



UNITED STATES
NUCLEAR REGULATORY COMMISSION
REGION IV
612 E. LAMAR BLVD., SUITE 400
ARLINGTON, TEXAS 76011-4125

FACSIMILE FORM

DATE: June 13, 2008

MESSAGE TO: Debbie Taylor & Tom Scott Docket: 030-20372
Diagnostic Health Corporation License: 50-23214-01
(formerly Healthsouth Diagnostic Control: 471764
Centers of Anchorage, LTD.)

MESSAGE FROM: Jacqueline D. Cook, Senior Health Physicist
Nuclear Materials Licensing Branch

Telephone number 817-860-8132
Facsimile number 817-860-8263

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Ms. Taylor and Mr. Scott:

10 CFR 30.34(b) states that "no license issued or granted pursuant to the regulations...nor any right under a license shall be transferred, assigned or in any manner disposed of, either voluntarily or involuntarily, directly or indirectly, through transfer of control of any license to any person, unless the Commission shall...find that the transfer is in accordance with the provisions of the Act and shall give its consent in writing. Although not specifically addressed by 10 CFR 30.34, licensees undergoing a name change may also be affected by this regulation.

Control over licensed activities can be construed as the authority to decide when and how a license (licensed material and/or activities) will be used. A change of ownership may be an example of a change of control. The central issue is whether the authority over the license has changed. In all cases, determining whether a change of control has taken place or whether a change is in name only is the Commission's responsibility.

Licensees must notify the Commission when they are undergoing a possible change of control and/or a change of name. While this notification is not required within a certain time frame, NRC needs adequate time to review the submittal to ensure that the transfer is in accordance with the regulations.

In order to process your request for a change of control/ownership and/or a name change, the information on the following pages is required. Our fax number is (817) 860-8263. **Please respond to this fax by Wednesday, June 18, 2008.** If you have any questions regarding our discussion or this fax, please contact me. When responding to this fax, please include the license, docket, and control numbers located at the top of this page. Thank you.

/RA/

Jacqueline D. Cook, Senior Health Physicist

Information Required for Change of Control and/or Change of Ownership
(to include a name change)

source: Appendix F of NUREG-1556, Volume 15 (Date Published: November 2000)

Please provide the following information concerning changes of control (transferor and/or transferee, as appropriate). If any items are not applicable, so state.

1. Provide a complete description of the transaction (i.e., transfer of stocks or assets, or merger). Indicate whether the name has changed and include the new name. Include the name and telephone number of a licensee contact who NRC may contact if more information is needed.

A. Description of the transaction:

B. No name change

New name of licensed organization (**please clarify the parent company - Diagnostic Health Corporation or Diagnostic Health, Anchorage LP. In addition, please be very specific concerning the new name, including any "d/b/a" which should be included - we want to issue the license to the correct legal entity**): _____

C. No change in contact

New contact: _____

New telephone number: _____

2. Describe any changes in personnel or duties that relate to the licensed program. Include training and experience for new personnel.

A. No changes in personnel having control over licensed activities.

Changes in personnel having control over licensed activities (e.g. officers of a corporation):

B. No changes in personnel named in the license.

Changes in personnel named in the license (e.g. RSO, AUs) - including training, experience and responsibilities:

3. Describe, in detail, any changes in the organization, location, facilities, equipment or procedures that relate to the licensed program.

Organization:

Equipment:

Location:

Procedures:

Facility:

Not applicable

4. Describe the status of the surveillance program (i.e., surveys, wipe tests, quality control) at the present time and the expected status at the time that control is to be transferred.

A. Description of the status of all surveillance program:

B. Surveillance Items & Records: calibrations, leak tests, surveys, inventories, and accountability requirements will be current at the time of transfer

Yes No (explain)

5. Confirm that all records concerning the safe and effective decommissioning of the facility will be transferred to the transferee or to NRC, as appropriate. These records include documentation of surveys of ambient radiation levels and fixed and/or removable contamination, including methods and sensitivity.

Records transferred to:

New licensee

NRC for license termination

Not applicable

6. Confirm that the transferee will abide by all constraints, conditions, requirements and commitments of the transferor or that the transferee will submit a complete description of the proposed licensed program.

Description of proposed licensed program attached

OR

_____ will abide by all constraints, conditions,
(transferee)
requirements and commitments of _____
(transferor)

Signature/Title
Transferee

Signature/Title
Transferor

date

date

OR

Not applicable (name change only)

Certifying Officer - Signature

Date

Certifying Officer - Typed name and title