

ACCEPTANCE REVIEW MEMO

Licensee: St. Vincent Healthcare

License No.: 25-07553-01

Docket No.: 030-02396

Mail Control No.: 470528

Type of Action: Amend Date of Requested Action: 05-05-05

Reviewer Assigned: Date Assigned to Reviewer: 05-12-05

Reviewer(s) Who Performed Review: Gaines

Response Received	Deficiencies Noted During Acceptance Review
	1.
	2.
	3.
	4.

Reviewer's Initials: _____

Date: _____

Branch Chief's and/or SR. HP's Initials: _____

Date: _____

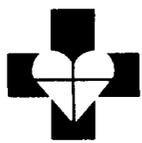
<input type="checkbox"/> Yes <input type="checkbox"/> No	Action - decommissioning notification should be issued within 30 days.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Termination request < 90 days from date of expiration
<input type="checkbox"/> Yes <input type="checkbox"/> No	Action to be expedited
	____ Medical emergency
	____ Licensee in noncompliance (i.e. no RSO, location of use/storage not on license, radioactive material in possession not on license)
	____ National Security
	____ Other (_____)

Branch Chief's and/or Sr. HP's Initials: _____ Date: _____

SISP Review	
<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Non-Publicly Available, Sensitive if <u>any</u> item below is checked
	____ Radionuclides, forms, and quantities
	____ Location of RAM
	____ Building drawings with locations of RAM
	____ Security of RAM (locks, alarms, etc.)
	____ SS&D Catalog information
	____ Specifics of Emergency Plan (routes to and from RAM, response to security events, etc.)
	____ Safeguards Information

Branch Chief's and/or Sr. HP's Initials: ADG Date: 05/12/05

ADG



St. Vincent Healthcare

Sisters of Charity of Leavenworth Health System

MAY 10 2005
DNMS
*fax rec'd on 5-5-05
CM*

May 5, 2005

Jacqueline D. Cook, Health Physicist
Nuclear Materials Licensing Branch
United States Nuclear Regulatory Commission
Region IV
611 Ryan Plaza Drive, Suite 400
Arlington, TX 76011-8064

Re: License #25-07553-01

Dear Ms. Cook,

This letter is an amendment request for license number 25-07553-01.

We request to add a new physician to our license. Please add Alan Langburd, MD as an authorized user for 10 CFR 35.200 uses. Dr. Langburd will be working as a nuclear cardiologist. We have enclosed a copy of the last agreement state license where Dr. Bates was an authorized user.

Please contact Chris Fitz at 406-672-6756 if you have questions with this amendment request.

Best Regards,


Jack Bell
EVP/COO
St. Vincent Healthcare

STATE OF MAINE MATERIALS LICENSE

Page 1 of 2
License No. 01203
Amend. No. 3 (Corrected)

Pursuant to the Maine Radiation Statutes (22 MRSA 677) and Maine Department of Human Services regulations on radiation (10-144A CMR 220), 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 radioactive material as designated below; and to use such radioactive material for the purpose(s) and at the place(s) designated below. This license is subject to all applicable rules, regulations and orders of the Maine Department of Human Services now or hereafter in effect and to any conditions specified below.

1. Name Androscoggin Cardiology Associates	This license is issued in accordance with correspondence dated: November 29, 2004	
2. Address Two Great Falls Plaza Auburn, Maine 04210	3. License Number 01203	Amendment Number 3 (Corr)
	4. Expiration Date June 1, 2006	

- | | | |
|---|---|---|
| 5. Radionuclide

A. Any radioactive material identified in G.200 for cardiac imaging except gas | 6. Form of Material

A. Any radiopharmaceutical identified in G.200 for cardiac imaging, except gas | 7. Maximum Activity

A. As needed |
|---|---|---|

8. Authorized use
 A. Any cardiac imaging procedure approved in G.200.

CONDITIONS

9. Licensed material may be used only at the licensee's facilities at Two Great Falls Plaza, Auburn, Maine.
10. Radiation safety officer: Dervilla McCann, M.D.
11. Authorized Users: Material and Use:
- | | |
|-----------------------|---------------------------|
| Dervilla McCann, M.D. | G.200 for cardiac imaging |
| Peter Higgins, M.D. | G.200 for cardiac imaging |
| John Lualdi, M.D. | G.200 for cardiac imaging |
| Paul McGrath, M.D. | G.200 for cardiac imaging |
| John O'Meara, M.D. | G.200 for cardiac imaging |
| Alan Langburd, M.D. | G.200 for cardiac imaging |

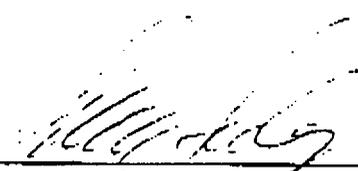
STATE OF MAINE MATERIALS LICENSE

Supplementary Sheet

12. 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. The Agency'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 April 11, 2001
- B. Letter dated July 20, 2001
- C. Letter received June 3, 2002
- D. Letter dated June 4, 2004
- E. Letter dated September 15, 2004
- F. Preceptor dated October 14, 2004

Date: November 17, 2004



Shawn W. Seeley, Inspector
Radiation Control Program
Division of Health Engineering

MAY 13 2005

DATE

This is to acknowledge the receipt of your letter/application dated 5-5-05, and to inform you that the initial processing, which includes an administrative review, has been performed.

There were no administrative omissions. Your application will be assigned to a technical reviewer. Please note that the technical review may identify additional omissions or require additional information.

Please provide to this office within 30 days of your receipt of this card:

The action you requested is normally processed within 90 days.

A copy of your action has been forwarded to our License Fee & Accounts Receivable Branch, who will contact you separately if there is a fee issue involved.

Your action has been assigned Mail Control Number 470528.
When calling to inquire about this action, please refer to this mail control number.
You may call me at 817-860-8103.

Sincerely,



Licensing Assistant

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

(FOR LEMS USE)

INFORMATION FROM LTS

Program Code: 02240
Status Code: 0
Fee Category: 7C
Exp. Date: 20150430
Fee Comments: CODE 21
Decom Fin Assur Reqd: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
 Applicant/Licensee: ST. VINCENT HEALTHCARE
 Received Date: 20050505
 Docket No: 3002396
 Control No.: 470528
 License No.: 25-07553-01
 Action Type: Amendment

2. FEE ATTACHED

Amount: _____
 Check No.: _____

3. COMMENTS

Signed *Colleen Munnahan*
 Date 5/10/05

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 _____