

# Cheyenne Regional Medical Center

214 EAST 23<sup>RD</sup> STREET  
CHEYENNE, WY 82001  
307-634-2273  
WWW.CRMWCWY.ORG

RECEIVED

NOV 08 2013

DNMS

November 4, 2013

Michelle Simmons, Health Physicist  
Nuclear Regulatory Commission, Region IV  
612 East Lamar Blvd, Suite 400  
Arlington, Texas 76011-4125  
Subj: AMENDMENT OF LICENCSE NO. 49-01380-01

**PUBLIC**

- Immediate Release
- Normal Release

**NON-PUBLIC**

- A.3 Sensitive-Security Related
- A.7 Sensitive Internal
- Other: \_\_\_\_\_

Reviewer: RTZ Date: 11-20-13

Dear MS. Simmons;

I am writing to request the following amendments to our license:

1. To add Joseph Daoka MD as an Authorized User for part 35.200. As evidence of qualifications, please find the attached copy board certification with the Certification Board of Nuclear Cardiology..

If you have any further information needed I can be reached at 307-633-7838. You may also e-mail me at [todd.christensen@crmcwy.org](mailto:todd.christensen@crmcwy.org).

Thank you.

Sincerely,

Todd A. Christensen MS DABR

Radiation Safety Officer

Cheyenne Regional Medical Center

214 East 23<sup>rd</sup> Street

Cheyenne, WY 82001

582447

# Certification Board of Nuclear Cardiology

Certifies That

**Joseph Daoko, MD**

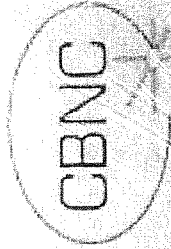
HAVING MET THE REQUIREMENTS PRESCRIBED BY THIS BOARD FOR PHYSICIANS  
TRAINED IN THE UNITED STATES AND HAVING SUCCESSFULLY PASSED  
THE REQUIRED EXAMINATION, IS HEREBY DESIGNATED  
A DIPLOMATE CERTIFIED IN THE SUBSPECIALTY OF

**NUCLEAR CARDIOLOGY**

VALID: JANUARY 1, 2013 -- MARCH 1, 2023

*Thomas Kelly*

President



*Joseph Daoko*

Secretary



CERTIFICATE NUMBER: 5743



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Medical Center  
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Arlington, Texas 76011-4125

582447



DATE  
11/18/2013

NAME AND ADDRESS OF APPLICANT AND/OR LICENSEE  Memorial Hospital of Laramie County dba Cheyenne Regional Medical Center Department of Radiology ATTN: Todd A. Christensen, M.S., DABR, RSO 214 East 23rd Street Cheyenne, Wyoming 82001	LICENSE NUMBER 49-01380-01
	MAIL CONTROL NUMBER 582447
	LICENSING AND/OR TECHNICAL REVIEWER ch

This is to acknowledge the receipt of your:

LETTER and/or  APPLICATION      DATED: 11/04/2013

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

✓ 3/18/18

BETWEEN:  
  
Accounts Receivable/Payable  
and  
Regional Licensing Branches

[ FOR ARPB USE ]  
INFORMATION FROM WBL

Program Code: 02230  
Status Code: Pending Amendment  
Fee Category: 7C  
Exp. Date:  
Fee Comments: CODE 13  
Decom Fin Assur Req: N

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## License Fee Worksheet - License Fee Transmittal

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### A. REGION

#### 1. APPLICATION ATTACHED

Applicant/Licensee: MEMORIAL HOSPITAL OF LARAMIE CTY.  
Received Date: 11/08/2013  
Docket Number: 3003496  
Mail Control Number: 582447  
License Number: 49-01380-01  
Action Type: Amendment

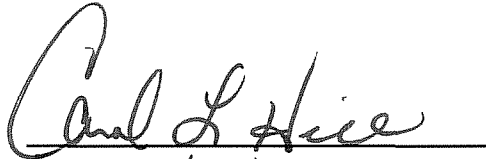
#### 2. FEE ATTACHED

Amount: \_\_\_\_\_

Check No.: \_\_\_\_\_

#### 3. COMMENTS

Signed: \_\_\_\_\_



Date: \_\_\_\_\_

11/18/13

### 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: \_\_\_\_\_

\_\_\_\_\_