



## Pre-Licensing Screening

### Applicant Information:

Control No. 471295

Name: Providence Hospital	Type of Request: Amend Program Code(s):	
Location: AK	License No.: 50-17838-01	Docket No.: 030-13426

### STEP 1—Radioactive Materials and Quantities Requested:

<b>Instructions for Step 1: Complete Step 1 for all applications.</b> If all your responses in Step 1 are "No" then do not complete Step 2 (Screening Criteria). Sign and date the completed step-sheet and add it as the sensitive and non-publicly available OAR in ADAMS. If a "yes" response is indicated for any item in Step 1, also complete Step 2. If the type of use is subject to a Security Order or the requirements for increased controls, complete Step 3 (Item A or Item B) without delay.	Yes or No
A. The request is from a new applicant.	N
B. NUREG-1556, Volume 20, Section 4.9 indicates a licensing site visit is needed for the requested type of use, e.g., (1) Type A broad scope license, (2) panoramic irradiator containing > 10000 curies, (3) manufacturers or distributors using unsealed radioactive material or significant quantities of sealed material, (4) radioactive waste brokers, (5) radioactive waste incinerators, (6) commercial nuclear laundries, and (7) any other application that in the judgement of the reviewer and cognizant supervisor involves complex technical issues, complex safety questions, or unprecedented issues that warrant a site visit.	N
C. The applicant requested certain radionuclides and quantities that equal or exceed the Risk Significant Quantity (TBq) values in the table, below, that have been "highlighted" by the reviewer	N

### Table of Risk Significant Quantities

(Category 2 Quantities, IAEA Safety Guide No. RS-G-1.9, Categorization of Radioactive Sources, August 2005)

Radionuclide	Risk Significant Quantity (TBq <sup>1</sup> )	Risk Significant Quantity (Ci <sup>1</sup> )	Radionuclide	Risk Significant Quantity (TBq <sup>1</sup> )	Risk Significant Quantity (Ci <sup>1</sup> )
Am-241	0.6	16	Pm-147	400	11,000
Am-241/Be	0.6	16	Pu-238	0.6	16
Cf-252	0.2	5.4	Pu-239/Be	0.6	16
Cm-244	0.5	14	Ra-226 <sup>2</sup>	0.4	11
Co-60	0.3	8.1	Se-75	2	54
Cs-137	1	27	Sr-90 (Y-90)	10	270
Gd-153	10	270	Tm-170	200	5,400
Ir-192	0.8	22	Yb-169	3	81

<sup>1</sup> The primary values are TBq. The curie (Ci) values are for informational purposes only.

<sup>2</sup> The Atomic Energy Act, as amended by the Energy Policy Act of 2005, authorizes NRC to regulate Ra-226 and NRC is in the process of amending its regulations for discrete sources of Ra-226.

Calculations of the Total Activity or the Unity Rule are attached to document whether or not the screening criteria in Step 2 were also completed to evaluate the application. <b>NOTE—If an amendment of an existing license is being requested, the calculations will include the previously authorized quantities for the radionuclide(s).</b>	Yes, No, or Not Applicable (NA)
Total Activity—multiple activities are requested for a single radionuclide and the sum of the activities equals or exceeds the quantity of concern for the radionuclide	—
Unity Rule—multiple radionuclides are requested and the sum of the ratios equals or exceeds unity, e.g., [(total activity for radionuclide A) ÷ (risk significant quantity for radionuclide A)] + [(total activity for radionuclide B) ÷ (risk significant quantity for radionuclide B)] ≥ 1.0.	—

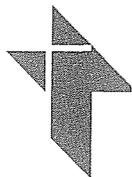
### Signature and Date for Step 1:

MTZ 3-16-07

License Reviewer and Date

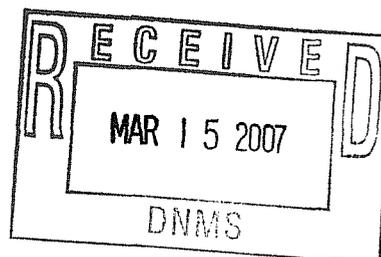
3200 Providence Drive  
P.O. Box 196604  
Anchorage, Alaska  
99519-6604

Tel 907.562.2211



March 1, 2007

James Montgomery  
Health Physicist  
U. S. Nuclear Regulatory Commission  
Region IV  
611 Ryan Plaza Suite 400  
Arlington TX 76011



Attn: Nuclear Materials Licensing Branch

Subject: Amendment to Radioactive Material License 50-17838-01

Dear Mr. Montgomery,

We wish to amend our NRC license to include:

The name of Dr. L. Rodney Cook as an authorized user for Ir-192 HDR units.

Form 313A duly signed by his preceptor is enclosed.

Thank you for your assistance during this process.

If you need additional details/clarification, please do not hesitate to call Yongli Ning,  
Chief Medical Physicist at 907-261-3186.

Sincerely,

Bruce Lamoureux  
Administrator  
Providence Alaska Medical Center

cc: Judith Dierkhising Regional Director Oncology Development  
Christopher Galloway Clinical Manager Cancer Therapy Ctr

# The American Board of Radiology

Organized through the cooperation of the  
American College of Radiology, the American Roentgen Ray Society,  
the American Radium Society, the Radiological Society of North America,  
the Section on Radiology of the American Medical Association  
and the American Society of Therapeutic Radiologists

Hereby certifies that

**L. Rodney Cook, Jr., M.D.**

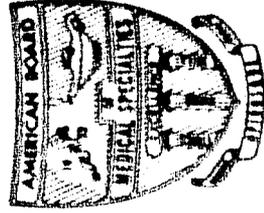
Has pursued an accepted course of graduate study  
and clinical work, has met certain standards and qualifications and  
has passed the examinations conducted under the authority of

*The American Board of Radiology*

On this sixth day of June, 1985

Thereby demonstrating to the satisfaction of the Board  
that he is qualified to practice the specialty of

**Therapeutic Radiology**



*Arthur W. Brady, M.D.*  
President

*Frank H. L. Spalding, M.D.*  
Secretary

**AUTHORIZED USER TRAINING AND EXPERIENCE  
AND PRECEPTOR ATTESTATION**  
(for uses defined under 35.400 and 35.600)  
[10 CFR 35.490, 35.491, and 35.690]

APPROVED BY OMB: NO. 3150-0120  
EXPIRES: 10/31/2008

Name of Proposed Authorized User

L. Rodney Cook MD

State or Territory Where Licensed

ALASKA

Requested

35.400 Manual brachytherapy sources  35.600 Teletherapy unit(s)

Authorization(s)

35.400 Ophthalmic use of strontium-90  35.600 Gamma stereotactic radiosurgery unit(s)

(check all that apply)

35.600 Remote afterloader unit(s)

**PART I – TRAINING AND EXPERIENCE**  
(Select one of the three methods below)

\*Training and Experience, including Board Certification, must have been obtained within the 7 years preceding the date of application or the individual must have obtained related continuing education and experience since the required training and experience was completed. Provide dates, duration, and description of continuing education and experience related to the uses checked above.

**1. Board Certification**

- a. Provide a copy of the board certification.
- b. For 35.600, go to the table in 3.e. and describe training provider and dates of training for each type of use for which authorization is sought.
- c. Skip to and complete Part II Preceptor Attestation.

**2. Current 35.600 Authorized User Requesting Additional Authorization for 35.600 Use(s) Checked Above**

- a. Go to the table in section 3.e. to document training for new device.
- b. Skip to and complete Part II Preceptor Attestation.

**3. Training and Experience for Proposed Authorized User**

- a. Classroom and Laboratory Training  35.490  35.491  35.690

Description of Training	Location of Training	Clock Hours	Dates of Training*
Radiation physics and instrumentation			
Radiation protection			
Mathematics pertaining to the use and measurement of radioactivity			
Radiation biology			

**Total Hours of Training:**

**AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)**

**3. Training and Experience for Proposed Authorized User (continued)**

b. Supervised Work and Clinical Experience for 10 CFR 35.490 (If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this page.)

Description of Experience	Location of Experience/License or Permit Number of Facility	Clock Hours	Dates of Experience*
Ordering, receiving, and unpacking radioactive materials safely and performing the related radiation surveys			
Checking survey meters for proper operation			
Preparing, implanting, and safely removing brachytherapy sources			
Maintaining running inventories of material on hand			
Using administrative controls to prevent a medical event involving the use of byproduct material			
Using emergency procedures to control byproduct material			
<b>Total Hours of Work Experience</b>			
Clinical experience in radiation oncology as part of an approved formal training program	Location of Experience/License or Permit Number of Facility		Dates of Experience*
<b>Approved by:</b> <input type="checkbox"/> Residency Review Committee for Radiation Oncology of the ACGME <input type="checkbox"/> Royal College of Physicians and Surgeons of Canada <input type="checkbox"/> Committee on Postdoctoral Training of the American Osteopathic Association			
Supervising Individual	License/Permit Number listing supervising individual as an Authorized User		

**AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)**

**3. Training and Experience for Proposed Authorized User (continued)**

c. Supervised Clinical Experience for 10 CFR 35.491

Description of Experience	Location of Experience/License or Permit Number of Facility	Clock Hours	Dates of Experience*
Use of strontium-90 for ophthalmic treatment, including: examination of each individual to be treated; calculation of the dose to be administered; administration of the dose; and follow up and review of each individual's case history			
Supervising Individual		License/Permit Number listing supervising individual as an Authorized User	

d. Supervised Work and Clinical Experience for 10 CFR 35.690

- Remote afterloader unit(s)     
  Teletherapy unit(s)     
  Gamma stereotactic radiosurgery unit(s)

Description of Experience	Location of Experience/License or Permit Number of Facility	Clock Hours	Dates of Experience*
a) Reviewing full calibration measurements and periodic spot-checks			
b) Preparing treatment plans and calculating treatment doses and times			
c) Using administrative controls to prevent a medical event involving the use of byproduct material			
d) Implementing emergency procedures to be followed in the event of the abnormal operation of the medical unit or console			
e) Checking and using survey meters			
f) Selecting the proper dose and how it is to be administered			
<b>Total Hours of Work Experience</b>			

**AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)**

**3. Training and Experience for Proposed Authorized User (continued)**

d. Supervised Work and Clinical Experience for 10 CFR 35.690 (continued)

Clinical experience in radiation oncology as part of an approved formal training program	Location of Experience/License or Permit Number of Facility	Dates of Experience*
<b>Approved by:</b> <input type="checkbox"/> Residency Review Committee for Radiation Oncology of the ACGME <input type="checkbox"/> Royal College of Physicians and Surgeons of Canada <input type="checkbox"/> Committee on Postdoctoral Training of the American Osteopathic Association		
Supervising Individual	License/Permit Number listing supervising individual as an Authorized User	

e. For 35.600, describe training provider and dates of training for each type of use for which authorization is sought.

Description of Training	Training Provider and Dates		
	Remote Afterloader	Teletherapy	Gamma Stereotactic Radiosurgery
Device operation	PROVIDENCE ALASKA MEDICAL CENTER LONG BEACH MEMORIAL MEDICAL CENTER FEBRUARY 2007		
Safety procedures for the device use	PROVIDENCE ALASKA MEDICAL CENTER LONG BEACH MEMORIAL MEDICAL CENTER FEBRUARY 2007		
FEBRUARY 07 Clinical use of the device	Hands on intracavitary & interstitial HDR implants, treatment planning, treatment delivery, implant removal & follow up under direct supervision Authorized user. Sites → Base of tongue, neck, cervix endometrium and prostate		
Supervising Individual. If training provided by Supervising Individual (If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this page.)		License/Permit Number listing supervising individual as an Authorized User	
Authorized for the following types of use: <input checked="" type="checkbox"/> Remote afterloader unit(s) <input type="checkbox"/> Teletherapy unit(s) <input type="checkbox"/> Gamma stereotactic radiosurgery unit(s)			

my review deems it this states addresses § 3.d. items, band f BSB review

f. Provide completed Part II Preceptor Attestation.

**AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)**

**PART II – PRECEPTOR ATTESTATION**

Note: This part must be completed by the individual's preceptor. The preceptor does not have to be the supervising individual as long as the preceptor provides, directs, or verifies training and experience required. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each.

**First Section**

Check one of the following for each requested authorization:

**For 35.490:**

**Board Certification**

I attest that \_\_\_\_\_ has satisfactorily completed the requirements in  
Name of Proposed Authorized User

35.490(a)(1) and has achieved a level of competency sufficient to function independently as an authorized user of manual brachytherapy sources for the medical uses authorized under 10 CFR 35.400.

**OR**

**Training and Experience**

I attest that \_\_\_\_\_ has satisfactorily completed the 200 hours of  
Name of Proposed Authorized User

classroom and laboratory training, 500 hours of supervised work experience, and 3 years of supervised clinical experience in radiation oncology, as required by 10 CFR 35.490(b)(1) and (b)(2), and has achieved a level of competency sufficient to function independently as an authorized user of manual brachytherapy sources for the medical uses authorized under 10 CFR 35.400.

**For 35.491:**

I attest that \_\_\_\_\_ has satisfactorily completed the 24 hours of  
Name of Proposed Authorized User

classroom and laboratory training applicable to the medical use of strontium-90 for ophthalmic radiotherapy, has used strontium-90 for ophthalmic treatment of 5 individuals, as required by 10 CFR 35.491(b), and has achieved a level of competency sufficient to function independently as an authorized user of strontium-90 for ophthalmic use.

**Second Section**

**For 35.690:**

**Board Certification**

I attest that L. Rodney Cook has satisfactorily completed the requirements in  
Name of Proposed Authorized User

35.690(a)(1).

**OR**

**Training and Experience**

I attest that \_\_\_\_\_ has satisfactorily completed 200 hours of classroom  
Name of Proposed Authorized User

and laboratory training, 500 hours of supervised work experience, and 3 years of supervised clinical experience in radiation therapy, as required by 10 CFR 35.690(b)(1) and (b)(2).

**AND**

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

Preceptor Attestation (continued)

Third Section

For 35.690: (continued)

I attest that L. Rodney Cook has received training required in 35.690(c) for device operation, safety procedures, and clinical use for the type(s) of use for which authorization is sought, as checked below.

Remote afterloader unit(s)     Teletherapy unit(s)     Gamma stereotactic radiosurgery unit(s)

AND

Fourth Section

I attest that L. Rodney Cook has achieved a level of competency sufficient to achieve a level of competency sufficient to function independently as an authorized user for:

Remote afterloader unit(s)     Teletherapy unit(s)     Gamma stereotactic radiosurgery unit(s)

Fifth Section

Complete the following for preceptor attestation and signature:

I meet the requirements in 10 CFR 35.490, 35.491, 35.690, or equivalent Agreement State requirements, as an authorized user for:

35.400 Manual brachytherapy sources     35.600 Teletherapy unit(s)

35.400 Ophthalmic use of strontium-90     35.600 Gamma stereotactic radiosurgery unit(s)

35.600 Remote afterloader unit(s)

Name of Preceptor	Signature	Telephone Number	Date
A. M. Nisar, Syed		562 933 0339	02-22-07

License/Permit Number/Facility Name  
RAML 0165-19, California, LONG BEACH MEM. MED. CTR, LONG BEACH

Dear Mr. Ning,

We require additional information to fully review the Training & Experience that Dr. Cook received on the HDR unit at Long Beach Memorial Medical Center.

1. The documentation in Section 3.e. of NRC Form 313A indicates "February 07" as the dates of training. Was it for the entire month of February? Please clarify or provide the specific dates of training.

2. NRC Form 313A requires specific Supervised Work and Clinical Experience to be documented under Section 3.d. of NRC Form 313A. The documentation submitted by the preceptor in Section 3.e., addressed some of the clinical work experience elements that are required in Section 3.d. (i.e., hands-on experience, treatment plans, treatment delivery, implant removal & follow-up). Please provide documentation for the additional elements that were not fully addressed, as required in Section 3.d., Supervised Work and Clinical Experience. These include:

- a. Reviewing full calibration measurements and periodic spot checks.
- b. Using administrative controls to prevent a medical event involving the use of byproduct material [under HDR].
- c. Implementing emergency procedures to be followed in the event of the abnormal operations of the medical unit console.

Please have the preceptor acknowledge that these elements were addressed by signing or co-signing the documentation.

If you have any questions, please do not hesitate to contact me by either email or telephone.

Sincerely,  
Rachel Browder

Rachel Browder, Health Physicist  
NRC Region IV/DNMS/NMLB  
(817) 276-6552  
[rsb3@nrc.gov](mailto:rsb3@nrc.gov)

**Mail Envelope Properties** (460D2B0D.74B : 22 : 59485)

**Subject:** Request for additional information regarding Dr. Cook's HDR authorization request

**Creation Date** 03/30/2007 10:21:49 AM

**From:** Rachel Browder

**Created By:** RSB3@nrc.gov

**Recipients**  
provak.org  
AM

**Action**  
Transferred

**Date & Time**  
03/30/2007 10:22:25

yning (yning@provak.org)

**Post Office**

**Delivered**

**Route**  
provak.org

**Files**

MESSAGE

**Size**

2501

**Date & Time**

03/30/2007 10:21:49 AM

**Options**

**Auto Delete:**

No

**Expiration Date:**

None

**Notify Recipients:**

Yes

**Priority:**

Standard

**ReplyRequested:**

No

**Return Notification:**

None

**Concealed Subject:**

No

**Security:**

Standard

**To Be Delivered:**

Immediate

**Status Tracking:**

Delivered & Opened

*L. Rodney Cook*

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April 11, 2007

Ms. Rachel Browder, Health Physicist  
NRC Region IV/DNMS/NMLB  
817-276-6552  
FAX 817-860-8263

Dear Ms. Browder,

Thank you for taking the time to assist me with this license amendment process. The dates of training at Long Beach Memorial for section 3.e., were February 19 to February 23, 2007, Dr Syed's signature as the Preceptor is dated February 22, 2007.

With regard to the three sections needing clarification in 3.d.;

Reviewing full calibration measurements and periodic spot checks that experience would have been done at Long Beach Memorial between February 19 and February 23. I was fortunate enough that the sources were exchanged out while I was there, so I was able to participate in the full calibration of the new source. This was with the VariSource person as well as the physicist, and dosimetrist, this training encompassed four clock hours. The spot checks were done both before and after the source exchange, so an additional four clock hours, total for this section eight clock hours.

Using administrative controls to prevent a medical event involving the use of byproduct material, again training done at Long Beach Memorial between February 19 and February 23. Written policies and procedure logs were utilized for each HDR procedure, written to avoid any misadministration to patient or exposure to staff. This encompassed more than one qualified person reviewing and signing off on the treatment plan and second manual calculation. Documentation of the steps involved in the procedure observed and signed off on again by more than one qualified personnel, inclusive of radiation safety procedures. These policies approved by the Radiation Safety Officer and Radiation Safety Committee. Clock hours twelve.

Implementing emergency procedures to be followed in the event of the abnormal operation of the medical unit or console, this experience was at Providence Alaska Medical Center where we currently have the VariSource unit. The date of training by the VariSource representative was January 16, 2007. That training included myself the medical physicist, our radiologic engineer, and both of our medical dosimetrists. I have included a copy of the Acknowledgement of course demonstration with date and signature of those participating. Clock hours would be four.

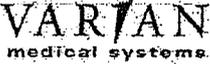
If I have not addressed any concerns please let me know. I would appreciate if this request could be expedited on the basis of medical necessity as we are currently sending patients to Seattle for care. Again thank you for your help with this.

Sincerely,



L. Rodney Cook M.D.

Medical Director Cancer Therapy Center  
Radiation Safety Officer  
Providence Alaska Medical Center  
Anchorage, Alaska

	<b>Varian Brachytherapy</b>	
	AL25244000	- VariSource 200 Series Customer Emergency Training Course

**7 Acknowledgment of course demonstration**

To be copied to each member of site personnel attending training course.

Institution Name Providence Anchorage Medical Center

Address 3200 Providence Dr Anchorage AK 99508

VariSource Afterloader Serial Number 600432

Date on which training completed 1/16/07

VariSource Representative

Print

Cameron Cox

Sign

Cameron Cox

Customer Representative(s):

Bill Barnes  
Print

W Barnes  
Sign

Radiologic Engineer  
Position

Rob Cox MD  
Print

Rob Cox  
Sign

MD  
Position

Yongli Wang  
Print

Yongli Wang  
Sign

Physicist  
Position

Anna Lisa McGinn, MD  
Print

Anna Lisa McGinn  
Sign

MD  
Position

Nancy Wingate  
Print

Nancy Wingate  
Sign

CMD  
Position

Ronald Houston  
Print

Ronald Houston  
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CMD  
Position

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NRG FORM 313A (AUS)  
(10-2006)

U.S. NUCLEAR REGULATORY COMMISSION

**AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)**

**3. Training and Experience for Proposed Authorized User (continued)**

c. Supervised Clinical Experience for 10 CFR 35.491

Description of Experience	Location of Experience/License or Permit Number of Facility	Clock Hours	Dates of Experience*
Use of strontium-90 for ophthalmic treatment, including: examination of each individual to be treated; calculation of the dose to be administered; administration of the dose; and follow up and review of each individual's case history			
Supervising Individual		License/Permit Number listing supervising individual as an Authorized User	

d. Supervised Work and Clinical Experience for 10 CFR 35.690

- Remote afterloader unit(s)       Teletherapy unit(s)       Gamma stereotactic radiosurgery unit(s)

Description of Experience	Location of Experience/License or Permit Number of Facility	Clock Hours	Dates of Experience*
Reviewing full calibration measurements and periodic spot-checks	LONG BEACH MEMORIAL MEDICAL CENTER	8	2/19/07 - 2/23/07
Preparing treatment plans and calculating treatment doses and times			
Using administrative controls to prevent a medical event involving the use of byproduct material	LONG BEACH MEMORIAL MEDICAL CENTER	12	2/19/07 - 2/23/07
Implementing emergency procedures to be followed in the event of the abnormal operation of the medical unit or console	PROVIDENCE ALASKA MEDICAL CENTER ANCHORAGE, ALASKA	4	1/16/07
Checking and using survey meters			
Selecting the proper dose and how it is to be administered			
<b>Total Hours of Work Experience</b>			

Providence Hospital

License No. 50-17838-01

Docket No. 030-13426

Control No. 471295

RE: Review of Dr. Rodney Cook's Training and Experience for 10 CFR 35.600 uses

I reviewed the documentation submitted for Dr. Rodney Cook, in which he requested authorization for HDR uses under 10 CFR 35.600. Dr. Cook has been the Radiation Safety Officer for Providence Hospital and had received vendor training when the HDR was initially authorized. Additionally, Dr. Cook is familiar with the checking and use of survey meters, as required by his current authorized uses and his position as Radiation Safety Officer.

Dr. Cook went to Long Beach Memorial in California from February 19-23, 2007 to obtain training on the Varian HDR unit under Dr. Nisar Syed as the Preceptor. I contacted Dr. Syed and he indicated that the HDR unit at Long Beach Memorial was also a Varian HDR unit. The preceptor documentation in section 3.e. of NRC Form 313A adequately documented the supervised work experience and clinical experience for Section 3.d., Items b and f, "Preparing treatment plans and calculating treatment doses and times" and "Selecting the proper dose and how it is to be administered." Section 3.d. Item e, "checking and using survey meters" was adequately covered by Dr. Cook's experience in his existing authorized uses and his experience and training as the Radiation Safety Officer at Providence Hospital.

Dr. Cook submitted vendor training documentation that was provided by Varian at Providence Hospital on January 16, 2007. This training covered Section 3.d., Item d, "Implementing emergency procedures to be followed in the event of the abnormal operation of the medical unit or console." Additionally, Dr. Cook was the RSO while the HDR unit was being used by other authorized users.

Dr. Cook addressed the remaining two elements in Section 3.d. of NRC Form 313A, Item a, "Reviewing full calibration measurements and periodic spot checks" and Item c, "Using administrative controls to prevent a medical event involving the use of byproduct material" in his facsimile dated April 11, 2007. Dr. Cook obtained training in this area while at Long Beach Memorial. The sources were exchanged while he was there and he participated in the full calibration. Additionally, his training included the administrative controls to prevent medical event.

Based on Dr. Cook's experience, the documentation provided by the vendor training, the supervised work experience at Long Beach Memorial, and Dr. Syed's attestation, I determined that the training and experience requirements adequately met the regulatory requirements for HDR use authorization.

*Richard S. Brannen*  
*April 13, 2007*

(FOR LFMS USE)  
INFORMATION FROM LTS  
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BETWEEN:  
License Fee Management Branch, ARM  
and  
Regional Licensing Sections

Program Code: 02120  
Status Code: 0  
Fee Category: 7C EX 2B  
Exp. Date: 20150331  
Fee Comments: CODE 21  
Decom Fin Assur Reqd: N

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LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED  
Applicant/Licensee: PROVIDENCE HOSPITAL  
Received Date: 20070315  
Docket No.: 3013426  
Control No.: 471295  
License No.: 50-17838-01  
Action Type: Amendment

2. FEE ATTACHED

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

3. COMMENTS

Signed \_\_\_\_\_  
Date 3-15-07

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 \_\_\_\_\_