

**From:** [Karen Conway](#)  
**To:** [Gallagher, Robert](#); [Nguyen, Janice](#)  
**Cc:** [Michele Volpe](#); [Jennifer O'Donnell](#); [Karen Conway](#)  
**Subject:** [External\_Sender] NRC Change of Control and/or Change of Ownership- Prospect Rockville Hospital, Inc. and Prospect Manchester Hospital, Inc.  
**Date:** Wednesday, September 14, 2016 4:11:44 PM  
**Attachments:** [NRC Change of Control and or Ownership-Prospect Rockville Hosp.pdf](#)  
[NRC Change of Control and or Ownership-Prospect Manchester Hosp.pdf](#)

06-03413-01  
03001253

Hi Bob: As requested, we have indicated the signatory on the previously sent forms. The signatory was Sam Lee. Please let us know if you need anything further. Thanks, Karen

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REC'D IN LAT 09/28/2016

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NMSS/RGNI MATERIALS-002

**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 Manchester Hospital, Inc.  
 New name of licensed organization: dba The Manchester Memorial Hospital
  - 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.

|  |  |
|--|--|
| <input type="checkbox"/> Organization: | <input type="checkbox"/> Equipment:                |
| <input type="checkbox"/> Location:     | <input type="checkbox"/> Procedures:               |
| <input type="checkbox"/> Facility:     | <input checked="" type="checkbox"/> Not applicable |

