

**MATERIALS LICENSING BRANCH
UNITED STATES NUCLEAR REGULATORY COMMISSION**

REGION III
2443 WARRENVILLE ROAD STE 210
LISLE, ILLINOIS 60532-4352
OFFICE: (630)-829-9892 FAX: (630) 515-1078

CONVERSATION RECORD

|TIME

|DATE

ACTUALLY FAXED?

YES on 04/12/2010

NAME OF PERSON(S) CONTACTED

Thomas J. Moenster, RSO

ORGANIZATION

Missouri Baptist Medical Center

TELEPHONE NO.

O: 314-996-5397

F: 314-996-5470

SUBJECT

License No.: 24-11128-02

Control No.: 318844

SUMMARY

We have reviewed your letters dated February 4 and February 9, 2010, requesting to remove ten authorized medical physicists (AMP's), add 1 new AMP, and add two patient rooms for patients not released due to radioactive materials in their person and find that we need additional information as follows:

1. Please provide the NRC Form 313A (AMP) for Ms. Amy M. Sommer. See attached or find on [http://www.nrc.gov/reading-rm/doc-collections/forms/nrc313a\(amp\).pdf](http://www.nrc.gov/reading-rm/doc-collections/forms/nrc313a(amp).pdf).

We will be unable to continue processing your request until we receive this information. In accordance with 10 CFR 2.390 of the NRC's "Rules of Practice," a copy of this letter will be available electronically in the NRC Public Document Room or from the Publicly Available Record (PARS) component of NRC's document system (ADAMS) accessible from the NRC Website at <http://www.nrc.gov/reading-rem/adams.html>.

ACTION REQUIRED

Please submit a **signed written response (can be facsimiled)** within 10-days or contact me to arrange an alternate response date. Be sure to reference control number 318844 to facilitate correct processing of your response.

If we do not receive a written response within 10-days, please note that we may void this request in order to enable you to prepare a quality response without time constraints. This would be done without prejudice to the resubmission of your request at a later date. Upon receipt of your response we will resume our review. Address your written response to my attention at the above address.

Upon receipt of your response we will resume our review.

PLEASE DIRECT ANY QUESTIONS YOU MAY HAVE TO ME AT (630) 829-9892

NAME OF PERSON DOCUMENTING CONVERSATION

SIGNATURE

DATE

Jose Macatangay

Jose Macatangay

04/12/2010