

ACCEPTANCE REVIEW MEMO

Licensee: Benefis Healthcare

License No.: 25-12710-01

Docket No.: 030-02404

Mail Control No.: 470922

Type of Action: Notify **Date of Requested Action:** 03-03-06

Reviewer Assigned: _____ **Date Assigned to Reviewer:** _____

Reviewer(s) Who Performed Review: Torres

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
<input type="checkbox"/> Medical emergency <input type="checkbox"/> Licensee in noncompliance (i.e. no RSO, location of use/storage not on license, radioactive material in possession not on license) <input type="checkbox"/> National Security <input type="checkbox"/> 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
<input type="checkbox"/> Radionuclides, forms, and quantities <input type="checkbox"/> Location of RAM <input type="checkbox"/> Building drawings with locations of RAM <input type="checkbox"/> Security of RAM (locks, alarms, etc.) <input type="checkbox"/> SS&D Catalog information <input type="checkbox"/> Specifics of Emergency Plan (routes to and from RAM, response to security events, etc.) <input type="checkbox"/> Safeguards Information		
Branch Chief's and/or Sr. HP's Initials: <u>RITC</u>		Date: <u>3/24/06</u>

RTK

United States Nuclear Regulatory Commission
Region IV
611 Ryan Plaza Drive, Suite 400
Arlington, Texas 76011-8064

March 3, 2006

SUBJECT: License amendment

This letter is to request a license amendment for changes to the Authorized Users for Benefis Healthcare, NRC License number 25-12710-01.

1. Please remove the following individual from the Authorized users list:

Marshall Sklar, MD for material identified in **10 CFR 35.400**

The above changes were reviewed and approved by the Benefis Healthcare Radiation Safety Committee at the regularly scheduled meeting on February 6, 2006.

Thank you for your attention to this matter. Please contact Kari Cann, MS our Radiation Safety Officer at 406-731-8283 if you have any questions

Sincerely



John Goodnow
President and CEO

13 25 06

DATE

This is to acknowledge the receipt of your letter/application dated 13 03 06, 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.

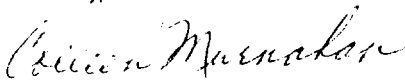
Please provide to this office within 30 days of your receipt of this card:

The action you requested is normally processed within _____ 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 470922.
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: 02120
Status Code: 0
Fee Category: 7C
Exp. Date: 20150331
Fee Comments: CODE 23
Decom Fin Assur Req'd: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED BENEFITS HEALTHCARE
Applicant/Licensee: 20060314
Received Date: 3002404

Docket No: 470922
Control No.: 25-12710-01
License No.:
Action Type: Amendment

2. FEE ATTACHED

Amount: _____
Check No.: _____

3. COMMENTS

Signed *Alfred M. ...*
Date *3/23/06*

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 is entered / __/)

1. Fee Category and Amount: _____

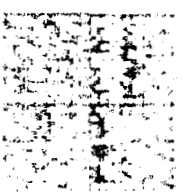
2. Correct Fee Paid. Application may be processed for:
Amendment _____
Renewal _____
License _____

3. OTHER _____
Signed _____
Date _____



EAST CAMPUS 1101 26th Street South
WEST CAMPUS 5400 15th Avenue South
Great Falls, MI 59405

ADDRESS SERVICE REQUESTED



United States Nuclear Regulatory Commission
Region IV
611 Ryan Plaza Drive, Suite 400
Arlington, Texas 76011-8064

AAE05MS 76011

