

United States Nuclear Regulatory Commission
Region III
2443 Warrenville Road
Suite 210
Lisle, Illinois 60532-4352

6/14/2010

Dear Sir or Madam:

In accordance to NUREG Volume 15 Appendix F, Transfer of Control, please amend NRC License #24-24332-01 in the following way.

As stated on Attachment "A", we request the transfer of control of NRC License #24-24332-01 from the management of:

Ferrell-Duncan Clinic Inc.
1001 East Primrose
Springfield, MO 65807

To the management of Cox Health for the facility of:

Wheeler Heart and Vascular Center
3rd Floor, Nuclear Medicine
3800 South National
Springfield, MO 65807

To specifically address the required information as requested by NUREG Volume 15 Appendix F, Transfer of Control:

1. There no transfer of stocks or assets, or merger. The name will change from Ferrell-Duncan Clinic to Cox Health Wheeler Heart and Vascular Center. Stephen DeFord, CNMT will remain the contact person.
2. There will be no changes in personnel or duties that relate to the license program.
3. There will be no changes in the organization, location, facilities equipment or procedures.
4. As is required by the license, we are current will all surveys, wipe test and quality control and will be compliant before during and after the time the control is transferred.
5. Not applicable. No decommissioning required. As reflected on current NRC, "Licensed material may be used or stored only at the licensees facilities located at 3800 S. National, Springfield, Missouri."
6. Addressed in Attachment "A".

If additional information is required, I may be contact at: 417-269-0590.

Thank you for your time,



Stephen S. DeFord, RT (R), CNMT
Supervisor of Nuclear Cardiology
Wheeler Heart and Vascular Center
3800 South National, Springfield MO, 65807
steve.deford@coxhealth.com

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Attachment "A"

Transfer of Control of by Nuclear Regulatory Commission (NRC) License 24-24332-01.

As the Executive Director of Ferrell-Duncan Clinic., and as required by NRC NUREG 1556, Volume 15 appendix F, submit this request:

Ferrell-Duncan Inc. being the *Transferor*, as defined NRC regulation, request that the transfer of NRC License 24-24332-01 from our *Control*, as defined by NRC regulations, to the *Transferee*, as defined by NRC regulations, Cox Health Systems.



Thomas Babik, CMPE
Executive Director of Ferrell-Duncan Clinic

As the *Transferee* of NRC License 24-24332-01, and as the President and CEO of the Cox Health Systems, agree to abide by all constraints, conditions, requirements and commitments of the *Transferor*, Ferrell-Duncan Clinic that has been agreed upon and is stated in NRC License 24-24332-01.



Robert Bezanson, President and CEO
Cox Health Systems

Submitted by,



Stephen DeFord, CNMT
Supervisor of Nuclear Cardiology
Wheeler Heart and Vascular Center

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

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

USNRC Region _____

Contact: _____

Telephone: (____) _____

Fax: (____) _____

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 the 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.
2. Describe any changes in personnel or duties that relate to the licensed program. Include training and experience for personnel.
3. Describe any changes in the organization, location, facilities, equipment or procedures that relate to the licensed program.
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.
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 and/or removable contamination, including methods and sensitivity.
6. Confirm that the transferee will abide by all constraints, conditions, requirements and commitments of the transfer and that the transferee will submit a complete description of the proposed licensed program.



COX HEALTH

3rd Floor, Nuclear Medicine Attn: Steve DeFord
3800 South National Avenue • Springfield, Missouri 65807

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Lisle, IL 60532-4352

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