

Received  
12/13/2021

Avera.org

December 13, 2021

U.S. Nuclear Regulatory Commission  
Region IV  
1600 E. Lamar Blvd.  
Arlington, Texas 76011-4511

Mail Control Number: 629602  
Docket Number : 3039216  
License Number : 40-16571-02  
Licensee Name : Avera McKennen/Nuclear Medicine

Dear Sir or Madam:

Re: NRC Radioactive Material License #40-16571-02

At this time, Avera McKennen wishes to remove Authorized User Kevin J. Turneau, M.D. for all uses under 12. B.

If you have any questions or need additional information regarding this request, please contact me at (605) 929-9056 or Trisha Laake at (712) 212-0040.

Sincerely:



Michelle White, RSO  
Radiation Safety Officer  
Avera McKennen

## NRC FORM 313

(01-2020)  
10 CFR 30, 32,  
33, 34, 35, 36,  
37, 39, and 40

## U.S. NUCLEAR REGULATORY COMMISSION

APPLICATION FOR  
MATERIALS LICENSE

APPROVED BY OMB: NO. 3150-0120

EXPIRES: 01/31/2023

Estimated burden per response to comply with this mandatory collection request: 4.3 hours. Submittal of the application is necessary to determine that the applicant is qualified and that adequate procedures exist to protect the public health and safety. Send comments regarding burden estimate to the Information Services Branch (T-6 A10M), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by e-mail to [Infocollects.Resource@nrc.gov](mailto:Infocollects.Resource@nrc.gov), and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0120), Office of Management and Budget, Washington, DC 20503. If a means used to impose an information collection does not display a currently valid OMB control number, the NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.

INSTRUCTIONS: SEE THE CURRENT VOLUMES OF THE NUREG-1556 TECHNICAL REPORT SERIES ("CONSOLIDATED GUIDANCE ABOUT MATERIALS LICENSES") FOR DETAILED INSTRUCTIONS FOR COMPLETING THIS FORM: <http://www.nrc.gov/reading-m/doc-collections/nuregs/staff/sr1556/>. SEND TWO COPIES OF THE COMPLETED APPLICATION TO THE NRC OFFICE SPECIFIED BELOW.

## APPLICATION FOR DISTRIBUTION OF EXEMPT PRODUCTS FILE APPLICATIONS WITH:

MATERIALS SAFETY LICENSING BRANCH  
DIVISION OF MATERIAL SAFETY, STATE, TRIBAL AND RULEMAKING PROGRAMS  
OFFICE OF NUCLEAR MATERIALS SAFETY AND SAFEGUARDS  
U.S. NUCLEAR REGULATORY COMMISSION  
WASHINGTON, DC 20555-0001

## ALL OTHER PERSONS FILE APPLICATIONS AS FOLLOWS:

## IF YOU ARE LOCATED IN:

ALABAMA, CONNECTICUT, DELAWARE, DISTRICT OF COLUMBIA, FLORIDA,  
GEORGIA, KENTUCKY, MAINE, MARYLAND, MASSACHUSETTS, NEW HAMPSHIRE,  
NEW JERSEY, NEW YORK, NORTH CAROLINA, PENNSYLVANIA, PUERTO RICO,  
RHODE ISLAND, SOUTH CAROLINA, TENNESSEE, VERMONT, VIRGINIA, VIRGIN  
ISLANDS, OR WEST VIRGINIA,

## SEND APPLICATIONS TO:

LICENSING ASSISTANCE TEAM  
DIVISION OF NUCLEAR MATERIALS SAFETY  
U.S. NUCLEAR REGULATORY COMMISSION, REGION I  
2100 RENAISSANCE BOULEVARD, SUITE 100  
KING OF PRUSSIA, PA 19406-2713

## IF YOU ARE LOCATED IN:

ILLINOIS, INDIANA, IOWA, MICHIGAN, MINNESOTA, MISSOURI, OHIO, OR WISCONSIN, SEND  
APPLICATIONS TO:

MATERIALS LICENSING BRANCH  
U.S. NUCLEAR REGULATORY COMMISSION, REGION III  
2443 WARRENVILLE ROAD, SUITE 210  
LISLE, IL 60532-4352

## IF YOU ARE LOCATED IN:

ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, COLORADO, HAWAII, IDAHO, KANSAS,  
LOUISIANA, MISSISSIPPI, MONTANA, NEBRASKA, NEVADA, NEW MEXICO, NORTH  
DAKOTA, OKLAHOMA, OREGON, PACIFIC TRUST TERRITORIES, SOUTH DAKOTA, TEXAS,  
UTAH, WASHINGTON, OR WYOMING,

## SEND APPLICATIONS TO:

NUCLEAR MATERIALS LICENSING BRANCH  
U.S. NUCLEAR REGULATORY COMMISSION, REGION IV  
1600 E. LAMAR BOULEVARD  
ARLINGTON, TX 76011-4511

PERSONS LOCATED IN AGREEMENT STATES SEND APPLICATIONS TO THE U.S. NUCLEAR REGULATORY COMMISSION ONLY IF THEY WISH TO POSSESS AND USE LICENSED MATERIAL IN STATES SUBJECT TO U.S. NUCLEAR REGULATORY COMMISSION JURISDICTIONS.

## 1. THIS IS AN APPLICATION FOR (Check appropriate item)

☐ A. NEW LICENSE

☒ B. AMENDMENT TO LICENSE NUMBER 40-16571-02

☐ C. RENEWAL OF LICENSE NUMBER

## 2. NAME AND MAILING ADDRESS OF APPLICANT (Include zip code)

Avera McKennan Michelle White, RSO  
1325 S. Cliff Ave  
Sioux Falls, SD 57105

## 3. ADDRESS WHERE LICENSED MATERIALS WILL BE USED OR POSSESSED

Avera McKennan  
1325 S. Cliff Ave  
Sioux Falls, SD 57105

## 4. NAME OF PERSON TO BE CONTACTED ABOUT THIS APPLICATION

Michelle White

BUSINESS TELEPHONE NUMBER  
605-322-7155

BUSINESS CELLULAR TELEPHONE NUMBER  
605-929-9056

BUSINESS E-MAIL ADDRESS  
[michelle.white@avera.org](mailto:michelle.white@avera.org)

SUBMIT ITEMS 5 THROUGH 11 ON 8-1/2 X 11" PAPER. THE TYPE AND SCOPE OF INFORMATION TO BE PROVIDED IS DESCRIBED IN THE LICENSE APPLICATION GUIDE.

## 5. RADIOACTIVE MATERIAL

a. Element and mass number; b. chemical and/or physical form; and c. maximum amount  
which will be possessed at any one time.

## 6. PURPOSE(S) FOR WHICH LICENSED MATERIAL WILL BE USED.

7. INDIVIDUAL(S) RESPONSIBLE FOR RADIATION SAFETY PROGRAM AND THEIR TRAINING AND  
EXPERIENCE.

## 8. TRAINING FOR INDIVIDUALS WORKING IN OR FREQUENTING RESTRICTED AREAS.

## 9. FACILITIES AND EQUIPMENT.

## 10. RADIATION SAFETY PROGRAM.

## 11. WASTE MANAGEMENT.

12. LICENSE FEES (Fees required only for new applications, with few exceptions\*)  
(See 10 CFR 170 and Section 170.31)

\*Amendments/Renewals that increase the scope of the existing license to a new or higher fee category will require a fee.

FEE  
CATEGORYAMOUNT  
ENCLOSED \$

PER THE DEBT COLLECTION IMPROVEMENT ACT OF 1996 (PUBLIC LAW 104-134), YOU ARE REQUIRED TO PROVIDE YOUR TAXPAYER IDENTIFICATION NUMBER. PROVIDE THIS  
INFORMATION BY COMPLETING NRC FORM 531: <https://www.nrc.gov/reading-m/doc-collections/forms/nrc531info.html>.

## 13. CERTIFICATION. (Must be completed by applicant) THE APPLICANT UNDERSTANDS THAT ALL STATEMENTS AND REPRESENTATIONS MADE IN THIS APPLICATION ARE BINDING UPON THE APPLICANT.

THE APPLICANT AND ANY OFFICIAL EXECUTING THIS CERTIFICATION ON BEHALF OF THE APPLICANT, NAMED IN ITEM 2, CERTIFY THAT THIS APPLICATION IS PREPARED IN  
CONFORMITY WITH TITLE 10, CODE OF FEDERAL REGULATIONS, PARTS 30, 32, 33, 34, 35, 36, 37, 39, AND 40, AND THAT ALL INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT  
TO THE BEST OF THEIR KNOWLEDGE AND BELIEF.

WARNING: 18 U.S.C. SECTION 1001 ACT OF JUNE 25, 1948 62 STAT. 749 MAKES IT A CRIMINAL OFFENSE TO MAKE A WILLFULLY FALSE STATEMENT OR REPRESENTATION TO  
ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION.

## CERTIFYING OFFICER - TYPED/PRINTED NAME AND TITLE

Michelle White, RSO

## SIGNATURE

*Michelle White*

## DATE

12.13.21

## FOR NRC USE ONLY

TYPE OF FEE	FEE LOG	FEE CATEGORY	AMOUNT RECEIVED	CHECK NUMBER	COMMENTS
			\$		
APPROVED BY				DATE	

**From:** [Trisha Laake](#)  
**To:** [Hill, Carol](#)  
**Cc:** [Michelle White](#)  
**Subject:** [External\_Sender] License 40-15633-01  
**Date:** Monday, December 13, 2021 11:27:54 AM  
**Attachments:** [Remove Turneau.pdf](#)

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Greetings,

Please accept the attached amendment for the above license. If you have any questions, please contact Michelle White, RSO at 605-322-7155 or 605-929-9056 or myself at the numbers below.

Thank you,

Trisha Laake, BS, CMNT, ARRT (N)  
Associate Radiation Safety Officer  
Avera McKennan Nuclear Medicine/PETCT  
(605) 322-7155  
(712) 212-0040



## ACKNOWLEDGEMENT - RECEIPT OF CORRESPONDENCE

## Name and Address of Applicant and/or Licensee

Michelle White, BA, CNMT  
Radiation Safety Officer  
Avera McKennan/Nuclear Medicine  
1325 S. Cliff Ave  
Sioux Falls, SD 57117-5045

(Remove Turneau)

## Date

12/28/2021

## License Number(s)

40-16571-02

## Mail Control Number(s)

629602

## Licensing and/or Technical Reviewer or Branch

C. Hill

This is to acknowledge receipt of your: ☒ Letter and/or ☐ Application Dated: 12/13/2021

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

BETWEEN:

Accounts Receivable/Payable  
and  
Regional Licensing Branches

[ FOR ARPB USE ]  
INFORMATION FROM WBL

Program Code: 04826  
Status Code: Pending Amendment  
Fee Category: 7C(1)  
Exp. Date: 03/31/2035  
Fee Comments:  
Decom Fin Assur Req'd: N

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## License Fee Worksheet - License Fee Transmittal

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### A. REGION

#### 1. APPLICATION ATTACHED

Applicant/Licensee: Avera McKennan/Nuclear Medicine  
Received Date: 12/13/2021  
Docket Number: 3039216  
Mail Control Number: 629602  
License Number: 40-16571-02  
Action Type: Amendment

#### 2. FEE ATTACHED

Amount: N/A

Check No.: N/A

#### 3. COMMENTS

Signed: Carol L. Hill

Date: 12/28/2021

### 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: \_\_\_\_\_

Agency: NRC

## WBL WORKSHEET

DOCKET NUMBER: 3039216	LICENSE NUMBER: 40-16571-02	STATUS: Pending Amendment
MAIL CONTROL NUMBER: 629602	RECEIPT DATE: 12/13/2021	ACTION TYPE: Amendment
DUE DATE: 03/13/2022	INST. CODE: 16571	LICENSE REGION: Region 4
LICENSE TYPE: 30	ENTITY TYPE: C	LICENSE GROUP: Medical
ISSUE DATE:	ORIGINAL DATE: 03/10/2020	EXPIRATION DATE: 03/31/2035
DECOMMISSIONING CATEGORY:	LAST ISSUE DATE:	
LICENSEE NAME: Avera McKennan/Nuclear Medicine	DECOM FIN ASSUR REQD: N SUBM: N	
MAILING ADDRESS LINE1: 1325 South Cliff Avenue	CONT PLAN REQD: N APPRV: N	
MAILING ADDRESS LINE 2:		
CITY: Sioux Falls	STATE: SD	ZIP: 57117-5045
CONTACT PERSON: PREFIX:	FIRST NAME: Michelle	MIDDLE INITIAL:
LAST NAME: White	SUFFIX:	
JOB TITLE:	PHONE: 605-322-7155 FAX:	EMAIL: michelle.white@avera.c
BILLING ADDRESS LINE 1:		
BILLING ADDRESS LINE 2:		
CITY:	STATE: South Dakota	ZIP:
BILLING CONTACT PERSON: FIRST NAME:	MIDDLE INITIAL:	LAST NAME:
PHONE:	EMAIL:	FAX:
PRIMARY PGM CODE: 04826	SECONDARY PGM CODE: 04810,04820	
INSPECTION REGION: Region 4	PRIORITY: 2	
RSO: PREFIX:	FIRST NAME: Michelle	MIDDLE INITIAL: LAST NAME White
SUFFIX: BA, CNMT	RSO JOB TITLE: Radiation Safety Officer	
RSO PHONE: 605-322-7155	RSO FAX:	RSO EMAIL: michelle.white@avera.org
STATES WHERE USE IS AUTHORIZED:	0- ALL LISTED STATES 1- SAME AS STATE IN ADDRESS 2- ALL STATES 3- NON-AGREEMENT-STATES	
AUTHORIZED STATES (USE ONLY IF ABOVE IS ZERO):		