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 **PROVIDENCE**
Alaska
Medical Center

March 22, 2010

Roberto J. Torres
Senior Health Physicist
U.S. Nuclear Regulatory Commission - Region IV
Division of Nuclear Materials Safety
Nuclear Materials Safety Branch B
612 East Lamar Boulevard, Suite 400
Arlington, Texas 76011-4125

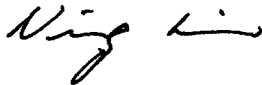
Subject: Notification to US NRC for
Removal of Dr. Steven Wallace as Authorized Medical Physicist

Dear Mr. Torres,

We wish to amend our Radioactive Materials License following 10 CFR 35.14 to remove Steven Wallace, Ph.D. as an Authorized Medical Physicist from our Radioactive Material License No. 50-17838-01 due to his discontinued duties under the license.

Should you have any questions regarding this notice, please contact me at (907)212-5691.

Sincerely,



Yongli Ning, M.S.
Chief Medical Physicist - Radiation Oncology
Radiation Safety Officer
Providence Alaska Medical Center
3200 Providence Drive
Anchorage, AK 99519-6604

Tel: (907)212-5691
Email: yning@provak.org

Cc: Christopher Galloway, Clinical Manager Radiation Oncology
Wanda D. Katinszky, Director Oncology Service Line
Steven Katzenson, Chairman Radiation Safety Committee
Richard Mandsager, MD, Chief Executive Providence Alaska Medical Center

472067

5-27-2010
DATE

This is to acknowledge the receipt of your letter/application dated 3-22-2010, 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** 472667.
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: : (FOR LFMS USE)
 : INFORMATION FROM LTS
 : -----
 :
 License Fee Management Branch, ARM : Program Code: 02230
 and : Status Code: 0
 Regional Licensing Sections : Fee Category: 7C EX 2B
 : Exp. Date: 20150331
 : Fee Comments: _____
 : Decom Fin Assur Reqd: N
 :

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
 Applicant/Licensee: PROVIDENCE ALASKA MEDICAL CENTER
 Received Date: 20100329
 Docket No: 3013426
 Control No.: 472667
 License No.: 50-17838-01
 Action Type: Notifications

2. FEE ATTACHED
 Amount: _____
 Check No.: /

3. COMMENTS
 Signed Colleen Murnahan
 Date 5-05-10

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 _____