



Brookings
HEALTH SYSTEM

May 22, 2012

RECEIVED

MAY 24 2012

DNMS

U.S. Nuclear Regulatory Commission
Region IV
612 East Lamar Blvd., Suite 400
Arlington, TX 76011-4125

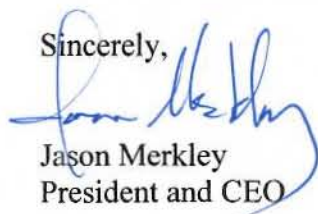
Subject: License Amendment

To whom it may concern:

Please amend Brookings Hospital and Brookview Manor license number 40-19823-01, Docket #030-19289, condition number 11 to add Dr. Christopher Gregory, M.D. as a back up Radiation Safety officer. Dr. Gregory may be reached by cell phone at 605-212-5726. Also our current Radiation Safety officer, Traci Hollingshead's contact information has changed. Her phone number is 605-310-0916.

Condition number 12 should also be amended to ~~delete~~ Dr. Charles Flohr, M.D. and Dr. David A. Swanson, M.D. as authorized users. Please ~~add~~ Dr. Brad Paulson as authorized user for materials identified in 35:100; and 35:200. Dr. Paulson is currently an authorized user on NRC license number 40-16571-01.

Sincerely,



Jason Merkley
President and CEO




Brookings
HEALTH SYSTEM

300 Twenty-Second Avenue
Brookings, SD 57006

577594

U.S. Nuclear Regulatory Commission
Region IV
612 East Lamar Blvd., Suite 400
Arlington, TX 76011-4125



UNITED STATES POSTAGE

PITNEY BOWES
02 1R \$ 00.45⁰
0002096803 MAY 21 2012
MAILED FROM ZIP CODE 57006

RECEIVED
MAY 24 2012
DNMS

7601184125 0024





DATE
05/30/2012

NAME AND ADDRESS OF APPLICANT AND/OR LICENSEE

Brookings Hospital and Brookview Manor
ATTN: Jason Merkley, President & CEO
300 22nd Avenue
Brookings, SD 57006-2496

LICENSE NUMBER

40-19823-01

MAIL CONTROL NUMBER

577594

LICENSING AND/OR TECHNICAL REVIEWER

cmurnahan *cm*

This is to acknowledge the receipt of your:

LETTER and/or APPLICATION DATED: 05/22/2012

The initial processing, which included an administrative review, has been performed.

AMENDMENT TERMINATION NEW LICENSE RENEWAL

- There were no administrative omissions identified during our initial review.
- This is to acknowledge receipt of your application for renewal of the material(s) license identified above. Your application is deemed timely filed, and accordingly, the license will not expire until final action has been taken by this office.
- Your application for a new NRC license did not include your taxpayer identification number. Please fill out NRC Form 531, located at the following link:

<http://www.nrc.gov/reading-rm/doc-collections/forms/nrc531.pdf>

Send the completed NRC Form 531, by facsimile, to the following number: (301) 415-5387

A copy of your action has been emailed to our License Fee and Accounts Receivable Branch, in our Headquarters office in Rockville, MD. You will be contacted separately if there is a fee issue involved.

Your application has been assigned the above listed **MAIL CONTROL NUMBER**. When calling to inquire about this action, please refer to this control number. Your application has been forwarded to a technical reviewer. Please note that the technical review, which is normally completed within 180 days for a renewal application (90 days for all other requests), may identify additional omissions or require additional information. If you have any questions concerning the processing of your application, our contact information is listed below:

Region IV
U. S. Nuclear Regulatory Commission
DNMS/NMSB - B
1600 E. Lamar Boulevard
Arlington, TX 76011-4511
(817) 200-1103 or (817) 200-1140

BETWEEN:
Accounts Receivable/Payable
and
Regional Licensing Branches

[FOR ARPB USE]
INFORMATION FROM LTS

Program Code: 02120
Status Code: Pending Amendment
Fee Category: 7C
Exp. Date: 08/31/2013
Fee Comments: CODE 14
Decom Fin Assur Req: N

License Fee Worksheet - License Fee Transmittal

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: BROOKINGS HOSP. & BROOKVIEW MANOR
Received Date: 05/24/2012
Docket Number: 3019289
Mail Control Number: 577594
License Number: 40-19823-01
Action Type: Amendment

2. FEE ATTACHED

Amount: _____

Check No.: _____

3. COMMENTS

Signed: _____

Colleen Murchan

Date: _____

5-30-2012

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: _____