

January 14, 2009

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JAN 27 2009

DNMS

Roberto Torres
Senior Health Physicist
United States Nuclear Regulatory Commission
Region IV
611 Ryan Plaza Drive, Suite 400
Arlington, Texas 76011-8064

Dear Roberto Torres:

Re: Notification of removal of Authorized Medical Physicists and an Authorized User from Benefis Healthcare license # 25-12710-01. We have also changed the name of our facility.

Please remove the following individuals from our radioactive materials license:

Floyd Tuley, PhD as the Authorized Medical Physicist and Radiation Safety Officer for our Sletten Cancer Institute location.

Dr. John Joseph Perry as an Authorized User.


Kari Cann, MS as an Authorized Medical Physicist for Part 600 Material (HDR).

Please note that Kari will continue as the Radiation Safety Officer for all aspects of this license.

Please change the name of our facility to Benefis Hospitals.

If you have any questions or concerns about this request please contact our Radiation Safety Officer Kari Cann at 406-788-7887 or karicann@benefis.org

Sincerely,



Laura L. Goldhahn, FACHE
Benefis Hospitals President



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

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FACSIMILE

TO JACKIE COOK

Name: Kari Cann, RSO
Organization: Benefis Healthcare License No. 25-12710-01
 dba Benefis Healthcare East Docket No. 030-02404
Email: karicann@benefis.org Control No. 472121
Phone: 406-788-7887
From: Jacqueline D. Cook (fax # 817-860-8263 or email address Jackie.Cook@nrc.gov) *Jacqueline D. Cook*
Date: February 9, 2009
Subject: Letter dated January 14, 2009 for License Amendment
Pages: 4

Ms. Cann:

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 below is required.

472121

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:

Name change only

B. No name change

New name of licensed organization: Benefis Hospitals

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

Benefis HealthCare
dba Benefis Healthcare East

-3-

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:

Complete /WA

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

Yes No (explain)

N/A

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

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-4-

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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)

Kari Cann
Certifying Officer - Signature

2/14/09
Date

KARI Cann MS DABR
Certifying Officer - Typed name and title
Radiation Safety officer

ACCEPTANCE REVIEW MEMO (ARM)

Licensee: Benefis Healthcare dba Benefis Healthcare East **License No.:** 25-12710-01
Docket No.: 030-02404 **Mail Control No.:** 472121
Type of Action: Amend **Date of Requested Action:** 01-14-2009
Reviewer Assigned: Jackie Cook **ARM reviewer(s):** Torres

Response	Deficiencies Noted During Acceptance Review
	[] 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.
rec'd 2/17/09	Submit Appendix F change of ownership/name change form.

Reviewer's Initials: JAC **Date:** 2/20/09

- 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: RITZ **Date:** FEB - 5 2009

2-20-09
DATE

This is to acknowledge the receipt of your letter/application dated 1-14-09, 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 90 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** 472121.
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 LFMS USE)
: INFORMATION FROM LTS
: -----
:
: Program Code: 02230
: Status Code: 0
: Fee Category: 7C
: Exp. Date: 20150331
: Fee Comments: CAL OF THEIR OWN INSTR OK
: Decom Fin Assur Reqd: N
:

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: BENEFIS HEALTHCARE
Received Date: 20090127
Docket No: 3002404
Control No.: 472121
License No.: 25-12710-01
Action Type: Amendment

2. FEE ATTACHED

Amount: _____
Check No.: /

3. COMMENTS

Signed *Colleen Murnahan*
Date 2-04-09

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 _____



1101 Twenty-Sixth Street South • Great Falls, Montana 59405
500 Fifteenth Avenue South • Great Falls, Montana 59405

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Roberto Torres
Senior Health Physicist
United States Nuclear Regulatory Commission
Region IV
611 Ryan Plaza Drive, Suite 400
Arlington, Texas 76011-8064

76011 8064

