



# The ALARA Group

*Accreditation, Licensing, and Radiological Associates  
Specialists in Cardiovascular and Radiological Laboratory Accreditation*

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FAX COVER SHEET

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Date: 3/25/2009

To:  
BRYAN A. PARKER  
HEALTH PHYSICIST  
USNRC  
REGION I - ATLANTA OFFICE  
PHONE: 404-562-4728  
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From: K.F. Smith  
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# of pages (including cover sheet): 3

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"ADDITIONAL INFO FOR MAIL CONTROL 143244"



## Appendix F : Faxable Version of Information Needed for Transfer of Control Application

Be sure to include a contact name and either Regional or Headquarters telephone numbers for follow-up information, as required.

USNRC Region  
REGION I - ATLANTA OFFICE

Contact: **BRYAN A. PARKER**  
HEALTH PHYSICIST

Telephone:  
PHONE: 404-562-4728

Fax:  
FAX: 610-337-5269

### Information Needed for Transfer of Control

#### Definitions:

**Control:** Control of a license is in the hands of the person or persons who are empowered to decide when and how that license will be used. That control is to be found in the person or persons who, because of ownership or authority explicitly delegated by the owners, possess the power to determine corporate policy and thus the direction of the activities under the license.

**Transferee:** A transferee is an entity that proposes to purchase or otherwise gain control of an NRC-licensed operation.

**Transferor:** A transferor is an NRC licensee selling or otherwise giving up control of a licensed operation.

Licensees must provide full information and obtain NRC's *prior written consent* before transferring control of the license. Provide the following information concerning changes of control by the applicant (transferor and/or transferee, as appropriate). If any items are not applicable, so state.

1. Provide a complete description of the transaction (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.

**Name change from Cardiovascular Solutions, INC, to Strategic Medical Solutions, INC. No other changes.**

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

**No changes.**

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

**No changes**

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

**All tests up to date as per quarterly audit by Kevin F. Smith, PhD, licensee RSO .  
There will not be any changes**

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.

**The facility will not be decommissioned**

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.

**There is not a transferee. There is not a transferor. This is only a name change.**