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525 N Foster Street Mitchell, SD 57301-2999 (605) 995-2000 Fax (605) 995-2441

www.AveraQueenofPeace.org

August 18, 2010

U.S. Nuclear Regulatory Commission, Region IV Nuclear Materials Safety Branch B Attn: R. Rick Munoz 612 E. Lamar Blvd., Suite #400 Arlington, TX 76011-4125

RE: NRC License No 40-15633-01

Notification to Remove Authorized Medical Physicist

Dear Dr. Munoz:

In accordance with 10 CFR 35.14, let this serve as notification that Mr. Charles Carver is no longer affiliated with this facility. Please delete him as an authorized medical physicist.

You may contact me or our consultant, Linda Ramirez at (216) 663-7000 or l.ramirez@ampmedphysics.com with any questions.

Respectfully,

Jason Merkley

Vice President, Professional Services

Avera Queen of Peace Hospital

10-01-2010

_8	s is to acknowledge the receipt of your letter 7-/8-20/0, and to inform you that to inform you that to inform you that to includes an administrative review, has be	the initial processing,	DATE					
図	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 573591. When calling to inquire about this action, please refer to this mail control number. You may call me at (817) 860-8103.								
		Sincerely,						
		Collien M.	wnahan					
	FORM 532 (RIV) 2010)	Licensing Assistant						

BETWEEN: Accounts Receivable/Payable

Regional Licensing Branches

[FOR ARPB USE] INFORMATION FROM LTS

Program Code: 02230

Status Code: Pending Amendment

Fee Category: 7C

Exp. Date: Fee Comments:

Decom Fin Assur Reqd: N

License Fee Wo	rksheet - L	icense Fee	Transmittal	
A. REGION	y 100 - 110			**
1. APPLICATION ATTAC Applicant/Licensee: Received Date: Docket Number: Mail Control Number: License Number: Action Type:		I OF PEACE HEAL	.TH SERV.	
2. FEE ATTACHED Amount: Check No.:	_			
3. COMMENTS				
B. LICENSE FEE MANAG 1. Fee Category and Amo		9-27-3	2010	1 1)
2. Correct Fee Paid. Appli	ication may be pro	ocessed for:		
Amendment:		_		
Renewal:		_		
License:		_		
3. OTHER			-	
	Signed:			
	Date:		_	



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Address Service Requested



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U. S. Nuclear Regulatory Commission Region IV Division of Nuclear Materials Safety, Licensing Branch 611 Ryan Plaza Drive, Suite 400 Arlington, TX 76011-8064

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