

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

www.AveraQueenofPeace.org

April 28, 2014

REGION IV U.S. NUCLEAR REGULATORY COMMISSION DNMS/NMSB-B 1600 E. LAMAR BLVD. ARLINGTON, TX 76011-4511

DECEIVED MAY - 5 2014

DNMS

REF: License 40-15633-01 Mail Control: 583618

Dear Sir or Madam:

Attached is the completed *Information Required for Change of Control and/or Change of Ownership* form, as received in our facility in a document dated April 23, 2014.

Please advise if further information or action is needed on our part. Please copy all communication or requests for information to:

Laura O'Neill, MS, DABR Avera Queen of Peace Cancer Center 525 North Foster Mitchell, SD 57301 Laura.oneill@avera.org 605-995-5728

Sincerely,

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Carey Buhler, M.D. Radiation Safety Officer Avera Queen of Peace Health Services

PUBLIC Immediate Release V Normal Release NON-PUBLIC A.3 Sensitive-Security Related A.7 Sensitive Internal Other Reviewe



Sponsored by the Benedictine and Presentation Sisters Avera Queen of Peace Health Services -2- 40-15633-01 (583618)

Information Required for Change of Control and/or Change of Ownership (Includes Change of Name) Source: NUREG-1556, Volume 15

Please provide the following information concerning changes of control (transferor and/or transferee, as appropriate). If any items are not applicable, state so.

- Provide a complete description of the transaction (i.e., 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.
  - A. Description of the transaction: Name change to "Avera St. Mary's d/b/a/ Avera Medical Group Pierre"
  - B. [] No name change

[X] New name of licensed organization: Avera St. Mary's d/b/a/ Avera Medical Group Pierre

- C. [X] No change in contact
  - [ ] New contact:
  - New telephone number: \_\_\_\_\_\_
- 2. Describe any changes in personnel or duties that relate to the licensed program. Include training and experience for new personnel.
  - A. [X] No changes in personnel having control over licensed activities.

[ ] Changes in personnel having control over licensed activities (e.g. officers of a corporation):

B. [X] No changes in personnel named in the license.

[ ] Changes in personnel named in the license (e.g. RSO, AUs) - include training, experience and responsibilities:

- Describe, in detail, any changes in the organization, location, facilities, equipment or procedures that relate to the licensed program.
  - [] Organization: [] Equipment:
  - [ ] Location: [ X ] Procedures: Wipe tests of packages received

Avera Queen of Peace Health Services

-3- 40-15633-01 (583618)

or prepared for shipping will be evaluated using St. Mary's Nulcear Medicine wipe test counter. The previous method (a hand held combination survey meter and wipe test counter) will also maintained as a alternative.

- [] Facility: [] Not applicable
- 4. Describe the status of the surveillance program (i.e., surveys, wipe tests, quality control) at the present time and the expected status at the time that control is to be transferred.
  - A. Description of the status of all surveillance programs: No changes. A combination/keyed safe is used to store radioactive materials in the facility between the time of delivery and use, and between the time of use and return shipment to the vendor of unused sources. The combination locked safe is in a room that is also locked by a combination controlled door.
  - B. Surveillance Items & Records: calibrations, leak tests, surveys, inventories, and accountability requirements will be current at the time of transfer

[X] Yes [] No (explain)

 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 fixed and/or removable contamination, including methods and sensitivity.

Records transferred to:

[] New licensee [] NRC for license termination [X]Not applicable

6. Confirm that the transferee will abide by all constraints, conditions, requirements and commitments of the transferor or that the transferee will submit a complete description of the proposed licensed program.

\_\_\_\_\_ will abide by all constraints, conditions,

(transferee company) requirements and commitments of

(transferor company)

Signature/Title Transferee Official Signature/Title Transferor Official

date

date

OR

Avera Queen of Peace Health Services

40-15633-01 (583618)

[ ] Description of proposed licensed program from transferee attached (with signature)

-4-

OR

[X] Not applicable (name change only)

Certifying Officer - Signature

Date

Carey Buhler, M.D.; Radiation Safety Officer Certifying Officer - Typed name and title

### 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: Decom Fin Assur Reqd: N

# License Fee Worksheet - License Fee Transmittal

#### A. REGION

1. APPLICATION ATTACHED				
AVERA QUEEN OF PEACE HEALTH SERV.				
05/05/2014				
3009486				
583833				
40-15633-01				
Amendment				

2. FEE ATTACHED

Amount:

3. COMMENTS

Colleen Murahan Signed: Date: 2

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:			

NRC FORM 532 (1-2012)	U. S. NUCLEAR REGULATORY COMMISSION			
HOLEAR REGULAD	DATE			
	05/08/2014			
1417				
NAME AND ADDRESS OF APPLICANT AND/OR LICENSEE	LICENSE NUMBER			
	40-15633-01			
Avera Queen of Peace Health Services ATTN: Carey Buhler, M.D.	MAIL CONTROL NUMBER			
Radiation Safety Officer	833583			
525 North Foster Mitchell, SD 57301-2999	LICENSING AND/OR TECHNICAL REVIEWER			
Milchell, SD 57501-2999	cmurnahan OM			
This is to acknowledge the receipt of yo	bur:			
✓ LETTER and/or	APPLICATION DATED: 04/28/2014			
The initial processing, which included a	n administrative review, has been performed.			
✓ AMENDMENT TERMINATION NEW LICENSE RENEWAL				
✓ There were no administrative omissio	ns 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 <b>MAIL CONTROL NUMBER.</b> 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 Reg DNMS/NMSB - B 1600 E. Lamar Blv Arlington, TX 760 (817) 200-1103 or	11-4511			
NRC FORM 532 (1-2012)	emailed to lic. 5-8-14			

## Cook, Jackie

From:	Cook, Jackie
Sent:	Wednesday, April 23, 2014 3:29 PM
То:	'laura.oneill@avera.org'
Subject:	AMENDMENT REQUEST DATED APRIL 1, 2014 FOR AVERA QUEEN OF PEACH HEALTH SERVICES (40-15633-01)
Attachments:	Avera Queen of Peace Health Services Chg of Ownership Incl Name Chg RAI.docx
Importance:	High

Ms. O'Neill:

Although you requested a name change for the name of a facility specified in License Condition 10.D., please complete the attached form for a name change only. You may need to get the new facility's representatives to complete the attached form, as appropriate. Please submit the completed form by May 1, 2014 so we can continue processing your amendment request. If more time is needed to submit your response, please do not hesitate to contact me to extend the deadline for your response.

If additional information or clarification is needed, please do not hesitate to contact me at your convenience.

Sincerely,

*Ms. Jacqueline "Jackie" D. Cook* Senior Health Physicist US Nuclear Regulatory Commission Region IV Division of Nuclear Materials Safety Nuclear Materials Safety Branch B 1600 East Lamar Blvd., Arlington, TX 76011 817-200-1132 (office)/817-200-1263 (fax) Email address: Jackie.Cook@nrc.gov



#### UNITED STATES NUCLEAR REGULATORY COMMISSION REGION IV 1600 E. LAMAR BLVD. ARLINGTON, TX 76011-4511

April 23, 2014

## Change of Control and/or Change of Ownership (Includes Change of Name)

10 CFR 30.34(b) states that "no license issued or granted pursuant to the regulations...nor any right under a license shall be transferred, assigned or in any manner disposed of, either voluntarily or involuntarily, directly or indirectly, through transfer of control of any license to any person, unless the Commission shall...find that the transfer is in accordance with the provisions of the Act and shall give its consent in writing. Although not specifically addressed by 10 CFR 30.34, licensees undergoing a name change may also be affected by this regulation.

Control over licensed activities can be construed as the authority to decide when and how a license (licensed material and/or activities) will be used. A change of ownership may be an example of a change of control. The central issue is whether the authority over the license has changed. In all cases, determining whether a change of control has taken place or whether a change is in name only is the Commission's responsibility.

Licensees must notify the Commission when they are undergoing a possible change of control and/or a change of name. While this notification is not required within a certain time frame, NRC needs adequate time to review the submittal to ensure that the transfer is in accordance with the regulations.

In order to process your request for a change of control/ownership and/or a name change, the information on the following pages is required. Our fax number is (817) 200-1188. If you have any questions regarding our discussion or this fax, please contact me. When responding to this fax, please include the license, docket, and mail control numbers, located at the top of this page as well as the following pages. Thank you.

Definitions: 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.

### Avera Queen of Peace health Services

Information Required for Change of Control and/or Change of Ownership (Includes Change of Name) Source: NUREG-1556, Volume 15

-2-

Please provide the following information concerning changes of control (transferor and/or transferee, as appropriate). If any items are not applicable, state so.

- Provide a complete description of the transaction (i.e., 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.
  - A. Description of the transaction:
  - B. [] No name change
    - New name of licensed organization:
  - C. [] No change in contact
    - [ ] New contact:
    - New telephone number:
- 2. Describe any changes in personnel or duties that relate to the licensed program. Include training and experience for new personnel.

A. [ ] No changes in personnel having control over licensed activities.

[ ] Changes in personnel having control over licensed activities (e.g. officers of a corporation):

B. [] No changes in personnel named in the license.

[ ] Changes in personnel named in the license (e.g. RSO, AUs) - include training, experience and responsibilities:

- 3. Describe, in detail, any changes in the organization, location, facilities, equipment or procedures that relate to the licensed program.
  - [] Organization: [] Equipment:
  - [] Location: [] Procedures:

Avera Queen of Peace health Services -3-

[ ] Facility:

[] Not applicable

[]Not applicable

- 4. Describe the status of the surveillance program (i.e., surveys, wipe tests, quality control) at the present time and the expected status at the time that control is to be transferred.
  - A. Description of the status of all surveillance programs:
  - B. Surveillance Items & Records: calibrations, leak tests, surveys, inventories, and accountability requirements will be current at the time of transfer
    - [] Yes [] No (explain)
- 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 fixed and/or removable contamination, including methods and sensitivity.

Records transferred to:

[ ] New licensee [ ] NRC for license termination

Avera Queen of Peace health Services -4-

6. Confirm that the transferee will abide by all constraints, conditions, requirements and commitments of the transferor or that the transferee will submit a complete description of the proposed licensed program.

	will abide by all constraints, conditio	ns,
(transferee company) requirements and commitments of		
	(transferor company)	
Signature/Title Transferee Official	Signature/Title Transferor Official	
date	date	
	OR	

[ ] Description of proposed licensed program from transferee attached (with signature)

OR

[ ] Not applicable (name change only)

Certifying Officer - Signature

Certifying Officer - Typed name and title

Date

NRC FORM 313 (03-2014) 10 CFR 30, 32, 33, 34 35, 36, 37, 39, and 40 APPLICATION FOR MATERIAL LICENSE	Esti app prot Info or t Reg mea NRG	APPROVED BY OMB: NO. 3150-0120 EXPIRES: 05/31/201 Estimated burden per response to comply with this mandatory collection request: 4.3 hours. Submittal of th application is necessary to determine that the applicant is qualified and that adequate procedures exist 1 protect the public health and safety. Send comments regarding burden estimate to the FOIA, Privacy, an Information Collections Branch (T-5 F53), U.S. Nuclear Regulatory Commission, Washington, DC 20555-000 <sup>o</sup> or by internet e-mail to Infocollects.Resource@nrc.gov, and to the Desk Officer, Office of Information an Regulatory Affairs, NEOB-10202, (3150-0120), Office of Management and Budget, Washington, DC 20503. If means used to impose an information collection does not display a currently valid OMB control number, th NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.	
	ON TO T	GUIDE FOR DETAILED INSTRUCTIONS FOR COMPLETING APPLICATION. D THE NRC OFFICE SPECIFIED BELOW. *AMENDMENTS/RENEWALS W OR HIGHER FEE CATEGORY WILL REQUIRE A FEE.	
APPLICATION FOR DISTRIBUTION OF EXEMPT PRODUCTS FILE APPLICATIONS WITH: OFFICE OF FEDERAL & STATE MATERIALS AND ENVIRONMENTAL MANAGEMENT PROGRAMS DIVISION OF MATERIALS SAFETY AND STATE AGREEMENTS U.S. NUCLEAR REGULATORY COMMISSION WASHINGTON. DC 20555-0001 ALL OTHER PERSONS FILE APPLICATIONS AS FOLLOWS: IF YOU ARE LOCATED IN: ALABAMA, CONNECTICUT, DELAWARE, DISTRICT OF COLUMBIA, FLORIDA, GEORGIA, KENTUCKY, MAINE, MARYLAND, MASSACHUSETTS, NEW HAMPSHIRE, NEW JERSEY, NEW YORK, NORTH CAROLINA, PENNSYLVANIA, PUERTO RICO, RHODE ISLAND, SOUTH CAROLINA, TENNESSEE, VERMONT, VIRGINIA, VIRGIN ISLANDS, OR WEST VIRGINIA, SEND APPLICATIONS TO:		LOUISIANA, MISSISSIPPI, MONTANA, NEBRASKA, NEVADA, NEW MEXICO, NORTH DAKOTA, OKLAHOMA, OREGON, PACIFIC TRUST TERRITORIES SOUTH DAKOTA, TEXAS, UTAH, WASHINGTON, OR WYOMING, SEND APPLICATIONS TO:	
LICENSING ASSISTANCE TEAM DIVISION OF NUCLEAR MATERIALS SAFETY U.S. NUCLEAR REGULATORY COMMISSION, REGION I 2100 RENAISSANCE BOULEVARD, SUITE 100 KING OF PRUSSIA, PA 19406-2713		NUCLEAR MATERIALS LICENSING BRANCH U.S. NUCLEAR REGULATORY COMMISSION, REGION IV 1600 E. LAMAR BOULEVARD ARLINGTON, TX 76011-4511	
		NS TO THE U.S. NUCLEAR REGULATORY COMMISSION ONLY IF THEY JBJECT TO U.S.NUCLEAR REGULATORY COMMISSION JURISDICTIONS.	
B AMENDMENT TO LICENSE NUMBER 40-15633-01		<ul> <li>2. NAME AND MAILING ADDRESS OF APPLICANT (Include ZIP code)</li> <li>Avera Queen of Peace Health Services</li> <li>525 North Foster Street</li> <li>Mitchell, SD 57301</li> </ul>	
3. ADDRESS WHERE LICENSED MATERIAL WILL BE USED OR POSSESSED		- 4. NAME OF PERSON TO BE CONTACTED ABOUT THIS APPLICATION Laura O"Neill, MS, DABR	
525 North Foster Street and 605 North Foster Street Mitchell, SD 57301 AND 100 MAC Lane, Pierre SD See Cover Letter for details		BUSINESS TELEPHONE NUMBER (605) 995-5756 BUSINESS EMAIL ADDRESS laura.oneill@avera.org	
SUBMIT ITEMS 5 THROUGH 11 ON 8-1/2 X 11" PAPER. THE TYPE AND SCOPE OF I	NFORMAT	MATION TO BE PROVIDED IS DESCRIBED IN THE LICENSE APPLICATION GUIDE.	
<ol> <li>RADIOACTIVE MATERIAL         <ol> <li>Element and mass number; b. chemical and/or physical form; and c. maiximum amount which will be possessed at any one time.</li> </ol> </li> </ol>		6. PURPOSE(S) FOR WHICH LICENSED MATERIAL WILL BE USED.     7. INDIVIDUAL(S) RESPONSIBLE FOR RADIATION SAFETY PROGRAM AND THEIR     TRAINING EXERTINGENAL Release	
8. TRAINING FOR INDIVIDUALS WORKING IN OR FREQUENTING RESTRICTED AREAS.		9. FACILITIES AND EQUIPMENT.	
		LI A.3 Sensitive-Security Installed	
12. LICENSE FEES (Fees required only for new applications, with few exceptions*) (See 10 CFR 170 and Section 170.31) FEE CATEGORY A.7 Sensitive Internet MOUNT \$			
13. CERTIFICATION. (Must be completed by applicant) THE APPLICANT UNDERSTANDS THAT ALL STATEMENTS AND REPRESENTATIONS MADE IN THIS APPLICATION ARE BINDING UPON THE APPLICANT. THE APPLICANT AND ANY OFFICIAL EXECUTING THIS CERTIFICATION ON BEHALF OF THE APPLICANT, NAMED WITH 2, CONSTRUCT THAT THIS APPLICATION ARE BINDING CONFORMITY WITH TITLE 10, CODE OF FEDERAL REGULATIONS, PARTS 30, 32, 33, 34, 35, 36, 37, 39, AND 40, AND THAT ALL INFORMATION CONTANED HEREIN IS TRUE AND CORRECT TO THE BEST OF THEIR KNOWLEDGE AND BELIEF. WARNING: 18 U.S.C. SECTION 1001 ACT OF JUNE 25, 1948 62 STAT. 749 MAKES IT A C RIMINAL OFFENSE TO MAKE A WILLFULLY FALSE STATEMENT OR REPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION.			
CERTIFYING OFFICER TYPED/PRINTED NAME AND TITLE Carey C. Buhler, M.D., Radiation Safety Officer	SIGNATURE DATE		
FEE     FEE     LOG     FEE     CATEGORY     AMOUNT RECEIVED       APPROVED BY     \$		IRC USE ONLY	



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

www.AveraQueenofPeace.org

April 1, 2014

Nuclear Materials Licensing Branch U.S. Nuclear Regulatory Commission, Region IV 1600 E. Lamar Boulevard Arlington, TX 76011-4511

REF: License Number 40-15633-01

Subject: License Amendment



DNMS

Dear Sirs:

Please find attached the application for a license amendment clarifying the legal name of one of the locations of use for this license.

Specifically, under "Conditions, Item 10.D." of the current license: The name of the Pierre Ambulatory Surgery Center, 100 MAC Lane, Pierre, South Dakota has changed. The legal name of the facility is now "Avera St. Mary's d/b/a Avera Medical Group Pierre." The physical address remains 100 MAC Lane, Pierre, South Dakota. We will receive, use and store licensed material in Item 6.D. at this location in the same manner as previous.

If you have further questions regarding the amendment request, please contact Laura O'Neill, Medical Physicist, and kindly copy Ms. O'Neill on any written requests whether by physical letter or by electronic mail or fax. Laura O'Neill, MS., DABR Avera Queen of Peace, 525 North Foster Street, Mitchell, SD, 57301. Office: 605-995-5728 or 605-995-5756, Fax 605-995-5750 e-mail: laura.oneill@avera.org

Best Regards,

undarmo.

Carey & Buhler, M.D. Radiation Safety Officer

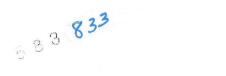


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605 N Foster St Mitchell SD 57301-2902 LICENSE<sup>44</sup>40-15633-01 Address Service Requested

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E ECE 2014

Nuclear Materials Licensing Branch U.S. Nuclear Regulatory Commision, Region IV 1600 E. Lamar Boulevard Arlington, TX 76011-4511

CLN-SMB 76011

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