

**COLLEEN CAROL CASEY
MATERIALS LICENSING BRANCH
UNITED STATES NUCLEAR REGULATORY COMMISSION**

REGION III
2443 WARRENVILLE ROAD STE 210
LISLE, ILLINOIS 60532-4352
OFFICE: (630)-829-9841 FAX: (630) 515-1078

CONVERSATION RECORD | TIME | DATE

ACTUALLY FAXED? YES.

~ 1:30 pm

July 25, 2011

NAME OF PERSON(S) CONTACTED ORGANIZATION TELEPHONE NO.

Andrew Martin

Heartland Regional Medical Center

816-271-6471

fax: 816-271-6139

SUBJECT

License No.: 24-18287-01

Control No.: 575050

SUMMARY

We have reviewed your letter dated April 19, 2011, requesting an amendment to your byproduct materials license and find that we need additional information as follows:

Your letter dated April 19, 2011, requests that your RSO be changed to Dr. Bridges, as he is RSO on license no. 24-32027-01.

However, on license No. 24-32027-01, there is no authorization for materials in 10 CFR 35.400, manual brachytherapy and Dr. Bridges is not an authorized user on either license for the use of materials in 10 CFR 35.400.

Therefore, in order to approve Dr. Bridges as RSO, please submit evidence that he has received the training in 10 CFR 35.50(e) for the manual brachytherapy program.

If you can fax or scan/email this information to us in the next day or two we can complete processing of this request for you now.

If not, please contact me to discuss alternative ways to resolve this matter.

In accordance with 10 CFR 2.390 of the NRC's "Rules of Practice," a copy of this letter will be available electronically for public inspection in the NRC Public Document Room or from the NRC's Agencywide Documents Access and Management System (ADAMS), accessible from the NRC Web site at <http://www.nrc.gov/reading-rm/adams.html>.

ACTION REQUIRED

Submit the requested information within two calendar days (by July 27, 2011) by referencing control number 575050 to facilitate proper handling. Upon receipt of your response we will

reactivate placement of your request in our database and resume our review. Address your written response to my attention at the above address.

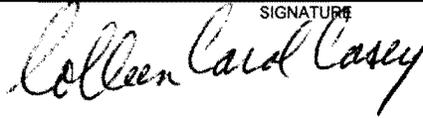
PLEASE DIRECT ANY QUESTIONS YOU MAY HAVE TO ME AT 630-829-9841.

NAME OF PERSON DOCUMENTING CONVERSATION

SIGNATURE

DATE

Colleen Carol Casey



July 25, 2011



UNITED STATES
NUCLEAR REGULATORY COMMISSION
REGION III
2443 Warrenville Road, Suite 210
Lisle, Illinois 60532-4352

TELEFAX TRANSMITTAL

DATE: 7/25/11 NUMBER OF PAGES: 3
(including this page)

SEND TO: ANDREW MARTIN

LOCATION: HEARTLAND REGIONAL MEDICAL CENTER

FAX NUMBER: 816-271-6139 VERIFY BY CALLING SENDER

FROM: Colleen Casey
(SENDER)

TELEPHONE NUMBER: 630-829-9841 FAX NUMBER: 630 - -

If you do not receive the complete fax transmittal, please contact the sender as soon as possible at the telephone number provided above.

MESSAGE

*Please call me to discuss this.
My email, if needed, is colleen.casey@nrc.gov.
Thank you,
Colleen Carol Casey*

NOTICE

This message is intended only for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential, or exempt from disclosure under applicable law. If the reader of this message is not the intended recipient or the employee responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify the sender immediately by telephone and return the original to the above address, by U.S. Mail. Thank you.

TRANSMISSION VERIFICATION REPORT

TIME : 07/25/2011 13:39
NAME : USNRC RIII
FAX : 6308299782
TEL :
SER.# : 000A7J925774

DATE, TIME
FAX NO./NAME
DURATION
PAGE(S)
RESULT
MODE

07/25 13:38
88162716139
00:00:42
03
OK
STANDARD
ECM

NRC FORM 386 (RIII)
(4-2004)



UNITED STATES
NUCLEAR REGULATORY COMMISSION
REGION III
2443 Warrenville Road, Suite 210
Lisle, Illinois 60532-4352

TELEFAX TRANSMITTAL

DATE: 7/25/11 NUMBER OF PAGES: 3
(including this page)

SEND TO: ANDREW MARTIN

LOCATION: HEARTLAND REGIONAL MEDICAL CENTER

FAX NUMBER: 816-271-6139 VERIFY BY CALLING SENDER

FROM: Colleen Casey
(SENDER)

TELEPHONE NUMBER: 630-829-9841 FAX NUMBER: 630 - -

If you do not receive the complete fax transmittal, please contact the sender as soon as possible at the telephone number provided above.

MESSAGE

Please call me to discuss this.