

Official Use Only - Security-Related Information

ACCEPTANCE REVIEW MEMO (ARM)

Licensee: Providence Hospital License No.: 50-17838-01
 Docket No.: 030-13426 Mail Control No.: 471333
 Type of Action: *48 (Processed as 4)* Date of Requested Action: 3/29/2007
 Reviewer Assigned: T6 ARM reviewer(s): Rachel S. Browder

Response	Deficiencies Noted During Acceptance Review
	<input type="checkbox"/> Open ended possession limits. Limit possession. Submit inventory. <input type="checkbox"/> Submit copies of most recent leak test results. <input type="checkbox"/> Add - delete IC license condition. Add IC paragraph in cover letter. <input type="checkbox"/> Split license from cover letter. Add SUNSI marking to license. <input type="checkbox"/> Ask the licensee if they have any type-amount of EPAct Material.
	<i>Add to Current Action Mail Control # 471295</i>

Reviewer's Initials: *RSB* Date: *4/13/07*

<input type="checkbox"/> Yes <input type="checkbox"/> No	Unrestricted release Group 2 or >: Transfer memo to FCDB within 10 days.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Decommissioning notification should be completed 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	Expedite (medical emergency, no RSO, location of use/storage not on license, RAM in possession not on license, other)
<input type="checkbox"/> Yes <input type="checkbox"/> No	TAR needed to complete action.
Branch Chief's and/or Sr. HP's Initials: _____ Date: _____	

<input checked="" type="checkbox"/> <i>Publicly Avail.</i> SUNSI Screening according to RIS 2005-31	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Non-Publicly Available, Sensitive if <u>any</u> item below is checked
General guidance:	
_____	RAM = or > than Category 3 (Table 1, RIS 2005-31), use Unity Rule
_____	Exact location of RAM (whether = or > than Category 3 or not)
_____	Design of structure and/or equipment (site specific)
_____	Information on nearby facilities
_____	Detailed design drawings and/or performance information
_____	Emergency planning and/or fire protection systems
Specific guidance for medical, industrial and academic (above Category 3):	
_____	RAM quantities and inventory
_____	Manufacturer's name and model number of sealed sources & devices
_____	Site drawings with exact location of RAM, description of facility
_____	RAM security program information (locks, alarms, etc.)
_____	Emergency Plan specifics (routes to/from RAM, response to security events)
_____	Vulnerability/security assessment/accident-safety analysis/risk assess
_____	Mailing lists related to security response
Branch Chief's and/or	HP's Initials: <u><i>RSBrowder</i></u> Date: <u><i>4/13/07</i></u>

Pre-Licensing Screening

471333

PROVIDENCE
CANCER THERAPY CENTER

L. Rodney Cook, M.D. Director, Radiation Oncology

March 29, 2007

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

RECEIVED
APR 11 2007
DNMS

Attention: Nuclear Materials Licensing Branch

RE: The Removal of Dr. AnnaLiisa McGlinn from the Radioactive Material License
#50-17838-01

Dear Mr. Montgomery,

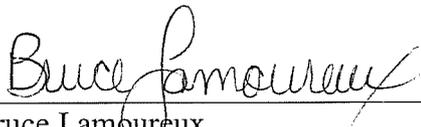
We wish to amend our NRC license to permanently remove the name of Dr. AnnaLiisa McGlinn from our Radioactive Material License. Dr. McGlinn is no longer practicing at Providence Alaska Medical Center's Cancer Therapy Center. If you need additional details please do not hesitate to call Christopher Galloway, Manager Cancer Therapy Center at (907) 261-6084 or Yongli Ning, Chief Medical Physicist at (907) 261-3186.

Thank you for your assistance during this process.

Sincerely,

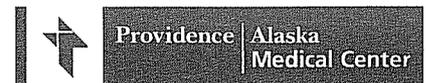


Dr. Cook, Radiation Safety Officer
Providence Alaska Medical Center



Bruce Lamoureux
Administrator
Providence Alaska Medical Center

Cc: Judith Dierkhising, Regional Director Oncology Development
Christopher Galloway, Clinical Manager Cancer Therapy Center
Steven Katzenson, Chairman Radiation Safety Committee
Bruce Lamoureux, Administrator Providence Alaska Medical Center
Yongli Ning, Chief Medical Physicist



The Commitment Continues

3200 Providence Drive • P.O. Box 196604 • Anchorage, Alaska 99519-6604 • Phone (907) 261-3186 • Fax (907) 261-3665

471333

(FOR LFMS USE)

INFORMATION FROM LTS

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

BETWEEN:
License Fee Management Branch, ARM
and
Regional Licensing Sections

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED PROVIDENCE HOSPITAL
Applicant/Licensee: 20070411
Received Date: 3013426
Docket No: 471333
Control No.: 50-17838-01
License No.:
Action Type: Notifications

2. FEE ATTACHED
Amount: _____
Check No.: _____

3. COMMENTS
Signed Cherise Munnick
Date 4-19-09

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 _____