

December 7, 2009

Page 1 of 4

Radiologists

Valdis Ozintars, MD
Thomas Cink, MD
Thomas Masterson, MD
Andrew Soye, MD
Gary Farnestad, MD
Cameron Stokka, MD
Michael Kihne, MD
Randal Walter, MD
Thomas Fren, MD
Patrick Nelson, MD
Brad Paulson, MD
Jeffery Baka, MD
Edward Ozarnocki, MD
Susan Duffek, MD
Daniel Crosby, MD
D. Craig Rife, MD
Terry Yeager, MD
David Bean, MD
Jodie Alpers, MD
Sabina Chaudhry, MD
Charles Flohr, MD
Christopher Gregory, MD
Matthew Pardy, MD
Matthew Carney, MD
Matthew Helgeson, MD
Jonah Luzior, MD
Khalil Yousef, MD
Alan Tanner, MD
J. Joshua Plorde, MD
Phillip Benzmler, MD

Radiation Oncologists

Kirsten Erlakann, MD
Kathleen Schneskloth, MD
Steven McGraw, MD
Barbara Schlager, MD
Michael Grant, MD
Michele Corsini, MD

Outreach Radiologists

Wayne Penning, MD

Administration

Gerald Larson

Medical Physics

Jeff Masten, MS, JD
Richard Massoth, PhD
Christina Plies Osmer, PhD (ABD)
Steve Moeckly, MS
Jamie Harris, MS

Ms. Jacqueline D. Cook
Senior Health Physicist
Nuclear Materials Licensing Branch
Nuclear Regulatory Commission
612 East Lamar Blvd, Ste. 400
Arlington, TX 76011-4125

Faxed to: 817-860-8263

Re: Docket: 030-33335
License: 40-27480-01

Ms. Cook,

Please find the form titled "Information Required for Change of Control and/or Change of Ownership (to include a name change)" following this letter transmitted by fax today.

This form is submitted as a result of a name change for Medical X-Ray Center, PC to MedXray. There is no change of control for this license other than the name change.

If you are in need of any further clarification, please do not hesitate to contact me.

Sincerely,



Christina Plies Osmer, M.S., Ph.D. (ABD)
Medical Physicist
cplies@medx-ray.com
Cell: 605-310-8131

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DEC - 7 2009

DNMS

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

E-MAIL FORM

DATE: November 30, 2009

MESSAGE TO: Christine Plies Osmer, M.S.
Medical X-Ray Center, P.C.

Docket: 030-33335
License: 40-27480-01
Control: 472457

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

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

NUMBER OF PAGES: 3

E-MAIL ADDRESS: CPlies@medx-ray.com

Mrs. Osmer:

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. If you have any questions regarding our discussion or this fax, please contact me. When responding to this fax, please include the license and docket numbers, located at the top of this page as well as the following pages. Thank you.

Magdalena Cook

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:

Medical X-Ray Center, PC doing business as
Med Xray, PC.

B. ☐ No name change

☒ New name of licensed organization: Med Xray, PC

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:

The quality management and surveillance programs are current at the time of name change.

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)

Gerald Larson

Certifying Officer - Signature

Gerald Larson, Bus Mgr
Certifying Officer - Typed name and title

12-4-09

Date

1417 SOUTH MINNESOTA AVENUE, SIOUX FALLS, SD 57105 | WWW.MEDX-RAY.COM
605 336 0515 | 605 336 0812 (FAX) | 1 800 473 0271



October 20, 2009

Mr. Roberto Torres
Materials Licensing Section
U.S. Nuclear Regulatory Commission, Region IV
612 E. Lamar Blvd, Suite #400
Arlington, TX 76011-4125

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Radiologists
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Jamie Harris, MS

RE: Correction of an Authorized Medical Physicist's Name
Change RSO
Remove Dr. John Griffin, M.D.
Medical X-Ray Center, P.C. name change

License #: 40-27480-01

Dear Mr. Torres:

We would like to request the following correction to our NRC Materials License #40-27480-01:

- 1.) We would like to have the name of **Christina Plies Osmer, MS** corrected. Her name was changed to **Christina R. Osmer, MS** on License Amendment #16. Please correct this on our next license Amendment to **Christina R. Osmer, MS**.

We would like to make the following changes to our NRC Materials License #40-27480-01:

- 1.) We would like to replace Mr. Charles M. Carver, MS as RSO with Mrs. Christina P. Osmer, MS for this license. Mr. Carver has resigned from Medical X-Ray Center, P.C. effective October 20, 2009. We would like to maintain him as an Authorized Medical Physicist on this license at this time. He will be used on a consulting basis until he leaves the area. Please see the attached NRC Form 313A (RSO).
- 2.) We would like to remove Dr. John Griffin from our license as an Authorized User. Dr. Griffin has retired from practice.
- 3.) We would like to inform the NRC of Medical X-Ray Center, P.C. a dba name for business purposes. We are now also known as MedXray, P.C. We are still officially incorporated under the name Medical X-Ray Center, P.C. No changes in our ownership or corporate structure have occurred with this change.

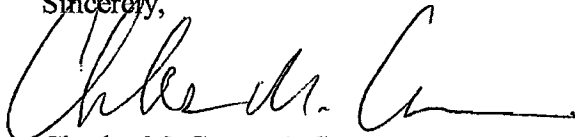
In Summary:

We request the following changes to our NRC license:

Correct name from Christina R. Osmer, MS to Christina P. Osmer, MS.
Replace Charles M. Carver, MS with Christina P. Osmer, MS as RSO.
Remove Dr. John Griffin from the license.
Notify the NRC of Medical X-Ray Center, P.C. doing business under the name of
MedXray, P.C.

We would like to request expedited review of the change in RSO. Please contact me if
you have any questions or require further information at 605-336-0515.

Sincerely,



Charles M. Carver, MS
Radiation Safety Officer

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**RADIATION SAFETY OFFICER TRAINING AND EXPERIENCE
AND PRECEPTOR ATTESTATION**
[10 CFR 35.50]APPROVED BY OMB: NO. 3150-0120
EXPIRES: 3/31/2012

Name of Proposed Radiation Safety Officer

Christina P. Osmer, MS

Requested Authorization(s) *The license authorizes the following medical uses (check all that apply):*

- ☒ 35.100 ☒ 35.200 ☒ 35.300 ☐ 35.400 ☐ 35.500 ☐ 35.600 (remote afterloader)
☐ 35.600 (teletherapy) ☐ 35.600 (gamma stereotactic radiosurgery) ☒ 35.1000 (Sr-90 IVBT)

PART I -- TRAINING AND EXPERIENCE
(Select one of the four methods below)

*Training and Experience, including board certification, must have been obtained within the 7 years preceding the date of application or the individual must have obtained related continuing education and experience and the required training and experience was completed. Provide dates, duration, and description of continuing education and experience related to the uses checked above.

☐ **1. Board Certification**

- a. Provide a copy of the board certification.
b. Use Table 3.c. to describe training in radiation safety, regulatory issues, and emergency procedures for all types of medical use on the license.
c. Skip to and complete Part II Preceptor Attestation.

OR

☐ **2. Current Radiation Safety Officer Seeking Authorization to Be Recognized as a Radiation Safety Officer for the Additional Medical Uses Checked Above**

- a. Use the table in section 3.c. to describe training in radiation safety, regulatory issues, and emergency procedures for the additional types of medical use for which recognition as RSO is sought.
b. Skip to and complete Part II Preceptor Attestation.

OR

☐ **3. Structured Educational Program for Proposed Radiation Safety Officer**

a. Classroom and Laboratory Training

Description of Training	Location of Training	Clock Hours	Dates of Training*
Radiation physics and instrumentation			
Radiation protection			
Mathematics pertaining to the use and measurement of radioactivity			
Radiation biology			
Radiation dosimetry			

Total Hours of Training:

RADIATION SAFETY OFFICER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Structured Educational Program for Proposed Radiation Safety Officer (continued)

b. Supervised Radiation Safety Experience

(If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this section.)

Description of Experience	Location of Training/ License or Permit Number of Facility	Dates of Training*
Shipping, receiving, and performing related radiation surveys		
Using and performing checks for proper operation of instruments used to determine the activity of dosages, survey meters, and instruments used to measure radionuclides	RECEIVED OCT 22 2009	
Securing and controlling byproduct material	DNMS	
Using administrative controls to avoid mistakes in administration of byproduct material		
Using procedures to prevent or minimize radioactive contamination and using proper decontamination procedures		
Using emergency procedures to control byproduct material		
Disposing of byproduct material		
Licensed Material Used (e.g., 35.100, 35.200, etc.)+ _____ _____ _____		

+ Choose all applicable sections of 10 CFR Part 35 to describe radioisotopes and quantities used: 35.100, 35.200, 35.300, 35.400, 35.500, 35.600 remote afterloader units, 35.600 teletherapy units, 35.600 gamma stereotactic radiosurgery units, emerging technologies (provide list of devices).

RADIATION SAFETY OFFICER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Structured Educational Program for Proposed Radiation Safety Officer (continued)

b. Supervised Radiation Safety Experience (continued)

(If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this section.)

Supervising Individual	License/Permit Number listing supervising individual as a Radiation Safety Officer
This license authorizes the following medical uses:	
<input type="checkbox"/> 35.100	<input type="checkbox"/> 35.200
<input type="checkbox"/> 35.300	<input type="checkbox"/> 35.400
<input type="checkbox"/> 35.500	<input type="checkbox"/> 35.600 (remote afterloader)
<input type="checkbox"/> 35.600 (gamma stereotactic radiosurgery)	<input type="checkbox"/> 35.600 (teletherapy)
	<input type="checkbox"/> 35.1000 ()

c. Describe training in radiation safety, regulatory issues, and emergency procedures for all types of medical use on the license.

Description of Training	Training Provided By	Dates of Training*
Radiation safety, regulatory issues, and emergency procedures for 35.100, 35.200, and 35.500 uses	RECEIVED	
Radiation safety, regulatory issues, and emergency procedures for 35.300 uses	OCT 22 2009	
Radiation safety, regulatory issues, and emergency procedures for 35.400 uses	DNMS	
Radiation safety, regulatory issues, and emergency procedures for 35.600 - teletherapy uses		
Radiation safety, regulatory issues, and emergency procedures for 35.600 - remote afterloader uses		
Radiation safety, regulatory issues, and emergency procedures for 35.600 - gamma stereotactic radiosurgery uses		
Radiation safety, regulatory issues, and emergency procedures for 35.1000, specify use(s):		

RADIATION SAFETY OFFICER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Structured Educational Program for Proposed Radiation Safety Officer (continued)

- c. Training in radiation safety, regulatory issues, and emergency procedures for all types of medical use on the license (continued)

Supervising Individual *If training was provided by supervising RSO, AU, AMP, or ANP. (If more than one supervising individual is necessary to document supervised training, provide multiple copies of this page.)*

License/Permit Number listing supervising individual

License/Permit lists supervising individual as:

- ☐ Radiation Safety Officer ☐ Authorized User ☐ Authorized Nuclear Pharmacist
☐ Authorized Medical Physicist

Authorized as RSO, AU, ANP, or AMP for the following medical uses:

- ☐ 35.100 ☐ 35.200 ☐ 35.300 ☐ 35.400
☐ 35.500 ☐ 35.600 (remote afterloader) ☐ 35.600 (teletherapy)
☐ 35.600 (gamma stereotactic radiosurgery) ☐ 35.1000 ()

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- d. Skip to and complete Part II Preceptor Attestation.

OR

☒ **4. Authorized User, Authorized Medical Physicist, or Authorized Nuclear Pharmacist identified on the licensee's license**

- a. Provide license number.
b. Use the table in section 3.c. to describe training in radiation safety, regulatory issues, and emergency procedures for all types of medical use on the license.
c. Skip to and complete Part II Preceptor Attestation.

PART II – PRECEPTOR ATTESTATION

Note: This part must be completed by the individual's preceptor. The preceptor does not have to be the supervising individual as long as the preceptor provides, directs, or verifies training and experience required. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each.

First Section

Check one of the following:

☐ **1. Board Certification**

☐ I attest that _____ has satisfactorily completed the requirements in
Name of Proposed Radiation Safety Officer
10 CFR 35.50(a)(1)(i) and (a)(1)(ii); or 35.50 (a)(2)(i) and (a)(2)(ii); or 35.50(c)(1).

OR

☐ **2. Structured Educational Program for Proposed Radiation Safety Officers**

☐ I attest that _____ has satisfactorily completed a structural educational
Name of Proposed Radiation Safety Officer
program consisting of both 200 hours of classroom and laboratory training and one year of full-time radiation safety experience as required by 10 CFR 35.50(b)(1).

OR

RADIATION SAFETY OFFICER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

Preceptor Attestation (continued)

First Section (continued)

Check one of the following:

☒ **3. Additional Authorization as Radiation Safety Officer**

☒ I attest that Christina P. Osmer, MS is an
Name of Proposed Radiation Safety Officer

☐ Authorized User

☐ Authorized Nuclear Pharmacist

☒ Authorized Medical Physicist

identified on the Licensees license and has experience with the radiation safety aspects of similar type of use of byproduct material for which the individual has Radiation Safety Officer responsibilities

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AND

Second Section

Complete for all (check all that apply):

☒ I attest that Christina P. Osmer, MS has training in the radiation safety, regulatory issues, and
Name of Proposed Radiation Safety Officer

emergency procedures for the following types of use:

☒ 35.100

☒ 35.200

☒ 35.300 oral administration of less than or equal to 33 millicuries of sodium iodide I-131, for which a written directive is required

☒ 35.300 oral administration of greater than 33 millicuries of sodium iodide I-131

☒ 35.300 parenteral administration of any beta-emitter, or a photon-emitting radionuclide with a photon energy less than 150 keV for which a written directive is required

☒ 35.300 parenteral administration of any other radionuclide for which a written directive is required

☐ 35.400

☐ 35.500

☐ 35.600 remote afterloader units

☐ 35.600 teletherapy units

☐ 35.600 gamma stereotactic radiosurgery units

☒ 35.1000 emerging technologies, including:
Sr-90 IVBT

RADIATION SAFETY OFFICER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

AND

**Third Section
Complete for ALL**

☒ I attest that Christina P. Osmer, MS has achieved a level of radiation safety knowledge
Name of Proposed Radiation Safety Officer
sufficient to function independently as a Radiation Safety Officer for a medical use licensee.

**Fourth Section
Complete the following for Preceptor Attestation and signature**

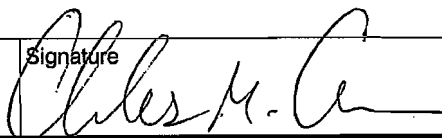
I am the Radiation Safety Officer for Medical X-Ray Center, PC
Name of Facility

License/Permit Number: 40-27480-01

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Name of Preceptor	Signature	Telephone Number	Date
Charles M. Carver, MS		(605) 336-0515	10/05/2009

4 7 2 4 5 7

ACCEPTANCE REVIEW MEMO (ARM)

Licensee: Medical X-Ray Center, P.C. **License:** 40-27480-01
Docket: 030-33335 **Mail Control:** 472457
Type of Action: Amend **Date of Requested Action:** 10/20/09
Reviewer Assigned: Jackie Cook **ARM reviewer(s):** Cook

Response	Deficiencies Noted During Acceptance Review
12/7/09	<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. <div style="background-color: black; width: 500px; height: 1.2em; margin-top: 5px;"></div>

Reviewer's Initials: JCC

Date: 12/7/09

- ☐ 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: JCC

Date: OCT-30-09

12-16-09

DATE

This is to acknowledge the receipt of your letter/application dated 12-07-09, 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** 472457.
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: 02240
: Status Code: 0
: Fee Category: 7C
: Exp. Date: 20150131
: Fee Comments:
: Decom Fin Assur Req'd: N
:
:

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: MEDICAL X-RAY CENTER, P.C.
Received Date: 20091022
Docket No: 3033335
Control No.: 472457
License No.: 40-27480-01
Action Type: Amendment

2. FEE ATTACHED

Amount: 1
Check No.: 1

3. COMMENTS

Signed
Date

Colleen Murnahan
10-22-09

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

