators) 35.300 (excluding iodine-131 for thyroid carcinoma) and 31.11.
 - D. R. Sassano, M.D., for material in 10 CFR 35.100, 35.200 (excluding generators) 35.300 (excluding iodine-131 for thyroid carcinoma) and 31.11.
 - E. George Q. Seise, III, D.O., for material in 10 CFR 35.100 and 35.200 (excluding generators).
 - F. Neil J. Goldberg, D.O., for material in 10 CFR 35.200 (excluding generators).
 - G. Kevin G. Wietecha, D.O., for material in 10 CFR 35.300 (excluding iodine-131 for thyroid carcinoma).
- 13. The licensee shall maintain records of information important to safe and effective decommissioning at the address in Condition 10. per the provisions of 10 CFR 30.35(g) until this license is terminated by the Commission.

COPY

MATERIALS LICENSE
SUPPLEMENTARY SHEET

License Number

34-13381-01

Docket or Reference Number

030-07577

Amendment No. 26

14. Except as specifically provided otherwise in this license, the licensee shall conduct its program in accordance with the statements, representations, and procedures contained in the documents, including any enclosures, listed below, except for minor changes in the medical use radiation safety procedures as provided in 10 CFR 35.31. The Nuclear Regulatory Commission's regulations shall govern unless the statements, representations, and procedures in the licensee's application and correspondence are more restrictive than the regulations.
- A. Application dated May 9, 1990;
 - B. Letters dated July 26, 1990 (with attachments), December 6, 1994, July 31, 1995 and October 1, 1996; and
 - C. Letter received August 20, 1990 (with attachments).

FOR THE U.S. NUCLEAR REGULATORY COMMISSION

Date

March 10, 1997

By

Lick Hutton

Nuclear Materials Licensing Branch, Region III

SS

(FOR LFMS USE)
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

Program Code: 02120
Status Code: 0
Fee Category: 7C
Exp. Date: 20001031
Fee Comments:
Decom Fin Assur Req'd: N
.....

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: MASSILLON HLTH. SYS., LLC D/B/A
Received Date: 961008
Docket No: 3007577
Control No.: 302134
License No.: 34-13381-01
Action Type: Amendment

2. FEE ATTACHED

Amount:
Check No.: Ø

3. COMMENTS

Signed D. Hersey
Date 12-23-96

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 SC
Date 1/22/97

EO 2 11 12 330 9661

JAN 28 1997

Log	<u>Dec 8 III</u>
Remitter	<u>Doctors Hosp of Stark Cty</u>
Check No.	<u>32229</u>
Amount	<u>\$440</u>
Fee Category	<u>7C</u>
Type of Fee	<u>Ampl</u>
Date Check Rec'd	<u>1/22/97</u>
Date Completed	<u>1/22/97</u>
By:	<u>SC</u>

400 Austin Avenue N.W.
Massillon, Ohio 44646
(216) 837-7217



Thomas E. Cecconi
President and
Chief Executive Officer

October 1, 1996

License Management Section
U.S. Nuclear Regulatory Commission
Region III
801 Warrenville Road
Lisle, IL 60532-4351

Dear Sir:

This constitutes a notification of transfer of ownership for Doctors Hospital, Inc. of Stark County, Massillon, Ohio (NRC Byproduct Material License No. 34-13381-01). In accordance with NRC Information Notice No. 89-25, the following information is provided:

- a. Transfer of ownership of Hospital operations to Massillon Health System LLC (EIN #34-1840860), dba Doctors Hospital of Stark County will occur on November 1, 1996.
- b. Personnel and individual qualifications listed under the current license will remain unchanged.
- c. The Hospital will remain in business as a health care facility, providing the same services that are currently licensed by the NRC.
- d. The Hospital was purchased by Massillon Health System LLC and all assets are controlled by Massillon Health System LLC.
- e. The Hospital will remain in business at its current location and operations pertinent to NRC licensing requirements will remain unchanged.
- f. No changes will occur in the use, possession, or storage of licensed materials.
- g. All surveillance items and records including radioactive material inventory and accountability requirements (calibrations, leak tests, and surveys) will be current at the time of transfer. All surveillance items and records are current.

RECEIVED

OCT 08 1996

REGION III

OCT 08 1996
JAN 27 1997

Pm: 10-4-96

302.134

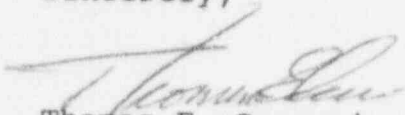
Doctors Hospital

U.S. Nuclear Regulatory Commission
October 1, 1996
Page 2

- h. Studies using licensed material are ongoing at the Hospital. Area surveys including monitoring for contamination are conducted as required. No areas of contamination have been identified.
- i. Past activities of the Hospital have been conducted with no cost incurred for decontamination. This is anticipated to continue. Responsibility for any cleanup at the time of transfer will be assumed by Massillon Health System LLC.
- j. Doctors Hospital, Inc. of Stark County and Massillon Health System LLC have agreed to the change in ownership.
- k. Massillon Health System LLC agrees to abide by all constraints, conditions, requirements, representatives and commitments stated in the existing license.

If you have any further questions, please call Kaaren Engel, Esq. at (615)251-1079 or myself at (330)837-7219.

Sincerely,



Thomas E. Cecconi
President and
Chief Executive Officer

TEC/jms

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 20555-0001MASSILLON HEALTH SYSTEM LLC
ATTN: THOMAS E. CECCONI
PRESIDENT AND CEO
400 AUSTIN AVENUE, N.W.
MASSILLON, OH 44646

TYPE OF ACTION

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

REQUESTED DATE

10-1-96

LICENSE NUMBER

34-13381-01

CONTROL NUMBER

302134

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

12/27/96

Distribution:

Pending Fee File

LFARB R/F (2)

OC/DAF/R/F
OC/DAF/SF(LF-3.2.7)
Region 3

DATE

Dec. 27, 1996

MAR 25 1997

Thomas E. Cecconi
President and CEO
Massillon Health System LLC d/b/a
Doctors Hospital of Stark County
400 Austin Avenue, N.W.
Massillon, OH 44646

Dear Mr. Cecconi:

This refers to your amendment request dated October 1, 1996, in which you notified the NRC of the transfer of ownership and control of NRC License No. 34-13381-01, and to our telephone conversation with Kaaren Engle, Esq. on November 22, 1996.

As we discussed on November 22, 1996, the change of ownership transaction required an amendment to the existing license. Failure to obtain NRC consent to the change of ownership prior to the change is a violation of 10 CFR 30.34(b) and is addressed in the attached Notice of Violation. The root cause and corrective action for the violation appear to have been addressed by Massillon Health System LLC, therefore, no response to the violation is required. However, we caution you that future violations of this type involving Massillon Health System LLC's licensed activities may result in escalated enforcement actions.

Enclosed is Amendment No. 26 to your NRC Material License No. 34-13381-01 in accordance with your request. Please review the 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 at (630) 829-9887 so that we can provide appropriate corrections and answers.

Please note that the expiration date on your NRC license was extended 5 years in accordance with 10 CFR 30.36(a)(2).

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.

302134

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 your 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
 - b. If you decide not to complete the facility, acquire equipment, or possess and use authorized material.
4. Request and obtain a license amendment before you:
 - a. Change Radiation Safety Officers;
 - b. Order byproduct material in excess of the amount, or radionuclide, or form different than authorized on the license;
 - c. Add or change the areas of use or address or addresses of use identified in the license application or on the license; or
 - d. 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 Statement of Policy and Procedure for NRC Enforcement Actions. 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,

Original Signed By
Roy J. Caniano, Acting Director
Division of Nuclear Materials Safety

License No. 34-13381-01
Docket No. 030-07577

- Enclosures: 1. Amendment No. 26
2. Notice of Violation
3. Enforcement Policy (NUREG-1600)

DOCUMENT NAME: M:\03007577.CL7

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		DNMS/RIII		DNMS/RIII	N			
NAME	GWatson:brt		BJHolt	1914	RJCaniano	015 for			
DATE	03/18/97	GHW	03/20/97		03/20/97				

OFFICIAL RECORD COPY

NOTICE OF VIOLATION

Doctors Hospital, Inc.
Massillon, Ohio

License No. 34-13381-01
Docket No. 030-07577

During the NRC review of your amendment request dated October 1, 1996, a violation of NRC requirements was identified. In accordance with the "General Statement of Policy and Procedure for NRC Enforcement Actions," NUREG-1600, the violation is listed below:

10 CFR 30.34(b) states that no license issued or granted pursuant to the regulations of this part or, Parts 31 through 39, nor any right under a license shall be transferred, assigned or in any manner disposed of, either voluntarily or involuntarily, directly or indirectly, through transfer of control of any license to any other person, unless the Commission shall, after securing full information, find that the transfer is in accordance with the provisions of the Act and shall give its consent in writing.

Contrary to the above, on November 1, 1996, Doctors Hospital, Inc. transferred control of License No. 34-13381-01 to Massillon Health System, LLC and the Commission had not been provided full information about the transfer or given its consent to the transfer in writing prior to November 1, 1996.

This is a Severity Level IV violation (Supplement VI).

The review showed that steps had been taken to correct the identified violation and to prevent recurrence. Consequently, the NRC requires no reply to the violation and we have no further questions regarding this matter.

Dated at Lisle, Illinois
this 25th day of March 1997

DOCTORS HOSPITAL
OF STARK COUNTY

400 AUSTIN AVENUE, N.W.
MASSILLON, OHIO 44646
(330) 837-7217

14 Jht
AFFILIATED WITH QUORUM HEALTH GROUP, INC.

December 17, 1996

License Management Section
U.S. Nuclear Regulatory Commission
Region III
801 Warrenville Road
Lisle, IL 60532-4351

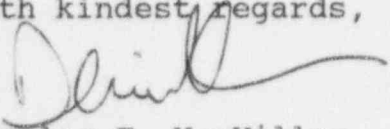
Dear Sir:

This constitutes an application for amendment of NRC Byproduct Material License No. 34-13381-01 issued to Doctors Hospital, Massillon, Ohio.

Kevin G. Wietecha, D.O. is to be added as an authorized user for 35.300 materials (unsealed byproduct material for therapeutic administration). NRC Form 313M Supplement A, preceptor statement, and supporting documentation for Dr. Wietecha are enclosed.

Enclosed is a check for \$440.00 to cover the cost of this license amendment.

With kindest regards,


Douglas F. MacMillan
Vice President
Operations

DFM/jms

Enclosures

RECEIVED

JAN 07 1997

REGION III

302134
JAN 07 1997

Pm: 12-26-96

DIVISION OF ENDOCRINOLOGY & METABOLISM
Henry Ford HospitalDorothy M. Kahkonen, MD
Division Head2799 West Grand Boulevard
Detroit, MI 48202-2689Desk:
(313) 876-2092
(313) 876-2126Fax:
(313) 876-3907
(313) 556-8348

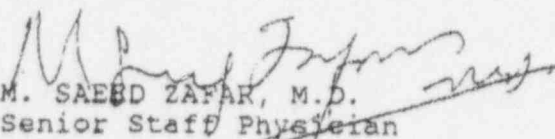
October 2, 1996

RE: Kevin G. Wietecha, M.D.

To Whom It May Concern:

Dr. Wietecha had two years of fellowship training in our Program from July, 1994 to June, 1996. During his training years he had extensive exposure to thyroid diseases, particularly hyperthyroidism and thyroid carcinoma. He almost certainly had greater than 80 hours experience in the diagnosis and management of these disorders.

Sincerely,


M. SAEED ZAFAR, M.D.
Senior Staff Physician

MSZ/gen



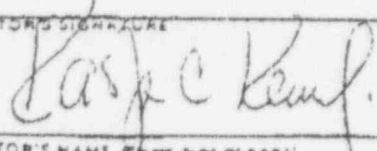
EXHIBIT-2
SUPPLEMENT A

SUPPLEMENT		U.S. NUCLEAR REGULATORY COMMISSION		
TRAINING AND EXPERIENCE AUTHORIZED USER OR RADIATION SAFETY OFFICER				
1. NAME OF PROPOSED AUTHORIZED USER OR RADIATION SAFETY OFFICER <i>Kevin G. Wietechy, D.O.</i>		2. FOR PHYSICIANS, STATE OR TERRITORY WHERE LICENSED <i>OH., MI.</i>		
3. CERTIFICATION				
SPECIALTY BOARD A	CATEGORY B	MONTH AND YEAR CERTIFIED C		
<i>A.B.O.I.M. in Internal Medicine + Endocrinology</i>		<i>9/84 3/86</i>		
4. TRAINING RECEIVED IN BASIC RADIOISOTOPE HANDLING TECHNIQUES				
FIELD OF TRAINING A	LOCATION AND DATE(S) OF TRAINING B	TYPE AND LENGTH OF TRAINING CLOCK HOURS IN LECTURE OR LABORATORY CLOCK HOURS OF SUPERVISED ON-THE-JOB EXPERIENCE		
a. RADIATION PHYSICS AND INSTRUMENTATION	<i>Henry Ford Hosp. LL 7/95-9/95</i>	<i>20</i>	<i>See attached (30+) Supplement B 3 months</i>	
b. RADIATION PROTECTION	<i>Henry Ford Hosp. LL 7/95-9/95</i>	<i>15</i>		
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY	<i>Henry Ford Hosp. LL 7/95-9/95</i>	<i>15</i>		
d. RADIATION BIOLOGY	<i>Henry Ford Hosp. LL 7/95-7/95</i>	<i>20</i>		
e. RADIOPHARMACEUTICAL CHEMISTRY	<i>Henry Ford Hosp. LL 7/95-10/95</i>	<i>20</i>		
5. EXPERIENCE WITH RADIATION. (Actual use of Radioisotopes or Equivalent Experience)				
ISOTOPE	mCi USED AT ONE TIME	LOCATION	CLOCK HOURS	TYPE OF USE
<i>I¹³¹</i>	<i>Maximum dose of 200 mCi. (one time) (in patient)</i>	<i>Henry Ford Hosp. LL</i>	<i>80</i>	<i>P.U.</i>
	<i>Maximum (total) at 100 mCi</i>			

EXHIBIT 3
SUPPLEMENT B

SUPPLEMENT		U. S. NUCLEAR REGULATORY COMMISSION	
PRECEPTOR STATEMENT			
<i>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.</i>			
1. PROPOSED PHYSICIAN USER'S NAME AND ADDRESS		KEY TO COLUMN C	
FULL NAME Kevin Wietcha, D.O.		PERSONAL PARTICIPATION SHOULD CONSIST OF:	
STREET ADDRESS 2860 Lincoln Way East		1. Supervised examination of patients to determine the suitability for radioisotope diagnosis and/or treatment and recommendation for prescribed dosage.	
CITY STATE ZIP CODE Massillon OH 44646		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 sheet.) D
	Thyroid scan	40	
	Thyroid uptake	25	
	Lung perfusion scan		
	Xenon ventilation study		
	Aerosol ventilation scan		
	Renal flow scan		
	Brain scan		
	Liver/spleen scan		
	Bone scan		
	Gastroesophageal study		
	LeVeen shunt study		
	Cystogram		
	Dacryocystogram		
	Cardiac perfusion scan.		
	Cardiac stress ventriculogram		
	Cardiac rest ventriculogram		
	Gallium scan		

EXHIBIT 3 (Continued)

PROPOSED PHYSICIAN USER Kevin Wietecha, D.O.			
PRECEPTOR 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 included in duplicate on separate sheet.) D
P-32 (Sodium Iodide)	TREATMENT OF POLYCYTHEMIA VERA, LEUKEMIA, AND BONE METASTASES		
P-32 (Calcium chloride)	INTRACAVITARY TREATMENT		
I-131	TREATMENT OF THYROID CARCINOMA	7	
	TREATMENT OF HYPERTHYROIDISM	29	
Am-198	INTRACAVITARY TREATMENT		
Co-60 or Cs-137	INTERSTITIAL TREATMENT		
	INTRACAVITARY TREATMENT		
I-125 or Ir-192	INTERSTITIAL TREATMENT		
Co-60 or Cs-137	TELETHERAPY TREATMENT		
Sr-90	TREATMENT OF EYE DISEASE		
	RADIOPHARMACEUTICAL PREPARATION		
Mo-99/ Tc-99m	GENERATOR	1	
Sr-90/ Y-90	GENERATOR	1	
Tc-99m	REAGENT KITS		
Other:			
3. DATES AND TOTAL NUMBER OF HOURS RECEIVED IN CLINICAL RADIOISOTOPE TRAINING			
LOCATION		DATES	CLOCK HOURS OF EXPERIENCE
Henry Ford Hospital Detroit, MI		July-September 95	80
4. THE TRAINING AND EXPERIENCE INDICATED ABOVE WAS OBTAINED UNDER THE SUPERVISION OF:		5. PRECEPTOR'S SIGNATURE	
a. NAME OF SUPERVISOR Kastytis C. Karvelis, M.D.			
b. NAME OF INSTITUTION Henry Ford Hospital			
c. MAILING ADDRESS 2799 W. Grand Blvd.		7. PRECEPTOR'S NAME (Print name of person)	
d. CITY Detroit, MI 48202		Kastytis C. Karvelis, M.D.	
8. PATIENTS' LICENSE NUMBER(S) 21-04109-16		9. DATE September 12, 1996	

DATE: 1-9-97

CORRESPONDENCE CLARIFICATION SHEET

REVIEWER: BJ HOLT
LICENSEE: Doc Hosp
LICENSE NUMBER: 34-13381-01

The following correspondence has been received from the above licensee and it is not clear what action(s) is(are) required: Please review this correspondence and indicate which of the following applies, and please return to Debbie Hersey, as soon as possible.

☐ Additional Information to Control No. _____
Process in as a new action, additional information, and no fee required.

☐ Process as new licensing action. Review has already been started on Control No. _____ and this information cannot be combined with current in-house action.

☐ Can be combined with Control No. _____. Review has not started.

☐ Appears to be information for the license file - file it.

☐ Licensee is adding Nuclear Pharmacists.

☐ Amendment is necessary _____. Amendment is not necessary _____.
(Information for license file)

☒ Licensee is adding authorized users.

☒ A check is included ✓. No check is included ____.

pg ☒ Amendment is necessary ✓. Amendment is not necessary _____.
(This is a Notification)

☒ Process in as a new licensing action:

- A. Amendment ✓
B. Renewal _____
C. New License Application _____

☐ Other: _____

Thank You For Your Help!!!

10/16/96

DOCTORS HOSPITAL
OF STARK COUNTY

1000 AVENUE N.W.
WARREN, N. CAROLINA 28088

(704) 255-7200

PAY

FOUR HUNDRED FORTY DOLLARS AND 00/100

U S NUCLEAR REGULATORY COMM
LICENSE MANAGEMENT SECTION
801 WARRENVILLE RD
REGION III
LISLE IL 60532-4351

PAY TO THE
ORDER OF

322229

DATE 12-26-1996

CHECK # 322229

*****440.00

Citybank Delaware
One Penn's Way
New Castle, DE 19720

VOID AFTER 120 DAYS

1.854858

302134

38544062

322229 1031100209

CONVERSATION RECORD

TIME
3:20 PMDATE
11/22/96☐ VISIT☐ CONFERENCE☒ TELEPHONE☐ INCOMING☒ OUTGOING

NAME OF PERSON(S) CONTACTED OR IN CONTACT

ORGANIZATION (OFFICE, DEPT. ETC.)

TELEPHONE NO.

Kaaren Engel, Esq.
Massillon Health System LLC, dba Doctors Hospital of Stark County
615/251-1079

SUBJECT

Change of Ownership

34-13381-01

SUMMARY

Gidget Watson, License Reviewer/Kaaren Engel:

I informed Ms. Engel that the NRC was in receipt of letter dated October 1, 1996, notifying us of a Change of Ownership that was to take place on November 1, 1996. I inquired as to whether the change had taken place. **Ms. Engel stated that it had.** I then informed Ms. Engel that we were still in the process of reviewing the submission and would contact her should we have any further questions.

B.J. Holt, Branch Chief, NMLB/Kaaren Engel:

B.J. informed Ms. Engel that she was the Branch Chief of NMLB and that she was aware of the conversation that had just taken place between Ms. Engel and Gidget Watson, of NMLB. B.J. inquired as to why the information was sent in only 3 weeks before the Change of Ownership was to take place. **Ms. Engel stated that she contacted our office twice prior to submitting the information and was told that 2 weeks would be fine on one occasion and that 30 days would be fine on another occasion. Therefore she stated that she assumed she was well within the allotted timeframe.** B.J. then informed Ms. Engel that the Info. Notice (89-25) clearly states that the licensee is to contact the NRC 90 days prior to a Change of Ownership. B.J. also informed Ms. Engel that all Change of Ownerships must be approved by the NRC prior to the change and that the licensee was currently in violation of the Regulations. B.J. informed Ms. Engel that a Notice of Violation may have to be issued to the licensee because of noncompliance.

Ms. Engel stated that she understood. She stated that in the future, she will be more timely in contacting the NRC. B.J. also asked Ms. Engle how she wanted the name to read on the license. Ms. Engel stated that the name could read as: Massillon Health System LLC, dba Doctors Hospital of Stark County.

ACTION REQUIRED

B.J. will discuss situation with Bruce Burgess, Director EICS

NAME OF PERSON DOCUMENTING CONVERSATION

Gidget Watson

SIGNATURE

| *Gidget Watson*

DATE

| 11/22/96

ACTION TAKEN

SIGNATURE

TITLE

DATE