



**Holy Rosary
Healthcare**

Sisters of Charity of Leavenworth Health System

RECEIVED

JAN 10 2009

DNMS

2600 Wilson Street
Miles City, Montana 59301

(406) 233-2600
1-800-843-3820

January 7, 2009

DNRC Region IV
Nuclear Materials Licensing Branch
U.S. Nuclear Regulatory Commission Region
612 East Lamar Blvd.
Suite 400
Arlington, TX 76011-4125

To Whom It May Concern:

I would like to add an additional physician to our NRC License. Our License # is 25-23109-01 with a current expiration date of 4-30-2015. The physician I would like added is John Kevin Maxwell, MD, currently licensed for Materials and use 35.100;35.200. This is an addition and no other changes are being requested for our license at this current time.

Thank You,

Todd Burch
Radiology Manager

ACCEPTANCE REVIEW MEMO (ARM)

Licensee: Holy Rosary Healthcare

License No.: 25-23109-01

Docket No.: 030-20264

Mail Control No.: 472099

Type of Action: Amend *Notification*

Date of Requested Action: 01-07-2009

Reviewer Assigned: Jackie Cook

ARM reviewer(s): R. Browder

Response	Deficiencies Noted During Acceptance Review
	<ul style="list-style-type: none">[] Open ended possession limits. Submit inventory. Limit possession.[] Submit copies of latest leak test results.[] Add IC L.C./Fingerprint LC, add SUNSI markings to license.[] Confirm with licensee if they have NARM material.
<i>2/6/09</i>	Please provide license number that Dr. Maxwell is currently authorized on. <i>Glendive Medical Center License # 25-17265-01</i> <i>License renewed. Please fax action to Mr. Todd Burch</i>

Reviewer's Initials: *JAC*

Date: *2/6/09*

- ☐ Yes ☐ No Request for unrestricted release Group 2 or >. Consult with Bravo Branch.
- ☐ Yes ☐ No Termination request < 90 days from date of expiration
- ☐ Yes ☐ No Expedite (medical emergency, no RSO, location of use/storage not on license, RAM in possession not on license, other)
- ☐ Yes ☐ No TAR needed to complete action.

Branch Chief's and/or HP's Initials: _____ Date: _____

SUNSI Screening according to RIS 2005-31

☐ Yes ☒ No Sensitive and Non-Publicly Available if any item below is checked

General guidance:

- _____ RAM = or > than Category 3 (Table 1, RIS 2005-31), use Unity Rule
- _____ Exact location of RAM [suite #, bldg. #, location different from mailing address] (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: *BB* Date: *JAN 29 2009*

2-17-09

DATE

This is to acknowledge the receipt of your letter/application dated 1-07-2009, 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 other 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 472099.
When calling to inquire about this action, please refer to this mail control number.
You may call me at 817-860-8103.

Sincerely,

Colleen Murnahan
Licensing Assistant

NRC FORM 532 (RIV)
(10-2008)

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

: (FOR LFMS USE)
: INFORMATION FROM LTS
: -----
:
: Program Code: 02121
: Status Code: 0
: Fee Category: 7C
: Exp. Date: 20150430
: Fee Comments: CODE 21
: Decom Fin Assur Req'd: N
: ::::::::::::::::::::::::::::::::::::::

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: HOLY ROSARY HEALTHCARE
Received Date: 20090112
Docket No: 3020264
Control No.: 472099
License No.: 25-23109-01
Action Type: Amendment

2. FEE ATTACHED

Amount: _____
Check No.: /

3. COMMENTS

Signed
Date

Colleen Murnahan
1-22-09

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



**Holy Rosary
Healthcare**

Sisters of Charity of Leavenworth Health System

2600 Wilson • Miles City, MT 59301



Hasler

016H26519156

\$00.420

01/07/2009

Mailed From 59301

US POSTAGE

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U.S. Nuclear Regulatory Commission Region
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Arlington, TX 76011-4125

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