



St. Mary's Hospital  
Jefferson City  
2505 Mission Drive  
Jefferson City, MO 65109  
phone: 573-681-3000  
ssmhealthmidmo.com

May 11, 2015

ATTN: Materials Licensing Branch  
U.S. Nuclear Regulatory Commission, Region III  
2443 Warrenville Road, Suite 210  
Lisle, Illinois 60532-4352

**RE: AMENDMENT TO LICENSE NUMBER 24-17477-01**

Dear Sir/Madam:

We are submitting the attached NRC Form 313 noting a new name associated with this license. Please note that this is not a change in ownership, only a name change.

Your records should show that the name currently associated with this license is SSM St. Mary's Health Center. That name, SSM St. Mary's Health Center, was a "doing business as name" registered for the corporation SSM Regional Health Services and has changed.

When speaking with your office about this process, we were informed that the NRC prefers the license holder to list both their corporate entity name and their "doing business as name" on the license. Therefore, we are submitting the attached NRC Form 313 with both the name of the corporate entity and the new "doing business as name" for the hospital, which is SSM Regional Health Services d/b/a SSM Health St. Mary's Hospital – Jefferson City.

Sincerely,

A handwritten signature in cursive script that reads "Brent VanConia".

Brent VanConia  
President SSM Health St. Mary's Hospital-Jefferson City

cc: Kimberly Weith, Director, Laboratory and Medical Imaging (via e-mail with enclosure)  
Susan Higgins, Manager Medical Imaging Services (via e-mail with enclosure)  
J. Andrew Walkup, Assistant General Counsel

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**APPLICATION FOR MATERIALS  
LICENSE**

Estimated burden per response to comply with this mandatory collection request: 4.3 hours. Submittal of the application is necessary to determine that the applicant is qualified and that adequate procedures exist to protect the public health and safety. Send comments regarding burden estimate to the FOIA, Privacy, and Information Collections Branch (T-5 F53), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to Infocollects.Resource@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0120), Office of Management and Budget, Washington, DC 20503. If a means used to impose an information collection does not display a currently valid OMB control number, the NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.

**INSTRUCTIONS: SEE THE APPROPRIATE LICENSE APPLICATION GUIDE FOR DETAILED INSTRUCTIONS FOR COMPLETING APPLICATION. SEND TWO COPIES OF THE ENTIRE COMPLETED APPLICATION TO THE NRC OFFICE SPECIFIED BELOW. \*AMENDMENTS/RENEWALS THAT INCREASE THE SCOPE OF THE EXISTING LICENSE TO A NEW OR HIGHER FEE CATEGORY WILL REQUIRE A FEE.**

<p><b>APPLICATION FOR DISTRIBUTION OF EXEMPT PRODUCTS FILE APPLICATIONS WITH:</b></p> <p>OFFICE OF FEDERAL &amp; STATE MATERIALS AND ENVIRONMENTAL MANAGEMENT PROGRAMS DIVISION OF MATERIALS SAFETY AND STATE AGREEMENTS U.S. NUCLEAR REGULATORY COMMISSION WASHINGTON, DC 20555-0001</p> <p><b>ALL OTHER PERSONS FILE APPLICATIONS AS FOLLOWS:</b></p> <p><b>IF YOU ARE LOCATED IN:</b></p> <p>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,</p> <p><b>SEND APPLICATIONS TO:</b></p> <p>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</p>	<p><b>IF YOU ARE LOCATED IN:</b></p> <p><b>ILLINOIS, INDIANA, IOWA, MICHIGAN, MINNESOTA, MISSOURI, OHIO, OR WISCONSIN, SEND APPLICATIONS TO:</b></p> <p>MATERIALS LICENSING BRANCH U.S. NUCLEAR REGULATORY COMMISSION, REGION III 2443 WARRENVILLE ROAD, SUITE 210 LISLE, IL 60532-4352</p> <p><b>ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, COLORADO, HAWAII, IDAHO, KANSAS, LOUISIANA, MISSISSIPPI, MONTANA, NEBRASKA, NEVADA, NEW MEXICO, NORTH DAKOTA, OKLAHOMA, OREGON, PACIFIC TRUST TERRITORIES, SOUTH DAKOTA, TEXAS, UTAH, WASHINGTON, OR WYOMING,</b></p> <p><b>SEND APPLICATIONS TO:</b></p> <p>NUCLEAR MATERIALS LICENSING BRANCH U.S. NUCLEAR REGULATORY COMMISSION, REGION IV 1600 E. LAMAR BOULEVARD ARLINGTON, TX 76011-4511</p>
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**PERSONS LOCATED IN AGREEMENT STATES SEND APPLICATIONS TO THE U.S. NUCLEAR REGULATORY COMMISSION ONLY IF THEY WISH TO POSSESS AND USE LICENSED MATERIAL IN STATES SUBJECT TO U.S. NUCLEAR REGULATORY COMMISSION JURISDICTIONS.**

<p>1. THIS IS AN APPLICATION FOR (Check appropriate item)</p> <p><input type="checkbox"/> A. NEW LICENSE</p> <p><input checked="" type="checkbox"/> B. AMENDMENT TO LICENSE NUMBER <u>24-17477-01</u></p> <p><input type="checkbox"/> C. RENEWAL OF LICENSE NUMBER _____</p>	<p>2. NAME AND MAILING ADDRESS OF APPLICANT (Include ZIP code)</p> <p>SSM Regional Health Services d/b/a SSM Health St. Mary's Hospital-Jefferson City 2505 Mission Drive, Jefferson City, Missouri 65109</p>
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<p>3. ADDRESS WHERE LICENSED MATERIAL WILL BE USED OR POSSESSED</p> <p>Same as # 2 2505 Mission Drive Jefferson City, Missouri 65109</p>	<p>4. NAME OF PERSON TO BE CONTACTED ABOUT THIS APPLICATION</p> <p>Susan L. Higgins</p> <table border="1"> <tr> <td>BUSINESS TELEPHONE NUMBER</td> <td>BUSINESS CELLULAR TELEPHONE NUMBER</td> </tr> <tr> <td>(573) 681-3194</td> <td>(573) 680-3436</td> </tr> <tr> <td colspan="2">BUSINESS EMAIL ADDRESS</td> </tr> <tr> <td colspan="2">Susan_L_Higgins@ssmhc.com</td> </tr> </table>	BUSINESS TELEPHONE NUMBER	BUSINESS CELLULAR TELEPHONE NUMBER	(573) 681-3194	(573) 680-3436	BUSINESS EMAIL ADDRESS		Susan_L_Higgins@ssmhc.com	
BUSINESS TELEPHONE NUMBER	BUSINESS CELLULAR TELEPHONE NUMBER								
(573) 681-3194	(573) 680-3436								
BUSINESS EMAIL ADDRESS									
Susan_L_Higgins@ssmhc.com									

SUBMIT ITEMS 5 THROUGH 11 ON 8-1/2 X 11" PAPER. THE TYPE AND SCOPE OF INFORMATION TO BE PROVIDED IS DESCRIBED IN THE LICENSE APPLICATION GUIDE.

<p>5. RADIOACTIVE MATERIAL</p> <p>a. Element and mass number; b. chemical and/or physical form; and c. maximum amount which will be possessed at any one time.</p>	<p>6. PURPOSE(S) FOR WHICH LICENSED MATERIAL WILL BE USED.</p>
<p>8. TRAINING FOR INDIVIDUALS WORKING IN OR FREQUENTING RESTRICTED AREAS.</p>	<p>7. INDIVIDUAL(S) RESPONSIBLE FOR RADIATION SAFETY PROGRAM AND THEIR TRAINING EXPERIENCE.</p>
<p>10. RADIATION SAFETY PROGRAM.</p>	<p>9. FACILITIES AND EQUIPMENT.</p>
<p>12. LICENSE FEES (Fees required only for new applications, with few exceptions*) (See 10 CFR 170 and Section 170.31)</p>	<p>11. WASTE MANAGEMENT.</p> <p>FEE CATEGORY <input type="text"/> AMOUNT ENCLOSED \$ <input type="text"/></p>

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 IN ITEM 2, CERTIFY THAT THIS APPLICATION IS PREPARED IN CONFORMITY WITH TITLE 10, CODE OF FEDERAL REGULATIONS, PARTS 30, 32, 33, 34, 35, 36, 37, 39, AND 40, AND THAT ALL INFORMATION CONTAINED 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 CRIMINAL 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.

<p>CERTIFYING OFFICER – TYPED/PRINTED NAME AND TITLE</p> <p>Brent VanConia, President SSM Health St. Mary's Hospital-Jefferson City</p>	<p>SIGNATURE</p>	<p>DATE</p> <p>5/13/2015</p>
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FOR NRC USE ONLY					
TYPE OF FEE	FEE LOG	FEE CATEGORY	AMOUNT RECEIVED	CHECK NUMBER	COMMENTS
APPROVED BY				DATE	

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04606  
05222010  
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x 1.800.463.3339

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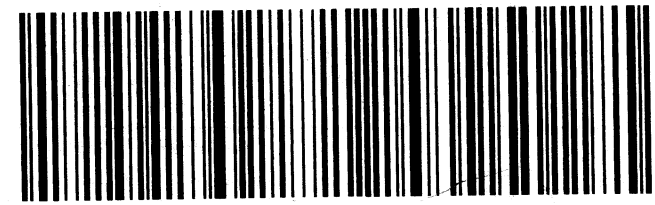
**THU - 14 MAY AA**  
**STANDARD OVERNIGHT**

**60532**  
IL-US  
**ORD**

**1 From**  
Date **5-13-15**  
Sender's Name **Susan Higgins** Phone **593 691-3000**  
Company **SSM HEALTH ST MARY HOSPITAL**  
Address **2505 MISSION DR**  
City **JEFFERSON CITY** ZIP **65109-9508**

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**XH ENLA**



FID **38746 13MAY15 JEFA 522C1/25E2/65DD**

**2 Your Internal Billing Reference**

**3 To**  
Recipient's Name **Materials Licensing** Phone  
Company **U.S. Nuclear Regulatory Commission, Region 3**  
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Address **Suite 300**  
City **Lisle** State **IL** ZIP **60532-4352**

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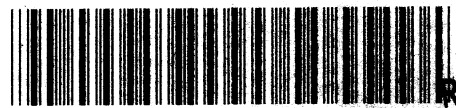
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Package may be left without  
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Someone at recipient's address  
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**Indirect Signature**  
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