



RAPID CITY REGIONAL HOSPITAL
Medical Imaging Services

PO Box 6000, 353 Fairmont Blvd., Rapid City, SD 57709-6000

Telephone: (605) 719-8200

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FAX COVER SHEET
Medical Imaging Services

TO PERSON: Jacqueline Cook

FAX #: 817-860-8263

TO COMPANY: US NRC

PHONE #: 817-860-8132

FROM: Lowell Husman

PHONE #: 605 719-8436

DATE: 8/31/09

NUMBER OF PAGES: 2 (including cover page)

TIME: 11:05

PLEASE DELIVER

MESSAGE:

If you experience problems receiving these pages, please call the person above as soon as possible. Thank you.

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P.O. Box 6000 Rapid City, SD 57709 (605) 719-1000

August 31, 2009

U. S. Nuclear Regulatory Commission
Licensing Branch Region IV
ATTN: Jacqueline Cook
612 East Lamar Blvd. Suite 400
Arlington, Texas 76011-4125

Ms. Jacqueline Cook

This is to inform you of Rapid City Regional Hospital's pending acquisition of The Heart Doctors. This acquisition is planned to take place on or after October 1, 2009.

Currently, DMS Health Technologies under their NRC license # 40-32477-01, is providing Nuclear Medicine services to The Heart Doctors. This will continue until Rapid City Regional Hospital decides the scope of involvement our Nuclear Medicine department will take. At that time an amendment request will be sent to you outlining our request for change.

If you have any questions regarding this matter, please contact Lowell Husman, Nuclear Medicine Supervisor at 605-719-8427.

Sincerely,


Dr. Robert Allen
Vice President of Medical Affairs
Certifying Officer, NRC License # 40-00238-04
Rapid City Regional Hospital

ACCEPTANCE REVIEW MEMO (ARM)

Licensee: Rapid City Regional Hosp, Inc. **License:** 40-00238-04
Docket: 030-03231 **Mail Control:** 472405
Type of Action: Notify **Date of Requested Action:** 8-31-09
Reviewer Assigned: **ARM reviewer(s):** Torres

Response	Deficiencies Noted During Acceptance Review
	<input type="checkbox"/> Open ended possession limits. Submit inventory. Limit possession. <input type="checkbox"/> Submit copies of latest leak test results. <input type="checkbox"/> Add IC L.C./Fingerprint LC, add SUNSI markings to license. <input type="checkbox"/> Confirm with licensee if they have NARM material. <input type="checkbox"/> Change of contact information (RSO), send request to update IC database.

Reviewer's Initials: _____ **Date:** _____

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Request for unrestricted release Group 2 or >. Consult with Bravo Branch.
<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 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: RT **Date:** SEP 15

9-15-09
DATE

This is to acknowledge the receipt of your letter/application dated 8-31-09, 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 _____ 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 472405.
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

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: 20101031
: Fee Comments: CAL THEIR OWN INSTRUMENTS
: Decom Fin Assur Req: N
: ::

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: RAPID CITY REGIONAL HOSPITAL, INC.
Received Date: 20090831
Docket No: 3003231
Control No.: 472405
License No.: 40-00238-04
Action Type: Notifications

2. FEE ATTACHED

Amount: _____
Check No.: /

3. COMMENTS

Signed Colleen Murnahan
Date 9-10-09

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 _____