



UNITED STATES
NUCLEAR REGULATORY COMMISSION

REGION III
2443 WARRENVILLE RD. STE 210
LISLE, IL 60532-4352

Kay Fields
Chief Operating Officer
Premier Healthcare, LLC
550 Landmark Avenue
Bloomington, IN 47403

MAY 27 2016

Dear Ms. Fields:

This refers to the letter dated May 10, 2016, signed by you, requesting a change in Radiation Safety Officer (RSO) to Bryce A. Caudle, M.S. for your NRC Material License No. 13-32020-01.

We have reviewed your correspondence above and find that we need the information below in order to continue our review. Please read all of the information below and prepare a complete written response that addresses all of the following issues, as directed.

1. Please submit a "Delegation of Authority" for your proposed RSO, Mr. Caudle. This must be currently signed by a senior management representative, such as yourself, and by Mr. Caudle and be currently dated.

Appendix I in the guidance document, link provided below, contains a sample "Delegation of Authority" that you should follow.

Please refer to "Consolidated Guidance About Materials Licenses: Program - Specific Guidance About Medical Use Licenses (NUREG-1556, Volume 9, Revision 2)," at:

<http://www.nrc.gov/reading-rm/doc-collections/nuregs/staff/sr1556/v9/r2/>.

2. Please specify how many other NRC and/or Agreement State licenses Mr. Caudle serves on as RSO, if any. Please provide the license numbers for NRC licenses and a complete, signed, unredacted current copy of each Agreement State license showing Mr. Caudle as RSO, whether the license's authorizations are similar to this particular license or not.
3. Please specify the minimum amount of time Mr. Caudle will be expected to devote to the RSO duties for this license over a specified time period, such as "per week" or "per month."
4. Please specify what Mr. Caudle's typical response timeframe would be if needed to provide emergency response for this license, by telephone and "in person."
5. Please provide the fax number, direct telephone number and business email address for the RSO and, if different from the RSO, also for a point of contact.
6. Please note that, as Mr. Caudle does not have an approved standing with us for this license just yet, we are unable to contact him to elicit the required response. This is why

K. Fields

- 2 -

we are contacting you directly.

This is a "no response required" item.

Please be reminded that 10 CFR 30.32(a) and (c) require:

"(a) A person may file an application on NRC Form 313, "Application for Material License," in accordance with the instructions in § 30.6 of this chapter." And,

"(c) Each application shall be signed by the applicant or licensee or a person duly authorized to act for and on his behalf."

Please note that the NRC Form 313 requires the typed or printed name and signature of a certifying officer. The NRC Form 313 can be found at:

<http://www.nrc.gov/reading-rm/doc-collections/forms/nrc313.pdf>

If the NRC Form 313 is not used, then a "business – style" letter containing all of the information on the NRC Form 313 may be used instead.

For medical/human use applicants and licensees:

10 CFR 35.12 Application for license, amendment, or renewal requires:

"(a) An application must be signed by the applicant's or licensee's management."

10 CFR 35.2, "Definitions" states, in part:

"Management means the chief executive officer or other individual having the authority to manage, direct, or administer the licensee's activities, or those persons' delegate or delegates."

Within 20 days of the date of this letter (by June 20, 2016), please provide only one complete, written response to the issues below that is currently dated and signed by a senior management official for this license.

Your written response should be addressed to my attention at the above address, as "additional information to control number 590667." This will help to ensure that your response is processed correctly in our offices.

If an alternative timeframe for response is needed please contact me directly. Or, if you have any specific questions concerning this letter or the information we are requesting, please contact me at either (630) 829-9841 or (800) 522-3025, ext. 9841. My fax number is 630-515-1078. My email address is colleen.casey@nrc.gov.

Please also be reminded of the provisions in 10 CFR 30.9(a), "Completeness and accuracy of information,"..."(a) Information provided to the Commission by an applicant for a license or by a

K. Fields

- 3 -

licensee or information required by statute or by the Commission's regulations, orders, or license conditions to be maintained by the applicant or the licensee shall be complete and accurate in all material respects."

In accordance with 10 CFR 2.390 of the NRC's "Rules of Practice," a copy of this letter will be available electronically for public inspection in the NRC Public Document Room or from the NRC's Agencywide Documents Access and Management System (ADAMS), accessible from the NRC Web site at <http://www.nrc.gov/reading-rm/adams.html>.

Sincerely,

A handwritten signature in cursive script that reads "Colleen Carol Casey".

Colleen Carol Casey
Materials Licensing Branch

License No. 13-32020-01-01
Docket No. 030-34523
Control No. 590667

TRANSMISSION VERIFICATION REPORT

TIME : 05/27/2016 03:01
NAME : USNRC REGION3 DNMS
FAX : 6305151259
TEL :
SER. # : 000A7J925770

DATE, TIME : 05/27 02:59
FAX NO./NAME : 18123556916
DURATION : 00:01:27
PAGE(S) : 04
RESULT : OK
MODE : STANDARD

NRC FORM 386 (R111)
(4-2004)



UNITED STATES
NUCLEAR REGULATORY COMMISSION
REGION III
2443 Warrenville Road, Suite 210
Lisle, Illinois 60532-4352

TELEFAX TRANSMITTAL

DATE:

5/27/2016

NUMBER OF PAGES:
(including this page)

4

SEND TO:

KAY FIELDS, COO

LOCATION:

PREMIER HEALTHCARE, LLC

FAX NUMBER:

812-355-6916

VERIFY BY CALLING SENDER

FROM:
(SENDER)

Colleen Carol Casey

515-1078

TELEPHONE NUMBER:

630-829-9841

FAX NUMBER:

630-~~XXXXXXXX~~

If you do not receive the complete fax transmittal, please contact the sender as soon as possible at the telephone number provided above.

MESSAGE

I spoke with Tara Christie, who gave me your fax no. Please call me to discuss and/or