

VIA E-MAIL

June 6, 2016

Ms. Janice Nguyen
U.S. NRC Region I
2100 Renaissance Blvd., Suite 100
King of Prussia, PA 19406-2713
janice.nguyen@nrc.gov

Br. 1
030-09938

**Re: NRC Materials License 06-13001-02 – The Rockville General Hospital,
Incorporated
Per Information Appendix G, Nureg-1556, Vol. 9, Rev. 2**

Dear Ms. Nguyen:

Eastern Connecticut Health Network, Inc. (“ECHN”) and Prospect Medical Holdings, Inc. (“PMH”) hereby submit the enclosed Change of Control / Change of Ownership form and the requested organizational charts with respect to NRC Materials License 06-13001-02 issued to The Rockville General Hospital, Incorporated at 31 Union St, Vernon, CT 06066. The current licensee, The Rockville General Hospital, Incorporated, is a wholly owned entity of ECHN.

The parent company of The Rockville General Hospital, Incorporated, ECHN, has entered into a Letter of Intent with PMH regarding the sale of substantially all of the assets of ECHN to PMH, including but not limited to The Rockville General Hospital, Incorporated. As part of the transaction, the ownership of The Rockville General Hospital, Incorporated will change to a new entity. The new hospital entity will be named Prospect Rockville Hospital, Inc. d/b/a The Rockville General Hospital Incorporated. The tentative closing date is July 31, 2016 but is subject to change based on the timing of regulatory and other necessary approvals.

The change in ownership will not result in any changes to personnel or duties related to the licensed program nor any changes to location, facilities, equipment, or procedures. All required records regarding the use and possession of licensed materials will be current at the time of the transfer. The status of compliance will be maintained before, during and after the transfer of ownership. All records concerning the facility will be transferred to the transferee. PMH will abide by all constraints, conditions, requirements and commitments of The Rockville General Hospital Incorporated.

We look forward to working with you through the approval process and look forward to receiving your consent to transfer the above Materials License to Prospect Rockville Hospital, Inc. as soon as possible. If you have any questions please contact ECHN’s regulatory counsel, [REDACTED]

REC'D IN LAT 06/06/2016

591047
NMSS/RGNI MATERIALS-002

Thank you in advance for your assistance.

Sincerely,

Prospect Medical Holdings, Inc.

By: _____
Name: *Sam Lee*
Title: *COO*

Eastern Connecticut Health Network, Inc.

By: *Peter J. Karl*
Peter J. Karl
President

Enclosures

**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.

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.

1. 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

Prospect Rockville Hospital, Inc.

New name of licensed organization: d/b/a The Rockville Hospital Incorporated

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:

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 program:

B. Surveillance Items & Records: calibrations, leak tests, surveys, inventories, and accountability requirements will be current at the time of transfer

Yes No (explain)

5. 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 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.

Prospect Rockville Hospital, Inc. d/b/a The Rockville Hospital Incorporated will abide by all constraints, conditions,
(transferee company)

requirements and commitments of The Rockville General Hospital Incorporated
(transferor company)

[Signature] , Secretary , Prospect Rockville Hospital, Inc.
Signature/Title Signature/Title (Transferee)
Transferee Official Transferor Official

6/2/16
date date

OR

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

OR

Not applicable (name change only)

Certifying Officer - Signature Date

Certifying Officer - Typed name and title

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 program:

B. Surveillance Items & Records: calibrations, leak tests, surveys, inventories, and accountability requirements will be current at the time of transfer

Yes No (explain)

5. 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.

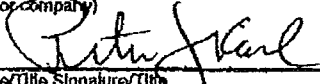
Records transferred to:

New licensee NRC for license termination 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.

Prospect Rockville Hospital, Inc. d/b/a The Rockville Hospital Incorporated will abide by all constraints, conditions,
(transferee company)

requirements and commitments of The Rockville General Hospital Incorporated
(transferor company)

 President, The Rockville General Hospital, Incorporated
Signature/Title Signature/Title (Transferor.)
Transferee Official Transferor Official

6/1/16
date date

OR

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

OR

Not applicable (name change only)

Certifying Officer - Signature Date

Certifying Officer - Typed name and title