



# Saint Catherine Healthcare

J-3

March 15, 2006

Mr. Richard McKinley  
Nuclear Regulatory Commission FAXED: (610)-337-5269  
475 Allendale Rd.  
King of Prussia, PA 19406

LL 31140  
030 37176  
02121

(37-31140-01)

RE: Control #138286

Dear Mr. McKinley,

As you know, Saint Catherine Hospital of Pennsylvania, LLC has applied for transfer of the above license at Ashland Regional Medical Center. In conjunction with our request for transfer, we are writing to advise you that we accept responsibility for any contamination at the hospital location.

Further, we request that you use the physical address of the hospital for all correspondence. As you know, the address is 101 Broad Street, Ashland, PA 17921.

Please advise if you require anything further.

Sincerely,

Robert M. Lane  
President

138582



2006 MAR 10 PM 1:12

RECEIVED  
REGION 1

February 9, 2006

New License Application

Licensing Assistant Section  
Nuclear Materials Safety Branch  
U.S. Nuclear Regulatory Commission, Region I  
475 Allendale Road  
King of Prussia, PA 19406-1415

LL 31140  
03037176  
02121

(37-31140-01)

To Whom It May Concern:

Our firm will be assuming ownership of the Ashland Regional Medical Center (NRC license 37-17331-01) and we wish to terminate that license and apply for a new NRC license. We will continue to operate the nuclear medicine department as it currently exists, therefore a "Close-out" survey will not be conducted, and we will assume ownership of the existing byproduct materials.

We would request that we be allowed to continue operation of our current NRC license until a new one is issued so we do not disrupt patient services.

If you have any questions with regard to our renewal application, please contact our consultant physicist, Sam Payne or me at: (570) 477-3925.

Sincerely,

Robert Lane, CEO

138582

(8-1999)  
10 CFR 30, 32, 33  
34, 35, 36, 39 and 40

Estimated burden per response to comply with this mandatory information collection request: 7.4 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 Records Management Branch (T-6 E6), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to bjs1@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NE08-10202, (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, NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.

# APPLICATION FOR MATERIAL LICENSE

**INSTRUCTIONS: SEE THE APPROPRIATE LICENSE APPLICATION GUIDE FOR DETAILED INSTRUCTIONS FOR COMPLETING APPLICATION. SEND TWO COPIES OF THE ENTIRE COMPLETED APPLICATION TO THE NRC OFFICE SPECIFIED BELOW.**

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

DIVISION OF INDUSTRIAL AND MEDICAL NUCLEAR SAFETY  
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:**

CONNECTICUT, DELAWARE, DISTRICT OF COLUMBIA, MAINE, MARYLAND, MASSACHUSETTS, NEW HAMPSHIRE, NEW JERSEY, NEW YORK, PENNSYLVANIA, RHODE ISLAND, OR VERMONT, SEND APPLICATIONS TO:

LICENSING ASSISTANT SECTION  
NUCLEAR MATERIALS SAFETY BRANCH  
U.S. NUCLEAR REGULATORY COMMISSION, REGION I  
475 ALLENDALE ROAD  
KING OF PRUSSIA, PA 19406-1415

ALABAMA, FLORIDA, GEORGIA, KENTUCKY, MISSISSIPPI, NORTH CAROLINA, PUERTO RICO, SOUTH CAROLINA, TENNESSEE, VIRGINIA, VIROIN ISLANDS, OR WEST VIRGINIA, SEND APPLICATIONS TO:

SAM NUNN ATLANTA FEDERAL CENTER  
U. S. NUCLEAR REGULATORY COMMISSION, REGION II  
61 FORSYTH STREET, S.W., SUITE 23T85  
ATLANTA, GEORGIA 30303-8831

**IF YOU ARE LOCATED IN:**

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

MATERIALS LICENSING SECTION  
U.S. NUCLEAR REGULATORY COMMISSION, REGION III  
601 WARRENVILLE RD.  
LISLE, IL 60532-4351

ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, COLORADO, HAWAII, IDAHO, KANSAS, LOUISIANA, 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 SECTION  
U.S. NUCLEAR REGULATORY COMMISSION, REGION IV  
611 RYAN PLAZA DRIVE, SUITE 400  
ARLINGTON, TX 76011-8064

LL 31140  
03037126  
02121

(37-31140-01)

**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 \_\_\_\_\_
- C. RENEWAL OF LICENSE NUMBER \_\_\_\_\_

**2. NAME AND MAILING ADDRESS OF APPLICANT (include Zip code)**

Saint Catherine Hospital of Pennsylvania, LLC  
970 West Broadway, Suite 490  
Jacksons Hole, WY 83001-9475

**3. ADDRESS(ES) WHERE LICENSED MATERIAL WILL BE USED OR POSSESSED**

101 Broad Street  
Ashland, PA 17921-2198

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

Samuel Payne (570)477-3925

TELEPHONE NUMBER  
(570) 875-2198

**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.
- 7. INDIVIDUAL(S) RESPONSIBLE FOR RADIATION SAFETY PROGRAM AND THEIR TRAINING EXPERIENCE.
- 9. FACILITIES AND EQUIPMENT.
- 11. WASTE MANAGEMENT.

- 6. PURPOSE(S) FOR WHICH LICENSED MATERIAL WILL BE USED.
- 8. TRAINING FOR INDIVIDUALS WORKING IN OR FREQUENTING RESTRICTED AREAS.
- 10. RADIATION SAFETY PROGRAM.
- 12. LICENSEE FEES (See 10 CFR 170 and Section 170.31)  
FEE CATEGORY 7C AMOUNT ENCLOSED \$ 2,100.00

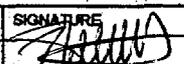
**13. CERTIFICATION. (Must be completed by applicant) THE APPLICANT UNDERSTANDS THAT ALL STATEMENTS AND REPRESENTATIONS MADE IN THIS APPLICATION ARE BINDING UPON THE APPLICANT.**

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, 36, 38, 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**

Robert Lane, CEO

SIGNATURE  


DATE  
2/13/06

### FOR NRC USE ONLY

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

138582

**Item 5 – Radioactive Material and Item 6 – Purpose for which licensed material will be used**

Radionuclide	Form	Quantity	Use
Any byproduct material permitted by 10 CFR 35.100	Any	As Needed	Any uptake, dilution, and excretion study permitted by 10 CFR 35.100.
Any byproduct permitted by 10 CFR 35.200	Any	As Needed	Any imaging and localization study permitted by 10 CFR 35.200.

**Item 7 – Individuals responsible for the radiation safety program and their training and experience**

	Individual	Previous experience, license number, etc.	Requested Uses
Radiation Safety Officer*	Mark Van Blargan, D.O.	NRC#: 37-13181-01	N/A
Authorized User	Mark Van Blargan, D.O.	NRC#: 37-13181-01	35.100, 35.200
Authorized User	Lanny Chuang, D.O.	NRC#: 37-13181-01	35.100, 35.200
Authorized User	Vernon Pocius, D.O.	NRC#: 37-13181-01	35.100, 35.200
* Refer to attached delegation of authority			

**Item 9 – Facilities and Equipment**

Facility diagram – refer to attached diagram

**Radiation Monitoring instruments**

Description of the instrumentation that will be used to perform required surveys:

Geiger Mueller-Range 1-1000 mR/hr

Nal Well Counter - sensitivity 22 dpm/cm<sup>2</sup>

We have developed and will implement and maintain written survey meter calibration procedures in accordance with the requirements in 10 CFR 20.1501 and that meet requirements of 10 CFR 35.61.

We reserve the right to upgrade our survey instruments as necessary as long as they are adequate to measure the type and level of radiation for which they are used.

**Dose Calibrator and Other Measuring Equipment**

Equipment used to measure dosages will be calibrated in accordance with nationally recognized standards or the manufacture's instructions.

**Item 10 – Radiation Safety Program**

Occupational Dose

Either we will perform a prospective evaluation demonstrating that unmonitored individuals are not likely to receive, in one year, a radiation dose in excess of 10% of the allowable limits in 10 CFR Part 20 or we will provide dosimetry that meets the requirements listed under "Criteria" in NUREG- 1556, Vol. 9, "Consolidated Guidance About Materials Licenses: Program-Specific Guidance About Medical Use Licensees," dated October 2002."

Area Surveys

We have developed and will implement and maintain written procedures for area surveys in accordance with 10 CFR 20.1101 that meet the requirements of 10 CFR 20.1501 and 10 CFR 35.70

Safe Use of Unsealed Licensed Material

We have developed and will implement and maintain procedures for safe use of unsealed byproduct material that meet the requirements of 10 CFR 20.1101 and 10 CFR 20.1301

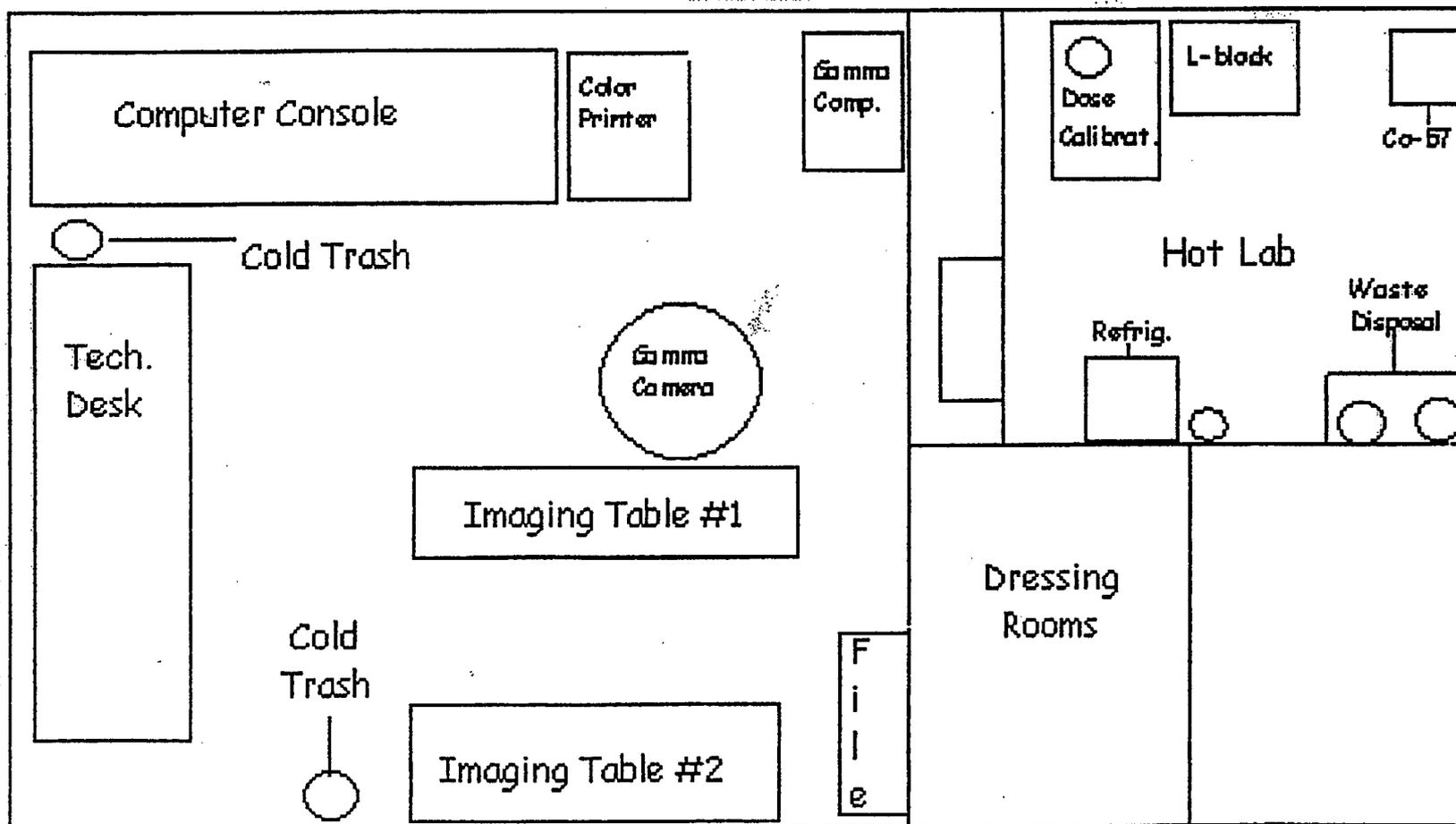
Spill Procedures

We have developed and will implement and maintain written procedures for safe response to spills of licensed material in accordance with 10 CFR 20.1101.

**Item 11 – Waste Management**

We have developed and will implement and maintain written waste disposal procedures for licensed material in accordance with 10 CFR 20.1101, that also meet the requirements of the applicable section of Subpart K to 10 CFR part 20 and 10 CFR 35.92

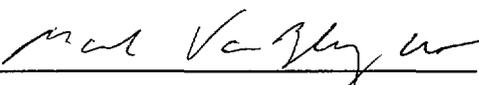
# ASHLAND REGIONAL MEDICAL CENTER

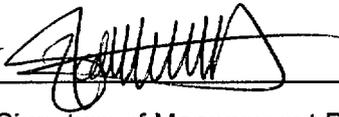


**Radiation Safety Officer - Delegation of Authority**

You, Mark Van Blargan, D.O., have been appointed Radiation Safety Officer and are responsible for ensuring the safe use of radiation. You are responsible for managing the radiation protection program; identifying radiation protection problems; initiating, recommending, or providing corrective actions; verifying implementation of corrective actions; stopping unsafe activities; and ensuring compliance with regulations. You are hereby delegated the authority necessary to meet those responsibilities, including prohibiting the use of byproduct material by employees who do not meet the necessary requirements and shutting down operations where justified by radiation safety. You are required to notify management if staff do not cooperate and do not address radiation safety issues. In addition, you are free to raise issues with the Nuclear Regulatory Commission at any time.

I accept the above responsibilities,

  
\_\_\_\_\_  
Signature of Radiation Safety Officer

  
\_\_\_\_\_  
Signature of Management Representative

2/2/06  
Date

2/2/06  
Date

(FOR LFMS USE)  
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM  
and  
Regional Licensing Sections

: Program Code: 02121  
: Status Code: 3  
: Fee Category: \_\_\_\_\_  
: Exp. Date: 0  
: Fee Comments: \_\_\_\_\_  
: Decom Fin Assur Req'd: \_  
:.....

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED

Applicant/Licensee: ST. CATHERINE HOSP. OF PENN., LLC  
Received Date: 20060315  
Docket No: 3037176  
Control No.: 138582  
License No.: 37-31140-01  
Action Type: New Licensee

2. FEE ATTACHED \$2,100.00

Amount: \_\_\_\_\_  
Check No.: 5191

3. COMMENTS

REF. 138581

Signed M. A. Perkins  
Date 3/20/06

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 \_\_\_\_\_