

ACCEPTANCE REVIEW MEMO

Licensee: St. Vincent Healthcare

License No.: 25-07553-01

Docket No.: 030-02396

Mail Control No.: 470784

Type of Action: Amend **Date of Requested Action:** 11-30-05

Reviewer Assigned: **Date Assigned to Reviewer:** 12-14-05

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 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:** 12/14/05

ADG



DEC - 8 2005

November 30, 2005

Re: License # 25-07553-01

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

Dear Ms Cook,

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

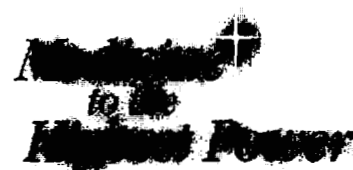
Effective immediately, I have appointed Rodney J. Wimmer Ph.D. for Radiation Safety Officer. Dr. Wimmer is currently the RSO for St James Healthcare in Butte, MT. The materials license number at St. James is # 25-13173-02. Dr. Wimmer is certified by the American board of Radiology in Radiologic Physics and has been an RSO for NRC regulated hospitals for the past 20 years. Dr. Wimmer will be replacing Chris Fitz who has resigned the RSO position.

Please refer to license number 25-13173-02 for confirmation of his status. Please contact Dr. Wimmer at 406-788-0477 or Jerry Siebenaller Director of Radiology at 406-237-8177 if you have questions regarding this appointment.

Best regards,

Michelle Hood
CEO/President
St. Vincent Healthcare

cc: Jack Bell, COO/EVP
Jerry Siebenaller



ST VINCENT HEALTHCARE

DEC 5 2005

FACSIMILE TRANSMITTAL SHEET

To: Jacqueline Cook, Health Physicist	From: Jerry Siebenaller
FAX NUMBER: 817-860-8263	Date: December 5, 2005
COMPANY: St. Vincent Healthcare	TOTAL NO. OF PAGES INCLUDING COVER: 2
PHONE NUMBER:	SENDER'S REFERENCE NUMBER:
Re: SVH NRC License # 25-07553-01	YOUR REFERENCE NUMBER:

URGENT FOR REVIEW PLEASE COMMENT PLEASE REPLY PLEASE RECYCLE

NOTES/COMMENTS:

Radiation Safety Officer appointment letter attachment.

12-14-05

DATE

This is to acknowledge the receipt of your letter/application dated 11-30-05, 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 470784.
When calling to inquire about this action, please refer to this mail control number.
You may call me at 817-860-8103.

Sincerely,

Cecilia Murnahan

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: 20051205
Docket No: 3002396
Control No.: 470784
License No.: 25-075553-01
Action Type: Amendment

2. FEE ATTACHED

Amount: _____
Check No.: _____

3. COMMENTS

Signed *Colleen J. ...*
Date 12/13/05

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 _____