



Sacred Heart Hospital

RECEIVED
APR 21 2016

501 Summit Street
Yankton, SD 57078-3855
(605) 668-8000

www.averasacredheart.org

April 15, 2016

DNMS

Ray L Kellar, PE Chief
Nuclear Material Safety Branch A
Division of Nuclear Material Safety
U.S. Nuclear Regulatory Commission Region IV
1600 East Lamar Blvd
Arlington, TX 76001-4511

Re: License # 40-01683

Dear Mr.Kellar:

Please amend our material license to delete William C Doeblor M.D. as an authorized user, effective immediately. He is no longer on the professional staff of our organization.

Please contact me or our Radiation Safety officer S. Guru Prasad, Ph.D., DABR if you require additional information.

Sincerely,

Douglas Ekeren, FACHE
Regional President and CEO

~~PUBLIC~~

- ☒ Immediate Release
☒ Normal Release

NON-PUBLIC

- ☐ A.3 Sensitive-Security Related
☐ A.7 Sensitive Internal
☐ Other: _____

Reviewer: MR

Date: 4/22/16

590 708
590708



501 Summit
Yankton, SD 57078-3855

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Ray L Kellar, PE Chief
Nuclear Material Safety Branch A
Division of Nuclear Material Safety
U.S. Nuclear Regulatory Commission Region
IV
1600 East Lamar Blvd
Arlington, TX 76001-4511

76011458725



59070



DATE

04/20/2016

NAME AND ADDRESS OF APPLICANT AND/OR LICENSEE

S. Guru Prasad, Ph.D., Radiation Safety Officer
Avera Sacred Heart Hospital
Department of Radiology
501 Summit Street
Yankton, South Dakota 57078-3899

LICENSE NUMBER

40-01683-01

MAIL CONTROL NUMBER

590708

LICENSING AND/OR TECHNICAL REVIEWER

JAB

This is to acknowledge the receipt of your:

☒ LETTER and/or ☐ APPLICATION

DATED: 04/21/2016

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) 200-1140

✓ 4-21-16

BETWEEN:

Accounts Receivable/Payable
and
Regional Licensing Branches

[FOR ARPB USE]
INFORMATION FROM WBL

Program Code: 02120
Status Code: Pending Amendment
Fee Category: 7C
Exp. Date:
Fee Comments: CODE 21
Decom Fin Assur Req: N

License Fee Worksheet - License Fee Transmittal

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: AVERA SACRED HEART HOSPITAL
Received Date: 04/21/2016
Docket Number: 3003235
Mail Control Number: 590708
License Number: 40-01683-01
Action Type: Amendment

~~2. FEE ATTACHED~~

~~Amount: _____~~

~~Check No.: _____~~

3. COMMENTS

Signed: _____

Date: _____

Jennifer Budger
4-21-16

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: _____